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MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : William H. Foege, M.D.
 Director, Centers for Disease Control (CDC) DATE: December 23, 1980
 Through: Philip S. Brachman, M.D.
 Director, Bureau of Epidemiology (BE) *[Signature]*

FROM : Richard S. Monteith, M.P.H., Program Analyst
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SUBJECT: Foreign Trip Report (AID/RSSA): Planning for the Implementation of a
 Community-Based Distribution Program of Contraceptives, El Salvador, October
 6-9, 1980

SUMMARY

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SUMMARY

FPED/CDC consultants provided follow-up technical assistance to the Asociacion Demografica Salvadorena (ADS), the International Planned Parenthood Federation (IPPF) affiliate in El Salvador, in the planning for the implementation of a community-based distribution program (CBD) of contraceptives in the eastern region of the country. The first FPED/CDC consultation to this project took place in March 1980, and the details of that consultation are presented in FPED/CDC Foreign Trip Report, El Salvador, dated May 8, 1980.

The program, which will establish 584 distribution points, was funded in July 1980 but implementation has been delayed because of civil unrest in El Salvador. However, program supervisory personnel were hired in August, and work has proceeded in planning for the implementation of the project. During this consultation, forms to monitor the program were reviewed and streamlined with emphasis on user data and contraceptive logistics.

The following recommendations were made:

- The cost of a month of contraceptive protection should be the same for all methods. Currently, oral contraceptives are effectively less expensive than other temporary methods.

- No limit should be placed on the amount of contraceptives sold to consumers.
- Initially, only literate distributors should be selected. As the program matures and training materials are developed, illiterate distributors may be recruited.
- The characteristics of terminated users in the early months of the program should be monitored to determine the cost-effectiveness of follow-up. The executive director of ADS requested continuing assistance from FPED/CDC in implementation of the program.

Technical assistance was also provided to USAID/El Salvador in determining the quantities of oral contraceptives to be shipped to El Salvador during the contract shipping period of July 1981 - June 1982. Because approximately 4.5 years' supply of AID-procured oral contraceptives are currently in the country, we recommend that the 433,000 cycles scheduled for shipment during this period not be shipped.

I. PLACES, DATES AND PURPOSE OF TRAVEL

El Salvador, October 6-9, 1980, at the request of the Asociacion Demografica Salvadorena (ADS), USAID/El Salvador, and AID/DS/POP/FPD, to provide follow-up technical assistance to the ADS in the planning for the implementation of a community-based distribution program of contraceptives. This consultation was provided by Richard S. Monteith, M.P.H., and Mark W. Oberle, M.D., M.P.H., of the Program Evaluation Branch, FPED/BE/CDC. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

II. PRINCIPAL CONTACTS

A. USAID/El Salvador

1. Mr. Roberto Chavez, Office of Health, Population and Nutrition (HPN)
2. Ms. Kristin Loken, HPN

B. Asociacion Demografica Salvadorena (ADS)

1. Dra. Rosa Judith Cisneros, Executive Director
2. Sra. Miriam de Melendez, Director, Community-Based Distribution Program of Contraceptives
3. Sr. David Araya, Chief, Evaluation Division
4. Sr. Jose Mario Caceres, Evaluation Division

C. Ministry of Public Health

1. Dr. Jose Raul Moran Tejada, Chief, Maternal-Child Health and Family Planning Division

III. PLANNING FOR THE IMPLEMENTATION OF A COMMUNITY-BASED DISTRIBUTION PROGRAM OF CONTRACEPTIVES

A. Background

In March 1980, FPED/CDC consultants assisted the staff of the Asociacion Demografica Salvadorena (ADS) in the initial planning of a community-based distribution (CBD) program of contraceptives. The program will be implemented in the eastern region of the country which includes 4 of El Salvador's 14 departments (States) and 28% of the population. The details of that consultation are presented in FPED/CDC Foreign Trip Report, El Salvador, dated May 8, 1980.

