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FAMILY PLANNING OPERATIONS RESEARCH  
( HOUSEHOLD DISTRIBUTION PROJECT )

Advance Report  
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The Population Council

## I. INTRODUCTION

In July 1980 the first phase of the Boyacá and Meta 1/ project for the household distribution of oral contraceptives and antiparasitics was concluded (by the rural health promoters who had been trained specially for this project). This phase of the program, which was initiated in October, 1978, was primarily oriented toward designing evaluation and supervisory mechanisms, training of personnel, proving the basic hypothesis, and studying the feasibility of developing a program of this type on a larger scale. The principal objectives met during this period can be summarized as follows:

1. Designing evaluation and supervision mechanisms
2. Training 125 rural health promoters in the basic methodology of the program. Authorizing 50 promoters to distribute contraceptives and antiparasitics.
3. Implementing supervision, evaluation and continued education models for the promoters. The promoters were at first supervised by graduate nurses.
4. Expanding the program to the Department of Meta in January 1980. Twenty-three rural health promoters were trained in this Department.

Before beginning work in any given place, the promoters took a census of inhabitants of the area and collected specific information for women 15 to 49 and children 1 to 4. This census is taken annually and is the basis for the program activity evaluation.

According to the results of the initial census in Boyacá, in the region where the project was developed, 10,578 women were in their fertile years, of which 198 were using the oral contraceptive and 1,285 other methods including breastfeeding, with-

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1/ The service began in Boyacá in May 1979 in 24 Municipalities in the Health Regions of Tunja, Sogamoso, Duitama and Moniquirá. In Meta the service began in February 1980 with the Villavicencio, Castilla and Restrepo MAC (Módulos de Ampliación en Cobertura) (Modules for Wider Coverage).

drawal and rhythm. Use prevalence before the project was initiated was 14.2% of the fertile women. Under the initial design, only half the promoters of the project were authorized to distribute contraceptive pills. According to the census taken in the region where the promoters were authorized to distribute orals, there resided 5,177 women in fertile age, of which 79 used pills and 412 other methods. In other words, the contraceptive use prevalence was 9.5%. Between May, 1979 when the distribution of methods was begun and July, 1980, the promoters authorized to distribute orals recruited 404 new acceptors of oral contraceptives. This means, that in fifteen months of work 45 promoters increased by five times the number of pill users in the rural zones where they had been authorized to distribute oral contraceptives. This number does not fully reflect the effort made because the evaluation was oriented to measure, on a monthly basis, only the results in gaining new pill users, and the progress in other methods can only be known through annual transversal cuts. On the other hand, at first the promoters only had Noriday (Norinil) and in many cases the promoters had to turn down potential pill users because they asked for brands that they were not distributing. Starting with the second semester of 1980 the promoters began to distribute other brands of oral contraceptives.

In the Department of Meta there were, at the time of the Census, 1,874 women in fertile age, residing in the work area of the 23 trained promoters of the program. Of this total, 110 women, or 5.9% used oral contraceptives and 455 or 24.2% used other methods. The distribution of oral contraceptives was begun in Meta in February, 1980 and from this time until July of the same year the promoters initiated 209 new pill users and 45 new neo-sampoon users of contraception. The prevalence of use of oral contraceptives, due to the efforts of the program, increased in a period of six months from 110 users to 309 which means an increase of almost three times over the initial level.

As was to be expected, the distribution of antiparasitics advances rapidly and without problems and the promoters achieved a coverage in the two Departments for children 1 to 4 that came close to 100%. There was no adverse reaction to the drug, and the community received this component of the program with great enthusiasm.

## II. SECOND PHASE

According to the goals of the initial program, six months before ending the first phase, an evaluation of the program results was undertaken, to determine the benefits and problems of continuing with the second phase. This evaluation took place during the first semester of 1980, and the results were positive. Both the Sectional Health Service which participated in the program, and the Ministry of Health considered that the results of the investigation were highly satisfactory and that it was necessary to continue with the program.

Based on the discussions held, the new program was prepared and was to be launched during August 1980 and to continue until October 1981. This second part of the program is oriented toward expanding the services, training a greater number of promoters, and designing of Teaching Modules to expand the program to other regions. Information will continue to be collected, but the investigative aspect will no longer occupy first priority.

The following are the most outstanding aspects accomplished by the program during the second phase:

### 1. Personnel Training

According to the program which has been approved, it was decided that for this second phase of the project, the number of trained promoters would be increased. Thus, for example, in Boyacá, instead of the 100 promoters who began with the program there will be 300. In Meta another group of 25 promoters will be trained and services will be

offered in yet another Department.

