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# MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO: William H. Foege, M.D.
Director, Center for Disease Control (CDC)
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE)

DATE: December 20, 1979

FROM: Richard S. Monteith, M.P.H.
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Program Evaluation Branch (PEB)
Family Planning Evaluation Division (FPED), BE

SUBJECT: Foreign Trip Report (AID/RSSA): Evaluation of the Direct Distribution of Contraceptive Materials Program (DDP), Guatemala, October 31-November 9, 1979


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## SUMMARY


As of May 1979, APROFAM's Direct Distribution of Contraceptive Materials Program (DDP) was distributing contraceptives to 569 of 609 Ministry of Health (MOH) facilities. At the beginning of the DDP, only 126 health facilities were distributing contraceptives. In June 1979, MOH family planning services were suspended by the Minister of Health. Services were reinstated in August but in only 144 health centers. The MOH, USAID/Guatemala, and APROFAM are currently negotiating an agreement that will allow family planning services to be renewed at health posts, as well as health centers.

Under the new agreement the MOH would assume responsibility for data collection and supervision of family planning services. APROFAM'S DDP may retain responsibility for supplying health centers and health posts and collecting revenues. We recommend that this arrangement be written into the agreement. Examples of forms that could be used to monitor program supervision and activities are included in this report. An important part of this evaluation was to estimate the number of women active in the program prior to reporting responsibilities being shifted from APROFAM to the MOH.

Currently the DDP is monitored through 3 data sets: commodities supplied to distribution points, users reported by clinics, and money collected from contraceptive sales. The first 2 sets of data have a number of deficiencies that limit their usefulness in evaluating the DDP program. MOH supervisors will have to improve both completeness and accuracy of patient reporting if

contraceptive user data reported by clinics is to be of any use. At the moment financial data on sales appears to be the most accurate in gauging program progress. Using these records, it is estimated that the DDP program provided approximately 20,446 couple years of contraceptive protection to MOH users in 1978, covering roughly 2.2% of married Guatemala women of child-bearing age.

The 7 health areas with greatest program coverage are 7 of the 8 health areas in the Interior (excluding the Department of Guatemala) in which less than a third of the population is Mayan Indian. This is consistent with results of the 1978 National Prevalence Survey of Contraceptive Use (CPS) which shows that 22% of married non-Indian (Ladino) women in the Interior are active users of contraception compared with only 4% of married Indian women. Overall, in the Interior, 14% of married women were contracepting in late 1978 according to the CPS. This compares to a maximum estimate of 7% coverage in the Interior in early 1976 prior to the DDP. The only programmatic change has been the DDP which has increased availability of contraception from 126 to 569 health facilities.

Until reporting of user statistics can be determined to be complete and accurate, it is recommended that sales and supply data continue to be used to monitor program performance. Reporting forms were drafted for MOH use in 1980 that can provide data on users and contraceptive inventory levels required in AID's quarterly and annual reports. As of our visit no one responsible for this reporting activity in the MOH could be identified. If the MOH does not provide any reaction to USAID/Guatemala on the proposed forms by the end of the year, a TDY in January should be scheduled to work with the MOH in implementing the reporting forms.

As of early November 1979, APROFAM had large stocks of oral contraceptives with manufacture dates of 1974-75. It is essential that the APROFAM warehouse maintain better records of these stocks to allow the older supplies to be utilized quickly. The warehouse also contains 329,617 cycles of Norinyl 1+80 with 1974-75 inspection dates. If APROFAM determines that the inventory of Norinyl 1+80 exceeds their record of past use, we recommend that excess supplies be shipped to another country. If shipment is not feasible, these stocks should be distributed as quickly as possible with written guidelines for their use. Periodic hormonal assays may be needed if Guatemalan use plus shipments fail to consume the Norinyl 1+80 stocks before the expiration date.

## I. PLACES, DATES, AND PURPOSE OF TRAVEL

Guatemala, October 31-November 9, 1979, at the request of the Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), USAID/Guatemala, and AID/POP/FPSD, to assist APROFAM personnel in an evaluation of the status of the APROFAM Direct Distribution of Contraceptive Materials Program (DDP). This consultation was provided by Richard S. Monteith, M.P.H., and Mark W. Oberle, M.D., M.P.H., of the Program Evaluation Branch, FPED/BE/CDC. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

## II. PRINCIPAL CONTACTS

### A. USAID/Guatemala

1. Mr. Scott Edmonds, Health and Population Officer
2. Mr. Neal Woodruff, Assistant Health and Population Officer
3. Mr. Carlos Andrino, Assistant

### B. Asociación Pro-Bienestar de la Familia (APROFAM)

1. Dr. Roberto Santiso, Executive Director
2. Sr. Rolando Sanchez, Director, Direct Distribution of Contraceptive Materials Program

### C. Guatemala Ministry of Public Health (MOH)

1. Dr. Ricardo Lopez Urzua, Chief, Maternal-Child Health and Family Planning Division
2. Dr. Carlos Andrade, Nutrition Division
3. Sr. Rodolfo Poitevin, Chief, Department of Statistics
4. Sr. Oscar Hernandez, Department of Statistics

## III. STATUS OF THE DDP

### A. Background

The Direct Distribution of Contraceptive Materials Program (DDP) was initiated in June 1976. This program was based on an agreement between APROFAM, an IPPF affiliate, and the Guatemala Ministry of Public Health (MOH) in which APROFAM directly issues contraceptives to MOH health centers and posts for their use in providing family planning services. Prior to the DDP, the MOH provided family planning services in only 126 health facilities. As of May 1979, after 3 years of operation, the DDP was providing contraceptive supplies to an additional 443 MOH facilities. Thus, contraceptive supplies were available in 569 facilities, or 93% of the 609 MOH health centers and posts in the country (Table 1 and Figure 1). In addition to supplying MOH facilities, the DDP has also supplied municipal pharmacies, some private clinics, and the community-based distribution program of APROFAM since 1977 (see CDC trip reports on Guatemala dated July 29, 1976, April 26, 1977, and November 28 1977 for a more detailed description of the implementation and development of the DDP).

In June 1979, in a written order, the Minister of Health of Guatemala suspended the MOH's family planning program. In mid-August the Minister reinstated services, but only in health facilities that were staffed by a physician. The 144 health centers in which family planning services were reinstated were ordered by the Minister to treat family planning as a secondary service. Thus, from June to mid-August the DDP formally suspended all supply activities with the MOH. After the Minister reinstated family planning, the DDP again began supplying MOH health centers, but only to those clinics that concurred with the Minister's verbal order.

Presently, the MOH, APROFAM, and USAID/Guatemala are negotiating a new agreement that is tentatively scheduled for implementation in January 1980. Until this agreement goes into effect, only the 144 MOH health centers mentioned above will be authorized to provide family planning services. Although negotiations are still underway, it appears that the MOH will be responsible for the reporting of users, and APROFAM will report supply data.

Reporting will be discussed in more detail later in this report (see Section III-B). At the time of our departure the division of responsibilities between APROFAM and the MOH was still uncertain. Two alternatives were being considered: 1) APROFAM (DDP) could supply the MOH centers and posts directly and collect money from the sale of contraceptives, as has been the case for the past 3 years; or 2) APROFAM could supply MOH health centers only; in turn the health centers would be responsible for supplying the health posts they supervise and for collecting money from the sale of contraceptives. Based on past performance, we feel APROFAM is best prepared to maintain regular supplies at the health post level. Accordingly, we recommend that the first alternative be adopted.

Although the agreement being negotiated calls for the MOH to accept full responsibility for supplying its own facilities in the third year of the agreement (1982), we recommend that APROFAM continue supplying the MOH health centers and posts directly until the MOH has demonstrated that it is prepared and capable to carry out this function.

In the DDP private sector program not affected by the MOH agreement, APROFAM initiated a program in November 1979 to contact private physicians in the country. The program will attempt to increase the availability of contraceptive services in the private sector. The program includes training of physicians in the prescription of all methods, the provision of a continuous supply of contraceptives, and the sale of contraceptives at subsidized prices to patients. The goal of the DDP is to contact 800 physicians and recruit 560 of them to the program by December 1980.

Finally, a reorganization of APROFAM is planned for 1980. Essentially the reorganization will decentralize and regionalize all of APROFAM's activities, including the DDP. Four regional offices are contemplated, and the chief of each region will be responsible for all activities in his region. Under the reorganization, DDP personnel will work out of the regional offices rather than out of Guatemala City and report to the regional APROFAM directors. This will shorten the supply line to MOH facilities and result in possible savings of gasoline and per diem expenses.

