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FINAL REPORT ON MID PROJECT EVALUATION OF THE CONTRACEPTIVES LOGISTICS COMPONENT OF POPULATION II

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INTRODUCTION

The United States of America's Agency for International Development (USAID/PANAMA) has been funding since 1979 activities related to the improvement of the logistics system for contraceptive supplies and other commodities of the Family Planning sub-program, under the Grant Agreement, Project No. 525-0204 (Population II) between the Republic of Panama, represented by the Ministry of Health, and the United States of America, represented by USAID/Panama.

The Project's second objective, outlined in the Section "Project Definition" of Amendment No. 1 of June 18, 1982, states: "Extension of family planning services."

Likewise, in the Project Description, page 6 of the Agreement of August 1979, under the activities aimed at improvements in logistics and supervision, the following is mentioned:

> "Timely and efficient delivery of medical services and contraceptives are critical to the success of any family planning program. In order to strengthen the logistics capability of the Ministry of Health/CSS, the Project will provide funds to permit an increase in staff charged with the management of family planning logistics, including ordering, inventory control, storage, and distribution functions.
>
> The Project will also finance a series of courses in logistics managment for those Ministry of Health/CSS personnel responsible for logistics in family planning.

In addition, the Project will finance the purchase of a 10-ton truck to be used for distributing family planning equipment and contraceptive supplies."

In Attachment 1 of the Agreement, Overall Financial Plan, appear, among others the following budgetary line items (in thousands of dollars), granted to the Ministry of Health:

Vehicles (van and jeeps)	103	4	107
Salaries of Family Planning Specialists and Administrative Personnel	60[1]	1,392	1,452

In Attachment 1 of the 1982 Amendment, aforementioned, the amount of US$60,000 is allowed to cover salaries of the family planning logistics system's support staff.

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1 Salaries of family planning logistics managment support staff.

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The present evaluation of the logistics component is part of the General Mid-Project Evaluation required by the Agreement, as stipulated on page 12 of Amendment No. 1:

> "The Project will finance an in-depth evaluation at the approximate mid-point in the national sex education program to determine the effects of the program."

The other components of the General Mid-Project Evaluation are "sex education" and "family planning information, education, and communication systems."

METHODOLOGY

The methodology employed in this evaluation includes the aspects detailed below:

(1) Interview with the following staff that are responsible at national level for the logistics component of Family Planning sub-program:

a) Dr. Egberto Stanziola, Chief of Maternal and Child Health Program of the Ministry of Health;

b) Mr. Franklin Vega, Logistics Supervisor of MOH/MCH;

c) Mrs. Anabella Morales, Logistics Secretary of MOH/MCH;

d) Mrs. Marisol Cedeño, Assistant Administator of MOH/MCH.

(2) Review of the logistics system files.

(3) Visits to the facilities, at the national level.

(4) Design of a form to gather data in the interviews and visits to the health facilities.

(5) Visits to health facilities, at different levels, in almost all provinces of the Republic.

(6) Interviews with the health personnel in the visited health facilities.

(7) Preparation of charts and maps.

Before initiating the visits to the health facilities, a meeting was held with Dr. Stanziola to discuss the methodology to be followed, as well as to coordinate the schedule of visits. The Ministry of Health agreed to inform the responsible individuals in each region to be visited, and assigned Mr. Vega to join us in the visits.

Instead of five (5) Regional Health Systems, as required in the evaluation contract, we visited seven (7), namely West Panama; East Panama; Colon; Azuero (Herrera-Los Santos); Veraguas; Bocas del Toro; and Chiriqui. We also visited Panama City's Metropolitan Health Region, which is not integrated with the Social Security System.

A total of 42 facilities were visited — see detailed list in Annex I. However, for data collection purposes, only 36 forms were completed, since the form included aspects on both distribution and storage which, in some instances, concerned two facilities visited in the same place. In most of the visits, we were accompanied by Mr. Franklin Vega, present logistics supervisor of the Program.

The collection of data was completed between May 25 and June 17, 1983. The form prepared to collect the information in the visits to regions and health facilities appears in Annex 2.

Both the places and the facilities were intentionally selected and only in a few cases was an advance notice given of our visit. Therefore, this report is not intended to be considered a scientific document, but rather a means of feedback on some matters that could be corrected or improved.

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I would like to mention that at all times I received complete cooperation from the health personnel, especially those members of the Maternal and Child Health Program. I am very appreciative of their assistance.

I. ON THE LOGISTICS PERSONNEL FINANCED UNDER THE PROJECT POPULATION II

1. Findings and Comments

From the interviews mentioned in the introduction, the following data were gathered:

Name and title of position	Percentage of working time devoted to contraceptives logistics duties, according to: Dr. E. Stanziola Chief of MOH/MCH	Respective Official
Franklin Vega*		
MOH/MCH Logistics Supervisor	80%	50%
Anabella de Morales		
MOH/MCH Logistics Secretary	80%	90%

From observations during the several visits to the MOH/MCH offices, I estimate that Mr. Vega devotes 60% of his working time to the contraceptives logistics duties while Mrs. Morales devotes 50% of her time.

Beginning in June of this year, both officials have been incorporated into the Ministry of Health regular budget. This follows the original plans that the financing of their salaries and other expenses under the Population II Project was on a temporary basis.

*Mario Sánchez filled that position for a short time previously.

The main problem Mr. Vega has confronted in the fulfillment of his duties is the limited time he is able to devote to the supervision and distribution of contraceptives, due to:

a) Non approval of many of his planned trips;

b) Lack of regular availability of a vehicle.

This was confirmed during the Evaluation, when Mr. Vega could not join us in three of the field visits.

2. Conclusions

a) Mr. Vega has been unable to carry out a better supervision and distritubition of the contraceptives due to the aforementioned reasons.

b) We consider the appointment of these officials by the Ministry of Health to be a very positive decision.

3. Recommendations

a) The MOH/MCH administration should expedite procedures to allow Mr. Vega the optimum fulfillment of his duties.

b) USAID/Panama should send a congratulatory note to the Ministry of health for the appointments of Mr. Vega and Mrs. Morales.

II. UP TO DATE INFORMATION ON CONTRACEPTIVES

1. Findings and Comments

During visits to different health regions, the following result was obtained when we inquired if the health personnel considered that they were sufficiently informed with regard to the use of the various contraceptives:

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Personnel	Yes	No.	Do not know or no answer obtained
Physicians	17	10	9
Nurses	25	5	6
Auxiliary nurses	23	10	3
Health assistants	7	5	24
Totals	72	30	42

As can be observed, the number of positive opinions equals exactly the sum of negative answers plus those of "Do not know or no answer obtained" — (72 vs. 72).

We detected, also, the following matters which we think require attention:

a) Information was lacking regarding low dose oral contraceptives. Necessary orientation from the national level was not provided. In several cases we confirmed that patients had been given, indiscriminately, high and low dose orals, which coincides with the high number of mentioned side effects.

b) There was a considerable number of statements regarding insufficient orientation on contraceptives and some indications of low emphasis being given to family planning in the Maternal and Child seminars.

c) One of the most frequent suggestions we were given was the need for more training activities, both for orientation purposes and for updating the personnel, on contraceptive methods.

2. Conclusions

It is evident that the health personnel possess and receive insufficient information on contraceptive methods.

3. Recommendations

a) Carry out more supervisory, educational, and updating activities on contraceptives at regional and area levels.

b) Reinforce emphasis on contraceptives and family planning aspects in the training activities of the MOH/MCH.