In Meta a course was given for 23 promoters and three supervisors from November 20 to 27. With this personnel the number of trained promoters in Meta was doubled, and the program coverage was expanded to the Modules for Wider Coverage of the Macarena, Cabuyaro and Puerto López.

Also in Meta during the month of December, the Sectional Service in collaboration with the Ministry of Health, and the Colombian Association of Medical Faculties, brought together all the physicians and nurses who work in the area of the project for a three day seminar, for an updating in the Maternal-Infant programs. In this seminar a complete explanation of the Household Distribution Program was given, and emphasis was made on the doctor's and nurse's obligation to collaborate with the program and to support the rural promoter.

In Boyacá there are plans to train 200 promoters. This would permit all the rural promoters who work in the Department to have the training necessary to implement the program methodology. The six training courses in this Department will be held during January and February 1981.

It must be noted that the Nurse's Aid Schools in Boyacá and Meta are training all the new promoters in the methodology of the program. This will enable the Sectional Health Service to absorb this work.

Different from the first 100 promoters who entered the program, of which only fifty were authorized to distribute medicines, all the promoters who are entering the program at present are authorized to

start users on family planning, as well as to begin the treatment with antiparasitics.

When this phase of the training ends, the program will have helped to train at least 350 rural health promoters, approximately 10% of the total number of promoters who work in the country. These 350 promoters are the only ones who are authorized to initiate the use of oral contraceptives at home. Depending on the yield and on the results of this program, it will be possible to adopt this methodology at a national level in the future.

## 2. Coordination with Other Programs

- 2.1 Nutrition and Food Program.- The National Planning Department (DNP) has been, for the past several years, implementing the National Food and Nutrition Plan (PAN). This plan is oriented toward:
- (a) Closing the "food gap" that is to say, the difference which exists between the availability of food and people's food needs, especially for the most vulnerable population.
  - (b) Improving the health status and the environmental conditions in rural towns and marginal urban zones, giving special attention to the youngest age groups.
  - (c) Monitoring continually and systematically the food and nutrition status of the Colombian population by organizing a system of information which will permit the timely identification of those situations which could be a menace to the nutritional wellbeing of the population.
- This plan is fostered by the DNP in coordination with several sectors such as agriculture (production and distribution of food) education, waste disposal and health. A complete vigilance

and evaluation service has also been created.

In what concerns the health Sector, PAN has provided for the widening of the primary health services to 4 million persons, with emphasis on integrated attention to the mother-Infant population.

The directors of the program in Boyacá and Meta have discussed, in detail, with the directors of PAN, all aspects of the investigation taking place in these two Department. PAN has found the methodology developed by the program very interesting with regards to nutritional monitoring of children, and has adopted part of this methodology. On the other hand PAN is participating in the training of the new promoters fostered by the program, and is going to contribute the necessary implements for nutritional activities.

This association with PAN must be underlined as a collaboration of great importance for both projects because on the one hand it has permitted PAN to have some well trained and well supervised promoters with which to experiment with certain working hypotheses, and exercise nutritional vigilance. On the other hand, it assures the program that the nutritional aspect developed will be absorbed by the Government and expanded to a National level.

2.2 Javeriana University.- The School of Nutrition of the Javeriana University has shown great interest in the implementation of the program; and at present, the last-year-students do three months practice in rural zones in Meta. During this time they work directly with the promoters whom they train in the method of teaching nutritional education. And the students in turn

benefit from the excellent organization in the field and from the possibility of making direct contact with wide sectors of rural zone inhabitants.

### 3. Participation in Seminars

In August 1980 the First American Conference of Integrated Programs (CAPRI I) took place, under the auspices of PROFAMILIA and supported by IPPF and the Japanese Organization for Family Planning. At the conference the results obtained in three Latin American and eight Asiatic countries in the implementation of integrated programs for the distribution of contraceptive and antiparasitics was analyzed.

The Boyacá community distribution programme, was one of the programs invited to make a presentation. The program which is being developed in Colombia has different characteristics from others. Especially outstanding is the participation of the Ministry of Health and the possibility of becoming a true national program, which would guarantee its continuity with internal financing. On the other hand, the evaluation aspects of the program in Colombia are more developed than in the other programs, and family planning, nutrition and parasite control at the community level are being handled by one single person, the rural health promoter.

The program methodology was also presented in Panama at a meeting organized by the Ministry of Health and the Research Triangle Institute, with the financial assistance of AID, intended to develop a project for monitoring and controlling food and nutrition activities. The Panama Ministry of Health showed interest in the evaluation methodology for nutritional monitoring developed by the program.