B. Program Data

Performance of the DDP may be currently evaluated by 3 data sets, each with its own advantages and drawbacks. These are. contraceptive commodities issued to distribution points, users reported by clinics, and money collected from contraceptive sales.

Contraceptives supplied to the Ministry of Health are presented in Table 2 by health area for the period June 1976 through October 1979. The data are presented in detail, by year, method, and health area, for documentation purposes since the current agreement ends at the end of 1979. In addition, these data are useful in anticipating future supply needs for the different health areas in Guatemala. Total supplies sent to the MOH are summarized in Table 3 by method, and supplies issued by the DDP to all sources including municipal pharmacies and private clinics in addition to the MOH are summarized in Table 4. Through 1978 there is an upward trend in issues of oral contraceptives, condoms, NeoSampoon, and Depo-Provera, but decreasing distribution of other methods. Data for 1979 are difficult to interpret because of the curtailment of MOH services in June. However, even without this break in services, using supply data for analysis purposes is problematic in that they reflect supplies issued to clinics and not contraceptives distributed to patients. An additional drawback is that many new distribution points have been brought into the system each year, and these clinics receive an initial, large shipment of commodities, not necessarily related to patient demand in the catchment area. Hence, in the past, supply summaries have reflected issues to clinics but not necessarily used by patients. However, 93% of MOH clinics are now covered by the DDP program, and although the DDP will add some new clinics, future supply reports will be more likely to reflect drawdowns in clinic supplies due to patient demand. Thus, commodity supply tabulations should be more useful indicators of program performance in the future. This point is discussed in detail below.

The second type of program data collected are monthly reports from MOH clinics on the number of patient admissions, readmissions, and revisits by contraceptive method. These data are summarized by health area in Tables 5, 6, and 7 for 1977, 1978, and the first half of 1979, respectively. Total admissions, readmissions, and revisits increased from 1977 to 1978. But projected (to a 12-month period) admissions and revisits for 1979 decreased, possibly due to minimal reporting during June when the MOH program was curtailed. Although these trends are somewhat consistent with commodity distribution data, independent evaluation of reporting forms has shown the MOH reporting system to be incomplete and inaccurate. For instance, clinics with known family planning activity have reported "sin movimiento," or have not reported at all. Several clinics reported identical statistics month after month. One clinic reported patients only in multiples of 5, a very unlikely clinic attendance pattern. Condom users were frequently reported in multiples

of 12, suggesting that units of condoms rather than patients were being reported. Similarly, the data we reviewed suggested strongly that some clinics were reporting pill cycles distributed rather than users. Finally, it is not possible to determine the number of active users without making assumptions about continuation rates and the frequency of revisits. Clearly, an important task of MOH clinic supervisors will be to improve the quality of reported data, if these are to be of any practical use in the future.

The third type of program data is a summary of financial receipts from the sale of contraceptives (Table 8). Although these financial data lump together contraceptives of unequal value, the general trend is for an increase in annual revenues generated. Although the projected value for 1979 sales through the MOH program based on the first half of the year is much higher than for 1978, total sales in 1979 may actually be lower because of the June curtailment of the program.

Through September 1979 the DDP has generated total revenues of $146,491.75, of which 78% ($113,532.63) were contributed by sales through MOH facilities. APROFAM receives 60% of these revenues, and the cooperating agency retains 40%.

The funds collected by MOH health area are shown by year and health area in Table 9. In order to estimate program coverage based on financial data, 2 assumptions were applied to the 1978 data, the last year for which complete data were available. First, it was assumed that all program participants used oral contraceptives, and indeed in 1978, 70% of reported new admissions and 86% of reported revisits were by pill users. Second, it was assumed that oral contraceptives cost $.15 per cycle, ignoring the relatively few purchases of more expensive formulations. The number of couple years of protection was then estimated by dividing revenues by $.15 x 13 cycles per year. Finally, program coverage was obtained by dividing the number of couple years of protection by the number of married women of childbearing age (WCA) in each health area. Using these assumptions, the DDP provided approximately 27,156 couple years of protection representing 2.9% of married Guatemalan WCA in 1978.

Focusing only on MOH activities, as shown in Table 9, the DDP provided approximately 20,446 couple years of protection, representing 2.2% of married Guatemalan WCA in 1978. This estimate can be compared to estimates of coverage from the 2 other data sets. First, the contraceptives distributed to clinics can be converted to a maximum estimate of patients who would be served, assuming all quantities issued were distributed*.

*As a rough measure, 1 active user was assumed to be represented by 13 cycles of oral contraceptives; or 100 condoms; or 1/2 IUD; or 4 tubes cream; or 5 tubes NeoSampoon; or 4 injections of Depo-Provera; or 4 packages of C-film.

In 1978 the DDP issued supplies to MOH clinics and posts sufficient for 29,448 active users. This clinic supply information provides an estimate of coverage that is 44% greater than the estimate based on revenue. However, as stated above, this assumes that all supplies issued to clinics and posts were distributed to users. The second alternative--the reported number of clinic patients--provides a lower estimate of coverage when compared with the 20,446 CYP basis on sales data. In 1978 the MOH-DDP program reported 24,302 new admissions and readmissions and 76,553 revisits. Assuming the admissions and readmissions were distributed equally by month over the year and an average of 2 months contraceptive protection was purchased per revisit, about 18,834 women would be active users. If an average of only 1.5 or 1.0 months protection was purchased per revisit, the estimate of active users would be only 14,581 and 12,455, respectively.

We have more confidence in sales data for the past 3 years because reasonable accounting of funds in the DDP makes it unlikely that total sales collected are greatly underestimated. If anything, financial information may provide a slight overestimate of coverage because it was assumed that all couples used the less expensive, Norinyl oral contraceptives. However, as discussed above, commodities issued to clinics may prove to be an adequate indicator of program performance in the future when fewer new clinics are incorporated into the program. Commodities will then primarily replace draw-down due to patient demand rather than reflect initial supplies not related to demand. This assessment is supported by a further calculation. Annual (July through June) sales revenue and supply issues for a 3-year period were compared by converting both to couple years of protection (Figure 2). Sales revenues were converted to couple years of protection by dividing revenue by 13 x $.15 as in Table 9. Supply issues were converted to couple years of protection by dividing each commodity issued by a weighting factor (see footnote, page 6). During the first complete year of the program large quantities of contraceptives were distributed, but sales were much less. In the most recent year (July 1978-June 1979) when fewer new clinics were stocked, the issue and sales curves approach each other at levels of 30,000 and 26,000, respectively.

We do have available an independent set of data to compare these estimates. A contraceptive prevalence survey was conducted during the last half of 1978, and it is estimated that 33,000 women in the Interior (excluding the Department of Guatemala) were active users of contraceptive methods distributed through the DDP program to MOH outlets. This estimate was calculated as follows: 14% of the 779,160 married women in the Interior were active users of contraception and represent 109,000 women. Subtracting 40,000 users of sterilization, there were 69,000 users of non-permanent methods and 33,000 of these women (48%) were users of DDP distributed methods through MOH outlets. This estimate, based on the prevalence survey, is higher than the estimates for the most recent year based on contraceptives distributed (30,000) and revenue (26,000). However, the lower limit for the estimate of

33,000, based on the survey's 95% confidence interval, would be 26,750, slightly higher than the estimate based on revenue and lower than the estimate based on contraceptives distributed.

In the future, either sales or distribution data should be adequate indicators of program performance. However, reporting of users will require considerable improvement before these data will be of any use in program evaluation. Estimates of active users, based on clinic users, is lower than that estimated based on sales even though new admissions and readmissions are probably overestimated due to reporting commodities distributed rather than patients served. This is certainly true for condoms. An inordinate number of clinics reported condom users in multiples of 12. We believe that similar errors have occurred with other methods.

Since we feel that the sales data is currently the best indicator of program performance, we will use this data converted to couple years of protection to compare performance by health area. The CYP estimate is divided by the number of married women 15-44 years of age to obtain the proportion covered, and this coverage is ranked by health area as shown in Table 9. It is important to take into account a denominator reflecting target populations. For example, the Guatemala Health Area generated the most revenue in 1978, but this health area also has twice the population of any other health area. Clearly, the relative performance of each health area should be compared by taking population into account. In Table 9 the health areas are ranked in 2 ways: by revenues generated and by the estimated percentage of target population covered. As might be expected, these 2 rankings are highly correlated ($r_s = 0.548$; $p<.01$), but several major discrepancies are apparent. The Guatemala Health Area's performance is ranked first in revenues collected but 20th in population covered, and El Progreso and Petén have discrepancies of 10 or greater between rankings. In the case of the Guatemala Health Area, public clinics and private practitioners not supplied by the DDP are providing more than 90% of family planning services. Both El Progreso and Petén have the smallest numbers of married women 15-44 years of age. Thus, it is not surprising that smaller revenues have provided better than average coverage.