III. REGARDING THE UTILIZATION OF THE VEHICLE (VAN) FINANCED UNDER THE PROJECT POPULATION II

1. Finding and Comments

We observed from the trips made and in the visits conducted to the MOH/MCH offices, that the van financed under the Project was not being utilized.

Dr. Stanziola, Chief of MOH/MCH, told us that the van was seldom utilized because of high fuel consumption and the existing limitations in this respect in the Ministry of Health. That is why, he added, they prefer to use other available vehicles, which consume less fuel. Yet, the van is used for special purposes, such as picking up large quantities of contraceptives at the shipping terminals, or when it is lent to the Epidemiology Division to pick up large vaccine shipments from the airport.

Mr. Vega indicated that he barely uses the van and it is more often utilized by the Epidemiology Division and the General Directorate of Health.

2. Conclusions

a) Apparently, it was a poor decision to acquire this type of vehicle, considering its high fuel consumption.

b) The other MOH/MCH vehicles substitute for the van and attempt to meet program needs.

3. Recommendations

a) Provide increased supply of fuel for the van so that it can be utilized more frequently in the distribution of contraceptives.

b) Transfer the van to the General Directorate of Health, in exchange of a similar vehicle, but more fuel economic.

IV. IN RELATION TO THE DISTRIBUTION OF CONTRACEPTIVES

1. Findings and Comments

All facilities visited reported that they receive contraceptives. We could also confirm that all visited facilities had contraceptives, although they differed greatly as to types and quantities available.

Logically, in the three health sub-centers, visited, we found less assortment of contraceptives, while the majority of the other facilities visited (hospitals, health centers, warehouses), we found a relatively high variety of contraceptives.

Following is a detail of the availability of varieties of contraceptives in the health facilities at the moment of the visits:

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Variety	Yes	No.
Oral contraceptives, regular dose	31 (86%)	5 (14%)
Oral contraceptives, low dose	4 (11%)	32 (89%)
Condoms	34 (94%)	2 (6%)
Jelly and applicators	21 (53%)	15 (42%)
Lippes "B"	10 (28%)	26 (72%)
Lippes "C"	26 (72%)	10 (28%)
Lippes "D"	27 (75%)	9 (25%)
Cooper "T"	12 (33%)	24 (67%)
Vaginal tablets	6 (17%)	30 (83%)
Diaphragm No. 65	17 (47%)	19 (53%)
Diaphragm No. 70	13 (36%)	23 (64%)
Diaphragm No. 75	13 (36%)	23 (64%)

A large number of the individuals interviewed complained of the delays in receiving the contraceptives (56%) and that they were not provided with all the varieties they requested (67%). A smaller percentage replied that they did not receive sufficient quantities (45%).

The usual period of time between the request and the receipt of the contraceptives varies greatly: from a couple of days to several months, as can be seen in the following table:

Period of time	Frequency
Less than 2 days	16
From 2 to 3 days	8
From 10 to 14 days	3
From 1 to 2 months	3
Four months	1
So variable that no precise data could be given	5

The great majority of facilities visited (81%) receive the contraceptives from the regional office or from the respective area office and only 19% from the MOH/MCH Office. These latter cases were almost all of the regional offices, as should be expected.

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In almost all cases, within the regions, the oral contraceptives are received through the pharmacies or medical warehouses, under the responsibility of the Social Security personnel.

On the other hand, and almost always, the rest of the contraceptives are received from the MCH regional coordinating office, or from the area or health center's chief nurse.

With regard to the efficiency of the distribution system, the majority replied affirmatively (61%), taking into consideration, we believe, the shortage of vehicles and fuel in the health system, and the communication difficulties in several areas.

We found an acute shortage of vehicles in the facilities visited, and when they are available, other priorities appear. In several instances, the interested official himself uses his own car to pick up and transport the contraceptives.

Also at the national level, at the MCH Warehouse, there is a lack of the following contraceptives (as of 6-20-83): Lippes Loops and vaginal tablets. In addition, there is a short supply of low dose oral contraceptives and spermaticide jellies.

2. Conclusions

a) Distribution is not effective, considering that only four (4) contraceptives, out of the list of 12, were found in stock in more than 70% of the facilities at the moment of the visits. They were, in order of availability: Condoms (94%), high dose oral (86%), Lippes "D" (75%), and Lippes "C" (72%).

b) On the other hand, the lack of availability of various contraceptives was notorious, such as: low dose oral contraceptive (89%), vaginal tablets (83%), Lippes "B" (72%), Copper "T" (67%), and No. 70 and 75 Diaphragms (64%).

c) Taking into account the vehicle and fuel limitations of the health system in general, we believe that the distribution is quite efficient at regional, area, and local levels. It is at the national level where an increased rationalization of resources (staff and vehicles) are needed in order to improve distribution and supervision of the contraceptives.

3. Recommendations

a) If possible, an individual should be appointed — specialized physician or nurse — as chief or responsible for the Family Planning sub-program, in that the MCH program is too complex for the few existing units at national executive level.

Note: We received a similar suggestion from a MCH regional coordinator.

b) Place international orders of contraceptives with plenty of lead time, taking into consideration the trends of the demands for the different regions.

c) While recommendation (a) is being considered, the following could be done to improve the handling of orders:

1. Provide the secretary of the MOH/MCH Director with a separate in-basket to receive all contraceptive orders.
2. The logistics supervisor must be closely monitoring the contents of this basket in order to expedite approvals of orders with the Director.

d) The logistics supervisor should periodically telephone the responsible individuals for the contraceptives in each region to determine their needs and provide necessary solutions. This will be much more important, especially when supervision trips are limited due to lack of fuel and/or vehicle.

e) Orders of the different contraceptives should be carefully planned at the national level, in order to avoid running out of stock and, consequently, being unable to supply the regions.

V. IN RELATION TO STORAGE OF CONTRACEPTIVES

1. Findings and Comments

Regarding the storage conditions and the inventory controls, the following replies were obtained:

Conditions	Yes	No.
Adequate space	32 (97%)	1 (3%)
Security	31 (94%)	2 (6%)
Adequate ventilation	29 (88%)	4 (12%)
Inventory control	11 (33%)	22 (67%)
Boxes are marked and kept according to receiving date	1 (3%)	32 (97%)

As can be seen, in the majority of cases, the space limitations, security, and storage ventilation conditions are satisfactory. In only a few cases, the contraceptive jellies were stored under conditions of higher temperatures than advisable.

On the contrary, in the majority of cases there are no adequate inventory systems* and the boxes with contraceptives are almost never marketed nor stored according to date of receipt.

In most cases, at the nurse's office, a daily record is kept of the contraceptives provided to the family planning patients.

2. Conclusions

a) Generally, storage conditions are good.

b) There is a need to utilize a simple first-in-first-out system to mark and store the boxes of contraceptives according to date of receipt.

3. Recommendations

a) Develop and implement, in all medicine stores and warehouses at regional level, a simple inventory control system, consisting of adequately marking and storing, according to date of receipt, all boxes of contraceptives.

b) Condition an area in the Ministry of Health's new national level warehouse, for all commodities related to family planning, and especially, for the contraceptive supplies. The MCH Program Director is very aware of this need. It would also be advisable to install a large ventilator fan on the wall, which would be more economical than an air conditioning unit.

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* There is an existing attitude that, because the contraceptives are donated commodities, there is no need to keep a strict control of them.

c) The logistics supervisor should devote some time to the implementation of a simple inventory control system in the regions lacking such systems, (similiar to the system employed in the warehouse at the national level).

d) The boxes of oral contraceptives should be labeled in an adequately visible way so as to indicate contents of each box (low or high dose).

