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REPUBLIC OF CHILE
MINISTRY OF PUBLIC HEALTH
DEPARTMENT OF PROGRAMS FOR PEOPLE
MATERNAL AND PERINATAL HEALTH PROGRAM
RESPONSIBLE PARENTHOOD (FAMILY PLANNING) ACTIVITY

FIRST WORKSHOP ON THE LOGISTICS OF CONTRACEPTIVE SUPPLIES

FINAL REPORT

OCTOBER 5-9, 1992
LA SERENA

Prepared by

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E. ACTION PLAN PROPOSED BY PARTICIPANTS

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Republic of Chile
Ministry of Public Health
Department of Programs for People
Maternal and Perinatal Health Program
Responsible Parenthood (Family Planning) Activity

First Workshop on the Logistics of Contraceptive Supplies
October 5-9, 1992
La Serena

I. SUMMARY OF THE WORKSHOP

The primary objective of this workshop was to provide training in contraceptive logistics to the midwives of the Department of Programs for People (DPP) and Department of Care for People (DAP), of the 26 Health Service Centers located in the 12 regions of the country. Also present were two midwives from APROFA, as part of the integrated coordination that has always existed between the MOH and this organization.

The event took place in La Serena, in Region IV, in the Sociedad Hostería La Serena, and had a duration of five days, characterized by intensive participation and work by those present. According to the final evaluation of the workshop, both the general and specific objectives were fully achieved. These objectives are included as Annex A to this report.

In all of the subjects covered, emphasis was given to the importance of having available a reliable information system for recording amounts of contraceptives delivered to the final user in order to facilitate the preparation of needs estimates based on real and reliable data as well as to facilitate conducting an evaluation of the impact of the Responsible Parenthood (Family Planning) Activity.

As a result of this workshop, participants were able to reflect on the subjects covered and analyze their logistics systems, the process by which they estimate needs and, in general, each of the individual activities in the logistics cycle. They prepared a joint Action Plan in which they identified problems common to all of the Regions and Health Service Centers, as well as the causes for those problems, and proposed potential solutions which they felt could and should be implemented immediately.

This Action Plan is described in Annex F of this report and will be submitted to AID/Chile and to the Director of the Department of Programs for People in Santiago, for their analysis and consideration.

It is hoped that through the application of the material learned and the implementation of the proposed Action Plan, the problems involving inventory management, unrealistic orders, overestimated calculations of contraceptives, etc., will gradually be overcome, that substantial improvement will be recorded in all aspects of the logistics management of contraceptives, and that it will be possible to consolidate and standardize on a single information system. The subjects covered are summarized below:

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- Management of a Logistics System, with emphasis on each of its individual components;

- Evaluation of a Family Planning Program, together with the minimum data required;

- Information Systems, and basic data that should be available to a family planning program;

- Methodology for Establishing Maximum and Minimum Levels in an Inventory Control System;

- Estimating Needs: Four Basic Approaches;

- Introduction to the Concept of Couple-Years Protection as a Tool for Evaluating and Measuring Coverage.

II. RECOMMENDATIONS

The primary recommendations formulated by the participants are found in the above-mentioned Action Plan (Annex F). Most participants were in agreement with respect to three basic recommendations:

- Conduct an evaluation or otherwise follow up on this workshop in one year's time in order to observe the extent to which the Action Plan has been implemented.

- Consolidate the information system.

- Implement the proposed Action Plan as soon as possible.

In addition, the general recommendations that were generated in the form of conclusions reached in this workshop and that will submitted for the consideration of the DPP (Department of Programs for People) and AID/Chile are as follows:

1. Participants, upon returning to their places of work, should schedule a meeting with their supervisors and subordinate personnel to communicate to them the results of this training exercise, describe what they have learned, and share this knowledge with the corresponding personnel. As part of this process of knowledge transfer, an analysis can be conducted of the proposal submitted by the MOH-DPP to the AID/Washington officer that involves developing a local training program in the 26 Health Service Centers. Toward this end, it would be necessary for those responsible for implementation (primarily midwives) to prepare a draft training plan that would be subsequently analyzed by FPLM and AID/Chile-Washington.

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Individuals responsible for implementation: FPIM advisor, MOH-DPP midwives, DPP and DAP midwives in the Health Service Centers

2. Submit semiannual reports on consumption and stock on hand to the SERFMTS (Regional Ministerial Secretariats), as this organization is charged with disseminating information on the Responsible Parenthood (Family Planning) Activity to the other Regional Ministerial Secretariats. Other information to be submitted will be defined subsequently and mechanisms will be sought to ensure that such information does not merely accumulate in the SERFMTS without being used.

Individuals responsible for implementation: DPP Midwives in the Health Service Centers

3. The midwives of the DPP in Santiago have been charged with conducting a follow-up of the recommendations proposed in the Action Plan in order to ensure their implementation in the least possible time. The most urgent recommendation is that involving the creation of a Work Commi[illegible] which should be made up initially of the midwives from the MOH and one midwife to represent each Health Service Center in Santiago, to analyze and study all problems, causes and proposed solutions, and to follow up on implementation. Another task involves analyzing the current logistics system to ensure that all of the material analyzed and assimilated in this workshop is appropriately incorporated into that system as soon as possible.

Individuals responsible for implementation: Midwives of the MOH-DPP, and DPP and DAP midwives in the Health Service Centers in the Metropolitan Region.

4. Incorporate logistics as an element of the administration of the Responsible Parenthood (Family Planning) Activity during 1993. Toward this end, those individuals in each Health Service Center and at the central level who are to be directly responsible for the logistics management of the Program and of the Responsible Parenthood (Family Planning) Activity should be clearly identified.

Individuals responsible for implementation: Director of the DPP and Director of the Maternal and Perinatal Health Program, Responsible Parenthood (Family Planning) Activity in Santiago, MOH-DPP midwives, and DPP-DAP midwives in the Health Service Centers

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5. Once the Working Committee has been formed, analyze existing forms for collecting logistical data for the program, with a view toward standardizing such forms so as to make it possible to obtain data that is common to all of the Health Service Centers and thus facilitate consolidation of information. There currently exist a wide variety of forms for collecting data that is not being used because it is not required. In addition, analyze data that is currently being collecting in order to determine what part of this data is essential and adapt the new forms to reflect this determination.