The project was funded in July 1980, but implementation had been delayed because of the civil unrest in El Salvador. However, in August a director and 4 departmental coordinators were hired to plan and implement the project. During this consultation, forms to monitor the project and instructions to use the forms were reviewed and discussed in detail. The major tasks remaining before the project can be implemented include the selection of distribution points and the recruiting and training of distributors.

B. Brief Description of the Project

Some 548 distribution points are planned for the eastern region of the country. The organization chart for the project is shown in Figure 1. Fifteen active users of temporary methods of contraception is the goal to be met by each distribution point in the first year of the project, for a total of 8,760 active users. In addition, a goal of 3,322 sterilization procedures has been set for the region, for an average of 6 procedures per distribution point. Thus, 12,082 users or 8% of married women aged 15-44 in the eastern region would be served by the program in the first year if objectives are met.

The distribution points will be supervised by 12 health promoters and 12 nurse auxiliaries who will travel in teams of 2. Each team will be assigned a vehicle and will be required to visit from 40 to 66 distribution points per month, or from 2 to 3 per work day. The teams will also promote family planning in their assigned areas and transport men and women who have selected surgical contraception as their method to and from a sterilization clinic.

The promoters and nurse auxiliaries in turn will be supervised by 4 departmental coordinators and by the director of the program. Each of these will also be assigned vehicles. Thus, 17 vehicles will be procured by USAID/El Salvador for the project. The headquarters of the project and the new sterilization clinic will be located in San Miguel.

A regional warehouse for the project will also be established in San Miguel. The departmental coordinators will draw contraceptive supplies from the regional warehouse to resupply the promoters/nurse auxiliaries who in turn will resupply the distribution points during their monthly supervisory visits. The project director will be responsible for requesting supplies from ADS's central warehouse in Santa Tecla and for maintaining adequate levels of supply in the regional warehouse. In order to eliminate the possibility of supply shortages, a series of maximum and minimum stock levels for each item of supply and each level in the distribution system will be established.

Finally, the CBD program will be monitored through 2 mechanisms: a user reporting system and a logistics reporting system. Although data on users and supplies will be forwarded to the next higher level on a monthly basis, reports will be prepared on a quarterly basis.

C. Observations

During this consultation mechanisms for the management and periodic evaluation of the CBD program were reviewed and discussed with ADS personnel responsible for the implementation of the program. The discussions were helpful in clarifying how the program will be implemented and managed, and in simplifying and streamlining the user and logistics reporting systems. In addition most of the outstanding issues presented in our May 8, 1980, trip report were discussed:

1. Criteria for Selecting Distributors, Promoters, and State Coordinators

The state coordinators have already been selected. However, criteria for selecting distributors have not been finalized. The major decision to be made on distributors is whether literacy will be a requirement. Given the nature of the reporting systems and the additional time that would be required to prepare materials and train illiterate distributors (one-day training courses are planned), we recommend that initially, only literate distributors be recruited for the program. We further recommend that ADS personnel use as a guide the article appearing in the September/October 1980 issue of Studies in Family Planning entitled "Characteristics of

Successful Distributors in the Community-Based Distribution of Contraceptives in Guatemala", in establishing criteria for selecting distributors.

2. Job Descriptions for All Personnel That Will Be Involved in the CBD Program

Job descriptions have not been written.

3. Scope, Content, Duration, and Frequency of Training; the Size of Each Training Course

Because a decision on whether to recruit illiterate distributors has not been made, these questions, for the most part, remain unanswered.

4. The Number and Size of Intermediate Warehouses

One warehouse will be established in San Miguel to serve the region. The warehouse should be large enough to store at least 52,800 cycles of oral contraceptives (88 boxes of 600 cycles each) and 150,000 condoms (25 boxes of 6,000 condoms each).

5. Criteria for Supervising the Program

Not discussed.

