



Memorandum

Date October 29, 1981

From Leo Morris, Ph.D., M.P.H. and Mark W. Oberle, M.D., M.P.H., Program Evaluation Branch, Family Planning Evaluation Division (FPED), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): South American Spanish Language Workshop on the Analysis of Contraceptive Prevalence Survey Data--Colombia, October 18-23, 1981.

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Horace G. Ogden
Director, CHPE

SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
 - II. PRINCIPAL CONTACTS
 - III. SOUTH AMERICAN SPANISH LANGUAGE WORKSHOP ON THE ANALYSIS OF CONTRACEPTIVE PREVALENCE SURVEY DATA
 - IV. DEFINITION OF PROBLEM AND ALTERNATIVE SOLUTIONS
- APPENDIX A: LIST OF WORKSHOP PARTICIPANTS
APPENDIX B: WORKSHOP SCHEDULE

SUMMARY

During the period, October 18-23, 1981, FPED/CDC consultants presented a workshop in Paipa, Colombia, on the analysis and use of contraceptive prevalence survey data for program evaluation and planning and policy development. The workshop was developed and conducted in collaboration with Development Associates (DA), an AID training contractor, and the Westinghouse Health Systems Contraceptive Prevalence Survey Project (WHS). Twenty-eight participants, representing five South American countries and Mexico, attended the workshop. The principal purpose of the workshop was to examine survey data available for each country and, through the application of a problem-solving process, identify problem areas and their alternative solutions. The five steps in the problem-solving process included: (1) definition of the problem, (2) hypothesize the cause of the problem, (3) develop a solution, (4) implement the solution, and (5) evaluate the solution. All six countries represented at the workshop defined high fertility and an associated high proportion of women at risk of unplanned pregnancy in rural areas as a problem and worked on plans for extension and improvement of services in rural areas. Several countries identified better interagency coordination as a need if services were to be improved. Colombia recognized the need for greater internal financing of programs as international funds grow scarcer.

During the workshop, we were impressed with the enthusiasm of the participants in working with survey data. We also feel that the workshop had a positive influence on the Brazilian, Venezuelan, and Ecuadorian delegations in that they identified important program evaluation variables to include in their statewide or national contraceptive prevalence surveys (CPS) scheduled for 1982. Participants from Ecuador, Peru, Mexico, and Venezuela expressed interest in using our Patient Flow Analysis (PFA) methodology to improve clinic efficiency. A joint FPED/CDC-DA-WHS debriefing on the workshop will be scheduled at AID/W in early December 1981.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Colombia, October 18-23, 1981, at the request of AID/S&T/POP/LA and AID/S&T/POP/FPED, and with the concurrence of USAID/Colombia, to present a workshop in collaboration with Development Associates (DA) and the Westinghouse Health Systems Contraceptive Prevalence Survey Project (WHS) on the analysis and use of contraceptive prevalence survey data for program evaluation and planning and policy development. Leo Morris, Ph.D., M.P.H. and Mark W. Oberle, M.D., M.P.H., of the Program Evaluation Branch, FPED/CHPE/CDC, participated as workshop faculty. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/CHPE/FPED.

II. PRINCIPAL CONTACTS

A. USAID/Colombia

1. Marvin Cernik, Health and Population Officer

B. Development Associates (DA)

1. Ms. Mary Worstell, M.P.H., Coordinator of South American Workshop Project
2. Ms. Eugenia Monterroso, Operations Officer for Training
3. Ms. Isabel de Gomez, Inter-Regional Coordinator, DA Bogota Office

C. Westinghouse Health Systems Contraceptive Prevalence Survey Project (WHS-CPS Project)

1. Lawrence Smith, Jr., Ph.D., Director, Applied Investigations and Evaluation Division
2. Sushil Kumar, M.S., Principal Consultant, CPS Project

D. Workshop Participants

A list of workshop participants is presented in Appendix A of this report.