VI. OTHER ASPECTS AND RELATED RECOMMENDATIONS

1. Delivery of Contraceptives in Areas of Difficult Transportation and the Logistics System at Different Levels

All regional headquarters, even those facing difficult transportation problems, can be reached from Panama City by surface, air, or by sea.

Also, the responsible health officials in each one of the regions know the best and most efficient ways to distribute the contraceptives and other commodities to the various facilities under their supervision.

The problem really lies in the following limitations:

a) Scarcity of vehicles in good conditions;

b) Insufficient funds for maintenance and repair of vehicles;

c) Limited budgetary allowances for fuel and lubricants;

d) Reduced funds for travelling allowances for the staff;

e) Slow bureaucratic procedures for travel authorizations and allowances;

f) Excessive regulations on expense control due to the present fiscal crisis.

All these limitations are worsened at the lower bureaucratic levels. That is, they are more acute at the regional rather than at the national level, and much worse at the area or local level than at the regional level.

All in all, we were informed on several occasions, (and we have had the opportunity to confirm this in many other situations during previous field work in all the provinces), that, at regional levels, and even more, at area and local levels, all types of resources are being utilized to distribute the contraceptives and other commodities for the health programs, including those for family planning. For instance, joint collaboration of commercial companies and community members, vehicles and resources belonging to the health officials themselves, and coordination with other Ministries and public agencies.

The other problem affecting the contraceptive logistics at all levels is the fact that there are many other matters of greater priority in the health sector.

2. Towards a Standard Logistics System

At this moment, there is not a standard logistics system for the whole country. In a large part, this seems to be due to the existence of two organizational realities within the health sector: the Ministry of Health and the Social Security. In addition, there is an integrated sub-sector (covering almost all the country), and another sub-sector which is not integrated (the Metropolitan Region, which includes the districts of Panama and San Miguelito).

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Oral contraceptives are periodically sent from the Social Security Medical Warehouse at the national level, to the regional medical warehouses.

The MOH/MCH receives requests for contraceptives from both sub-sectors. In the integrated sub-sector we found that the trend is for oral contraceptives to be kept at the medical warehouses or pharmacies, and the rest of the contraceptives are maintained at the respective regional warehouses or at the family planning offices (with emphasis on nurse's offices). Within each integrated system or region, the responsible units must request oral contraceptives from one place (medicine warehouses or pharmacies), and the rest of the supplies from another place, (generally, the family planning coordinating nurse). In some cases, there is confusion as to where to submit the request for the contraceptives.

This matter should be discussed and analyzed to arrive at a better decision.

One option we suggest is the following:

That MCH receive the requests and delivers contraceptives <u>only</u> to the following two entities: the Supply Division of the Social Security and the Metropolitan Region of the Ministry of Health. They, in turn, would receive and deliver orders, respectively, to the Medical Warehouse or regional pharmacies of the Integrated Health Systems and to the Metropolitan Health Centers.

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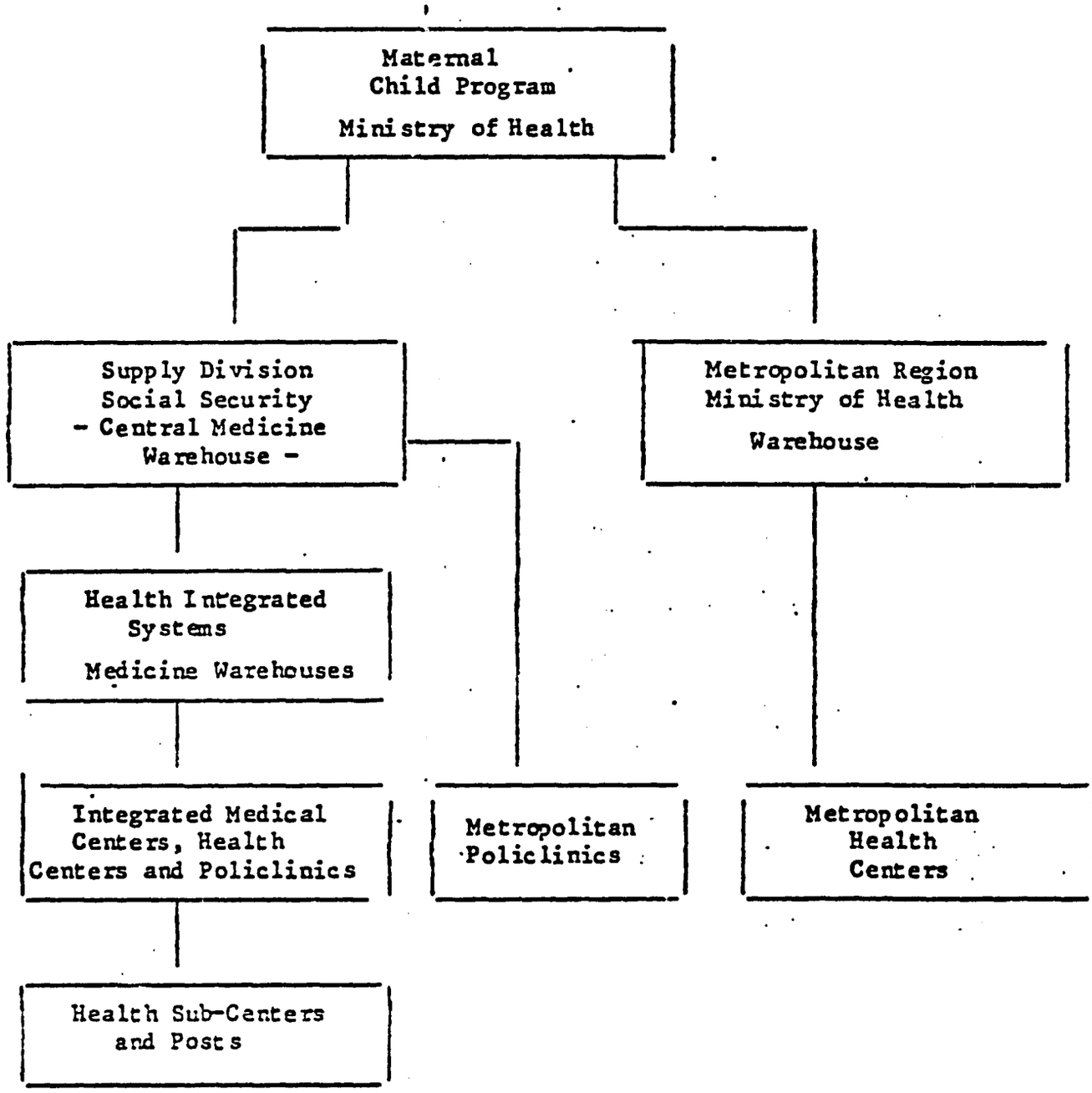
FLOWCHART OF CONTRACEPTIVES DISTRIBUTION



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Among the advantages of a unified system such as this, should be mentioned:

a) The bulk of the orders and deliveries would be in charge of the Supply Division of the Social Security, which has more resources than the Ministry of Health (more personnel for logistics, more ample warehouses, less limitations in terms of vehicles, fuel, etc.)

b) Distribution would be much more efficient, as advantage can be taken of the same trips for delivery of Social Security medicines to the Intergrated Health Systems and to distribute the contraceptive orders, resulting in a cost economy for the Ministry of Health. For example: during this evaluation, on a trip to Santiago, the station wagon assigned to Maternal and Child consumed a total of twenty (20) gallons of gasoline round-trip (at $2.28 per gallon, the total cost in gas was $45.60). Six trips in a year would cost $273.60. If we compute all fuel expenses in each one of the regions where the vehicle must go, we have a clear idea of the extent of the savings under consideration.

c) The health facilities would place their orders to only one place, saving double work and possible confusions (more efficiency and effectiveness).

d) The limited resources--staff, vehicles, fuel, and travel allowances of the MOH/MCH could be better employed in supervision and advisory activities for the various levels.