6. Criteria to be Used in Evaluating Program Performance on a Periodic Basis

Each distribution point is to serve 15 active users of temporary methods and to refer 6 men/women for sterilization during the first year of the program.

7. Cost of Contraceptives

Cost of contraceptives to users is tentatively set at:

<u>Method</u>	<u>Cost (\$US)</u>
Orals	0.20 per cycle
Condoms	0.04 per unit
Foam, Cream	1.20 per unit
Vaginal Tablets	1.60 per tube

As these prices indicate, the cost per month of protection is different for each method. We recommend that the cost per month of protection be the same for all methods using orals as the standard. Contraceptives will be dispensed free of charge to users that are unable to pay.

8. Frequency of Supervisory Visits to Distributors

Initially, the distribution points will be supervised monthly. Later, after the program matures, quarterly supervisory visits will be made, with more frequent visits to distributors experiencing problems.

9. Criteria for Selecting Distribution Sites and Number of Sites Per Locality

The goal of the project is to establish distribution points in rural areas where accessibility to contraception is limited or non-existent. However, in selecting distribution points, accessibility by road will be important as well as population size. Initially, localities with at least 2,000 population will be selected. At least 1 distribution point will be established in these localities. Additional points will be established if demand warrants it.

10. The Use of Monetary and Non-Monetary Incentives

Fifty percent of revenue collected from the sale of contraceptives will remain with the distributors. Promoters, nurse auxiliaries, and departmental coordinators will be salaried. The use of non-monetary incentives was not discussed.

11. Policy on Quantities of Contraceptives to be Sold to Users

There will be no limit on quantities sold to users. However, quantities donated to users that cannot pay may be limited.

12. Policy on Promotional Activities in the Localities Where Distributors Live

"Charlas" (small group talks) will be the main vehicle to promote family planning in and around the communities served by each distributor. These charlas will be given by the promoters and nurse auxiliaries. The latter will also promote sterilization in these communities.

13. Policy on Follow-up of Terminated Users

ADS tentatively plans to follow up terminated users using the promoters/nurse auxiliaries for this purpose. Initially, this may be possible; however, time may become a constraint in carrying out this task as the program expands to 584 distribution points. We recommend that the characteristics of terminated users in the early months of the program be monitored to determine the cost-effectiveness of follow-up. A study made by FPED/CDC consultants in Honduras demonstrated

that terminated users in that country's CBD program left the program to have additional children or had changed residence. Follow-up of the terminated users may not have been useful. (See CDC/RSSA Honduras Trip Report dated April 12, 1979).

Implementation of the program, i.e., selecting and supervising distribution points, may proceed at a slower pace than originally planned since the 17 vehicles requested for the program have yet to be procured. USAID/El Salvador was preparing the necessary paperwork to procure the vehicles at the time of this consultation. Until the vehicles are procured and turned over to ADS, CBD program personnel will use public transportation to implement and supervise the program.

The full implementation of the CBD program may also be influenced by the political situation in El Salvador. However, ADS officials feel that with the possible exception of one department, Morazan, they will experience minimal problems in implementing the program.

Finally, the executive director of ADS requested continued technical assistance from FPED/CDC on implementation of the program in the eastern region of the country as well as in extending the program nationwide beginning in 1981. Presently, a project proposal is being prepared for submission to AID/W requesting \$1.4 million for a 3-year period. However, funding of this proposal should be contingent on program performance in the eastern region of the country, the political situation, and the availability of Mission personnel to monitor the grant. FPED/CDC consultants are scheduled to return to El Salvador in January or February 1981 to provide follow-up technical assistance to the CBD program.

