

United States Agency for  
International Development (AID)  
Quito, Ecuador



PD-AAW-225  
51909  
Agencia de los Estados Unidos para  
el Desarrollo Internacional (AID)  
Quito, Ecuador

Cooperative Agreement  
No. LAC-0518-A-00-1055-00  
Amendment No. 14

Ms. Jill W. Sheffield  
Chairman, Board of Director  
International Planned Parenthood  
Federation/Western Hemisphere Region  
902 Broadway Avenue  
New York, N.Y. 10010

Dear Ms. Sheffield:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (A.I.D.) hereby provides to the International Planned Parenthood Federation/Western Hemisphere Region (hereinafter referred to as "IPPF/WHR" or "Recipient") the additional sum of \$900,000 in continuation of a program on Population and Family Planning (Ecuador), as more fully described in Attachment 1, "Program Description" of the Cooperative Agreement, as amended. This increment will be effective on the date of this letter.

The total estimated cost of this Agreement is \$10,469,400 of which, with this Amendment, a total of \$4,650,000 has been obligated to date. A.I.D. shall not be liable for reimbursing the Recipient for any costs in excess of \$4,650,000. Subject to the availability of funds and program priorities, additional funds may be provided at a later date.

The Cooperative Agreement is amended as follows:

1. Cover page:
  - a. Delete Amount Obligated "\$3,750,000" and substitute in lieu thereof "\$4,650,000".
  - b. Delete Total Estimated Cost "\$3,750,000" and substitute in lieu thereof "\$10,469,400".
  - c. Delete Expiration Date "December 31, 1987" and substitute in lieu thereof "September 28, 1991".
2. Attachment 1, Section B. Detailed Program Description

This section is hereby amended by adding the text contained in Annex 1 of this Amendment.

3. Attachment 1, Section E. Special Conditions for Implementation

Change Section name to, "Substantial Involvement Understandings" and add the following to paragraph E:

"2. During the 1987-1991 period, the following conditions will also apply:

- a. Prior to any disbursements, or the issuance of any commitment documents to finance activities under the Private Health Practitioners Program, IPPF/WHP shall, except as A.I.D. may otherwise agrees in writing, furnish in form and substance satisfactory to A.I.D., agreements with any organization or organizations selected to carry out the private health practitioners program, setting forth the terms and conditions of participation in the Project, and the administrative relationship of these organizations with IPPF/WHP.
- b. IPPF/WHP shall covenant that unless A.I.D. otherwise A.I.D. agrees in writing, it will submit to A.I.D. in form and substance satisfactory to A.I.D., annual work plans for the balance of calendar year 1987 and for each subsequent calendar year, prepared by APROFE, CEMOPLAF and CEPAR, and the organizations selected to carry out the private health practitioners program. These work plans shall include the number and kinds of activities planned by quarter, output targets, and a budget for each institution and program."

4. Attachment 1, Section G. Budget

The budget in Section G of Attachment I is hereby deleted and substituted by the Budget contained in Annex 2 of this Amendment.

5. Attachment 1, Section J. Fund citation:

Add the following to Section J:

"PIO/T 518-0026-3-70043, Amendment No.1  
APP: 72-1171021  
BPC: LDPA-87-25518-KG13 (744-50-518-00-69-71)  
Amount Obligated: \$900,000."

Except as hereby amended all other terms and conditions of the original Cooperative Agreement, as amended, continue in effect and remain unchanged.

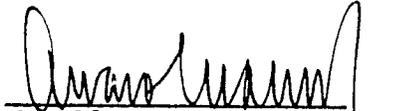
Please sign the original and seven (7) copies of this letter to acknowledge your acceptance of Amendment No. 14, and return the original and six (6) copies to our office.

Sincerely yours,

  
Robert K. Clark  
Acting Director

Accepted by:

INTERNATIONAL PLANNED PARENTHOOD FEDERATION  
WESTERN HEMISPHERE REGION - WHR

  
Mr. Alvaro Monroy  
IPPF Project Coordinator  
for Ecuador

Date 7/31/87

Fiscal Data:

Project No.: 518-0026  
Coop. Agreem. No.: LAC-0518-A-00-1055-00  
Amount obligated this action: \$900,000