3. Other Interesting Matters Observed

a. Regarding the Copper "T"

In general terms, we evidenced interest and demand for the Copper "T". On various occasions we were told by the health staff that they were notified that the Copper "T" had been discontinued due to its high cost. In other places, its application was restricted to gynecologists. In one occasion, they had been so heavily controlled that the chief gynecologist did not know of its availability at his own facility for a period of almost two months. On two occasions we were told that there is a certain trend among physicians, especially gynecologists, to prescribe the Copper "T" for patients who were not channeled toward the family planning program.

b. Public Condom Dispenser

A condom dispenser was observed at the treatment room of the Health Center in San Mateo. The chief nurse told us that results have been very positive and that the public is already used to this mechanism and takes advantage of it frequently.

This same idea should be adopted and adapted in other health facilities.

c) Surgical Kits

We found in several regional warehouses surgical kits financed by the Project, some of which were incomplete. We were told that some instruments had been taken out, at the

request of the chief physician, in order to meet urgent needs in the surgery rooms and in the equipment stores. On the other hand, requests for these kits and instruments have been received from area and local level facilities. We believe that an inventory of these kits should be taken in each Region, plus investigating the needs of the health facilities and then proceed to rationally distribute the kits. If necessary, a new order should be placed, financed by the Project, to supply all the kits and instruments that are required.

d) Regarding Diaphragms

Aside from the shortage of diaphragms previously mentioned, in some facilities they also lack the diaphragm measuring devices or rings.

In the majority of cases, we were told that this method is very seldom used, or not used at all, especially because it requires a special type of patient with a higher educational level.

e) Extension of the Family Planning Activities to Lower Levels

In two occasions we were told of the need to expand the activities of the family planning sub-program to the health post level and to increase other activities at the health sub-centers.

f) Lack of Equipment and Materials for Public and Patient Education

Many of those interviewed indicated great interest in being supplied or better provided with equipment and materials

for the education of patients and public. There are no movie nor slide projectors, educational films, flipcharts, models, etc.

In practically all installations we observed posters and/or health education bulletin boards allusive to family planning.

We believe that the possibility of acquiring additional audio-visual equipment and preparing more educational materials should be considered.

g) Interest of the Personnel

In most of the visited places, we could appraise great interest of the health personnel for the family planning activities, specially by nursing staff.

h) Dependency on Oral Contraceptives

Even though it is not the purpose of this evaluation, we consider it important to mention that we observed a great reliance or dependency on oral contraceptives, at the same time that we were told about side effects in a number of patients.

It would be advisable to investigate this matter, and take the necessary measures.

VII. FINAL RECOMMENDATION

We recommend that this report be read and discussed in a meeting with the regional coordinators and other representatives of the Maternal and Child Program throughout the country.

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In such a meeting, the data obtained could be discussed and reviewed, as well as the conclusions and the various specific recommendations, in order to arrive at decisions that will improve the whole contraceptive logistics system of the family planning sub-program.

ANNEX I

SUMMARY OF ACTIVITIES ACCOMPLISHED

	Name	Date	Subject
1. With USAID/Panama Panama City	John P. Coury	9-11-18 and 5-20-83	Interviews
	Gerald Gold/ Elida de Zambrano	5-25-83	Signing of Contract
2. With Maternal and Child Health Program, Ministry of Health Panama City	Dr.Alfredo Moltó Director in Charge of Public Health	5-26-83	Initial Interview
	Dr. Egberto Stanziola, MCH Director	5-26-83 6-17-83	Initial interview Final interview
	Marisol Cedeño MCH Assistant Administrator	5-26-83	Interview
	Franklin Vega MCH Logistics Officer	5-26-83	Interview
	Anabella de Morales, MCH Logistics Secretary	6-8-83	Interview

3. Visits to regional offices and health installations.

Region	Location	Date	Health Installation
West Panama	La Chorrera	5-27-83	Regional Office
	" "	5-27-83	Nicolas Solano Hospital
	" "	5-27-83	M. Ruiz Health Center
	Capira	5-27-83	Health Center
East Panamá	Chepo	5-30-83	Regional Office
	"	5-30-83	Regional Hospital
	Pacora	5-30-83	Health Center

ANNEX I

Region	Location	Date	Health Installation
Colon	Colon	5-31-83	Regional Office
	"	5-31-83	M.A. Guerrero Hospital
	"	5-31-83	9th Street Health Center
	Sabanitas	6-10-83	Integrated Medical Center
	Portobelo	6-10-83	Health Center
	Nuevo San Juan	6-10-83	Integrated Medical Center
Azuero	Chitre	6-1-83	Regional Office
	"	6-1-83	Maternal and Child Hospital
	Macaracas	6-1-83	Integrated Medical Center
	Ponuga	6-3-83	Health Sub Center
Veraguas	Soná	6-2-83	Integrated Medical Center
	Río de Jesús	6-2-83	Health Center
	Santiago	6-3-83	Regional Office
	"	6-3-83	Specialized Policlinic
	Cañazas	6-3-83	Integrated Medical Center
Bocas del Toro	Bocas del Toro	6-6-83	Integrated Medical Center
	Almirante	6-7-83	Integrated Medical Center
	Chanquinola	6-7-83	Integrated Medical Center and Regional Office
Metropolitan	Panama City	6-9-83	Rómulo Roux Health Center Pueblo Nuevo
	"	6-9-83	
		6-20-83	New warehouse, at national level of MOC/MCH
	"	6-13-83	San Felipe Health Center
Chiriquí	David	6-14-83	Regional Office
	David	6-14-83	J.D. Obladila Maternal and Child Hospital
	Alanje	6-14-83	Health Center
	Boquerón	6-14-83	Health Center
	Aserrío	6-14-83	Health Sub Center
	Paso Canoa	6-14-83	Health Center
Chiriquí	David	6-15-83	Barrio Bolivar Health Center
	Volcán	6-15-83	Health Center
	Cerro Punta	6-15-83	Health Sub Center
	Dolega	6-15-83	Health Center
	Concepción	6-15-83	Integrated Medical Center
	San Lorenzo	6-16-83	Health Center
	David	6-16-83	San Mateo Health Center

ANNEX II

EVALUACION INTERMEDIA DEL COMPONENTE LOGISTICO DE LOS ANTICONCEPTIVOS EN EL PROYECTO POBLACION II ENTRE USAID/PANAMA Y EL MINISTERIO DE SALUD DE LA REPUBLICA DE PANAMA

- FORMULARIO DE RECOLECCION DE DATOS -

Fecha: _____

Lugar: _____

I. Distribución

Información obtenida mediante entrevista a persona(s) encargada(s):

_____

1. Se reciben los anticonceptivos?

Observaciones:

a. Sí____ No____ _____

b. A tiempo? Sí____ No. _____

c. Aproximadamente, cuánto tiempo de los anticonceptivos?