IV. LOGISTICS

Prior to going to El Salvador, AID/DS/POP/FPSD requested that we assist USAID/El Salvador in determining the quantities of oral contraceptives to be shipped to El Salvador during the contract shipping period of July 1981 - June 1982. According to the FY 1982 Contraceptive Procurement Tables for El Salvador, 433,000 cycles are scheduled for shipment during this period, but the Mission has the option to increase or decrease that amount based on: current in-country stock levels, quantities that will be received during the contract shipping period of July 1980 - June 1981 (544,000 cycles are scheduled for shipment), and estimated usage rates.

During our investigation, we checked stock levels of both oral contraceptives and condoms in the central warehouses of ADS and the Ministry of Health (MOH) as well as current stock levels of these contraceptives which are earmarked for the commercial retail sales

(CRS) program. After our departure, the Mission obtained from the MOH Division of Maternal-Child Health and Family Planning data on the quantities of oral contraceptives and condoms in the MOH's 5 regional warehouses. These data are presented in Tables 1 and 2.

If the ADS has in operation 584 distribution points in the eastern region of the country before July 1981, at least 105,120 cycles of oral contraceptives (584 distribution points x 180 cycles) and 292,000 condoms (584 x 500 condoms) will be needed to initially supply these points. An additional 52,560 cycles and 146,000 condoms should be placed in the eastern regional warehouse in San Miguel. Assuming that each distribution point dispenses on the average 11 cycles and 40 condoms each month, 83,512 cycles (584 x 11 x 13) plus 280,320 condoms (584 x 50 x 12) will be needed to meet user demand during the first year of the program. Thus, 241,192 cycles and 718,320 condoms will be required to fill the pipeline of the CBD program and to meet user demand during the first year of the program. Currently, the ADS has 551,533 cycles of Noriday 1+50 and 858,300 condoms on hand in its central warehouse, or a 2.3 years' supply of orals and 1.2 years' supply of condoms for the CBD program. It should be noted that the ADS also dispenses contraceptives through 3 clinics and a rural cooperative program.

The MOH estimates that it will need 1.1 million cycles of Norinyl/Noriday 1+50, 0.5 million cycles of Norinyl 1+80, and 5.5 million condoms in 1981. (Since AID no longer procures Norinyl 1+80, the 0.5 million cycles will be added to their estimate of Noriday for the purpose of this analysis). These figures appear excessive since they represent enough supply to meet the contraceptive needs of 84,615 and 55,000 active users of orals and condoms, respectively, for a year. Results of the Contraceptive Prevalence Survey (FESAL 78) conducted in 1978 with the technical assistance of FPED/CDC estimated that the MOH was serving approximately 30,000 and 60 active users of orals and condoms, respectively, during the last quarter of 1978. In August 1980 the MOH implemented a condom distribution program in its own offices and health facilities. The program is designed to serve both the employees of the MOH and patients. According to the director of the MCH/Family Planning Program, approximately 58,000 condoms were dispensed from 200 different wall dispensers during the first 2 months of the program, and that the program may be extended to other ministries of the government. Based on these figures the program currently has the potential to dispense 348,000 condoms annually through MOH facilities.

Taking into account the number of users of oral contraceptives estimated in FESAL 78 to be active in the ministry program and the current usage rate of condoms, the MOH currently has on hand in its central warehouse approximately 1.9 years' supply of oral contraceptives and 5.6 years' supply of condoms. (Approximately half of the oral contraceptives were manufactured in 1976 and half in 1978,

and 90% of the condoms were manufactured in 1977 with the remainder manufactured in 1975). In addition, 0.3 year's supply of orals (Norinyl 1+50 only) and 1.9 years' supply of condoms are on hand in the MOH's regional warehouses. The age of these contraceptives were not reported by the MOH, although these data were requested. In total, the MOH currently has on hand approximately 2.2 and 7.5 years' supply of oral contraceptives (Norinyl/Noriday) and condoms, respectively, in its warehouses.