In 1978, Zacapa, Santa Rosa, El Progreso, Jutiapa, Escuintla, Izabál, and Retalhuleu have been ranked as the 7 best performing health areas. Perhaps this should be no surprise as these 7 health areas are the 7 of 8 health areas in the Interior in which less than a third of the population is Mayan Indian, and the 1978 Contraceptive Prevalence Survey (CPS) has shown that 22% of married non-Indian (Ladino) women in the Interior are active users of contraception compared with only 4% of married Indian women. Overall, in the Interior, 14% of married women were contracepting in late 1978 based on data from the CPS. This compares to a maximum estimate of 7% in the Interior in early 1976 prior to the DDP program. The only programmatic change has been the DDP program which has increased availability of contraception from 126 to 569 health facilities.

In summary, the DDP's financial information appears to have been the most reasonable way of estimating program performance. In the future, supply data should also be an adequate indicator. During the first 3 years of the DDP, the relative performance of different areas can only be assessed when a denominator such as number of married WCA is taken into consideration. Based on data from the CPS, it is estimated that the prevalence of contraceptive use has doubled in the Interior since the DDP was initiated.

C. Future Data Reporting

Since the initiation of the DDP, reporting of users and logistics information has been the joint responsibility of both APROFAM and the MOH. Under this arrangement the MOH health centers and posts were to report directly to APROFAM the monthly number of new acceptors, readmissions, revisits, and active users by method. Since reports of active users has not been reliable, couple years of protection based on supply and sale data has been used in the previous section of this report as a surrogate measure of program changes. In addition, the MOH was responsible for reporting type and quantity of contraceptives distributed to users and inventory on hand. Independently the DDP kept records on contraceptives issued to the health centers and posts, as well as money collected from the sale of contraceptives. As discussed earlier in this report, MOH reporting of users and supply data as not always timely and reliable.

Under the agreement presently being negotiated by USAID/Guatemala, APROFAM, and the MOH, the latter will be solely responsible for the reporting of users beginning in 1980. APROFAM will be responsible for reporting money collected and consignments of contraceptives to the MOH. However, this will be possible only if APROFAM is given the responsibility to directly supply MOH health centers and posts and collect sales revenues from them. We recommend that APROFAM and USAID/Guatemala negotiate this reponsibility for APROFAM if for no other reason than to insure the availability of supply and sales data which can continue to be used to monitor planning program until user reporting is determined to be complete and accurate. APROFAM currently has the capability to carry out these reporting tasks.

Mr. Edmonds requested that we contact the MOH to learn what user data they were planning to collect and report. As far as we were able to determine, very little planning had been done in this area. In fact, we could not identify an appropriate MOH official who had been given this planning responsibility. Dr. Urzua, Chief of the MOH MCH/FP Division who logically should be responsible for the reporting of users, had been relieved of this responsibility. In our discussions with the Chief of the MOH Statistics Division, we learned that the MOH had the present capability of reporting only family planning visits by type of visit (first and subsequent) and by category of personnel attending the visits (physician and nurse). However, he told us that he did not have the authority to decide what data should be collected and reported.

In collaboration with Sr. Rolando Sanchez of APROFAM, we designed the forms appearing in Attachment 1. These 4 forms are simple but record data on users and contraceptive inventory levels required in AID's quarterly and annual reports. In addition, Forms 3 and 4 will provide information on MOH medical supervisory visits which USAID/Guatemala will require under the new agreement. The information contained in these forms can be used as a check against the travel vouchers the MOH medical supervisors will periodically submit to USAID/Guatemala for reimbursement. These forms were submitted to Dr. Andrade of the MOH who in turn was to discuss them with his superiors. Prior to our departure, Dr. Andrade had not reported to us or to Mr. Edmonds' assistant, Sr. Andrino, the MOH's reaction to the forms.

We feel that the proposed forms, especially Forms 1 and 2, meet the AID's reporting requirements and would provide the necessary data to the MOH for the supervision of its family planning program. If these forms are adopted, the MOH should provide training to its supervisory and clinical personnel in data collection and reporting. During training, particular emphasis should be placed on the management of a tickler file and on the reporting of active users. If requested, APROFAM should train 1 or 2 MOH officials in a day's training session on the use of the forms and the tickler file. If the MOH does not provide any reaction to USAID/Guatemala on the proposed forms by the end of the year, we should return in late January to work with the MOH in implementing the reporting forms.

The forms currently used by the DDP to collect data on issues of contraceptives to the MOH and money collected should continue in use after the agreement is signed. However, we recommend that APROFAM report these data by MOH health area, which was not the case in the past. Reporting of money collected will probably continue to be the best indicator of MOH program performance. Thus, DDP personnel should make every attempt to visit all MOH facilities participating in the DDP every 2 months.

## IV. LOGISTICS

At the request of Mr. Scott Edmonds, we also visited APROFAM's central warehouse to determine the manufacture date of Norinyl 1+50 and 1+80 that was currently on hand. Mr. Edmonds informed us that he had received complaints from the MOH that APROFAM had been issuing old commodities to the MOH while APROFAM used newer commodities in its own clinical and CBD programs. This does not appear to be the case, because the commodities are warehoused in a manner in which it is difficult to differentiate between older and newer stocks. Currently, 627,611 cycles of Norinyl 1+50 and 329,617 cycles of Norinyl 1+80 are on hand in the central warehouse. These commodities, which are stored separately but not by purchase order number, were donated to

APROFAM by Family Planning International Assistance (FPIA) and the International Planned Parenthood Federation (IPPF) in 1976. Although the blister packs contain the manufacture date, the boxes in which the oral contraceptives were shipped do not. Rather than open the boxes, we recorded the purchase order number from the boxes. After our return to Atlanta, We called Mr. Tony Boni, AID/POP/FPSD, and requested his assistance in determining the age of the commodities. He reported the following GSA "Material Available for Inspection Dates" which correspond closely to date of manufacture.

| Item | Purchase Order Number | Inspection Date |
|---|---|---|
| Norinyl 1+50 | WPN-F-48553-1 | 8/74 |
| " | WPN-F-48607-1 | 10/74 |
| " | WPN-F-49400-1 | 3/75 |
| " | WPN-F-49422-1 | 5/75 |
| " | WPN-F-50503-1 | 4/76 |
| " | WPN-F-50507-1 | 5/76 |
| Norinyl 1+80 | WPN-F-48553-1 | 8/74 |
| " | WPN-F-48607-1 | 10/74 |
| " | WPN-F-49400-1 | 2/75 |
| " | WPN-F-49422-1 | 5/75 |

In order to observe the "First In-First Out" (FIFO) principle of logistics management, APROFAM should arrange these commodities in their warehouse by inspection date (by year of inspection should be sufficient) so those with the earliest inspection date can be issued first. Dr. Santiso was informed of this recommendation and was to take action once he received the manufacture dates.

During our visit to the warehouse we learned that separate inventory control cards (ICC) were not maintained for Norinyl 1+50 and Norinyl 1+80. In fact, the ICCs in use were filed by donor, i.e., FPIA and IPPF, and reflected quantities received, issues and balance on-hand for both Norinyl 1+50 and Norinyl 1+80. Since Norinyl 1+50 and Norinyl 1+80 are 2 <u>different</u> oral contraceptives, they should be treated as such. Thus, we recommend that separate ICCs be maintained for these commodities.

Dr. Santiso was unaware that AID no longer procures Norinyl 1+80 and that he would not receive future shipments of this contraceptive. Since 329,617 cycles of Norinyl 1+80 are currently on hand, we recommend that APROFAM develop a policy for its disposition. In developing a policy, manufacture dates, history of past use, the contraceptives' intended purpose, and control over its distribution should be considered. According to the GSA "Available for Inspection Dates," the Norinyl 1+80 currently on hand in the APROFAM central warehouse is approximately 4 to 5 years old. The <u>average</u> shelf life of oral contraceptives is 5 years, although shipping and storage conditions

affect their shelf life. If a study of past use determines that only small quantities of Norinyl 1+80 have been distributed in Guatemala in recent years, i.e., 10,000 cycles per year, then approximately 30 years of stock are currently on hand, and APROFAM, USAID/Guatemala, and AID/POP/W should consider shipping most of the stock to a recipient country which could quickly utilize this contraceptive. If this is not feasible, the on-hand stock should be issued to APROFAM and MOH clinics as quickly as possible with written guidelines for its use. In the MOH family planning program, MOH medical supervisors whose per diem will be paid by USAID/Guatemala should be held responsible for its correct use in MOH clinics. In the event that future draw-down of Norinyl 1+80 is minimal in Guatemala, we recommend that periodic assays be made to determine the potency of the contraceptive.