   Individuals responsible for implementation: DPP midwives in Santiago, and DPP and DAP midwives in the Health Service Centers of the Metropolitan Region.

6. Provide feedback to the Health Service Centers on the performance of their activities from one period to the next. In addition, both the Health Service Centers as well as the MOH-DPP should define those parameters in which either or both require feedback in order to improve administration, evaluation and follow-up of the Responsible Parenthood (Family Planning) Activity.

   Individuals responsible for implementation: MOH-DPP midwives, and DPP and DAP midwives in the Health Service Centers.

7. Each Health Service Center (H.S.C.) should submit data for stock of each method on hand and relate such data to monthly consumption and date of manufacture/expiration in order to calculate the number of months of stock available in each site and thus facilitate redistribution of contraceptives to those sites in urgent need of resupply. In addition, this system will make it possible to avoid potential waste as a result of expired stock.

   Individuals responsible for implementation: DPP and DAP midwives in each Health Service Center

8. Inform the pharmacists with respect to the expiration dates of contraceptive supplies.

   Individuals responsible for implementation: DPP and DAP midwives in each Health Service Center

9. Establish and put into effect coordination mechanisms between the midwives of the DPP and DAP and the pharmacists in the Health Service Centers in order to ensure proper conservation of contraceptives.

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Individuals responsible for implementation: DPP and DAP midwives in each Health Service Center

10. The MOH-DPP should provide advance notification of the expiration dates of stock being sent/dispatched to the Health Service Centers in a particular period. There have been cases where the Health Service Center receives stock that has already expired or is about to expire.

Individuals responsible for implementation: MOH-DPP midwives, and the Central Supply Depot.

11. Put into effect expeditious communications mechanisms between the MOH-DPP and the Central Supply Depot in order to obtain information on amounts shipped and the dates of those shipments and thus improve monitoring of the time required for orders to reach each Health Service Center.

Individuals responsible for implementation: MOH-DPP midwives, and the Central Supply Depot.

12. Standardize the unit of measure used for orders and shipments (units, boxes of 100 units, etc.), as well as for recording movement on the Kardex file in the various installations.

Individuals responsible for implementation: MOH-DPP midwives, Central Supply Depot, and DPP and DAP midwives in the Health Service Centers.

13. Establish periods and intervals for resupply, both from the central level to the Health Service Centers and vice versa, and make a commitment to comply strictly with such periods. These periods will be determined by an analysis to be conducted by each Health Service Center in conjunction with the central level, based on geographic location and the relative speed-slowness of transportation available in each region.

Individuals responsible for implementation: MOH-DPP midwives, Central Supply Depot, DPP and DAP midwives in the Health Service Centers, and Pharmacists.

14. Allocate additional human resources to perform all of the new tasks proposed in the Work Plans. Issue clear instructions to the implementors of these tasks with a view toward facilitating and streamlining the work involved.

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Individuals responsible for implementation:	Director of the DPP, Director of the Responsible Parenthood (Family Planning) Activity, MOH-DPP midwives, MOH Department of Human Resources and the Health Service Centers.

As part of the follow-up plan for this event, meetings will be held periodically, preferably on a quarterly basis, with the DPP and DAP midwives from each Health Service Center in order to determine the extent to which the proposed solutions have been implemented and to monitor the overall progress and impact of this training.

The minutes of the meetings will be forwarded to the midwives of the MOH-DPP (Ministry of Health, Santiago), who will in turn provide feedback and directives with regard to future activities.

We wish to take this opportunity to thank DPP midwives Mrs. Jemimah Rodríguez, Miss Gloria Metcalfe and Mrs. Nevenka Etrovich, of the La Serena DPP, and Lic. Margarita Torres, Administrative Assistant at John Snow, Inc., for the valuable cooperation and support provided both prior to and during the event, as a result of which it was possible to achieve the results indicated.

III. BACKGROUND

During previous visits made to the MOH by FPLM/TPPF-WHR (April 1991 and March 1992) as well as to a number of Health Service Centers, certain activities were identified within the logistics process of the Responsible Parenthood (Family Planning) Activity (data gathering, storage, etc.) that show room for improvement. These activities are listed below:

- Inconsistent recording of consumption data at the various levels.
- Discrepancy between users recorded and consumption reported by method.
- Differences between the levels of inventory kept and the needs of each program.
- Multiplicity of forms in use at all levels. Data is being gathered that is neither essential nor comparable, as a result of which it is not possible to aggregate data for processing and analysis.
- In some Health Service Centers, storage conditions were observed to be inadequate for storing contraceptive supplies.

In addition, some Health Service Centers showed indications of prior waste as a result of the overestimation of needs based only on inventories or stocks on hand at the level of the Health Service Centers, with stock on hand in clinics and health posts not included. Also, consumption data reported to the central

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level in many cases was inaccurate because it included distribution data and data amounts expired.

With a view toward improving the conditions encountered in the logistics system and the data submitted by the Health Service Centers to the central level, it was recommended that administrative personnel from all of the Health Service Centers in the country be trained in contraceptive logistics management, including techniques for improving data collection and analysis.

The possibility of holding two workshops was mentioned. The first would emphasize the logistics information system and introduction of the inventory management system based on maximum and minimum levels. The second workshop, scheduled to be held in October 1993, will stress follow-up to the implementation of the Action Plan developed during this workshop and updating the knowledge acquired during the first workshop.

As previously mentioned, the MOH-DPP has proposed the possibility of holding local workshops in the 26 Health Service Centers, a proposal which will be analyzed subsequently.

For further details regarding actions taken to date with respect to the Program and the Responsible Parenthood (Family Planning) Activity, kindly refer to the previously mentioned FPLM/IPPF-WHR reports.

IV. ACTIVITIES AND ACHIEVEMENTS

Four members of the organizing team (FPLM, CDC, CPSD) met in Santiago one week prior to the event to finalize preparations.

The primary activities undertaken included meetings with the organizer and coordinator of the DPP to finalize details with respect to the agenda. In addition, the materials to be distributed during the workshop were developed and the procedure to be followed during the various theoretical and practical sessions was discussed.