Thus, between the ADS and the MOH there is approximately 4.5 years' supply of AID-procured oral contraceptives and 8.7 years' supply of condoms currently in the country. An additional 977,300 cycles of Noriday 1+50 are on hand in the CRS warehouse waiting to be repackaged under the product name of "Condor." The receipt of 544,000 cycles of orals which are scheduled to arrive in El Salvador before June 1981 represent an additional 1.4 years' supply for the MOH or a 6.5 years' supply for the CBD program after the pipeline is filled.

Given these estimates we cannot recommend that the 433,000 cycles scheduled for shipment during the contract shipping period of July 1981 - June 1982 be shipped. Further, unless condom distribution figures indicate otherwise, no condoms should be scheduled for shipment to El Salvador before 1983. These recommendations are predicated on the following considerations:

1. The full implementation of the CBD program in the eastern region of the country may be slowed by the political situation in El Salvador. In addition, even if the political climate in the country was favorable for program implementation, several months would be required to establish all 584 distribution points planned for the region. Thus, the estimated contraceptive requirements to meet user demand during the first full year of the program probably err on the high side.
2. That the goal set by ADS of 15 active users of temporary methods of contraception per distribution point in the first year of the program is accurate. In Honduras' CBD program 41 active users are served per distribution point, but this is after 4 years of operation. Surgical contraception, which is the most popular method in El Salvador, will be promoted heavily by the CBD program, and men and women selecting sterilization as their method will be transported to and from a sterilization clinic. If the distribution points served on the average of 30 users of temporary methods and 75% (23) were users of oral contraceptives, 174,616 cycles would be required to meet user demand during the first full year of the program. In this case, the 544,000 cycles scheduled to be received in El Salvador before June 1981 would represent a 3.1 years' supply rather than the 6.5 years' supply calculated for 15 active users (11 orals, 4 condoms) initially planned per distribution point.

3. That the number of active users of oral contraceptives in the MOH family planning program in 1981 will be similar to the number estimated in FESAL 78. The rationale behind the MOH's request for 1.1 million cycles of Noriday is unknown. Given the implementation of ADS's CBD program in the eastern region of the country and the MOH's expanding sterilization program, it would be plausible to assume that the number of MOH active users of oral contraceptives in 1981 may be less than the number estimated in 1978.
4. Interagency coordination and cooperation will occur between the ADS and the MOH to insure that neither's stock levels of orals and condoms reach dangerously low levels.
5. By not ordering additional quantities of orals for shipment during the contract shipping period of July 1981 - June 1982, older stocks in the country will be drawn down before additional new stocks are ordered. However, in preparing the FY 1983 Contraceptive Procurement Tables, the Mission should request adequate quantities of contraceptive supplies so that the MOH and ADS have at least 1 year's supply of orals and condoms on hand at the end of CY 1982.