_____

d. En cantidades suficientes? Sí____ No____ _____

e. En variedades solicitadas? Sí____ No____ _____

f. En variedades disponibles?

	Sí	No	Observaciones
Orales, dosis normal	____	____	_____
Orales, dosis baja	____	____	_____
Condones	____	____	_____
Espuma (Jalea)	____	____	_____
Aplicador	____	____	_____
Lippes "B"	____	____	_____
Lippes "C"	____	____	_____
Lippes "D"	____	____	_____
"T" de Cobre	____	____	_____
Pastillas Vaginales	____	____	_____
Diafragma No. 65	____	____	_____
Diafragma No. 70	____	____	_____
Diafragma No 75	____	____	_____

2. Considera usted que la forma como se transportan y distribuyen los anticonceptivos es la más eficiente (más económica con resultados satisfactorios? Sí____ No____ Por qué? _____

3. De qué oficina o funcionario reciben los anticonceptivos?

_____

a. Mediante solicitud o requisición? Sí____ No____

b. A veces sin requisición? Sí____ No ____

4. Considera usted que todo el personal de Salud está suficientemente informado acerca del uso de los distintos tipos de anticonceptivos?

	Sí	No	Observaciones
Médicos	____	____	_____
Enfermeras	____	____	_____
Auxiliares	____	____	_____
Asistentes de Salud	____	____	_____
Otros (especifique)	____	____	_____

5. Cuáles son los problemas o dificultades más comunes en relacióin con los anticonceptivos? (especialmente en cuanto a logística) _____

_____

_____

II. Almacenamiento

Informaciones obtenidas mediante observación y entrevista(s) a persona(s) encargada(s):_____

1. Lugar

	Sí	No	Observaciones
a. Espacio apropiado	____	____	_____
b. Condiciones de seguridad	____	____	_____
c. Ventilación adecuada	____	____	_____
d. Otras condiciones (Protección de lluvia, etc.)	____	____	_____

2. Control de inventario

	Sí	No	Observaciones
a. Se utiliza?	____	____	_____
b. Se ordenan y marcan las cajas según fecha de recibo y se distribuyen consecuentemente?	____	____	_____