The workshop was designed to provide practical, participative training. All sessions provided both general and specific information on the subjects listed previously in Section I of this report.

To complement the theoretical sessions, exercises were designed in which an attempt was made to use, whenever possible, data specific to each Region and each Health Service Center. As a result of the number of participants (60), it was difficult to analyze results for each Health Service Center.

However, some of the Health Service Centers selected to make a presentation of their activities discussed in broad terms the procedure employed and the usefulness of the exercises, and considerable emphasis was given to the corresponding methodology in order to clearly explain the procedures presented and ensure that the exercises would be subsequently useful.

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In order to encourage and facilitate participation by those present, eight groups of [illegible] members each and one group of four members were formed. Each group appointed a representative who would present to the other groups the topics discussed and suggestions proposed by his or her group, thus generating a broad discussion with the rest of the participants, but which in turn was limited to participation by the representatives of each group. This facilitated the productive discussion of those subjects considered to be problematic in nature and made it possible to develop a fairly concrete and uniform Action Plan.

The most salient result of this workshop was the development of an Action Plan in which participants identified problems that were common to all Health Service Centers and Regions (and, in other cases, typical of the Regions) and identified viable and realistic solutions to be implemented as soon as possible. Participants assimilated with considerable interest the content of the course and agreed decisively to implement all of the recommendations that they themselves had presented and thus contribute to the development of a uniform logistics system for the Activity as a whole and to making logistics management more efficient.

One important factor contributing significantly to the success of the workshop was the continuous communication existing between the organizers and the midwives of the MOH-DPP, who provided continuous cooperation in the organization and logistics of the event. All of the above greatly facilitated our pre-workshop activities and allowed us to devote more time to the content of the workshop and to its successful implementation.

A total of 60 participants attended. Four international speakers and four speakers from the MOH-DPP divided up the various subjects to be covered and directed all of the sessions included in the agenda (Annex B).

V. ANNEXES

A. GENERAL AND SPECIFIC OBJECTIVES OF THE WORKSHOP
B. LIST OF PARTICIPANTS AND INSTRUCTORS
C. WORKSHOP AGENDA
D. RESULTS OF THE EVALUATION OF THE WORKSHOP
E. ACTION PLAN PROPOSED BY PARTICIPANTS

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A. GENERAL AND SPECIFIC OBJECTIVES OF THE WORKSHOP

REPUBLIC OF CHILE
MINISTRY OF PUBLIC HEALTH
DEPARTMENT OF PROGRAMS FOR PEOPLE
MATERNAL AND PERINATAL HEALTH PROGRAM
RESPONSIBLE PARENTHOOD (FAMILY PLANNING) ACTIVITY

FIRST WORKSHOP ON THE LOGISTICS OF CONTRACEPTIVE SUPPLIES FOR RESPONSIBLE PARENTHOOD (FAMILY PLANNING) PROGRAMS

LA SERENA, CHILE
OCTOBER 5-9, 1992

OBJECTIVES

GENERAL:

Provide the midwives of the Department of Programs for People (DPP) and Department of Primary Health Care (DAP), in their roles as service planners and programmers, with the knowledge and basic tools to effectively manage inputs earmarked for implementing the Responsible Parenthood (Family Planning) Activity of the Maternal and Perinatal Health Program.

SPECIFIC:

1. To learn to work with the methodologies for estimating and planning needs, using own resources and essential information available from each Health Service Center.

2. To become familiar with the methodology for inventory management based on a system of maximum and minimum levels to be established in accordance with the needs of each Health Service Center.

3. To learn to use the basic concepts involved in a simple and efficient information system.

WORKING METHODOLOGY

- Theoretical classes
- Group work
- Case studies

B. LIST OF PARTICIPANTS AND INSTRUCTORS

REPUBLIC OF CHILE
MINISTRY OF PUBLIC HEALTH
DEPARTMENT OF PROGRAMS FOR PEOPLE
MATERNAL AND PERINATAL HEALTH PROGRAM
RESPONSIBLE PARENTHOOD (FAMILY PLANNING) ACTIVITY

FIRST WORKSHOP ON THE LOGISTICS OF CONTRACEPTIVE SUPPLIES

LA SERENA
OCTOBER 5-9, 1992

PARTICIPANTS

HEALTH SERVICE CENTER	DPP	DAP
ARICA	Marta Cáceres Téllez	Silvia Zamorano Riquelme
IQUIQUE	Dolores Romero Rodríguez	Julia Aguirre Montova
ANTOFAGASTA Calama	Blanca Viveros Opazo	Verónica Angulo Yuca
COPIAPO	Carlos Soto Vidal	Raquel Donoso Oyanedel
COQUIMBO	Nevenka Etrovich Ostoich	Iris Casaux
VALPARAISO Seremi Health Service Center	Alejandra de la Vega Luna Benedicta Cerda Córdova	Mariana Saiz Zuluaga
SAN FELIPE	Regina M. Astorga Olivares	Manuela Román Bernal
VIÑA DEL MAR	Ma. Teresa Alvarez Rojas	Kineswida Zenteno Molina
RANCAGUA	Elba J. Maldonado Muñoz	Paula I. Randolph Potosnyak
TALCA	Teresa Verdugo Aragón	Elizabeth Mejías Verdugo
CHILLAN	María E. Concha	María E. Maco Bustamante
CONCEPCION Seremi Health Service Center	Alicia Eguía López María Cristina Dobbs Alvarez	Alicia Rogosinski Neclisheck
TALCAHUANO	Ximena Reyes Sánchez	Ana Patricia González
BIO-BIO	Ana López Noriega	Herta Núnez Wonakhouse
TEMUCO	Ivette Pasche Cretton	Noemí Segura Salazar
VALDIVIA	Ruth Herrera Atero	Eliana Kunz Neuman
OSORNO	Margarita Valenzuela Chamorro	Karen Mardoff Shoruppa