III. SOUTH AMERICAN SPANISH LANGUAGE WORKSHOP ON THE ANALYSIS OF CONTRACEPTIVE PREVALENCE SURVEY DATA.

The workshop was conducted in Paipa, Colombia, during the week of October 16-23, 1981. Twenty-eight participants representing six different countries attended the workshop. The countries represented included Mexico, Colombia, Venezuela, Ecuador, Peru, and Brazil. Mexico was included as they did not attend the 1980 Central American Workshop on the same topic (see CDC AID/RSSA trip report: Guatemala, dated July 11, 1980). Participants were principally directors of programs, either in the private or public sector and for several countries, also included key personnel from national planning agencies.

The principal purpose of the workshop was to examine survey data available for each country and, through the application of a problem-solving process, identify problem areas and their alternative solutions. The course content emphasized evaluation of data linked to program management and development. The problem-solving process included five steps: (1) definition of the problem, (2) hypothesize the cause of the problem, (3) develop solutions, (4) implement the solutions, and (5) evaluate the solution once implemented.

Contraceptive prevalence data from surveys conducted in Guatemala, Mexico, Colombia, Brazil, and Panama and World Fertility Survey (WFS) data for Peru, Ecuador, and Venezuela were used. Prior to the workshop, FPED/CDC processed, from the WFS data tapes, programmatic data, not available in the WFS reports, for the Venezuela Survey for use in the workshop. Howard Goldberg, FPED Demographer, prepared special tabulations from the WFS tape, kindly made available by the Venezuelan Census Office. Although conducted in 1977, no report is yet available from that survey. Additional data was also processed for Brazil. With the exception of some preliminary fertility findings, no survey data was available for Ecuador, although a WFS was conducted in 1977. The Ecuadorian delegation worked with the survey data from Guatemala and, during the course of the workshop, identified data they would like to see collected in the Ecuadorian Contraceptive Prevalence Survey planned for 1982.

In addition to working with survey data, additional sources of data were discussed. These included census data, vital statistics, service statistics, logistics data, and financial data. An exercise on the use of logistics and financial data to estimate active users was part of the workshop content. Mini-workshops included: (1) delegation of functions, (2) improvement in clinic efficiency--Patient Flow Analysis (PFA), (3) CBD programs, and (4) commercial distribution of contraceptives.

During the workshop, we were impressed with the enthusiasm of the participants in working with the data, even to the extent of working with their country data during their free time. Venezuela, which has had a WFS but no contraceptive prevalence survey (CPS), expressed interest in technical assistance in planning and conducting a CPS in 1982. Census data for 1981 should be available in mid-1982 to serve as a sampling frame. In addition, we feel that, during the workshop, we had a positive influence on the Ecuadorian and Brazilian delegations in their including important program evaluation variables in their CPSs scheduled for 1982. Participants from Mexico, Peru, Ecuador, and Venezuela expressed interest in using our PFA methodology to improve clinic efficiency.

IV. DEFINITION OF PROBLEM AND ALTERNATIVE SOLUTIONS

As stated previously, the principal purpose of the workshop was to examine survey data available for each country and, through the application of a problem-solving process, identify additional data needs and problem areas and their alternative solutions. Once the participants defined the problem, they were to hypothesize the cause of the problem and develop solutions that could be implemented to solve the problem. To do this, the participants were divided into country groups to study available survey (and other) data from their respective countries. On the last morning of the seminar, each country group presented a country report defining their principal problem(s) and how to implement change to resolve the problem(s). Future needs and resources were also discussed. This session was attended by the Health and Population Officer from USAID/Colombia. A summary of each country's report is presented below:

A. Brazil

The Brazilian delegation worked with data for the Northeast State of Rio Grande do Norte (RN), the state with the oldest community-based distribution

program in Brazil (the State Health Officer of RN was one of the five Brazilian participants). Although 47 percent of women in union are using contraception in RN, the Brazilian delegation estimated that, according to the survey data, an additional 60,500 women between 15-44 years of age were in need of family planning services to prevent unplanned pregnancies. The majority of these women in need of services live in families with low income and/or in rural areas. A second problem discussed by this group was the need to improve maternal and child health services, since the survey data revealed relatively low use of prenatal care and well-baby care and very low immunization levels of children through routine immunization services. Women who used MCH services were more likely to have been using contraception.