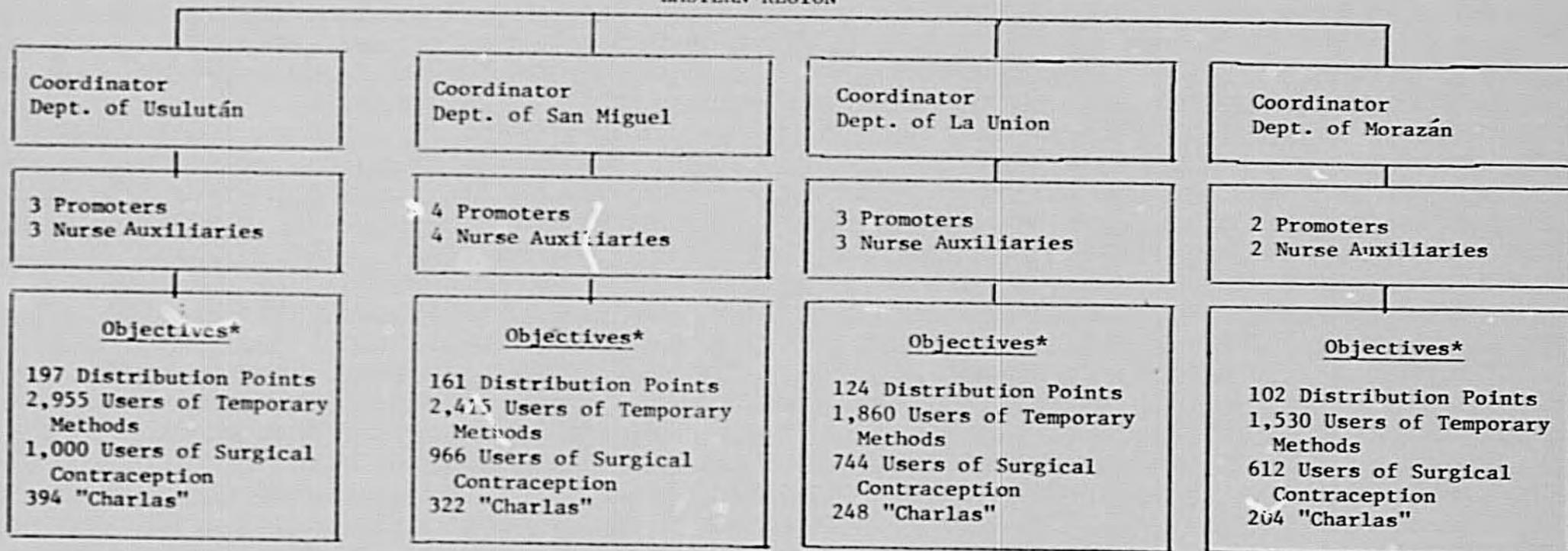
Contraceptive requirements will of course change if the CBD program is expanded nationwide in 1981. An additional 1,395 distribution points will be established when the program is expanded for a total of 1,979 points in the country. In order to initially supply the additional 1,395 points and fill the pipeline, 376,650 cycles of oral contraceptives and 1,046,750 condoms will be required. If the decision is made to expand the program in 1981, then the 433,000 cycles discussed above should be scheduled for shipment during the contract shipping period of July 1981 - June 1982. Obviously, the decision to expand the program nationwide needs to be made as soon as possible. However, we repeat our recommendation that the decision to expand the program in 1981 should be contingent on program performance in the eastern region of the country.

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Richard S. Monteith, M.P.H. *led*

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FIGURE 1

ORGANIZATIONAL CHART
 COMMUNITY-BASED DISTRIBUTION PROGRAM OF CONTRACEPTIVES
 EASTERN REGION



*For the first year of the program.

TABLE 1

Oral Contraceptives and Condoms on Hand in the ADS,
MOH and CRS Central Warehouses
October 9, 1980

<u>Oral Contraceptives (Cycles)</u>	<u>ADS</u>	<u>MOH</u>	<u>CRS</u>
Norinyl 1+50	845		
Ovral	5,489		
Microginon	2,602		
Euginon	17,382		
Noriday 1+50	551,533	727,934	977,300
Noriday 1+50 (Repackaged as "Perla")			138,624
 <u>Condoms (Units)</u>			
Tahiti	858,300	1,965,600	
Tahiti (for use in vending machine)	44,208		
Tahiti (Repackaged as "Condor")			656,325

TABLE 2

Oral Contraceptives and Condoms on Hand in
the MOH's 5 Regional Warehouses
October 21, 1980

<u>Oral Contraceptives (Cycles)</u>	<u>Total</u>	<u>Health Region</u>				
		<u>Eastern</u>	<u>Central</u>	<u>Western</u>	<u>Metropolitan</u>	<u>Para- central</u>
Norinyl 1+50	122,093	0	8,400	12,870	66,420	34,403
Ovral	27,415	0	1,700	0	8,215	17,500
Neogynon	500	500	0	0	0	0
 <u>Condoms (Units)</u>						
Tahiti	648,576	64,224	129,600	0	155,232	299,520