HEALTH SERVICE CENTER	DPP	DAP
PUERTO MONTT Castro	Elizabeth Guzmán Montaner	Ariela Muñoz Nieto Hugo Rebolledo
COYAHIQUE	Felisa Torres Rodríguez	Luis Rodríguez Cárdenas
MAGALLANES	Sonia Ulloa Mancilla	Marisol Villarroel Barrías
METROPOLITAN REGION	Elba Rubio Lagos	Patricia Bravo Maradiaga
Metropolitan CENTRAL	Bernardita Fernández Rosales	Lautaro Fernández Milla
Metropolitan SOUTH	Ana Ayala González	Eugenia Tobar Olguín
Metropolitan SOUTHEAST	Pilar Acevedo Despecci	Silvia Valderrama Castro
Metropolitan NORTH	Leticia Lorenzetti	Inés Espinoza Solar
Metropolitan EAST	Genoveva Pacheco López	Claudina Marín
Metropolitan WEST		
MINISTRY	Marcial Orellana Erdmann René Castro Santoro Gloria Metcalfe Corona Jemimah Rodríguez Osorio	
APROFA	María Isabel Zalazar Juana Soto Villegas	

FACILITATORS	
JSI, COLOMBIA JSI, USA	Nora C. Quesada Margarita M. Torres
CDC, USA	Diego E. Berrío
AID, USA	Paul M. Schenkel
PROFAMILIA, COLOMBIA	Gabriel Ojeda

C. WORKSHOP AGENDA

REPUBLIC OF CHILE
MINISTRY OF PUBLIC HEALTH
DEPARTMENT OF PROGRAMS FOR PEOPLE
MATERNAL AND PERINATAL HEALTH PROGRAM
RESPONSIBLE PARENTHOOD (FAMILY PLANNING) ACTIVITY

FIRST WORKSHOP ON THE LOGISTICS OF CONTRACEPTIVE SUPPLIES FOR RESPONSIBLE PARENTHOOD (FAMILY PLANNING) PROGRAMS

LA SERENA, CHILE
OCTOBER 5-9, 1992

Sponsored by:

Family Planning Logistics Management Project (FPLM II)

in collaboration with the

International Program for Assistance in Reproductive Health
Centers for Disease Control (CDC)

and the

United States Agency for International Development (AID)/Chile

AGENDA

Monday, October 5:

8:00 - 9:00	Breakfast
9:00 - 9:45	WELCOME, INAUGURATION AND PRESENTATION OF WORKSHOP OBJECTIVES Dr. Marcial Orellana, Director of the DPP, Ministry of Health Mr. Renato Hidalgo, USAID/Chile
9:45 - 10:00	Review of the Agenda, Suggestions and Modifications Nora Quesada, FPLM Project
10:00 - 10:30	Introduction to the Maternal and Perinatal Health Program, Achievements Recorded Dr. Marcial Orellana
10:30 - 11:15	PANEL: BACKGROUND, PRESENT AND FUTURE OF THE RESPONSIBLE PARENTHOOD (FAMILY PLANNING) ACTIVITY Dr. René Castro Miss Gloria Metcalfe, midwife Mrs. Jemimah Rodríguez, midwife
11:15 - 11:30	Coffee Break

MODULE I: MANAGEMENT OF THE LOGISTIC SYSTEM

11:30 - 12:30	Management of a Logistics System Nora Quesada
12:30 - 14:00	Lunch
14:00 - 14:45	Continuation: Management of a Logistics System
14:45 - 15:15	Procedures for Developing a Work Plan and Methodology for Use by the Working Groups Nora Quesada
15:15 - 15:30	Coffee Break
15:30 - 16:45	Description of the Logistics System: Analysis of Each Component of the Logistics Cycle by Work Groups
16:45 - 18:00	Presentation by Each Group, Conclusions and Recommendations
20:30	Welcome Dinner

Tuesday, October 6:

MODULE II: LOGISTICS INFORMATION SYSTEMS

8:00 - 9:00	Breakfast
9:00 - 10:30	Introduction to Information Systems Dr. Gabriel Ojeda, Profamilia
10:30 - 10:45	Coffee Break
10:45 - 12:30	Continuation: Logistics Information System and Planning
12:30 - 14:00	Lunch
14:00 - 14:30	Exercises in Information Systems
14:30 - 16:15	Group Work on Information Systems
16:15 - 16:30	Coffee Break
16:30 - 17:45	Plenary Discussion: Group Work on Information Systems

Wednesday, October 7:

CONTINUATION OF MODULE II

8:00 - 9:00	Breakfast
9:00 - 10:30	Inventory Management: System of Maximum and Minimum Levels Paul Schenkel, R&D/POP/CPSD
10:30 - 10:45	Coffee Break
10:45 - 11:45	Group Work: System of Maximum and Minimum Levels
11:45 - 12:30	Monitoring the Quality of Contraceptive Supplies: Visual Inspection Diego Berrío, CDC
12:30 - 14:00	Lunch
14:00 - 14:45	Presentation of the Results of Group Exercises
14:45 - 15:45	Presentation of the Computerized System for Supply Monitoring and Management (SMS) Diego Berrío

Thursday, October 8:

MODULE III: EVALUATION OF FAMILY PLANNING PROGRAMS

8:00 - 9:00	Breakfast
9:00 - 10:30	Evaluation, Indicators and Parameters, the Concept of Estimated Users vs. Couple-Years Protection (FYP) Dr. Gabriel Ojeda
10:30 - 10:45	Coffee Break
10:45 - 12:30	Continuation: Evaluation, Indicators and Parameters
12:30 - 14:00	Lunch
14:00 - 15:00	Group Work: Discussion and Analysis of the Parameters Used by the Program, Suggestions for Change, Proposals
15:00 - 15:45	Plenary Discussion of Proposals
15:45 - 16:00	Coffee Break

MODULE IV: ESTIMATING CONTRACEPTIVE NEEDS

16:00 - 17:30	Basic Approaches to Estimating Contraceptive Needs Nora Quesada

Friday, October 9:

8:00 - 9:00	Breakfast
9:00 - 10:00	Continuation: Needs Estimation, CPT Tables Diego Berrío
10:00 - 10:45	Group Work: Exercises in Estimating Needs
10:45 - 11:00	Coffee Break
11:00 - 12:15	Presentations by Groups Divided into Three Regions: Exercises in Estimating Needs, Discussion of the Interpretation of Results
12:15 - 14:00	Farewell Luncheon
14:00 - 15:30	Development of the Work Plan
15:30 - 15:45	Coffee Break
15:45 - 16:15	Evaluation of the Workshop, Conclusions and Recommendations
16:15 - 17:00	Awarding of Diplomas and Closing Session

D. RESULTS OF THE EVALUATION OF WORKSHOP

FIRST WORKSHOP ON THE LOGISTICS OF CONTRACEPTIVE SUPPLIES
OCTOBER 5-9, 1992
LA SERENA, CHILE

FINAL EVALUATION

1. WHAT IS YOUR UNDERSTANDING OF CONTRACEPTIVE LOGISTICS?

_____
_____
_____
_____

2. OF THE SUBJECTS COVERED, WHICH WAS (WERE) OF MOST INTEREST TO YOU? WHY?

_____
_____
_____
_____

WHICH WAS OF LEAST INTEREST TO YOU? WHY?

_____
_____
_____

3. SUBJECTS WHICH YOU FEEL SHOULD HAVE BEEN:

INCLUDED	COVERED IN GREATER DEPTH
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. THE SEQUENCE IN WHICH THE SUBJECTS WERE PRESENTED WAS:

Very adequate _____
Adequate _____
Inadequate _____

5. CONSIDERING THE AVAILABLE TIME, IN THIS WORKSHOP:

An adequate number of subjects were covered _____

Not enough subjects were covered _____

An attempt was made to cover too much _____

6. IN GENERAL, THE EXERCISES APPEARED TO YOU TO BE:

WHICH EXERCISE(S)?

Very good:

Good:

Fair:

7. HOW WOULD YOU EVALUATE THE MATERIALS RECEIVED IN THIS WORKSHOP?

WHICH MATERIAL(S)

Very good:

Good:

Fair:

8. WHAT IS YOUR OPINION AS TO THE FUNCTIONING OF THE LOGISTICAL ASPECTS OF THIS WORKSHOP (ORGANIZATION, PLANNING AND PUNCTUALITY)?

Excellent _____
Good _____
Poor _____

9. HOW WOULD YOU EVALUATE THIS WORKSHOP?

Excellent, presentation well prepared and complete _____

Good, but could be better as regards organization, content and support for participants _____

Poor, too much improvisation and not enough in-depth treatment of subjects _____

10. WHAT IS YOUR OPINION AS REGARDS:

	Good	Fair	Poor
Lodging			
Meals			
Classroom			

11. ANY OTHER REMARKS THAT YOU WOULD LIKE TO MAKE WITH REGARD TO THE WORKSHOP:

ANNEX D

FIRST WORKSHOP ON THE LOGISTICS OF CONTRACEPTIVE SUPPLIES
OCTOBER 5-9, 1992
LA SERENA, CHILE

FINAL RESULTS OF THE EVALUATION OF THE WORKSHOP

Tabulation based on 52 questionnaires:

1. WHAT IS YOUR UNDERSTANDING OF CONTRACEPTIVE LOGISTICS?

Generally speaking, all participants were in agreement that logistics is defined as being a cycle or series of components (selection, procurement, distribution, storage and use) that must be take into consideration in order to achieve proper management of commodities and ensure that these commodities reach the right place, at the right time, where they are needed, and at the least possible cost.

2. OF THE SUBJECTS COVERED, WHICH WAS (WERE) OF MOST INTEREST TO YOU? WHY?

- Estimating needs	26
- Management of a logistics system	17
- Inventory management: maximum and minimum levels	14
- Information system	13
- Monitoring the quality of supplies	11
- All subjects	10
- Calculation of COUPLE-YEARS PROTECTION	4
- Computerized system for managing supplies	3
- Evaluation	2
- Work Plan	1

WHICH WAS OF LEAST INTEREST TO YOU? WHY?

- Computerized system for managing supplies	1
- Evaluation	1
- Programming	1
- Inventory management: maximum and minimum levels	1
- Estimating needs based on CYP	1
- Introduction to the Maternal and Perinatal Health Program	1
- Background: past, present and future	1

SUBJECTS WHICH YOU FEEL SHOULD HAVE BEEN:

INCLUDED	COVERED IN GREATER DEPTH	
- Other available contraceptive methods	- Projections	4
- Definition of concepts used in family planning	- Evaluation	4
	- Work Plan	3
	- Information system	2
- Consolidation of concepts	- IUD projections	2
- Disposal of expired products	- Maximum and minimum levels	2
- Sterilization methods - TCU380A Y T200	- Computerized system	2

- Development of forms
- National registration system
- Definition of concepts MOH system 1
- Analysis of own logistics system 1
- Concepts of the logistics manual 1

4. THE SEQUENCE IN WHICH THE SUBJECTS WERE PRESENTED WAS:

Very adequate	21
Adequate	30
Inadequate	1

5. CONSIDERING THE AVAILABLE TIME, IN THIS WORKSHOP:

An adequate number of subjects were covered	47
Not enough subjects were covered	1
An attempt was made to cover too much	4

6. IN GENERAL, THE EXERCISES APPEARED TO YOU TO BE:

Very good:	38
Good:	14
Fair (Information system: 4, Max/Min.: 1)	5

7. HOW WOULD YOU EVALUATE THE MATERIALS RECEIVED IN THIS WORKSHOP?

Very good:	50
Good:	2
Fair:	3

8. WHAT IS YOUR OPINION AS TO THE FUNCTIONING OF THE LOGISTICAL ASPECTS OF THIS WORKSHOP (ORGANIZATION, PLANNING AND PUNCTUALITY)?