### 4. Evaluation of the Services

4.1 Family Planning.- As we noted previously, during the first phases in Boyacá, the promoters recruited 404

new users of oral contraceptives during fifteen months of service. In August, 22 new users were signed up, in September 31, in October 35, in November 47 and in December 14, which raises the total new users recruited by the program to 522 at the end of twenty months. This represents an average of 27 new users per month and 12 users for each active promoter in mid 1980.

Regarding Meta, during the first six months, the 23 promoters in this Department managed to register 209 new users of oral contraceptives and 45 of neo-sampoo. During the period August-September in Meta 34 new oral contraceptive users were registered and 59 of neo-sampoo; during the October-November 41 oral and 10 neo-sampoo new accepters were recorded and during the last two months, December-January 1981, 41 new pill accepters were registered and 7 for neo-sampoo. At the end of the first year of activity the promoters had brought 446 new users into the program, or in other words 37 new users per month and 19 new users per promoter.

The previous numbers do not reflect completely the change in contraceptive use prevalence of all methods in the project zones, because the evaluation mechanisms do not permit knowing the increases in methods other than the ones distributed by the program. In February 1981, a new census of women 15 to 49 will take place in both Departments which will allow documentation of the change in usage during the last year.

It must be noted that after 20 months of continuous service there have been no adverse reactions to the program, neither regarding possible negative health side effects, nor reactions of a religious or political

nature. This point is of great importance, as it is one which will be of fundamental help in supporting the decision to adopt the program and expand it to a national level.

- 4.2 Antiparasitic Service.- The antihelminthic distribution has continued with great success and during each round of distribution coverages superior to 90% are reached among the children and in age groups 1 to 4. The families receive the medication with great enthusiasm and this makes the work of the promoter easier. At this time antiparasitic medication distribution has been increased to three rounds per year instead of the initial two, due to the effect of the accelerated re-infection rate.

According to the first phase evaluations, it is not possible to support the hypothesis that the distribution of antiparasitic medication contributes significantly to the increase in contraceptive use. When the data of the next census is available, this fundamental aspect of the study design will again be analyzed.

## 5. Administrative Aspects

Significant project personnel variations were incorporated into the second phase project design. The Principal Investigator, as of January 1981 dedicates half-time to the project. His functions during the remaining months of the program will be to (1) train personnel for the Sectional Health Services (2) take over the evaluation aspects of the program (3) prepare the training guidelines and (4) participate in writing the final project report.

On the same date, the salaries of the nurse supervisors began being covered by the Sectional Health Service and not the project.

The remaining personnel continued without modification.

6. Future Activity

The following goals are set for the next six months:

- (a) To complete the training of the 250 rural health promoters and to stock them with contraceptives.
- (b) To carry out the household census and to count the number of women between the ages of 15 and 49 and children from 1 to 4.
- (c) To begin the implementation phase concerning the agreements reached with PAN.
- (d) To evaluate the census results and compare the results obtained with those of previous years and to prepare a final report.

III. DISCUSSIONS AND CONCLUSIONS

In the Department of Boyacá, a region of Colombia inhabited largely by "mestizo" peasants, mostly dedicated to the exploitation of minifundias for self-subsistence and where the family is dominated by the male in all important aspects and where conservative forces and tradition are still deep-rooted, a program of contraceptive and antiparasitic medication distribution through rural health promoters trained specifically for this work was established at the beginning of 1979.

In Boyacá, as in the rest of Colombia, there has been a decline in fertility, but this could be due mostly to the great migration of adults who take advantage of the proximity of Bogotá to move to it permanently or during the week, rather than to the use of contraceptives. The Ministry of Health and PROFAMILIA contraceptive distribution programs have never been received with great enthusiasm in this region of the country. This is why, before initiating the project, the prevalence in the use of contraceptive methods in the rural zones selected to initiate the distribution only came to 8% of the women in fertile age using effective methods and 9.7% if folklore methods are included. The

percentage of WFA using oral contraceptives, intra-uterine devices and sterilization was only 6.4%. During the first eight months of the program the promoters authorized to initiate women in the use of oral contraceptives, about 45 on the average, managed to enroll 271 new users, and use prevalence of the three most efficient methods in the experimental area increased to 10.5% of the WFA, which means an increase of 64% in only eight months.

The previous numbers may not represent a great growth if compared with programs carried out in other countries or even in other regions of Colombia, but they do represent a great advance if they are evaluated from the point of view of the program in relation to the region where the program was developed, and to the personnel used: the rural health promoter.