III. Otros asuntos de importancia detectados: _____

_____

_____

_____

_____

IV. Recomendaciones

_____

_____

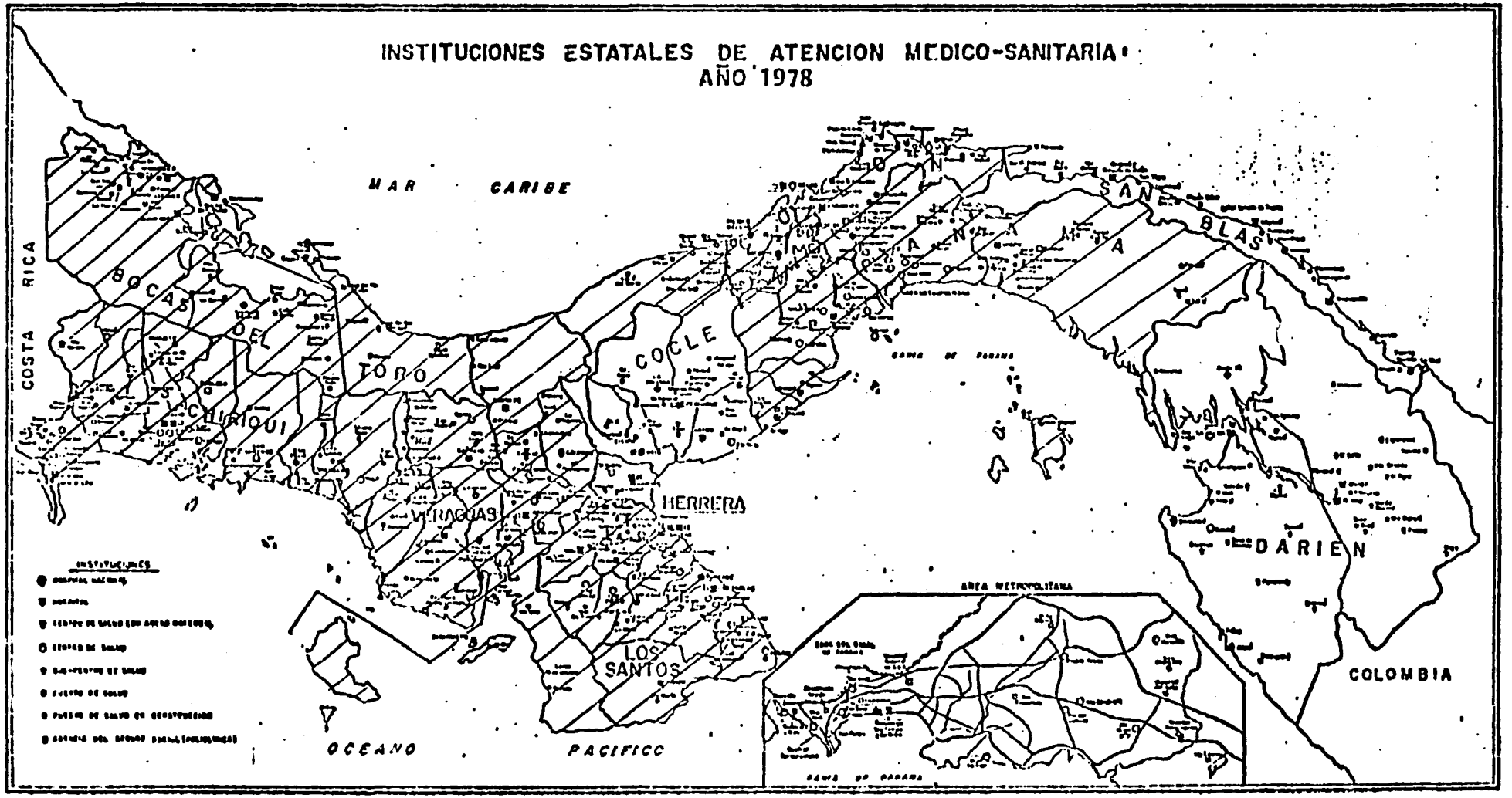
_____

_____

_____

R E G I O N E S V I S I T A D A S

VISITED REGIONS



CLAVE:-
KEY

Regiones visitadas — Visited regions

Regiones no visitadas — Non-visited regions

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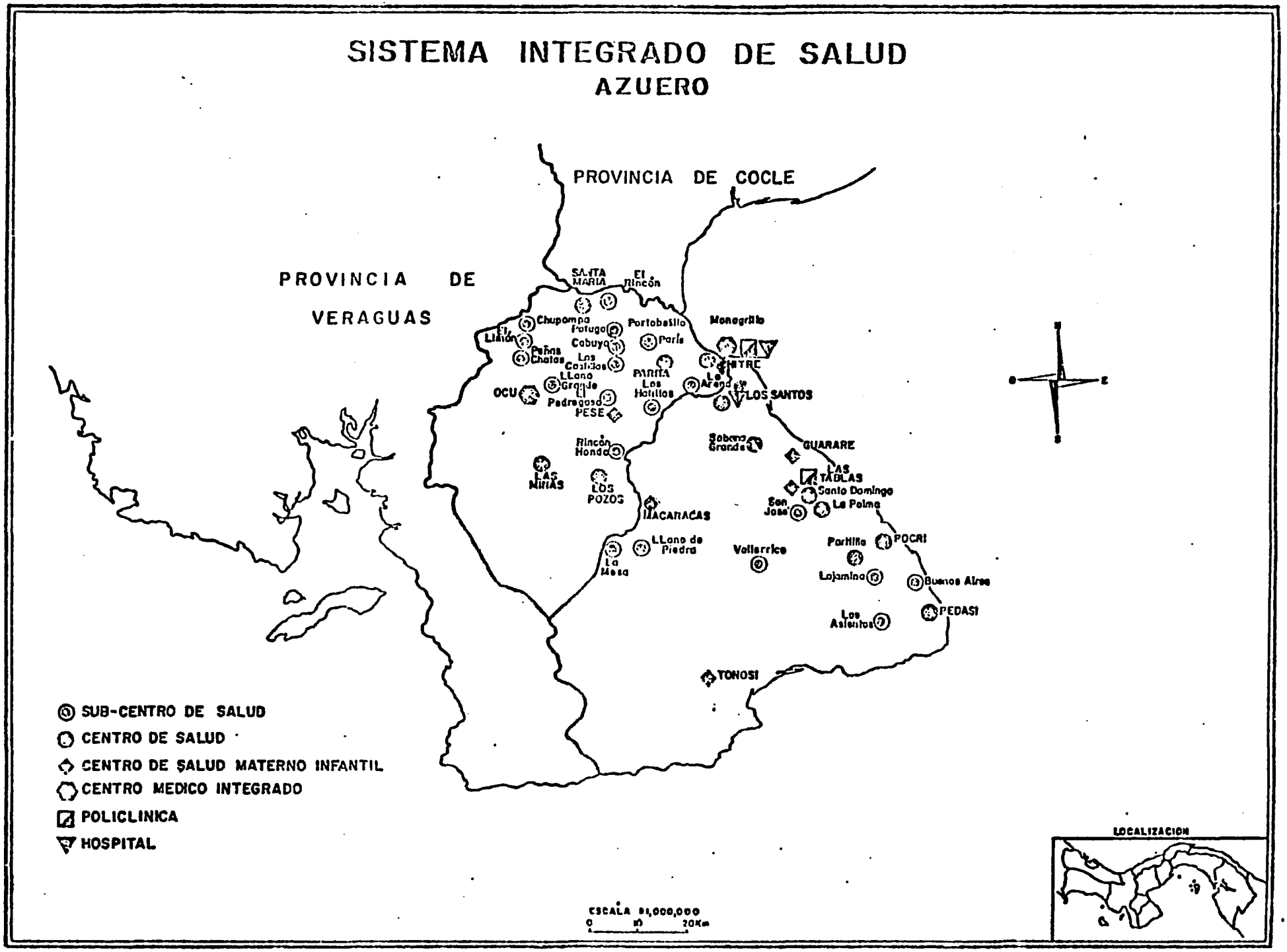
L U G A R E S V I S I T A D O S - PLACES VISITED



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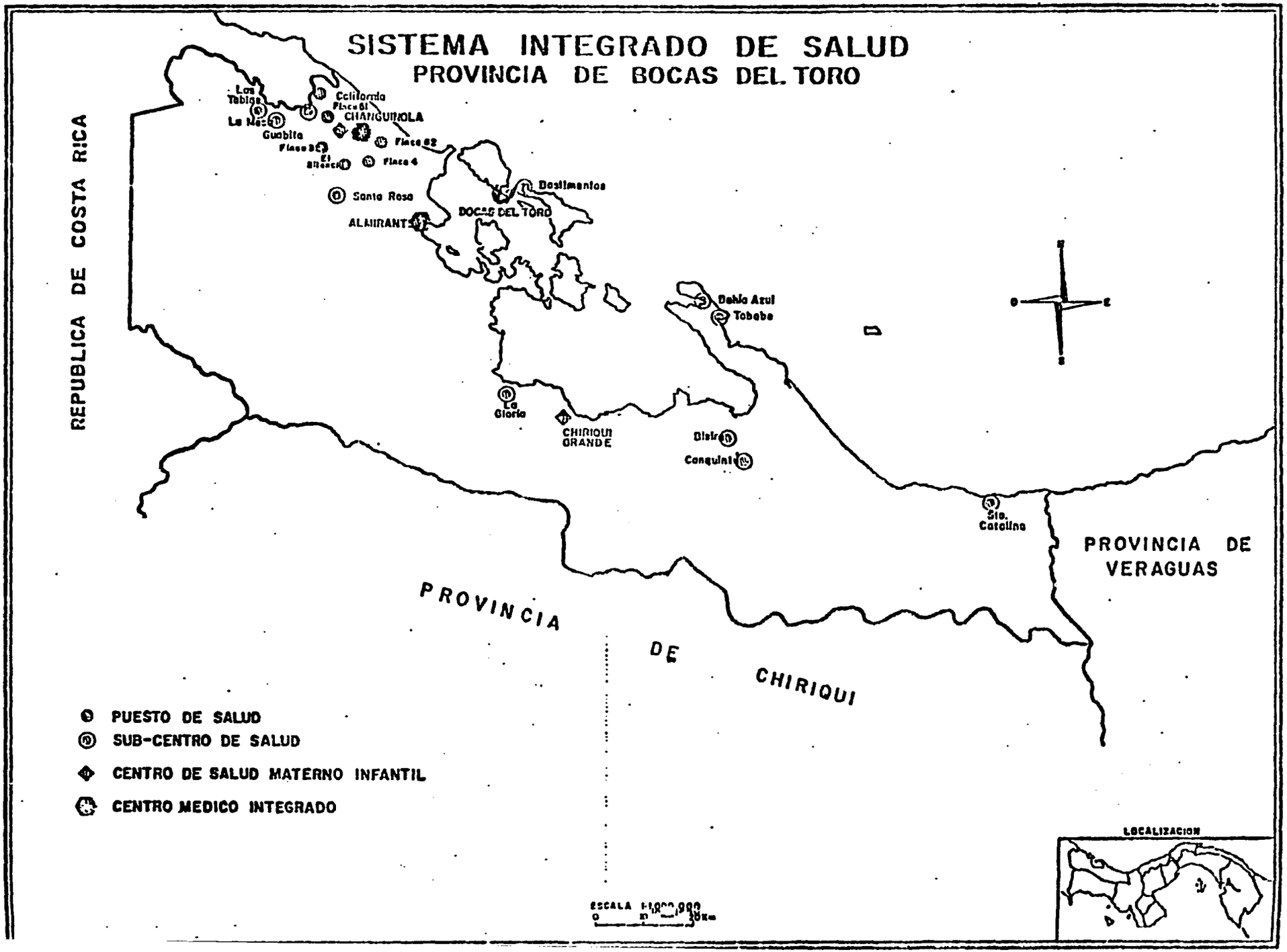
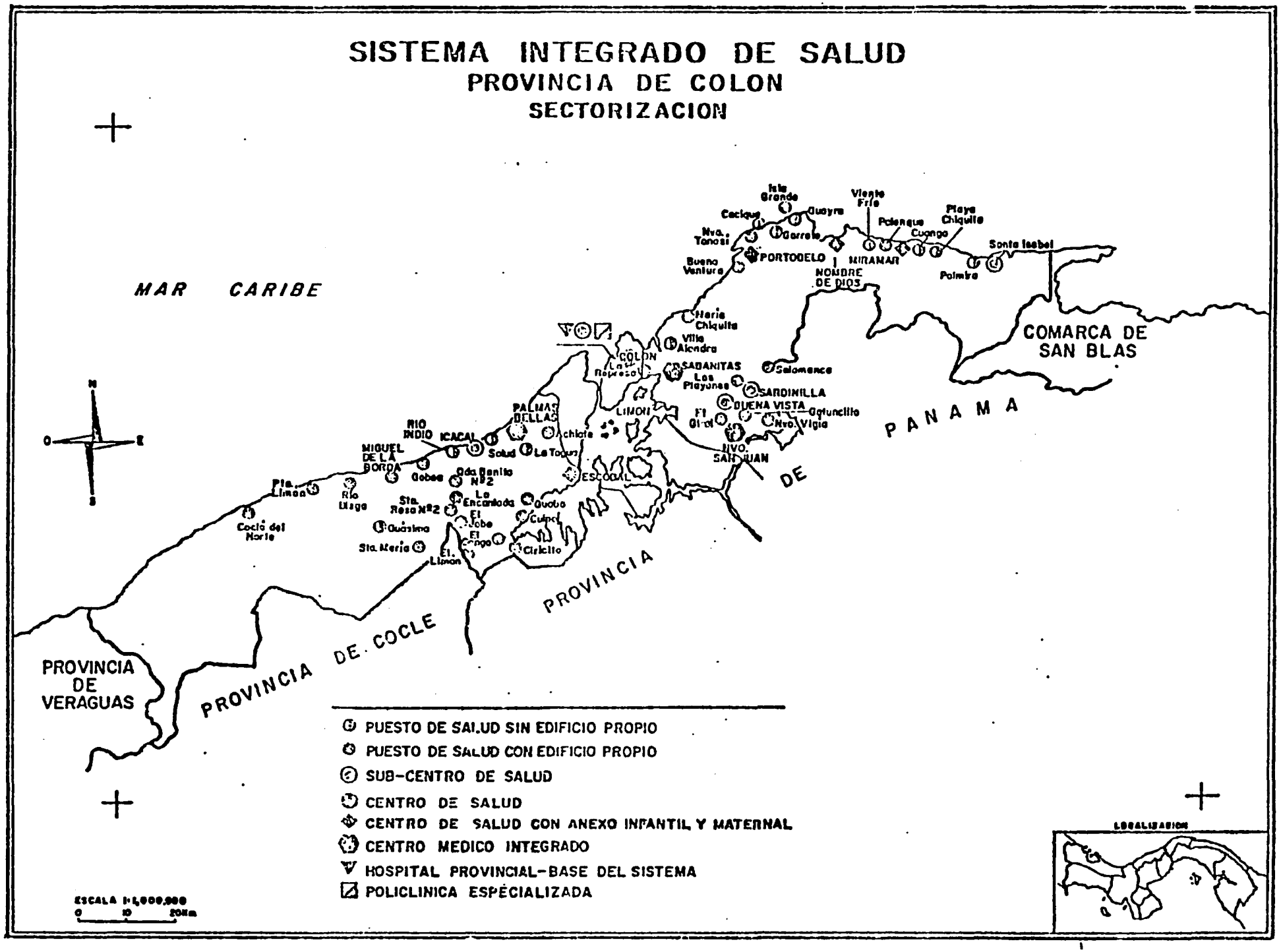