Excellent	40
Good	11
Poor (participant punctuality)	1

9. HOW WOULD YOU EVALUATE THIS WORKSHOP?

Excellent: presentations well prepared, complete, understandable. Good organization	43

Good, but could be improved in the areas of organization and support for participants 9

10. WHAT IS YOUR OPINION AS REGARDS:

	Good	Fair	Poor
Lodging	51	1	0
Meals	48	4	0
Classroom	33	18	1

11. ANY OTHER REMARKS THAT YOU WOULD LIKE TO MAKE WITH REGARD TO THE WORKSHOP:

POSITIVE:

- Appreciation to the MOH and La Serena Health Service Center for organizing the workshop.
- Excellent opportunity to consolidate criteria with regard to logistics.
- Excellent workshop.
- Supporting material (folder) was very complete and important.
- This workshop made it possible for us to analyze the way in which logistics activities are carried out in the Health Service Centers and helped us to diagnose problems and propose solutions. Thank you very much.
- Congratulations on the effort put forth.
- The instructors made us feel very comfortable, in addition to the fact that they were very capable.
- Magnificent opportunity to share interesting and beneficial experiences with colleagues from all over Chile.
- Excellent fellowship, friendship, comradeship and atmosphere/sharing between participants and instructors. Thank to all.
- The knowledge acquired will make it possible to provide better service to users.
- Congratulations on organization. Excellent coordination of the event.
- Extremely uniform level of participant knowledge and the workshop served to better organize our systems in actual use, but in order to improve, it would be necessary to inject resources into this activity.
- Excellent opportunity to showcase and appreciate the work performed by the midwives.
- This was an innovative workshop in every sense.

NEGATIVE:

- Some of the exercises lacked clarity as regards the rules or guidelines for completing them.
- There were subjects with which Health Service Center personnel were already familiar.
- Too little time was allotted for subjects that were interesting.
- Although the workshop was excellent, the time allotted for group work was insufficient, especially the work involving estimation of needs.

- Classroom: poor distribution of tables and chairs. Some of us experienced discomfort as well as difficulties while trying to write and simultaneously observe the person speaking.
- The instructors should adhere to the time allotted and to the program indicated on the agenda.
- There was no time available for discussions between the Ministry and the Health Service Centers on future guidelines as to how the logistics system will be managed.
- Revise the vocabulary used in the exercises: greater use of Castillian Spanish and less use of Colombian Spanish.

SUGGESTIONS:

- To our colleagues in the DPP and DAP: you should join together once and for all because we are all working for the same cause.
- We should be allowed to participate in decisions made at the central level.
- Hold an evaluation or follow-up meeting to this event one year from now in order to measure achievements.
- Data should have been requested from the Health Service Centers ahead of time so that the instructors could assist us in analyzing that data.
- A more exhaustive analysis of health systems should have been conducted.
- Establish a Working Committee to implement the work plan proposed in this workshop: develop norms, standardize forms, etc.
- Prior to the workshop, conduct an assessment of the knowledge of participants in order to ensure better performance.
- Have available an operations manual.
- Provide clear instructions for completing the exercise and greater support during the exercises.
- An effort should be made to improve the support provided to participants by consolidating the criteria used by the instructors.
- Make available small classrooms for group work.
- The midwives from APROFA should have been included in the group from the MOH.
- For all group work, with the exception of development of the Work Plan, groups should be made up of a mixture of personnel from all of the Health Service Centers, in order to facilitate a greater exchange of experiences among Regions.
- The Ministry should standardize once and for all the many forms in use throughout the entire country.
- Next meeting: Region VI, one year from now.

E. ACTION PLAN PROPOSED BY PARTICIPANTS

ACTION PLAN

The Action Plan proposed by the participants is based on the following outline:

1. Identification of problems
2. Identification of the causes of those problems
3. Viable solutions for overcoming those problems

It was agreed, following discussion, that the first step toward achieving the effective implementation of this initial Action Plan will be the creation of a Working Committee, between October 1992 and January 30, 1993, and that during the first half of 1993 the personnel involved should work intensively on all of the items identified. This work will continue indefinitely under the coordination of the DPP-MOH and the DPP-DAP of each Health Service Center in the Metropolitan Region.

It was suggested that this Working Committee initially be made up exclusively of members of the DPP-MOH and by the midwives of the DPP-DAP of the Santiago Metropolitan Region, as it is felt that it would be extremely difficult to successfully perform all of the tasks assigned and mentioned during the workshop. Consequently, by limiting the make-up of this Committee, it is felt that it will be possible to operationalize and implement all of the recommendations in the least time possible. Subsequently, ways will be sought to extend participation to all of the Health Service Centers in the country.

ACTION PLAN: REGION V, HEALTH SERVICE CENTERS IN

VALPARAISO - SAN ANTONIO
VIÑA DEL MAR - QUILLOTA
SAN FELIPE - LOS ANDES

LOGISTICS SYSTEM

PROBLEMS	CAUSES	RECOMMEND.	TIME	RESPONSIBLE	EVALUA.
SELECTION: Very few alternative contraceptive methods	Donations made without selection alternatives	Ask the H.S.C. to include alternative contraceptive methods in the pharmacological storehouse	01/93	DPP, DAP, Pharmacy Committee	07/93
PROCUREMENT: Allotment by the MOH to the H.S.C. Lack of knowledge of dates of shipment from the MOH	Adjustment to the system of late information from the local level Lack of coordination/scheduling	Use the system of requisitions between the H.S.C. and the MOH; [and the system] of allotments between the H.S.C. and the local level Institute semiannual shipments	03/93 04/93	DPP, DAP Midwife MOH H.S.C.	09/93 10/93
STORAGE: Inadequate storeroom at the H.S.C. and local level Expired supplies	Absence of storage norms Waiting for instructions from the MOH	Coordinate storage norms with pharmacists Dispose of expired products, with the exception of TCUs	06/93 01/93	Physical resources, DPP, pharmacist DPP midwife, pharmacist	09/93 03/93

DISTRIBUTION: Late reception-consumption-stock on hand	Low degree of commitment at the local level	Motivate the pharmacy staff and the midwives Supervise the pharmacy periodically	VI-93	DPP-DAP midwife, pharmacist	IX-93
USE: Occasional stockouts	Amounts are determined by consumption-stock on hand	Determine needs by consumption history and service statistics	XII-93	DPP, DAP midwife	VII-93
Administration: REGISTRATION: Poor allotment of inputs	Wide variety of registers, unreliability of data	Standardize registers Motivate local level staff with regard to the importance of accurate data	XII-92	DPP, DAP midwives, clinic midwife and pharmacy assistant	VII-93
DATA PROCESSING: Slow manual processing	Untimely reports, lack of personnel	Increase hours for statistical personnel Informational meetings to motivate the staff involved	1993	DPP, DAP midwives Human Resources	IX-93
ANALYSIS: Lack of qualitative analysis	Large work load Lack of human resources	Increase hours of midwife	1993	DPP, DAP midwives, Human Resources	93