In Colombia health programs were begun with rural promoters in the decade of the sixties. In 1969 this work methodology was adopted and 860 promoters were trained. Between 1970 and 1975 an additional 5,835 promoters were trained. These first promoters were chosen by the community according to norms established by the Ministry of Health. They had to be women between 18 and 40 years of age, with 4 to 7 years of schooling, in good health and preferably single. The promoter had to take a training course lasting several weeks outside the community and be willing to dedicate three hours a day to voluntary work.

The work of the promoter was oriented toward: (a) promoting health (b) remitting patients (c) environmental interventions and (d) waste disposal interventions. The promoter could inform about family planning and the use of contraceptive methods, but could not do anything that would tend to start the use of methods and she did not have supplies. On the other hand, the subject was tabu in many communities and represented a great risk to the promoter as she might come into conflict with certain members of the community. For this reason and given the great volume of work, the great majority of promoters decided to refrain from implementing this part of the health program's activity.

In 1978 the function of the promoter changed radically, she became a part of the health sector, receiving pay and with the obligation to work eight hours a day. The program was begun under these circumstances and it became necessary to convince the Ministry personnel in the Health Service Section and even the promoter herself to accept the fact that she could handle certain medications and start some women on oral contraceptive use. The health authorities wanted to experiment cautiously with a small group of promoters which they followed up very closely. It was established that there should be a graduate nurse for every 25 promoters and medical supervision was also reinforced. At first the promoter herself had doubts as to her training in this area, and as to the advisability of seeing herself involved in this service which could result in health problems for the women of her community and political problems with the inhabitants of her township. Many meetings and field visits were necessary to overcome the resistance put up by some promoters, and finally it became necessary to do without the services of some of them.

As the project developed and no health problems arose in the community, the health authorities became more willing to expand to other places and the promoters felt more at ease in their family planning work, thus increasing their yield.

The Sectional Service in Meta showed interest in approving the methodology of the program during the second semester of 1979. Executive service personnel went to the meetings of the project's Technical-Advisory Committee and had the opportunity to become acquainted fully with all technical, operative and implementation aspects before adopting it. For this reason the evolution of the project in Meta has been faster and the results more favorable.

Even though the prevalence in the use of contraceptives in Meta was higher than in Boyacá at the beginning of the project, the 23 promoters from this region have had a higher yield than that observed in Boyacá.

The graph on page 16 shows the monthly accumulation of contraceptive accepters achieved by the promoters of the two Department. Observing the development of the two curves one can see that in Meta with half the promoters existing in Boyacá, during the first six months of the program, the same number of new users were signed up, and that as of the sixth month the number of new accepters in Meta is superior to the tendency one can observe in Boyacá. One can also see that the 23 promoters in Meta achieved an accumulated volume of new accepters in twelve months equal to what Boyacá achieved in seventeen with twice as many promoters.

Generally it can be concluded that as time goes by, the promoter has become more efficient, and that the number of new accepters has increased faster in the Departments that have joined the new program. These have benefited from the experience gained in Boyacá, and specially where the emphasis has been oriented more toward services than toward investigation. It is hoped that the new group of 200 promoters which was added to the Boyacá program will be able to advance more quickly than the first group. At any rate the study performed constitutes the most convincing basis for the Health Ministry to change its policy of over ten years of not permitting the promoters to act in family planning and will make feasible extending the results of the program to the whole country. When the promoters are permitted to work with contraception in less traditional zones, the wide extent of the results of the project will be observed.

The antiparasitic measures of the project were not discussed in this part as there are few doubts as to the results, and the communities have been very supportive. This component of the program has received, from its initiation, excellent backing from all sectors involved in the investigation.

TABLE 1. BOYACA NEW ACCEPTERS BY MONTH PER GROUP - MAY 1979  
DECEMBER 1980

MONTH	B O Y A C A			
	Complementary <sup>1</sup>	Antiparasitic <sup>1</sup>	Total	Accumulated
May/1979	36	24	60	60
June	19	23	42	102
July	29	21	50	152
August	23	16	39	191
September	20	22	42	233
October	8	9	17	250
November	4	11	15	265
December	4	2	6	271
January/1980	6	4	10	284
February	14	7	21	302
March	5	3	8	310
April	13	7	20	330
May	15	10	25	355
June	21	3	24	379
July	18	7	25	404
August	13	9	22	426
September	18	13	31	457
October	14	20	34	491
November	10	37	47	538
December	6	8	14	552