ANNEX No. 1

Section B. Detailed Program Description

WHR/IPPF will continue to provide support to the APROFE, CEMOPLAF and CEPAR programs, in accordance with the general objectives described in this Section B, during the period beginning with the effective date of Amendment No. 14 through September 28, 1991. Specific objectives for each program during this period are as follows:

a. APROFE

- Maintain, improve and increase family planning services in 12 existing clinics: Guayaquil, Quito, Cuenca, Machala, Babahoyo, Portoviejo, Loja, Milagro, Ambato, Chone, La Libertad and Daule, and organize two new clinics in Manta and Guayaquil.
- Continue operating the clinical laboratory in connection with APROFE's family planning services.
- Provide 2,300 person/days of in-country family planning training to 115 doctors, nurse/midwives, auxiliary nurses and administrative personnel.
- Produce and broadcast 457,600 radio spots and mini soap operas designed to increase public awareness of the advantages of family planning and of the types of family planning services available and where they can be obtained.
- Conduct research to determine the effect of price changes on contraceptive demand in APROFE clinics.
- Increase the CYP of the APROFE clinics from 52,941 in 1986 to 78,123 in 1991.
- Provide services to 186,600 new users and maintain and/or improve its clinic cumulative continuation rate (a study will be made to determine appropriate rates of continuation).
- Increase the number of CBD distributors from 530 in 1986 to 790 in 1991 and CYP provided by them from 7,249 in 1986 to 15,800 in 1991 (Cooperative Agreement funds will be used to complement support provided by Pathfinder.)
- Increase earnings from the sale of contraceptives and services from US\$37,230 in 1986 to US\$60,000 in 1991.

- Assistance will be provided to APROFE in the administrative/management field to reinforce its capacity to attain an increased financial independence.

b. CEMOPLAF

- Maintain, improve and increase the family planning services capabilities of 9 existing family planning clinics serving urban areas located at El Guasmo, Esmeraldas, Quinindé, Ibarra, Riobamba, Tulcán, Quito No. 14, Guaranda, Latacunga and three serving rural areas: Cajambamba, Otavalo and Pujilí.
- Provide materials, salaries and supervision and supporting services for a family planning clinic operated by the Association of Nurse/Midwives.
- Continue operating the three income generating laboratories in connection with family planning centers and open three new ones with project funding.
- Provide 2,100 person/days of in-country family planning training to 105 doctors, nurse/midwives, auxiliary nurses, social workers and administrative personnel.
- Produce and broadcast 150,000 radio spots designed to increase public awareness of the advantages to the family of family planning and the types of family planning services available and where they can be obtained.
- Increase the CYP of the CEMOPLAF clinics from 15,761 in 1986 to 44,529 in 1991.
- Provide services to 113,100 new users and increase its clinic cumulative continuation rate. A determination of an acceptable rate will be made after the corresponding study.
- Increase the number of CEMOPLAF affiliated CBD distributors from 202 in 1986 to 462 in 1991, and the CYP provided by them from 3,424 in 1986 to 9,240 in 1991. (Cooperative Agreement funds will be used to complement support provided by Family Planning International Assistance.)
- Increase earnings from the sale of contraceptives and services from US\$47,100 in 1986 to US\$69,000 in 1991, by, inter alia, opening 3 new laboratories, introducing new services such as CAT scanning, and charging higher fees for non-family planning services.

- Assistance will be provided to CEMOPLAF in the administrative/management field to reinforce its capacity to attain an increased financial independence.

c. CEPAR

CEPAR will continue to seek to increase appreciation and knowledge in Ecuador, at the public policy and family levels, of the economic, health and environmental consequences of rapid population growth and the benefits of family planning. It will do this through research, publications, audio-visual aids, media dissemination and training. CEPAR will place increasing emphasis on research and dissemination information pertinent to the improvement of family planning programs in Ecuador.

CEPAR will engage in research on the following topics and prepare and disseminate materials and provide training as follows:

Research

- reproductive and sexual knowledge, attitudes and behavior of Ecuadorians under the age of 25;
- availability of contraceptives and family planning services in Ecuador;
- side effects of IUD use and appropriate manner and conditions of use;
- the for-profit private sector's role in family planning in Ecuador;
- the causes of the gap between contraceptive practice and preferences in Ecuador (by region, economic class, cultural affinity, etc.);
- the relationship between population growth and development in Ecuador;
- the Ecuadorean family, including marriage and parenting;
- the relationship between education and fertility in Ecuador;
- a 1991 update of the contraceptive prevalence survey;
- an in-depth demographic review;
- cost-effectiveness of the various family planning programs in Ecuador;
- opinions of Ecuadorean political and opinion leaders on family planning issues;
- Ecuadorean fertility levels, trends, and related data;

- maternal morbidity and mortality.