LUGARES VISITADOS - PLACES VISITED

LUGARES VISITADOS - PLACES VISITED



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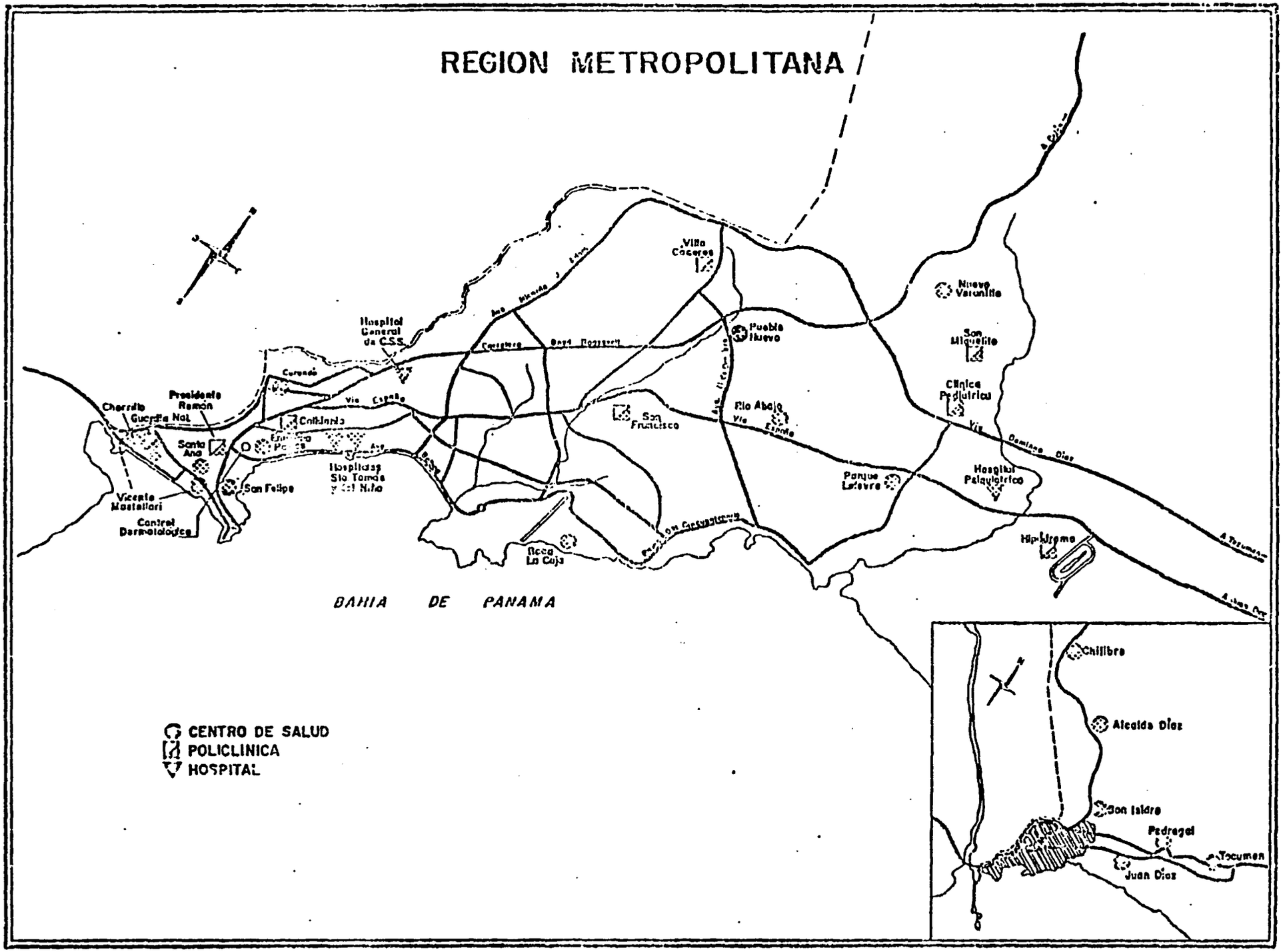

