



130-49347  
**Memorandum**

Date March 19, 1987

From Richard S. Monteith, M.P.H., Program Analyst, Program Evaluation (PEB),  
Division of Reproductive Health (DRH), Center for Health Promotion and  
Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Ecuador, March 6-12, 1987

To James O. Mason, M.D., Dr.P.H.  
Director, CDC  
Through: Assistant Director for Science, CHPE *JM*

**SUMMARY**

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PERSONAL CONTACTS
- III. 1989 CONTRACEPTIVE PROCUREMENT TABLES
- IV. OTHER

**SUMMARY**

Assistance was provided to the four major family planning programs supported by USAID in completing AID's 1989 Contraceptive Procurement Tables (CPTs). Based on the tables, each program will require resupply in 1987 of one or more contraceptive methods. One will require an immediate shipment of 137,000 cycles of Lo-Femenal.

The Mission expressed concern that the CPTs may underestimate the program's actual needs. The Mission should discuss the projections with the various program personnel with whom I worked and compare the projections with the findings of a recent contraceptive prevalence survey before submitting the original or revised tables to AID/Washington.

The Mission will request a followup visit by Steve Kinchen for the implementation of the Contraceptive Commodity Monitoring System (CCMS). In the meantime, the Mission should call upon Srita. Alicia Ruiz, CEPAR, to assist the programs in implementing the CCMS.

**I. PLACES, DATES, AND PURPOSE OF TRAVEL**

Quito, Ecuador, March 6-12, 1987, at the request of USAID/Ecuador, to assist the Mission in completing AID's 1989 Contraceptive Procurement Tables (CPTs). This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and DRE/CHPE/CDC and was made in conjunction to a trip to Paraguay.

**II. PERSONAL CONTACTS**

**A. USAID/Ecuador**

1. Mr. William Goldman, Chief, Health, Population and Nutrition Division (HPN)
2. Sr. Manuel Rizzo, Population Officer, HPN

- B. Centro Medico de Orientacion y Planificacion Familiar (CEMOPLAF)
  - 1. Lic. Rafael Benalcazar, President
  - 2. Sra. Teresa de Vargas, Administrative Director
  - 3. Sra. Nadia Endara, Finance Assistant
  - 4. Sra. Martha de Roman, Chief, Supplies
  
- C. Fuerzas Armadas (FFAA)
  - 1. Dr. Cesar Alvarez, Chief, Maternal-Child Health and Family Planning
  - 2. Dr. Antonio Dominguez, National Coordinator, Family Welfare Program
  - 3. Srita. Cecilia Tapia, Accounting Assistant
  - 4. Sr. Orlando Silva, Statistician
  - 5. Sr. Jose Fonseca Borja, Statistics Assistant
  
- D. Asociacion Pro-Bienestar de la Familiar Ecuatoriana (APROFE)
  - 1. Dr. Pablo Marangoni, Executive Director
  - 2. Ing. Jenny Durate, Director of Finances
  
- E. Instituto Ecuatoriana de Seguridad Social (IESS)
  - 1. Dr. Eduardo Cevallos, Director, Family Planning Program

### III. 1989 CONTRACEPTIVE PROCUREMENT TABLES

Assistance was provided to CEMOPLAF, FFAA, APROFE, and IESS in completing the 1989 Contraceptive Procurement Tables (CPTs) as part of AID's Annual Budget Submission (ABS). With the exception of IESS, all programs had the necessary supply data available to complete the CPTs. The IESS had data available on balances on hand, by method and brand, in their central warehouse, but did not know what quantities had been dispensed to users and/or issued to clinics in 1986. Quantities dispensed to users were estimated from service statistics.

Each program representative anticipated an annual growth in product use of about 10 percent to 15 percent over the next 5 years. Initially, the FFAA anticipated an annual growth of 25 percent, but this was scaled back to 15 percent, given the fixed number of outlets in its program. In terms of availability of product, this should not effect the FFAA program since, with the exception of Delfen foam, the program currently has 2 to 3 years of supply on hand of each contraceptive method in stock.

When the 1990 CPTs are completed next year, adjustments in product use (percentage increase/decrease) can be made for all of the programs, if justified, based on use during 1987. Thus, it is important that CEMOPLAF, FFAA, and APROFE begin using the Contraceptive Commodity Monitoring System (CCMS) which was installed in their programs in June 1986. I recommend that the Mission consider procuring an IBM-XT (or equivalent) for the IESS if this institution demonstrates that it is willing to collect and report the data the CCMS requires. With all four programs reporting uniform data on use, the Mission would be in a position, on a periodic basis, to estimate prevalence of use that was distributed by the programs AID supports.

It should be noted that if the Mission approves the CPTs, each program will require resupply in 1987 for one or more contraceptive method. It should be noted that the IESS will require an immediate shipment of 137,000 cycles of Lo-Femenal. Less urgent is a supply requirement of 83,000 pieces of Sultan colored condoms, which should be sent to the IESS before mid-year.

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After reviewing the CPTs for CEMOPLAF, the Mission expressed concern that the tables I helped complete may underestimate the programs' actual needs. In short, Couple-Years-of-Protection (CYP) that can be estimated from product use shown in the tables is considerably less than the Mission's estimates of active users. (The Mission applies continuation rates to new users reported by the programs to estimate active users over time.) For example, estimates of CYP for CEMOPLAF show that the program will serve approximately 17,000 active users in 1987, whereas the Mission estimates, based on continuation rates, show that the program will serve about 60,000 active users. The difference may be explained in part by the following factors:

1. Only AID-provided contraceptive methods are shown in the CPTs.
2. Continuing users of IUDs and sterilization are not reflected in the CPTs.
3. Contraceptive use was not reported for all program outlets.

I would like to point out that with the exception of the FFAA, the program representatives that I assisted in completing the 1989 CPTs were conservative but realistic in their estimates of product use for the 1987-91 period. Their estimates may be below the Missions expectations, which is currently attempting to bolster the programs' coverage. However, the Mission has the right to modify the CPTs before they submit them to AID/Washington. I would recommend that the Mission discuss the current projections with the program representatives with whom I worked. In addition, the Mission wished to compare the results of a recent contraceptive prevalence survey on source of contraception with the projections before the tables are submitted to AID/Washington. These results were to be available around March 30, 1987.

#### IV. OTHER

Steven Kinchen, DRH/CDC Computer Programmer, was originally proposed to accompany me on this consultation to provide followup assistance to the programs that received training in the CCMS last June. The Mission requested that his travel be postponed to at least the end of April in order to give local organizations an opportunity to receive their computers. The APROFE microcomputer is currently in Ecuadoran customs while the FFAA microcomputer is at CDC awaiting shipment to Quito, once the vendor and USAID/Ecuador resolve their problems regarding payment. CEMOPLAF received an IBM-XT from the Population Council about a month ago. When a formal request with proposed dates for Kinchen's travel to Ecuador is received from the Mission, CDC will make every attempt to schedule the trip at the desired time. In the meantime, Srita. Alicia Ruiz, CEPAR, should be called upon to assist the programs in implementing the CCMS.



Richard S. Monteith, M.P.H.