Finally, Sr. Sanchez reported to us that he could issue more NeoSampoon if it were available. In our review of monthly reports, we found that some MOH health centers and posts had reported stock-outs of NeoSampoon and had urgently requested new stocks. Presently, IPPF donates NeoSampoon to APROFAM, but supplies have not been in sufficient quantities to satisfy apparent demand. USAID/Guatemala, IPPF, or FPIA should insure their availability to APROFAM.

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TABLE 1

MOH Health Centers and Posts Participating in the Direct Distribution Program (DDP), by Health Area, May 1979

| Health Area | Total No. of Health Centers And Posts | Total With F.P. | Total Without F.P. | Percent Coverage | Health Centers | | | Health Posts | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | With F.P. | Without F.P. | Total | With F.P. | Without F.P. | Total |
| San Marcos | 51 | 48 | 3 | 98.3 | 11 | - | 11 | 37 | 3 | 40 |
| Quezaltenango | 40 | 38 | 2 | 95.0 | 9 | - | 9 | 29 | 2 | 31 |
| Retalhuleu | 20 | 20 | - | 100.0 | 3 | - | 3 | 17 | - | 17 |
| Totonicapán | 10 | 8 | 2 | 80.0 | 4 | - | 4 | 4 | 2 | 6 |
| Huehuetenango | 41 | 36 | 5 | 87.8 | 10 | - | 10 | 26 | 5 | 31 |
| El Quiché | 33 | 29 | 4 | 87.9 | 7 | - | 7 | 22 | 4 | 26 |
| Sololá | 28 | 28 | - | 100.0 | 7 | - | 7 | 21 | - | 21 |
| Suchitepéquez | 29 | 29 | - | 100.0 | 7 | - | 7 | 22 | - | 22 |
| Chimaltenango | 21 | 21 | - | 95.2 | 8 | - | 8 | 13 | - | 13 |
| Sacatepéquez | 19 | 18 | 1 | 94.7 | 3 | - | 3 | 15 | 1 | 16 |
| Escuintla | 35 | 34 | 1 | 97.1 | 7 | - | 7 | 27 | 1 | 28 |
| Santa Rosa | 43 | 33 | 10 | 76.7 | 16 | - | 16 | 17 | 10 | 27 |
| Jutiapa | 39 | 37 | 2 | 94.8 | 6 | - | 6 | 31 | 2 | 33 |
| Jalapa | 11 | 11 | - | 100.0 | 3 | - | 3 | 8 | - | 8 |
| Chiquimula | 14 | 14 | - | 100.0 | 6 | - | 6 | 8 | - | 8 |
| Zacapa | 23 | 23 | - | 100.0 | 5 | - | 5 | 18 | - | 18 |
| Izabal | 14 | 14 | - | 100.0 | 8 | - | 8 | 6 | - | 6 |
| Guatemala | 60 | 52 | 8 | 86.6 | 19 | 2 | 21 | 33 | 6 | 39 |
| El Progreso | 23 | 22 | 1 | 95.6 | 4 | - | 4 | 18 | 1 | 19 |
| Baja Verapaz | 14 | 14 | - | 100.0 | 3 | - | 3 | 11 | - | 11 |
| Alta Verapaz | 23 | 23 | - | 100.0 | 6 | - | 6 | 17 | - | 17 |
| Petén | 18 | 17 | 1 | 94.4 | 4 | 1 | 5 | 13 | - | 13 |
| T o t a l . . . | 609 | 569 | 40 | 93.4 | 156 | 3 | 159 | 413 | 37 | 450 |

TABLE 2

APROFAM Contraceptives Supplied to Ministry of Health
by Health Area and Year
June 1976-October 1979

| Health Area | Oral Contra-ceptives (cycles) | Condoms (doz.) | Jelly Foam (tubes) | IUD (#) | Neo-Sampoon (tubes) | Depo Provera (doses) | C-film (pkg) |
|---|---|---|---|---|---|---|---|
| San Marcos | | | | | | | |
| 1976 | 4,800 | 182 | 154 | 50 | 60 | - | 50 |
| 1977 | 16,900 | 567 | - | 350 | - | 1,360 | - |
| 1978 | 15,780 | 180 | - | - | - | 100 | - |
| 1979 | 12,660 | 324 | 6 | 20 | - | - | - |
| Quezaltenango | | | | | | | |
| 1976 | 13,750 | 651 | 110 | 50 | 20 | 100 | 50 |
| 1977 | 10,320 | 492 | 10 | 200 | 20 | - | - |
| 1978 | 12,480 | 960 | - | - | 140 | 1,000 | - |
| 1979 | 17,760 | 750 | 5 | 200 | 45 | 1,300 | - |
| Retalhuleu | | | | | | | |
| 1976 | 8,680 | 299 | 106 | - | 15 | 40 | - |
| 1977 | 8,890 | 220 | 50 | 80 | 10 | 70 | - |
| 1978 | 10,620 | 420 | 6 | - | 145 | 380 | - |
| 1979 | 4,[illegible]50 | 148 | - | - | - | - | - |
| Totonicapan | | | | | | | |
| 1976 | 3,720 | 72 | 1[illegible]0 | - | 50 | - | - |
| 1977 | 4,740 | 46 | - | 50 | 30 | 60 | - |
| 1978 | 4,020 | 504 | 80 | - | 100 | 70 | - |
| 1979 | 6,270 | 108 | - | 50 | - | - | - |
| Huehuetenango | | | | | | | |
| 1976 | 6,420 | 133 | 167 | 15 | 140 | 10 | - |
| 1977 | 16,670 | 336 | 198 | 185 | 50 | 30 | - |
| 1978 | 12,420 | 2,364 | - | - | 190 | - | - |
| 1979 | 11,940 | 408 | - | 25 | - | - | - |
| Quiche | | | | | | | |
| 1976 | 1,490 | 36 | 25 | 10 | 10 | - | - |
| 1977 | 3,270 | 454 | 90 | - | 50 | 50 | - |
| 1978 | 8,220 | 672 | 38 | 250 | 90 | 30 | - |
| 1979 | 4,020 | 276 | - | - | - | - | - |
| Solola | | | | | | | |
| 1976 | 1,500 | 12 | 35 | - | 10 | 40 | 25 |
| 1977 | 13,060 | 384 | 215 | - | 210 | 200 | - |
| 1978 | 3,360 | 1,272 | - | - | 100 | - | - |
| 1979 | 6,180 | 264 | - | - | 10 | - | - |
| Suchitepequez | | | | | | | |
| 1976 | 19,500 | 48 | 100 | 200 | 165 | - | - |
| 1977 | 13,200 | 228 | 12 | - | 120 | - | - |
| 1978 | 11,600 | 720 | 24 | - | - | - | - |
| 1979 | 9,600 | 300 | 125 | 50 | - | - | - |

TABLE 2

(continued)