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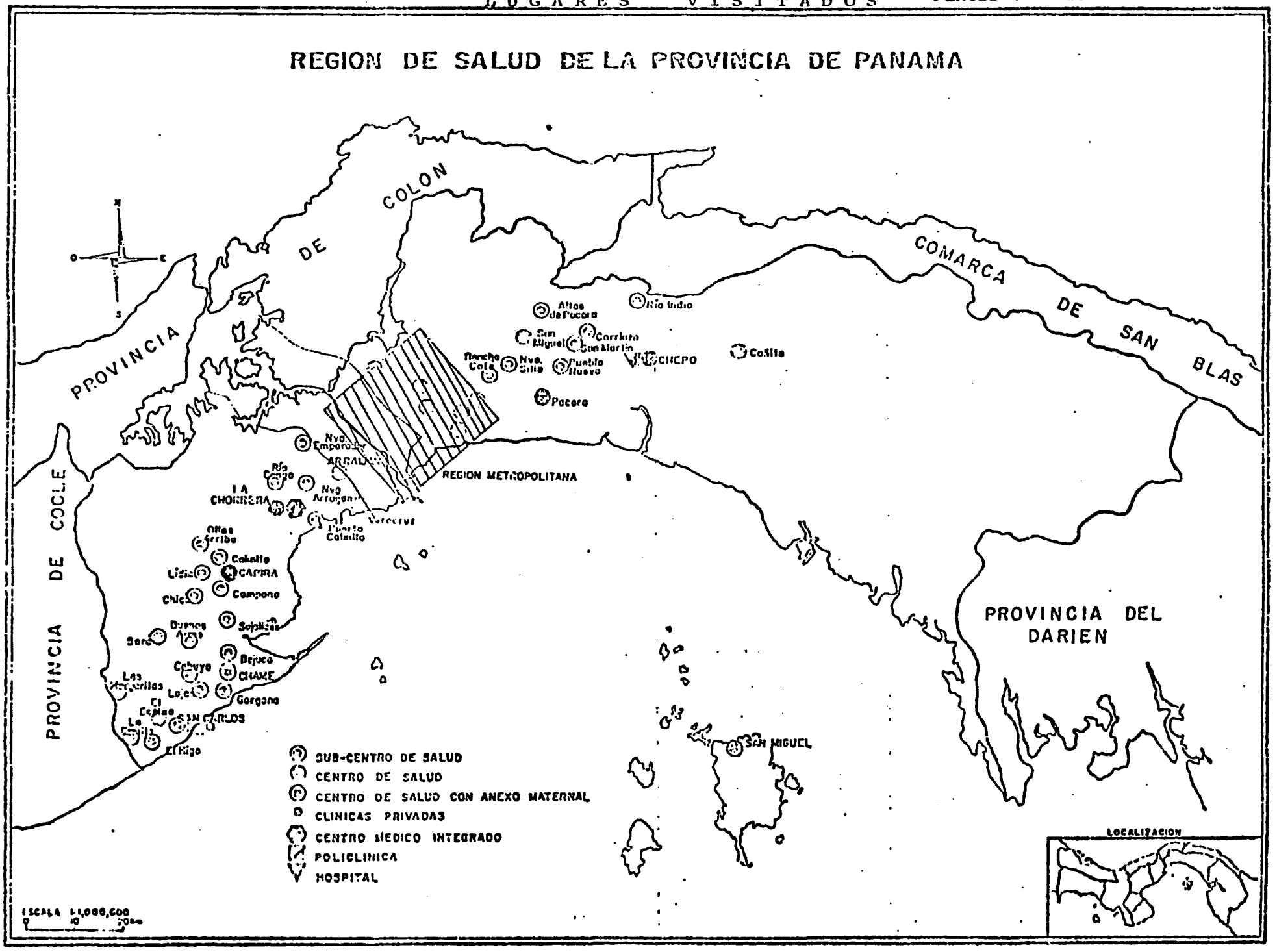
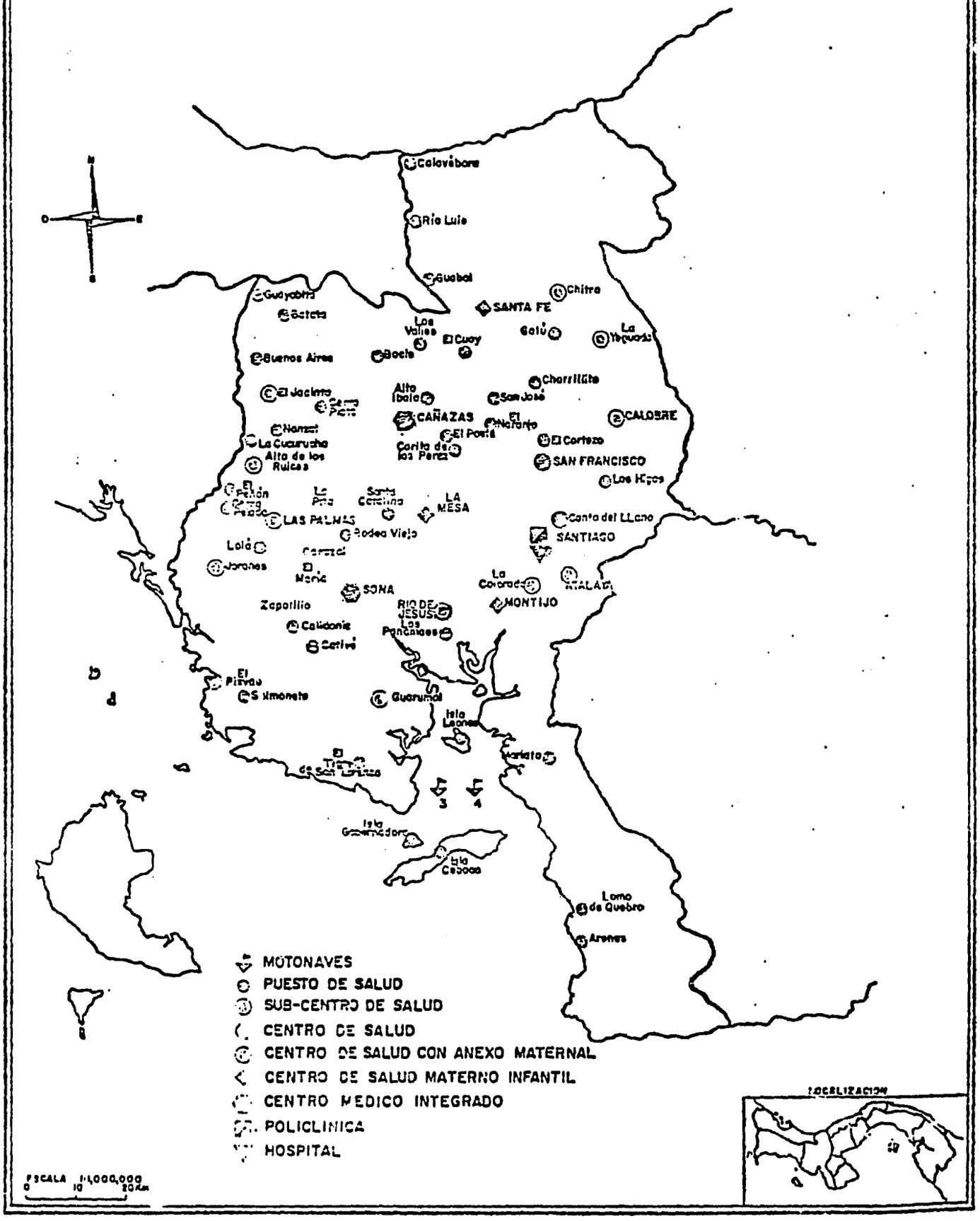


L U G A R E S V I S I T A D O S -PLACES VISITED

SISTEMA INTEGRADO DE SALUD
PROVINCIA DE VERAGUAS