Better availability of nonpermanent methods of contraception for younger women was discussed as an alternative to sterilization. Better availability would include improving and extending services in poor urban areas and rural areas. In addition, they would like to conduct a similar regional workshop in Northeast Brazil for the staff of the family planning program and others in the State Health Department in the five Northeast Brazilian States that have had contraceptive prevalence surveys. The State Health Officer of Amazonas State, one of the five Brazilian participants, would like to see a survey conducted in that State.

B. Colombia

The Colombian delegation determined that, based on the 1978 Contraceptive Prevalence Survey in that country, 511,000 women were in need of family planning services to prevent unplanned pregnancies. The knowledge of availability of services appears to be good; however, there appears to be a need to investigate why this knowledge of availability is not translated into action (use of contraception) by those women at risk of unplanned pregnancies. Preferred methods by nonusers wishing to use contraception are pills (35 percent) and sterilization (30 percent). This reflects the contraceptive use profile among current users of contraception in Colombia as they are the two methods with the highest prevalence of use.

The delegation pointed out that, including current users of nonpermanent methods, there is strong demand by women who do not want more children for sterilization to limit family size. About 500,000 women declared that they would be interested in sterilization to limit childbearing. This estimate is important to planners in charge of MOH and PROFAMILIA sterilization services. The delivery of contraceptive services to satisfy the unmet demand required better coordination between agencies as well as the need to increase internal financing of programs. They stressed the importance of further analysis of both survey data and service statistics to help plan the services to meet the unmet demand revealed by the contraceptive prevalence surveys.

C. Ecuador

Although a WFS had been conducted in Ecuador in 1977, there was no report available for that survey at the time of the workshop. The WFS tape was not made available so that special tabulations could be made for the workshop participants. A preliminary brief report on fertility trends and levels from that survey was available, revealing high fertility rates in rural areas. There is a contraceptive prevalence survey planned for Ecuador in 1982, and

the workshop provided an opportunity for the Ecuadorian delegation to consider additional program variables to be included in that survey as well as develop an analysis plan.

The Ecuadorian delegation cited two serious program problems in their country --the lack of coordination between family planning agencies and the lack of a national health plan, which should include family planning when such a plan is considered.

D. Mexico

Mexico has had a national population plan with full government support since 1976. In that same year a WFS was conducted and was followed up by contraceptive prevalence surveys in 1978 and 1979. The contraceptive prevalence surveys revealed poorer coverage or lower contraceptive use, principally in rural areas and lower socioeconomic urban areas. The family planning program, based on data from these surveys, has now been directed to rural areas, including special education efforts in both rural areas and urban poor areas. A trend comparison between the 1976 and 1978 survey results was made, and it was obvious that the greatest improvement in contraceptive use had been made in the older age groups where the prevalence of sterilization had increased. More effort was needed to bring services to younger women who wanted to space rather than limit children. The need to conduct a trend analysis of the 1976, 1978, and 1979 surveys was also mentioned as a priority task.

E. Peru

The Peruvian delegation introduced their report by discussing the on-again, off-again policies in Peru. In 1977, the military government supported the first population plan to be developed in the country, followed by a cancellation of all family planning activities by the new Minister of Health in 1979. The new government, elected in 1980, has been in favor of family planning services, and family planning services have been re-initiated as a part of maternal-child health services.

The WFS was conducted in Peru in 1977, followed by a contraceptive prevalence survey in 1981. The 1977 data revealed Peru to be the only country in Latin America where rhythm was the most prevalent method of contraception. There was very low use of effective modern methods of contraception, and the participants from Peru identified the improvement and extension of services to rural areas as a priority activity. An immediate priority to improve services was to institutionalize the program as part of MCH activities in the Ministry of Health.