| Health Area | Oral Contra-ceptives (cycles) | Condoms (doz.) | Jelly Foam (tubes) | IUD (#) | Neo-Sampoon (tubes) | Depo Provera (doses) | C-film (pkg) |
|---|---|---|---|---|---|---|---|
| Chimaltenango | | | | | | | |
| 1976 | 1,940 | 190 | 571 | 25 | 235 | 30 | - |
| 1977 | 11,040 | 696 | - | - | - | 50 | - |
| 1978 | 7,260 | 912 | 45 | - | 86 | 200 | - |
| 1979 | 10,650 | 672 | 22 | 50 | - | - | - |
| Sacatapequez | | | | | | | |
| 1976 | 4,360 | 121 | 127 | - | 81 | - | - |
| 1977 | 8,430 | 576 | 116 | - | 105 | 10 | - |
| 1978 | 4,280 | 552 | 12 | 40 | 95 | 10 | - |
| 1979 | 6,767 | 456 | - | - | 40 | - | - |
| Escuintla | | | | | | | |
| 1976 | 11,040 | 312 | 222 | - | 150 | 10 | 12 |
| 1977 | 28,950 | 888 | 873 | 260 | 245 | 370 | - |
| 1978 | 35,880 | 600 | 260 | 100 | 175 | 780 | - |
| 1979 | 4,230 | 312 | - | 25 | - | - | - |
| Santa Rosa | | | | | | | |
| 1976 | 9,940 | 232 | 47 | - | 66 | 160 | - |
| 1977 | 20,860 | 804 | 64 | - | 80 | 1,850 | - |
| 1978 | 21,020 | 704 | 66 | - | 195 | 980 | - |
| 1979 | 10,050 | 568 | 27 | - | 10 | 80 | - |
| Jutiapa | | | | | | | |
| 1976 | 8,520 | 672 | 150 | - | 50 | 1,500 | - |
| 1977 | 28,120 | 552 | - | 100 | - | 3,400 | - |
| 1978 | 18,060 | 888 | - | 40 | 230 | 3,600 | - |
| 1979 | 6,720 | 504 | - | - | - | 540 | |
| Jalapa | | | | | | | |
| 1976 | 7,200 | 276 | 20 | - | - | - | - |
| 1977 | 13,200 | 240 | - | 100 | - | 200 | - |
| 1978 | 2,160 | 216 | - | - | 60 | 120 | - |
| 1979 | 3.900 | 300 | - | - | - | - | - |
| Chiquimula | | | | | | | |
| 1976 | 7,900 | 288 | 100 | - | 100 | 1,000 | - |
| 1977 | 9,600 | 180 | - | - | 30 | 200 | - |
| 1978 | 14,746 | 348 | - | 100 | 30 | 290 | - |
| 1979 | 4,696 | 377 | 3 | - | - | - | - |
| Zacapa | | | | | | | |
| 1976 | 7,880 | 36 | - | - | - | 550 | - |
| 1977 | 18,330 | 120 | 56 | 25 | 30 | 150 | - |
| 1978 | 14,880 | 732 | 157 | - | 195 | 440 | - |
| 1979 | 13,710 | 493 | - | - | - | - | - |

TABLE 2

(continued)

| Health Area | Oral Contra-ceptives (cycles) | Condoms (doz.) | Jelly Foam (tubes) | IUD (#) | Neo-Sampoon (tubes) | Depo Provera (doses) | C-film (pkg) |
|---|---|---|---|---|---|---|---|
| Izabal | | | | | | | |
| 1976 | 13,610 | 257 | 418 | - | 213 | 30 | - |
| 1977 | 12,900 | 444 | 123 | 100 | 80 | 260 | - |
| 1978 | 20,810 | 504 | - | - | 80 | 150 | - |
| 1979 | 11,890 | 168 | - | 100 | - | - | - |
| Guatemala | | | | | | | |
| 1976 | 8,190 | 342 | 137 | 159 | 55 | 30 | 20 |
| 1977 | 24,660 | 826 | 603 | 260 | 205 | 310 | 10 |
| 1978 | 21,960 | 1,476 | 216 | 150 | 209 | 490 | - |
| 1979 | 19,533 | 780 | 125 | 200 | - | 70 | - |
| El Progreso | | | | | | | |
| 1976 | 3,860 | 96 | 50 | 25 | 150 | - | - |
| 1977 | 9,880 | 180 | 40 | 70 | 60 | - | - |
| 1978 | 14,760 | 660 | 68 | - | 78 | 310 | - |
| 1979 | 12,520 | 420 | - | - | - | - | - |
| Baja Verapaz | | | | | | | |
| 1976 | 2,680 | 260 | - | - | - | - | - |
| 1977 | 10,700 | 312 | 120 | 20 | 210 | 230 | - |
| 1978 | 7,800 | 360 | 90 | - | 100 | 300 | - |
| 1979 | 5,700 | 252 | - | - | - | - | - |
| Alta Verapaz | | | | | | | |
| 1976 | 2,340 | 75 | - | - | - | - | - |
| 1977 | 4,800 | 564 | 135 | 100 | 50 | 100 | - |
| 1978 | 13,380 | 935 | 54 | - | 100 | 190 | - |
| 1979 | 4,680 | 120 | - | - | - | 10 | - |
| Peten | | | | | | | |
| 1976 | 4,370 | 84 | 170 | 100 | 125 | - | - |
| 1977 | 9,000 | 60 | - | 25 | - | - | - |
| 1978 | 4,920 | 154 | - | - | 120 | - | - |
| 1979 | 3,000 | 60 | - | - | - | - | - |

TABLE 3

Contraceptives Issued By APROFAM (DDP)
to the Guatemalan Ministry of Health
June 1976-October 1979

| Contraceptive | 1976 | 1977 | 1978 | 1979 | Total |
|---|---|---|---|---|---|
| Pills (cycles) | 172,905 | 297,610 | 290,416 | 190,936 | 951,867 |
| Condoms (units) | 49,464 | 110,028 | 193,596 | 96,720 | 449,808 |
| IUD's | 634 | 1,805 | 540 | 720 | 3,699 |
| Cream, Jelly, Foam (tubes) | 2,879 | 2,705 | 1,116 | 313 | 7,013 |
| NeoSampoon (tubes) | 1,695 | 1,595 | 2,491 | 105 | 5,886 |
| Depo-Provera (doses) | 3,500 | 8,900 | 9,260 | 2,000 | 23,660 |
| C-Film (pkg) | 157 | 10 | - | - | 167 |

TABLE 4

Contraceptives Issued by APROFAM to All DDP Outlets
June 1976-October 1979

| Method | 1976 | 1977 | 1978 | 1979 | Total |
|---|---|---|---|---|---|
| Pills (cycles) | 172,905 | 352,727 | 403,237 | 322,762 | 1,251,631 |
| Condoms (units) | 49,464 | 231,420 | 432,672 | 237,024 | 950,580 |
| IUD's | 955 | 2,401 | 890 | 959 | 5,205 |
| Cream, Jelly, Foam (tubes) | 4,093 | 6,799 | 4,065 | 2,656 | 17,613 |
| NeoSampoon (tubes)* | - | 6,135 | 3,002 | 173 | 9,310 |
| Depo-Provera (doses) | 3,500 | 9,270 | 10,229 | 2,000** | 24,990 |
| C-Film (pkg) | 157 | 10 | - | - | 167 |

* 1976 NeoSampoon included under Cream, Jelly, Foam

** Data on the DDP private sector were incomplete at the time of our visit. Therefore, 2,000 dosis should be considered the minimum distributed to all users as of October 1979.

TABLE 5

Reported User Activities
Direct Distribution Program - Ministry of Health
1977

| | ADMISSIONS | | | | | READMISSIONS | | | | | REVISITS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Health Areas | Pill | IUD | Condom | Other | Total | Pill | IUD | Condom | Other | Total | Pill | IUD | Condom | Other | Total |
| San Marcos | 525 | 29 | 20 | 10 | 584 | 66 | 1 | 1 | 1 | 69 | 1,381 | 68 | 16 | 15 | 1,480 |
| Quezaltenango | 757 | 127 | 9 | 4 | 897 | 90 | 13 | - | - | 103 | 3,550 | 230 | 1 | 32 | 3,813 |
| Retalhuleu | 507 | 18 | 77 | 57 | 659 | 96 | 8 | 5 | - | 109 | 1,573 | 74 | 47 | 54 | 1,748 |
| Totonicapán | 87 | 6 | 8 | 3 | 104 | 16 | 6 | 8 | - | 30 | 1,184 | 21 | 9 | - | 1,214 |
| Huehuetenango | 191 | 22 | 46 | 11 | 270 | 135 | 11 | 2 | 1 | 149 | 1,372 | 70 | 36 | 18 | 1,496 |
| Quiché | 217 | 16 | 140 | 10 | 383 | 21 | - | - | - | 21 | 451 | 13 | 10 | - | 474 |
| Sololá | 358 | 5 | 150 | 30 | 543 | 39 | - | 1 | - | 40 | 1,269 | 39 | 60 | 85 | 1,453 |
| Suchitepéquez | 919 | 72 | 71 | 107 | 1,169 | 333 | 5 | 20 | 10 | 368 | 5,363 | 345 | 37 | 45 | 5,790 |
| Chimaltenango | 334 | 44 | 88 | 63 | 529 | 84 | 101 | 5 | 4 | 194 | 1,355 | 419 | 198 | 274 | 2,246 |
| Sacatepéquez | 345 | 25 | 59 | 25 | 454 | 62 | - | 9 | 2 | 73 | 2,260 | 429 | 33 | 13 | 2,735 |
| Escuintla | 1,161 | 34 | 115 | 310 | 1,620 | 298 | 9 | 3 | 31 | 341 | 6,115 | 93 | 97 | 341 | 6,646 |
| Santa Rosa | 928 | 19 | 38 | 233 | 1,218 | 195 | 2 | 15 | 54 | 266 | 3,608 | 10 | 96 | 707 | 4,421 |
| Jutiapa | 763 | 186 | 65 | 507 | 1,521 | 172 | 1 | 2 | 37 | 212 | 2,816 | 54 | 93 | 1,363 | 4,326 |
| Jalapa | 286 | 24 | 28 | 11 | 349 | 52 | - | - | 1 | 53 | 2,376 | 16 | 132 | 25 | 2,549 |
| Chiquimula | 362 | 45 | 59 | 48 | 514 | 238 | 10 | 2 | 7 | 257 | 1,946 | 147 | 173 | 46 | 2,312 |
| Zacapa | 404 | 33 | 26 | 94 | 557 | 88 | 7 | - | 9 | 104 | 4,305 | 69 | 20 | 41 | 4,435 |
| Izabal | 708 | 24 | 9 | 89 | 830 | 79 | - | - | 14 | 93 | 3,483 | 13 | 19 | 29 | 3,544 |
| Guatemala | 698 | 87 | 74 | 91 | 950 | 131 | 1 | 3 | 9 | 144 | 3,938 | 231 | 68 | 93 | 4,330 |
| El Progreso | 285 | 8 | 11 | 17 | 321 | 126 | 2 | 1 | 2 | 131 | 1,534 | 56 | 14 | 23 | 1,627 |
| Baja Verapaz | 344 | 10 | 55 | 77 | 486 | 40 | - | 2 | 4 | 46 | 1,636 | 32 | 111 | 53 | 1,832 |
| Alta Verapaz | 222 | 18 | 23 | - | 263 | 14 | 6 | 2 | 1 | 23 | 1,492 | 105 | 22 | 2 | 1,621 |
| Petén | 200 | 50 | 4 | 4 | 258 | 53 | 7 | 1 | - | 61 | 977 | 108 | 10 | 8 | 1,103 |
| TOTAL | 10,601 | 902 | 1,175 | 1,801 | 14,479 | 2,428 | 190 | 82 | 187 | 2,877 | 53,984 | 2,642 | 1,302 | 3,267 | 61,195 |