FEEDBACK: None from MOH to H.S.C. Only partial from H.S.C. to local level	Scheduled monitoring is not performed	Program is undergoing adjustments at all levels Establish feedback to operating level and above Consolidate criteria with respect to certain concepts	VII-93	DPP, DAP midwives	X-93

ACTION PLAN: REGION VIII, HEALTH SERVICE CENTERS IN

CONCEPCION - ARAUCO
BIO-BIO
NUBLE

LOGISTICS SYSTEM

PROBLEMS	CAUSES	RECOMMEND.	TIME	RESPONSI BLE	EVALUA.
SELECTION:		Participate in selection of methods for specific at-risk groups			
PROCUREMENT:		Apply methodology for estimating needs in accordance with the system of maximum and minimum levels in order to adjust needs to the actual context at the local level			
STORAGE:		Implement central storerooms in the H.S.C. with storage norms similar to those used for management of drugs			

DISTRIBUTION:		Improve the existing system: make it mixed (both allotments and requisitions, depending on the level) Information system based on average consumption, max-min Periodic distribution in accordance with regional conditions			

USE:		Design instruments Implementation of standard registers in all H.S.C. Local research to establish dropout rates, etc. Criteria for selection of method Wide variety of alternative contraceptive methods Sound counseling with regard to couple options	XII-93	DPP, DAP midwives	VII-93

ACTION PLAN: REGION X, HEALTH SERVICE CENTERS IN

VALDIVIA
OSORNO
TEMUCO
APROFA (Juana Soto)

LOGISTICS SYSTEM

PROBLEMS	CAUSES	RECOMMEND.	TIME	RESPONSIBLE	EVALUA.
SELECTION: Very few alternative contraceptive methods		Study the feasibility of increasing hormonal contraceptive alternatives	12/93	MOH H.S.C.	
PROCUREMENT: Allotment from the MOH to the H.S.C. Lack of knowledge of dates of shipments from the MOH		Standardize procurement to every six months Use of mixed system (both allotments and requisitions) Standardize forms and establish deadlines for shipments Use knowledge acquired in workshop Define norms and procedures	12/93 12/93 06/93 10/92 06/93?	MOH H.S.C.	

STORAGE: Poor storeroom infrastructure		Formulate normalization projects at the national level Update norms and assign technical responsibilit ies Institute the monitoring and supervision system for the entire storage process Provide continuous training Technical and administrativ e coordination between levels	12/95 03/93 C O N T I N U O S	MOH H.S.C. Local level	

DISTRIBUTION:		Establish easy-to-use, uniform registers with the participation of all levels	VI-93	H.S.C., local levels	
		Establish reporting dates	03/93		
		Supervision and monitoring	03/93		
		Implement safety stock at the local level	03/93		
		Quarterly shipment to establishments	03/93		

USE:		Analyze forms and institute one form containing monthly information to be used on a standardized basis Dates for quarterly shipments, from local level to H.S.C. Establish % of discarded IUDs (used/not inserted) and apply when preparing projections	03/93	H.S.C., Local level	

ACTION PLAN: REGIONS XI AND XII, HEALTH SERVICE CENTERS IN

PUERTO MONTT
AYSEN
MAGALLANES

LOGISTICS SYSTEM

PROBLEMS	CAUSES	RECOMMEND.	TIME	RESPONSIBLE	EVALUA.
SELECTION: Lack of timely information on stock on hand and consumption Very few alternative contraceptive methods Lack of knowledge of requirements of other contraceptive methods Lack of budget		Training at the local level Improve recording system Quantify the volume of users of other contraceptive methods	First Quarter 1993 06/93	H.S.C. Local level	SUPERVISION STUDY

PROCUREMENT: Allotments from the MOH to the H.S.C. are made without any safety cushion Late reception of commodities from Central Supply Depot		By requisition, seek alternative contraceptive methods Establish safety cushion, based on maximum and minimum levels Improve communications	First quarter 1993	MOH H.S.C. Central Supply Depot	MONITOR CONSUMPTION
STORAGE: Poor storeroom infrastructure Lack of human resources Untrained human resources Lack of registers		Cadaster of regional and local storerooms Provision of physical and human resources (project) Ad hoc personnel Training Improve registers	XII-92 1993 92-93 XII-93	H.S.C. MOH H.S.C. Municipality H.S.C. A.I.D. H.S.C.	Monitor quality No. of trained personnel

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Distribution: Lack of registers Lack of knowledge of local storage conditions Distribution intervals not established		Correct instruments and consolidate criteria Institute basic computer system Establish intervals in accordance with capacity storage and quality	XII-92 1993 XII-92	MOH H.S.C. Local level	Control and supervision
USE: Unreliable figures for consumption and stock on hand Lack of knowledge of the degree of satisfaction of users Lack of knowledge of the effectiveness of methods		Implementation of daily and monthly registers Conduct user survey Improve registers, train and update personnel charged with implementing Activity	XII-92 1993 1993	MOH H.S.C. Local level MOH APROFA H.S.C.	Monitoring Analysis Feedback