F. Venezuela

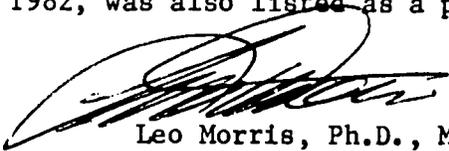
Special tabulations from the 1977 WFS were made available to the Venezuelan participants. They identified high fertility in rural areas (about 50 per 1,000 population compared with 29 per 1,000 population in urban areas) associated with low prevalence of contraceptive use in rural areas (28 percent as compared with 51 percent in urban areas) as their major problem. Of all rural women, 18 percent were identified as being at risk of an unwanted pregnancy.

The proposed solution to this problem was to extend and improve contraceptive services in rural areas, with related activities including seminars for community leaders to improve their knowledge of the problem. Although the rural

Page 6 - William H. Foege, M.D.

areas were identified as the priority areas, the provision of services to the urban poor was also important. Activities identified to reduce unwanted pregnancies included the increase of information about contraception, availability of services for all rural women, and increased training or retraining of health personnel in rural areas to deliver contraceptive services. A need was also expressed to improve the current service statistics system for management purposes.

Since the data from the 1977 WFS is now 4 years old and incomplete for program purposes, a family planning/maternal child health survey, to be conducted in 1982, was also listed as a priority activity.



Leo Morris, Ph.D., M.P.H.



Mark W. Oberle, M.D., M.P.H.

APPENDIX A

LISTA DE PARTICIPANTES DEL SEMINARIO / TALLER "NUEVOS ENFOQUES SOBRE LA APLICACION DE DATOS ESTADISTICOS A LA ADMINISTRACION DE PROGRAMAS DE PLANIFICACION FAMILIAR". REALIZADO EN EL HOTEL SOCHAGOTA EN PAIPA (BOYACA) EN COLOMBIA, DEL 19 AL 23 DE OCTUBRE DE 1981

BRASIL

HELIO AGUINAGA

Cargo: Director Presidente

Pesquisas De Assistencia A Mulher E A Crianca - CPAIMC.

Dirección: Av. Presidente Vargas 2863

Teléfono: 232-1855 - 224-0956

RIO DE JANEIRO - Brasil.

TANCREDO CASTRO SOARES

Cargo: Secretario

Secretaría De Estado Da Saúde

Dirección: Praça Adalberto Valle 18

Teléfono 2347318 - 234-4552

MANAUS - AMAZONAS

LEONIDAS FERREIRA

Cargo: Secretario

Secretaría Da Saúde

Dirección: Av. Junqueira Ayres - S/N

Teléfono: 2223603

NATAL, RIO GRANDE DO NORTE

MARCIO RUIZ SCHIAVO

Cargo: Coordenador Geral.

B E M F A M

Dirección Rua Das Laranjeiras, 308

Teléfono: 265-6552

RIO DE JANEIRO - RJ.

ANA MARIA SEGALLI C.

Cargo: Função de Assesoria

Ministerio Da Saúde - Divisão de Saúde Materno-Infantil

Dirección: Ministerio Da Saúde - Esplanada dos Ministerios

BRASILIA - Brasil

Hoja # 2 - Lista de Participantes

COLOMBIA

ENRIQUE CABRERA
Cargo: Estadístico
Asociación Colombiana Pro Bienestar de la Familia, PROFAMILIA
Dirección: Calle 34 # 14-52
Teléfono: 2328648
BOGOTA, D.E., Colombia

LUIS DAZA PARADA
Cargo: Jefe División Materno Infantil y Dinámica de Población
Ministerio de Salud
Dirección: Calle 16 # 7-39, Of. 505
Teléfono: 2823391 - 2823431
BOGOTA, D.E., Colombia

EDUARDO RODRIGUEZ DE FRANCISCO
Cargo: Director Clínica Piloto
Asociación Colombiana Pro Bienestar de la Familia, PROFAMILIA
Dirección: Calle 34 # 14-52
Teléfono: 2858168
BOGOTA, D.E., Colombia