TABLE 6

Reported User Activities
Direct Distribution Program - Ministry of Healt
1978

| | ADMISSIONS | | | | | READMISSIONS | | | | | REVISITS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Health Areas | Pill | IUD | Condom | Other | Total | Pill | IUD | Condom | Other | Total | Pill | IUD | Condom | Other | Total |
| San Marcos | 919 | 142 | 104 | 29 | 1,194 | 326 | 17 | 7 | 3 | 353 | 2,761 | 326 | 36 | 34 | 3,154 |
| Quezaltenango | 813 | 161 | 218 | 43 | 1,235 | 154 | 32 | 11 | 6 | 203 | 4,086 | 460 | 4 | 72 | 4,622 |
| Retalhuleu | 676 | 12 | 109 | 129 | 926 | 202 | 4 | 15 | 14 | 235 | 1,551 | 59 | 48 | 180 | 1,838 |
| Totonicapán | 148 | 3 | 12 | 23 | 186 | 9 | 1 | 3 | 2 | 15 | 1,517 | 14 | 24 | 57 | 1,612 |
| Huehuetenango | 719 | 75 | 174 | 33 | 1,001 | 123 | 8 | 11 | 4 | 146 | 2,814 | 152 | 47 | 43 | 3,056 |
| Quiché | 566 | 20 | 52 | 69 | 707 | 202 | 2 | 22 | 1 | 227 | 1,036 | 26 | 59 | 27 | 1,148 |
| Sololá | 548 | 7 | 104 | 45 | 704 | 151 | 8 | 11 | 12 | 182 | 2,834 | 39 | 60 | 135 | 3,068 |
| Suchitepéquez | 803 | 69 | 71 | 75 | 1,018 | 207 | 4 | 29 | - | 240 | 4,643 | 298 | 109 | 79 | 5,129 |
| Chimaltenango | 699 | 46 | 140 | 71 | 956 | 104 | 21 | 10 | 4 | 139 | 1,930 | 387 | 143 | 57 | 2,517 |
| Sacatepéquez | 324 | 36 | 44 | 39 | 443 | 168 | 10 | 49 | 10 | 237 | 2,041 | 381 | 135 | 48 | 2,605 |
| Escuintla | 1,255 | 26 | 162 | 471 | 1,914 | 170 | 7 | 24 | 54 | 255 | 5,535 | 51 | 224 | 609 | 6,419 |
| Santa Rosa | 883 | 13 | 79 | 244 | 1,219 | 288 | 3 | 27 | 89 | 407 | 8,326 | 27 | 124 | 397 | 8,874 |
| Jutiapa | 574 | 10 | 42 | 516 | 1,142 | 121 | - | 21 | 120 | 262 | 2,945 | - | 122 | 1,822 | 4.889 |
| Jalapa | 340 | 26 | 24 | 54 | 444 | 88 | - | - | - | 88 | 2,318 | 33 | 53 | 70 | 2,474 |
| Chiquimula | 399 | 40 | 135 | 160 | 734 | 264 | 3 | 52 | 15 | 334 | 2,083 | 81 | 104 | 154 | 2,422 |
| Zacapa | 605 | 23 | 66 | 163 | 857 | 137 | 1 | 23 | 18 | 179 | 5,130 | 63 | 80 | 249 | 5,522 |
| Izabal | 525 | 14 | 30 | 123 | 692 | 122 | 2 | 3 | 4 | 131 | 1,695 | 2 | 81 | 178 | 1,956 |
| Guatemala | 1,432 | 186 | 275 | 337 | 2,230 | 322 | 25 | 109 | 40 | 496 | 5,669 | 579 | 384 | 402 | 7,034 |
| El Progreso | 416 | 8 | 53 | 78 | 555 | 88 | 12 | 7 | 3 | 110 | 1,994 | 32 | 69 | 115 | 2,210 |
| Baja Verapaz | 334 | 5 | 38 | 98 | 475 | 108 | - | 6 | 15 | 129 | 2,475 | 19 | 84 | 256 | 2,834 |
| Alta Verapaz | 458 | 28 | 83 | 70 | 639 | 144 | 3 | 32 | 5 | 184 | 2,548 | 151 | 164 | 144 | 3,007 |
| Petén | 265 | 29 | 94 | 28 | 416 | 62 | 3 | 7 | 1 | 73 | 1,377 | 108 | 26 | 22 | 1,533 |
| 1978 TOTAL | 13.701 | 969 | 2,109 | 2,898 | 19,677 | 3,560 | 166 | 479 | 420 | 4,625 | 55,508 | 3,288 | 2,180 | 5,577 | 76,553 |

TABLE 7

Reported User Activities
Direct Distribution Program - Ministry of Health
January - June, 1979