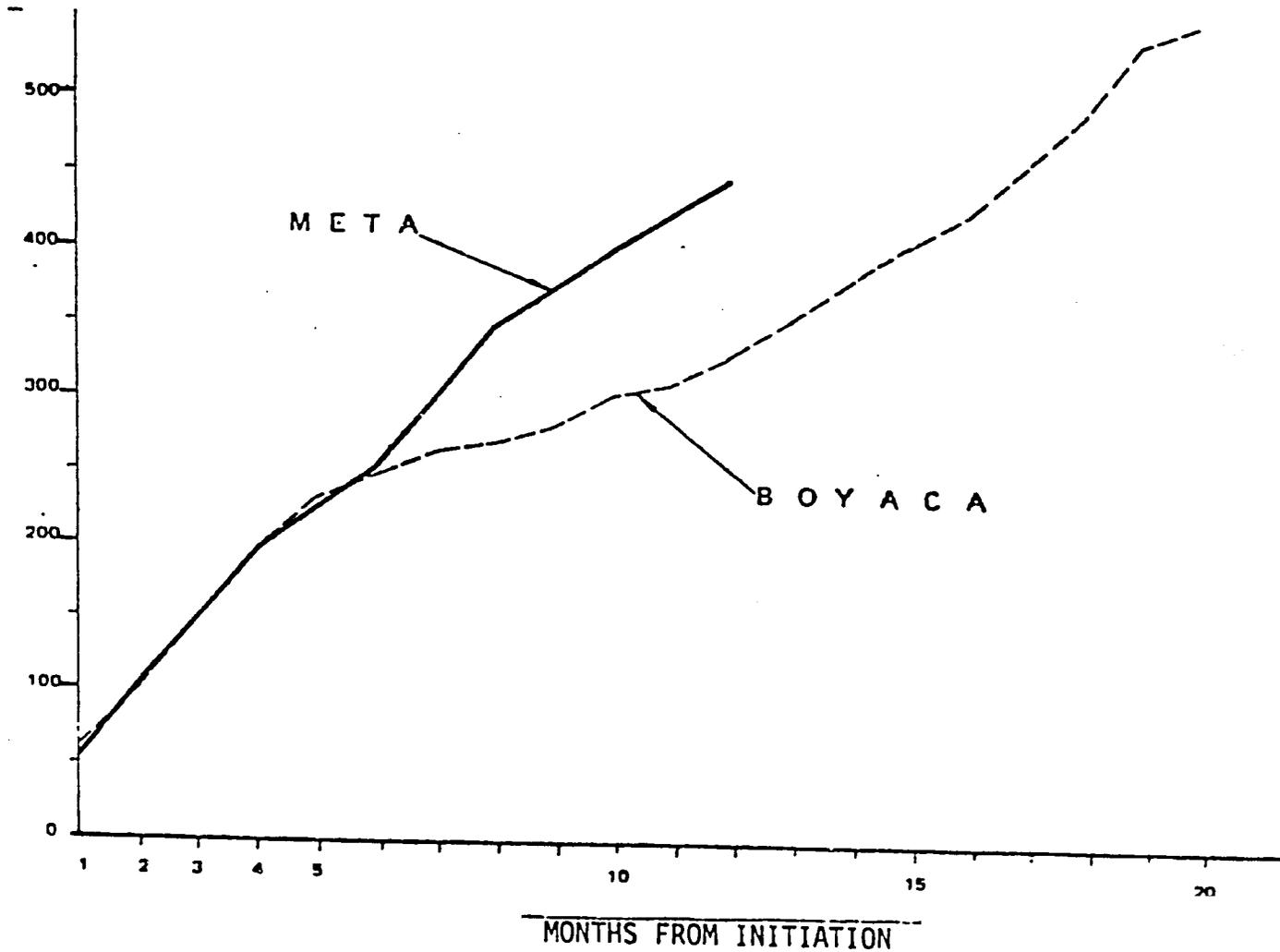
1. The complementary group refers to those who receive the oral contraceptive and the antihelmintic while the antiparasitic received only the antihelmintic.

TABLE 2. NEW ACCEPTERS PER TWO MONTH PERIOD BY METHOD  
FEBRUARY 1980 - JANUARY 1981

M E T A

	Pill	Neo Sampoo	Total	Accumulation
February/March 1980	105	1	106	106
April/May	74	17	91	197
June/July	30	27	57	254
August/September	34	59	93	347
October/November	41	10	51	398
December/January 1981	41	7	48	446

MONTHLY ACCUMULATION OF NEW CONTRACEPTIVE ACCEPTERS SIGNED UP BY PROMOTERS,  
BY MONTHS SINCE THE INITIATION OF THE PROGRAM



SOURCE: TABLES 1 and 2