ENRIQUE DUPLAT YAÑEZ
Cargo: Jefe de Programas de Planificación Familiar
Instituto de Seguros Sociales - ISS
Dirección: ISS Centro Administrativo Nacional -CAN
BOGOTA, D.E., Colombia

ALCIDES ESTRADA E.
Cargo: Director
Sociedad Médica Farmacéutica, "SOMEFA"
Dirección: Carrera 6 # 76-34
Teléfono: 2559900 Ext. 213 a 215
BOGOTA, D.E., Colombia

Hoja # 3

COLOMBIA (Continuación)

JOSE OLINTO RUEDA

Cargo: Jefe de la División de Población

Departamento Nacional de Planeación

Dirección: Calle 26 #13-19, Piso 10

Teléfono: 2342202

BOGOTA, D.E., Colombia

MIGUEL TRIAS

Cargo: Director Ejecutivo

Asociación Colombiana Pro Bienestar de la Familia, PROFAMILIA

Dirección: Calle 34 # 14-52

Teléfono: 2325100

BOGOTA, D.E., Colombia

ECUADOR

FRANCISCO AGUIRRE

Cargo: Investigador

C E P A R

Dirección: Italia 768

Teléfono: 540375

QUITO (Ecuador)

EDUARDO CEVALLOS P.

Cargo: Jefe de Medicina Preventiva

Instituto Ecuatoriano de Seguridad Social

Dirección: Avda. 10 de Agosto y Bogota. Teléfono 233-174

QUITO (Ecuador)

VIRGINIA DUARTE TAPIA

Cargo: Directora de Finanzas

Asociación Pro Bienestar de la Familia Ecuatoriana (APROFE)

Dirección: Noguchi 1516 Letamendi

Teléfono: 400386

GUAYAQUIL (Ecuador)

LENIN GUZMAN

Cargo: Jefe Departamento Técnico

División Materno Infantil; Ministerio de Salud

Dirección: Buenos Aires 340 - 2º Piso. - Edificio Equinoccional.

Teléfono: 210126

QUITO (Ecuador)

Hoja # 4 - Lista de Participantes

MEXICO

VICTOR GARCIA

Cargo: Investigador

Consejo Nacional de Población

Dirección: Circular de Morelia H 8, Col Roma, Teléfono: 5254037

MEXICO, D.F.

JOSE LOPEZ Franchini

Cargo: Director de Evaluación

Coordinación General de Planificación Familiar

Dirección: Ejercito Nacional 505-3. Polanco

Teléfono: 2542667

MEXICO, D.F.

REBECA RAMOS

Cargo: Directora de Programas

Centro Materno Infantil y de Planificación Familiar A.C.

Dirección: P.E. Calle 744nte Cd. Juarez, Chich.

Teléfono: 66535

MEXICO

JOSE LUIS RODRIGUEZ

Cargo: Jefe del Area de Supervisión y Programación

Dirección de Salud Materno Infantil y Planificación Familiar

Dirección: Mazarik 190 - 2P.5

Teléfono: 540-06-27

MEXICO, D.F.

LUIS FERNANDO SAMANO Z.

Cargo: Jefe del Area de Sistemas de Información

Dirección General de Salud Materno Infantil y Planificación Familiar

Dirección: Pte. Mazarik #490 - 4º piso.

Teléfono: 540-49-40

MEXICO 5, D.F.

Hoja # 5 -, Lista de Participantes

PERU

MARIO CASTILLO GOMEZ
Cargo: Director Materno Infantil y Población
Ministerio de Salud
Dirección: Av. Salaverry (5a. Cuadra)
Teléfono: 327889
LIMA (Perú)

HUGO EXEBIO GONZALES
Cargo: Jefe de la Oficina de Planificación Familiar
Instituto Peruano de Seguridad Social
Dirección: Centro Cívico de Lima. Paseo de la República 144.
Oficina de Planificación Familiar - IPSS
5º piso, oficina 57;
Teléfono: 313371 - 230711
LIMA (Perú)