| | ADMISSIONS | | | | | READMISSIONS | | | | | REVISITS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Health Areas | Pill | IUD | Condom | Other | Total | Pill | IUD | Condom | Other | Total | Pill | IUD | Condom | Other | Total |
| San Marcos | 323 | 22 | 11 | 18 | 374 | 92 | 2 | 3 | 0 | 97 | 1,189 | 69 | 17 | 33 | 1,308 |
| Quezaltenanto | 210 | 35 | 22 | 20 | 287 | 27 | 3 | 6 | 9 | 45 | 2,226 | 122 | 11 | 32 | 2,391 |
| Retalhuleu | 666 | 2 | 29 | 12 | 709 | 206 | 2 | 4 | 8 | 220 | 897 | 33 | 63 | 29 | 1,022 |
| Totonicapan | 51 | 1 | 5 | 6 | 63 | 1 | 1 | 0 | 0 | 2 | 707 | 5 | 51 | 9 | 772 |
| Huehuetenango | 290 | 19 | 76 | 13 | 398 | 57 | 11 | 0 | 0 | 68 | 1,334 | 92 | 36 | 19 | 1,481 |
| Quiche | 227 | 5 | 53 | 10 | 295 | 195 | 1 | 3 | 0 | 199 | 535 | 15 | 29 | 2 | 581 |
| Solola | 189 | 13 | 36 | 7 | 245 | 39 | 1 | 1 | 1 | 42 | 1,050 | 25 | 53 | 26 | 1,154 |
| Suchitepequez | 444 | 44 | 78 | 98 | 664 | 139 | 8 | 2 | 4 | 153 | 2,444 | 143 | 76 | 50 | 2,713 |
| Chimaltenango | 213 | 16 | 67 | 9 | 305 | 66 | 22 | 5 | 2 | 95 | 962 | 173 | 71 | 13 | 1,219 |
| Sacatepequez | 119 | 10 | 7 | 3 | 139 | 62 | 2 | 38 | 8 | 110 | 988 | 40 | 28 | 18 | 1,074 |
| Escuintla | 456 | 15 | 48 | 57 | 576 | 329 | 1 | 12 | 3 | 345 | 3,056 | 25 | 92 | 141 | 3,314 |
| Santa Rosa | 397 | 1 | 16 | 13 | 427 | 153 | 1 | 10 | 12 | 176 | 1,498 | 13 | 103 | 58 | 1,672 |
| Jutiapa | 214 | 8 | 38 | 69 | 329 | 47 | 0 | 1 | 25 | 73 | 1,054 | 18 | 125 | 376 | 1,573 |
| Jalapa | 142 | 4 | 13 | 9 | 168 | 33 | 0 | 0 | 3 | 36 | 1,329 | 15 | 44 | 11 | 1,399 |
| Chiquimula | 168 | 24 | 49 | 50 | 291 | 120 | 5 | 1 | 22 | 148 | 875 | 41 | 57 | 30 | 1,003 |
| Zacapa | 312 | 3 | 62 | 78 | 455 | 131 | 6 | 16 | 6 | 159 | 2,160 | 17 | 76 | 60 | 2,313 |
| Izabal | 275 | 6 | 43 | 11 | 335 | 72 | 0 | 0 | 0 | 72 | 1,301 | 0 | 30 | 23 | 1,354 |
| Guatemala | 427 | 53 | 197 | 133 | 810 | 201 | 9 | 13 | 5 | 228 | 2,270 | 178 | 118 | 48 | 2.614 |
| El Progreso | 179 | 0 | 25 | 19 | 223 | 63 | 4 | 12 | 1 | 80 | 1,183 | 9 | 99 | 50 | 1,341 |
| Baja Verapaz | 199 | 2 | 6 | 5 | 212 | 61 | 0 | 1 | 1 | 63 | 1,243 | 3 | 70 | 36 | 1,352 |
| Alta Verapaz | 504 | 14 | 211 | 13 | 742 | 106 | 0 | 3 | 2 | 111 | 1,822 | 139 | 185 | 10 | 2,156 |
| Peten | 88 | 14 | 5 | 1 | 108 | 15 | 7 | 1 | 0 | 23 | 533 | 59 | 8 | 1 | 601 |
| 1979 TOTAL | 6,093 | 311 | 1,097 | 654 | 8,155 | 2,215 | 86 | 132 | 112 | 2,545 | 30,656 | 1,234 | 1,442 | 1,075 | 34,407 |

TABLE 8

Revenue Collected
Direct Distribution Program
U.S.$1.00 = 1.00 Quetzal

| Sector | Year 1976 | 1977 | 1978 | 1979* | Total |
|---|---|---|---|---|---|
| Ministry of Health | 8,962.38 | 33,792.85 | 39,869.80 | 30,907.60 | 113,532.63 |
| Private** | -0- | 5,167.19 | 13,084.68 | 14,707.25 | 32,959.12 |
| TOTAL | 8,962.38 | 38,960.04 | 52,954.48 | 45,614.85 | 146,491.75 |

* January-September for private programs, and January-June for Ministry of Health

** Municipal pharmacies and private clinics

TABLE 9

Money Collected from Ministry of Health Clinics
Direct Distribution Program
1976-1979 (June)
U.S.$1.00 = 1.00 Quetzal

| Health Areas | 1976 | 1977 | 1978 | 1979 | Total | Couple Years of Protection 1978 | Percent Married WCA Coverage 1978 | Rank by Coverage 1978 | Rank by Revenue 1978 | Differences In Rank |
|---|---|---|---|---|---|---|---|---|---|---|
| San Marcos | 243.95 | 1,232.35 | 349.95 | 1,857.34 | 3,683.59 | 179 | 0.2 | 22 | 22 | 0 |
| Quezaltenango | 300.94 | 1,553.66 | 3,125.38 | 800.05 | 5,780.03 | 1,603 | 2.5 | 12 | 5 | 7 |
| Retalhuleu | 275.39 | 918.30 | 1,526.06 | 1,185.26 | 3,905.01 | 783 | 3.5 | 7 | 11 | 4 |
| Totonicapán | 16.80 | 802.41 | 514.81 | 586.45 | 1,920.47 | 264 | 0.8 | 20 | 21 | 1 |
| Huehuetenango | 200.25 | 1,213.85 | 1,627.17 | 688.60 | 3,729.87 | 834 | 1.2 | 17 | 10 | 7 |
| Quiche | 80.75 | 237.12 | 757.45 | 430.95 | 1,506.27 | 388 | 0.6 | 21 | 17 | 4 |
| Solola | 63.45 | 770.63 | 953.04 | 951.35 | 2,738.47 | 489 | 1.9 | 14 | 16 | 2 |
| Suchitepequez | 890.00 | 2,934.71 | 2,383.04 | 1,700.52 | 7,908.27 | 1,222 | 3.1 | 8 | 7 | 1 |
| Chimaltenango | 24.45 | 535.16 | 729.58 | 932.37 | 2,221.56 | 374 | 1.0 | 18 | 18 | 0 |
| Sacatepequez | 315.72 | 724.09 | 627.02 | 590.40 | 2,257.23 | 322 | 1.8 | 15 | 19 | 4 |
| Escuintla | 803.35 | 3,412.30 | 3,817.65 | 3,381.43 | 11,414.73 | 1,958 | 4.1 | 5 | 2 | 3 |
| Santa Rosa | 991.60 | 2,821.84 | 3,812.41 | 2,300.38 | 9,926.23 | 1,955 | 6.2 | 2 | 3 | 1 |
| Jutiapa | 2,181.43 | 3,496.81 | 3,720.61 | 2,091.70 | 11,490.55 | 1,908 | 4.6 | 4 | 4 | 0 |
| Jalapa | 293.15 | 1,200.08 | 1,396.05 | 1,007.16 | 3,896.44 | 716 | 2.4 | 13 | 12 | 1 |
| Chiquimula | 219.20 | 1,743.51 | 1,805.74 | 1,423.37 | 5,191.82 | 926 | 3.0 | 10 | 9 | 1 |
| Zacapa | 380.60 | 1,621.65 | 2,530.43 | 2,109.04 | 6,641.72 | 1,298 | 6.6 | 1 | 6 | 5 |
| Izabal | 620.75 | 2,369.45 | 2,009.91 | 1,794.85 | 6,744.96 | 1,031 | 3.6 | 6 | 8 | 2 |
| Guatemala | 441.35 | 2,586.98 | 3,926.50 | 2,307.38 | 9,262.21 | 2,014 | 1.3 | 20 | 1 | 19 |
| El Progreso | 141.40 | 964.75 | 1,388.05 | 1,283.25 | 3,777.45 | 712 | 5.4 | 3 | 13 | 10 |
| Baja Verapaz | 204.45 | 796.40 | 1,185.70 | 1,690.45 | 3,877.00 | 608 | 2.9 | 11 | 14 | 3 |
| Alta Verapaz | 69.85 | 770.30 | 1,138.73 | 1,246.45 | 3,225.33 | 584 | 0.9 | 19 | 15 | 4 |
| Peten | 203.55 | 1,086.50 | 544.52 | 598.85 | 2,433.42 | 279 | 3.1 | 9 | 20 | 11 |
| TOTAL | 8,962.38 | 33,792.85 | 39,869.80 | 30,907.60 | 113,532.63 | 20,446 | 2.2 | | | |

FIGURE 1

# MAPA DE LA REPUBLICA DE GUATEMALA

1. San Marcos
2. Quezaltenango
3. Retalhuleu
4. Totonicapán
5. Huehuetenango
6. El Quiché
7. Sololá
8. Suchitepéquez
9. Chimaltenango
10. Sacatepéquez
11. Escuintla
12. Santa Rosa
13. Jutiapa
14. Jalapa
15. Chiquimula
16. Zacapa
17. Izabal
18. Guatemala
19. El Progreso
20. Baja Verapaz
21. Alta Verapaz
22. El Petén