#### Information and Radio

- analytical summaries of the Contraceptive Prevalence Survey;
- video-cassettes on family planning and related issues such as unwanted pregnancy, fertility, population growth, and contraceptive methods;
- radio broadcast materials and spots for marginal communities on family planning methods;
- slide show accompanied by excerpts from radio broadcasts to be played in clinic waiting rooms;
- posters for family planning clinics on contraceptive methods and reproductive anatomy.

#### Training

- 120 educational events (courses, seminars, symposiums, panel discussions, etc.) on population and development, family planning and responsible parenthood, for political, labor and other social and economic leaders.
- Assistance will be provided to CEPAR in the administrative/management field to reinforce its capacity to attain an increased financial independence.

In addition to the three existing programs described above, the Cooperative Agreement will provide support during the 1987-1991 period for Private Health Practitioners program and expansion of the Community Based Distribution Program. These programs are described below.

#### THE CONTRACEPTIVE SOCIAL MARKETING PROGRAM

The contraceptive social marketing program will consist of three elements: contraceptive distribution, advertising and training. The purpose of the program will be to increase the demand for and availability of condoms and oral contraceptives through commercial distribution channels so as to increase the use of contraceptives in general. Specifically the program will stimulate contraceptive sales in the private sector and increase coverage and access to contraceptive information and supplies in rural areas.

Contraceptive distribution under the CSM program will take two forms during first year: an intensified effort by the Schering Corporation to sell a medium priced oral contraceptive it already has on the market in Ecuador and the sale

of condoms furnished by AID. Vaginal foaming tablets will be introduced after the first year, based on a market study. The distribution of these first two products will also be handled by Schering through its distribution network. The distribution effort will be backed up by advertising and training efforts.

The advertising program will consist of a national mass campaign using TV, radio and newspaper to promote family planning as a concept. Region specific radio and print will be used to promote specific methods. This advertising will be generic rather than product specific, in accordance with the requirements of Ecuadorean law. The campaign will be largely subsidized by the program, although Schering will contribute to its cost, particularly with regard to the point of purchase advertising.

Schering will also provide training to retail outlet personnel to increase the effectiveness and soundness of their efforts to market contraceptives. Schering will also institute a sales training program for local family planning organizations and CBD distributors.

Market research will be conducted to (1) assess the sales volume, brand preferences, and placements of educational materials; and (2) monitor program progress in terms of method use, brand loyalty, source of purchase, access, correct use, and effectiveness of advertising and promotion.

No funds will be obligated under this Cooperative Agreement for the CSM until agreement in writing is reached between AID and IPPF/WHR re financial, administration, and management responsibilities.

#### PRIVATE HEALTH PRACTITIONERS PROGRAM

This program will provide support for doctors and nurse/midwives, either just beginning private practice, or practicing in low density population or where patient flow is limited due to the low economic status of the people in the area.

The purpose of this program is to interest private medical professionals in becoming more involved in basic health care, particularly MCH/FP as well as expanding the service availability and array of contraceptive methods available to the population of Ecuador.

It is expected that the professionals would be contacted either through newspaper advertising or through physicians' and midwives' organizations to ascertain their interest in the program. Those interested would receive training

in family planning and basic outreach techniques and the equipment, supplies and FP promotional materials needed to initiate services, and would be supported by the program as appropriate during the first year of services.

The program would provide the equipment and supplies necessary for the health professionals to provide family services and in some cases that needed for general health care.

It would provide training in family planning techniques, maternal child health and methods of taking services out into the community. After completing the training course, the participating professional would sign a contract agreeing to provide the required services for a stated period. After the contract is signed, the professional would receive the equipment and the implementing agency will provide medical backup and supplies.

Payments for services rendered would be made monthly upon submission to the agency overseeing the program of a list of patients receiving services and the type of service provided.

If the patient load decreases greatly, the professional would be dropped from the program and be required to return the equipment provided. Patients would be contacted on a sample basis as a means of monitoring services provided.

The participating professional would agree to have his name, address, office hours and types of services he provides published.

In the initial, experimental phase of the program, 70 to 80 professionals will participate. If the program is successful IPPF/WHR will be instrumental in providing the overseeing agency the additional funding needed to expand the program.