ALBERTO VILLACORTA REYNA
Cargo: Director Programa Sectorial I
Ministerio de Salud
Dirección: Av. Salaverry s/n.
Teléfono: 323535 Anexo 74
LIMA (Perú)

VENEZUELA

MARIA DOLORES GONZALEZ DE ARTEAGA
Jefe Departamento de Investigación
Oficina Coordinadora de Planificación Familiar
Dirección: Avda. Este II Ed. Administradora Unión, Piso 11 "El Conde"
Teléfono: 5710524 - 5711224
CARACAS

ELIZABETH DE CALDERA
Cargo: Coordinadora Postgrados en Educación sobre Población
Universidad Simón Rodríguez
Dirección: Avda. José María Vargas. Torre del Colegio Médico
Santa Fe, Caracas, 1080

Hoja # 6 - Lista de Participantes

VENEZUELA (Continuación)

ORLANDO GUTIERREZ

Cargo: Director Nacional

Ministerio de Sanidad y Asistencia Social - Oficina de Planificación Familiar.

Dirección: Avenida Este - 2. Edif. Administradora Unión Piso 11
El Conde - Planificación Familiar

CARACAS.

ALFONSO RIVAS BARRIOS

Cargo: Supervisor Nacional

Ministerio de Sanidad y Asistencia Social. Oficina Planificación Familiar

Dirección: Av. Este 2 Edificio Administradora Unión, Piso 11

Teléfono : (02) 5711224 - 5710524

CARACAS.

SEMINAR... TALLER

Nuevos enfoques sobre la aplicación de datos estadísticos
a la administración de programas de Planificación Familiar
del 18 a 23 de Octubre de 1981

DOMINGO - 18	LUNES - 19	MARTES - 20	MIÉRCOLES - 21	JUEVES - 22	VIERNES - 23	SABADO - 24
	<p>Inauguración</p> <p>Presentaciones de participantes y coordinadores del Seminario</p> <p>Clarificación de expectativas y repaso contenido del Seminario</p> <p>Planificación Familiar: responsabilidades y necesidades de directores de programas</p>	<p>Práctica del Caso Segunda Parte:</p> <p>Implicaciones de CPS: identificación de las necesidades no atendidas</p> <p>Práctica del Caso Tercera Parte:</p> <p>Investigación de las causas motivadas por las necesidades no atendidas</p> <p>Informes de los Grupos</p>	<p>Análisis del Programa sobre planificación familiar de cada país participante e identificación de los problemas y cambios prioritarios</p>	<p>Identificación de nuevas direcciones y actividades de la planificación familiar en los países participantes</p> <p>Implicaciones del proceso de cambio en la administración de Programas</p> <p>Cómo implementar un cambio?</p>	<p>Presentación de los planes de acción de los países participantes</p> <p>Panel sobre "Efectos del descenso de la fecundidad en el desarrollo de un país"</p> <p>Clausura</p>	<p>Retorno a su País</p>
<p>Llegada al Hotel Sochagota</p>	<p>Presentación de la encuesta sobre la prevalencia del uso de anticonceptivos-CPS</p> <ul style="list-style-type: none"> ● cómo se desarrolla ● información que se obtiene ● su aplicación a los programas sobre planificación familiar en cada país <p>Práctica de un Caso Primera Parte:</p> <p>El CPS como instrumento para definir las prácticas del uso de anticonceptivos en el país</p>	<p>Fuentes adicionales de información estadística para uso de los directores de programas.</p> <ul style="list-style-type: none"> ● estadísticas de servicios ● logística / finanzas <p>Mini-talleres sobre sistemas alternativos en la presentación de servicios de planificación familiar</p> <ul style="list-style-type: none"> ● delegación de funciones <p>Servicios clínicos</p> <ul style="list-style-type: none"> ● mejoras en la atención clínica <p>Servicios No-clínicos</p> <ul style="list-style-type: none"> ● logística de distribución comunitaria ● logística de la comercialización de anticonceptivos 	↓	↓	<p>Retorno a Bogotá</p>	