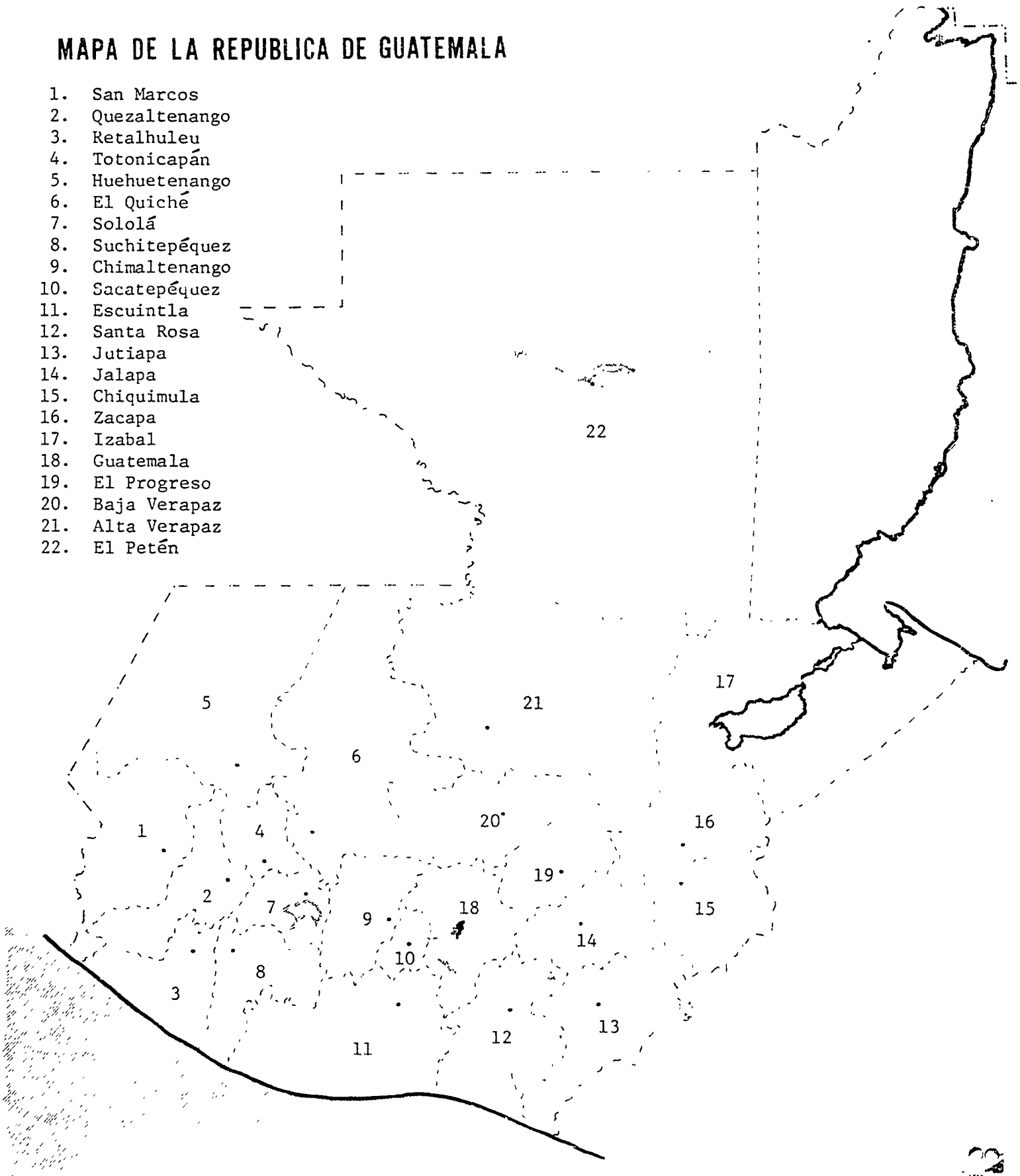
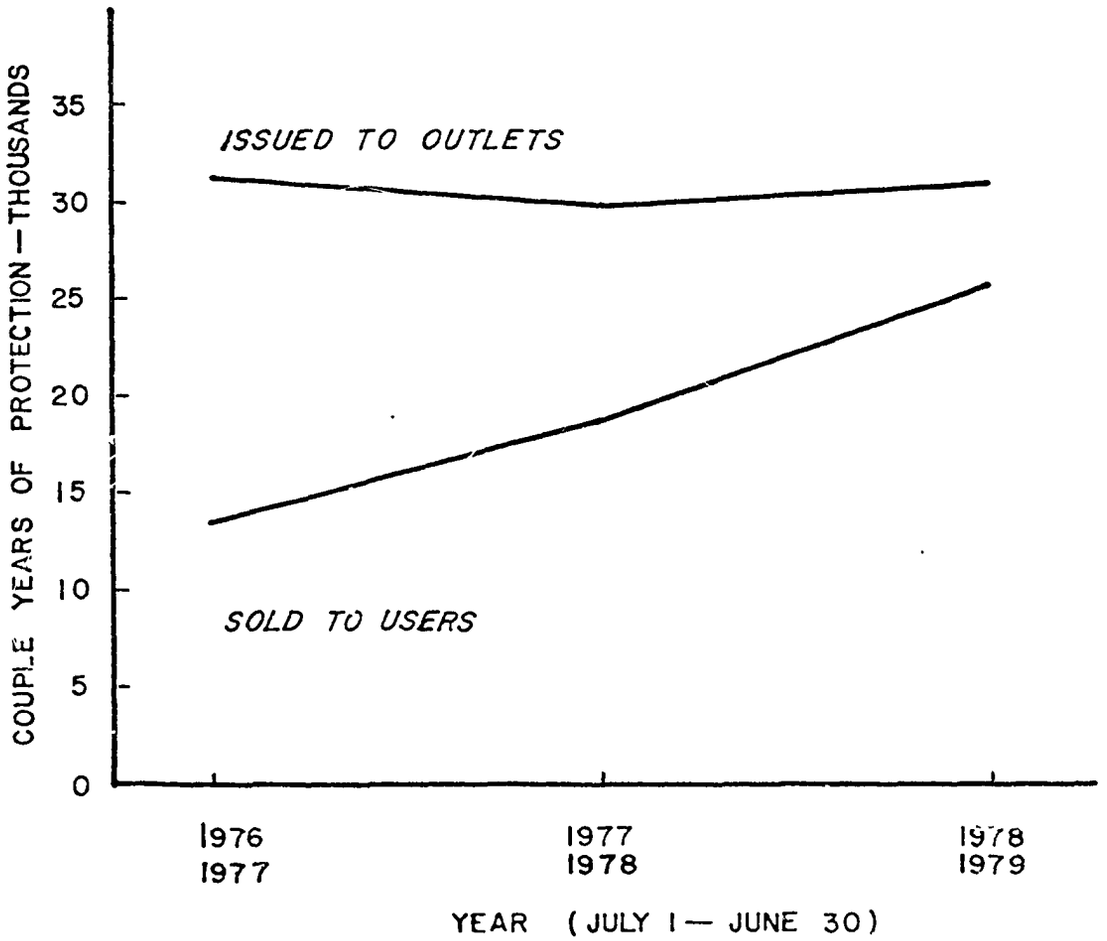


FIGURE 2

CONTRACEPTIVES ISSUED TO OUTLETS & SOLD TO USERS
COUPLE YEARS OF PROTECTION EQUIVALENTS
GUATEMALA DIRECT DISTRIBUTION PROJECT
JULY 1, 1976 — JUNE 30, 1979



Attachment 1

FORM 1

(To be completed by Health Centers and Posts, and Area Chief)

| Method | Users | | | |
|---|---|---|---|---|
| | Admissions | Readmissions | Revisits | Active Users |
| Pill | | | | |
| I.U.D. | | | | |
| Condom | | | | |
| Cream/Foam | | | | |
| Vaginal Tablets | | | | |
| Injection | | | | |
| Other | | | | |

FORM 2

(To be completed by Health Centers and Posts, and Area Chief)

| Contraceptives | | | |
|---|---|---|---|
| Method | Distributed To Users | On-Hand In Clinic | Unit |
| Pill | | | Cycles |
| I.U.D. | | | Units |
| Condom | | | Units |
| Cream/Foam | | | Tubes |
| Vaginal Tablets | | | Tubes |
| Injection | | | Doses |
| Other | | | |

Attachment 1 continued

FORM 3

(To be completed by Health Centers and Posts)

Was the Family Planning Program of this clinic supervised this month? __YES __NO

If "YES," who provided the supervision and date of visit:

| Supervisors D.G.S.S. | Supervisor DIMIF | Area Medical Chief | District Medical Chief | District Nurse | Other |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM 4

(To be completed by Area Chief)

| Type of Clinic | No. of Clinics With F.P. | No. of Clinics Reporting | No. of Clinics Supervised | Personnel Supervising the Clinics | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Area Chief | District Chief | Area Nurse | District Nurse | Other |
| Health Center | | | | | | | | |
| Health Post | | | | | | | | |
| Hospital | | | | | | | | |