ACTION PLAN: HEALTH SERVICE CENTERS IN

EASTERN METROPOLITAN
LIBERTADOR BERNARDO O'HIGGINS
MAULE
TALCAHUANO

			TERM
1.	ANALYZE :	ACTUAL CONTEXT OF THE HEALTH SERVICE CENTER	Short Term (ST)
2.	MOTIVATE:	DEPARTMENTS CLINIC MIDWIVES	ST
3.	TRAIN:	MIDWIVES IN CHARGE OF STOREROOMS	ST
4.	COORDINATE:	WITH CHEMIST-PHARMACIST WITH CENTRAL LEVEL WITH ESTABLISHMENTS WITH EMPLOYEE IN CHARGE OF STOREROOM	ST
5.	ESTABLISH:	LOGISTICS SYSTEM CYCLE TIME PERIODS FOR IMPLEMENTATION	Long Term (LT)
6.	REQUEST:	TIMELY INFORMATION FROM LOCAL LEVELS	ST
7.	DESIGN:	OBSERVATION GUIDELINES FOR MONITORING PRODUCTS	ST
8.	SUPERVISE:	STORAGE CONDITIONS MOVEMENT OF COMMODITIES RECORDING OF CONSUMPTION	ST ST ST
9.	DETERMINE:	INDIVIDUAL RESPONSIBLE FOR ACTIVITIES NEEDS FOR RESOURCES	Med. Term ST
10.	IMPROVE:	QUALITY OF CARE	Med. Term

ST = 3-6 MONTHS
MT = 6-12 MONTHS
LT = + 1 YEAR

ACTION PLAN: REGIONS I AND II, HEALTH SERVICE CENTERS IN

ARICA
IQUIQUE
ANTOFAGASTA

LOGISTICS SYSTEM

PROBLEMS	CAUSES	RECOMMEND.	TIME	RESPONSIBLE	EVALUA.
SELECTION: Estimate of needs dependent on the supply capability of the H.S.C. Under-utilization of demographic data Lead time and resupply period are not taken into account	Poor management and/or lack of knowledge of a contraceptive logistics system	Application of logistics workshop Increase the list of contraceptives Train personnel	X-XI-92 06/93 Implement logistics system	To be defined	
PROCUREMENT: No participation by the local level Balance between estimate of needs and availability of products does not take into account maximum or minimum levels	Untrained staff Lack of definition of functions Under-utilization of registers There are no established norms	Develop norms at the national level Train personnel	Same period as for selection	Director H.S.C., Director DPP, Director of Program, DPP-DAP midwife, health team, midwives, physicians, warehouseman	

STORAGE: Poor storeroom infrastructure Lack of human resources Untrained human resources		Definition of concepts Assignment of responsibilities	Same as for preceding	Municipality	
DISTRIBUTION: There is no compliance with storage norms There is no one responsible		Same as for preceding	Same as for preceding	MOH H.S.C. Local level	
USE: Derives from the preceding		Same as for preceding	Same as for preceding	MOH APROFA H.S.C. MOH APROFA H.S.C.	

EVALUATION:

1. There is no periodic evaluation
2. There is no feedback
3. There is no analysis of data recorded on registers.

The causes and solutions for "Evaluation" are the same as for the preceding components of the logistics cycle.

The group suggests that first, personnel should be trained, followed by implementation of the logistics cycle, all of which is to be accompanied by periodic semiannual evaluations.

ACTION PLAN: METROPOLITAN REGION

GOAL:

To optimize the logistics system for contraceptive supply in the Health Service Center.

SPECIFIC OBJECTIVES:

To analyze current procedures for handling contraceptive supplies.

To make the necessary adjustments to the existing logistics system in accordance with local needs.

STRATEGIES:

1. Establish guidelines for management of files (Operating Manual)
2. Study the storage capacity at the level of the Health Service Centers
3. Train staff in the various levels of care
4. Define functions and responsibilities at the various levels
5. Define and consolidate recording systems in order to generate comparable information on a timely basis
6. Improve mechanisms for monitoring the quality of the logistics cycle.

ACTION PLAN: REGIONS III AND IV, INCLUDING HEALTH SERVICE CENTERS IN

COQUIMBO
ATACAMA
METROPOLITAN NORTH
METROPOLITAN SOUTH

LOGISTICS SYSTEM

PROBLEMS	CAUSES	RECOMMEND.	TIME	RESPONSIBLE	EVALUA.
SELECTION: Availability of only 3 types of contraceptive methods	Greater variety of products	Conduct studies of needs Propose that municipalities increase variety	First semester 93	DAP Midwives	
PROCUREMENT: Through the MOH and community	Maintain Propose to municipalities Maintain supply system	Same as for preceding	Same as for preceding	DPP DAP	
STORAGE: Physical plant inadequate in storerooms	Ensure exclusive storerooms	Promote at all levels	One year	DAP DPP	
DISTRIBUTION: MOH - H.S.C. by allotment; by requisition in emergency cases	Maintain distribution by requisition	Train hospital and clinic midwives	One year	DAP DPP	

USE: In accordance with technical norms Election of contraceptive methods in accordance with availability	Increase availabili ty of other methods	Procurement through municipality and local Health Service Center	All of 1993	H.S.C.	

HUMAN RESOURCES: GOAL

1. Insufficient — Assign hours to midwives for family planning at the level of the Health Service Center

The group suggests that monitoring and supervision be performed periodically in order to evaluate impact and perform follow-up of implementation of logistics cycle, together with everything proposed.

GENERAL SUGGESTIONS:

1. Consolidate concepts (definitions).

2. Consolidate forms at the national level, taking into account forms proposed and those already existing at the local level.

The group that wrote the following Action Plan did not specify the regions represented.

1993 CALENDAR

QUARTER I	QUARTER II	QUARTER III	QUARTER IV
Formation commission Study manual Design forms	Meeting Evaluation Implementation New methodology	Second training workshop	Monitoring by MOH of H.S.C.

GENERAL CONSIDERATIONS

1. CAUSES FOR THE CURRENT SYSTEM:

   - Inadequate administration due to a lack of training
   - Lack of coordination among the various levels
   - Little appreciation for the cost involved

2. PROPOSAL:

   Implement the logistics system over a period of six months as of today.

3. FORMATION OF A STUDY COMMISSION made up of representatives from the regions and charged with developing efficient registers to be used at the national level. In addition, development of a procedural manual covering all situations, whether special or normal usage. Time period: Six months.

4. INSTALL A COMPUTERIZED SYSTEM, over the short or medium term, that will contribute to improving the quality of the system.

5. Responsibility for the local logistics system will fall to the DPP and DAP, which will work in close collaboration. However, this responsibility falls ultimately on the directors of the Health Service Centers.

6. The responsible teams at the MOH will be charged with carrying out monitoring at the local level, at least once a year, with a component for guaranteed feedback of results.