In connection with the PHP program, WHR/IPPF will have responsibilities similar to those for the APROFE, CEMOPLAF and CEPAR programs as outlined in this Cooperative Agreement. The PHP program could be administered through APROFE and/or CEMOPLAF, though it also may be administered through physician and/or nurse/midwife professional associations. Final administrative arrangements will be determined in Implementation Letters.

#### EXPANSION OF THE COMMUNITY BASED DISTRIBUTION PROGRAM

The expansion of community based distribution in the rural areas will be supported by this Agreement in addition to those programs currently being supported by Pathfinder Fund and FPIA. This decision is based on need for services, as noted in the 1987 contraceptive prevalence study and the significantly lower number of users in rural areas than in urban. There have been many

years of experience with CBD in Ecuador and the results of an on-going operational research program in the Sierra directed towards developing a service delivery model will be applied to maximize effectiveness.

This program will link private doctors and nurse midwives to the distribution system in rural areas. This will take the form of distributors selling contraceptives as well as referring customers to selected trained doctors and nurse/midwives for services not available at the distribution points, such as I.U.D.s. They would also refer clients for other primary health care services, such as infant immunizations and general health problems. The doctors will be requested to provide free medical services to the CBD distributors in return for the referral services.

This program will have three positive effects. It will increase the variety and availability of contraceptive methods. It will also provide a place where rural people could obtain medical care while increasing the number of clients the practicing doctor or midwife serves, thus increasing his or her income and commitment to work in the area. Finally, the associated doctors and midwives will receive training and medical equipment such as IUD kits and will be required to maintain patient records. This model will be applied on a small scale at first and be expanded depending on its effectiveness.

In order to successfully carry out this component, special efforts will be made to ensure an efficient supply and medical backup, as well as enough well trained people to provide appropriate information on method selection. Other necessary elements include good counselling techniques, motivation of distributors and service providers, and an affordable pricing system.

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(US\$ dollars)

<u>CATEGORY I</u>	<u>CY 1981 to CY 1986 Actual</u>	<u>CY 1987 Estimated</u>	<u>CY 1988 to CY 1991 Illustrative</u>	<u>TOTAL</u>
<u>APROFE</u>				
Guayaquil Clinic	246,516	74,400	291,350	612,266
Quito Clinic	102,420	28,832	112,900	244,152
Cuenca Clinic	69,375	18,626	72,400	160,401
Machala Clinic	57,228	21,677	84,650	163,555
Babahoyo Clinic	52,959	17,119	67,100	137,178
Portoviejo Clinic	59,045	22,274	87,000	168,319
Loja Clinic	47,494	16,990	66,350	130,834
Milagro Clinic	44,796	15,578	60,850	121,224
Ambato Clinic	37,604	15,326	60,000	112,930
Chone Clinic	20,571	18,374	71,750	110,695
La Libertad Clinic	11,184	11,884	46,300	69,368
Daule Clinic	11,105	11,723	45,800	68,628
Manta Clinic	7,541	16,935	66,350	90,826
Guayaquil/40-B	-	9,000	54,000	63,000
Information and Education	70,764	32,815	85,000	188,579
Equipment	10,196	11,800	-	21,996
CBD	-	-	175,000	175,000
Administ.person.	-	2,100	18,900	21,000
Severance pay	-	-	121,170	121,170
Contingencies	-	19,245	61,785	81,030
Local Contribution	(121,946)	(44,983)	(230,000)	(396,929)
<b>SUBPROJECT TOTAL</b>	<b><u>726,852</u></b>	<b><u>319,715</u></b>	<b><u>1,418,655</u></b>	<b><u>2,465,222</u></b>
<u>CEMOPLAF</u>				
Guasmo Clinic & Laboratory	146,564	27,000	106,050	279,614
Esmeraldas Clinic & Laboratory	131,371	25,000	98,150	254,521
Quinindé Clinic	33,641	10,832	42,950	87,423
Ibarra Clinic	73,873	15,000	58,950	147,823
Riobamba Clinic & Laboratory	70,846	21,900	85,950	178,696
Tulcán Clinic	53,185	13,900	54,450	121,535
Clinic No. 14	24,327	11,100	43,700	79,127
Guaranda Clinic	28,897	11,200	44,050	84,147
Latacunga Clinic	38,459	12,500	49,350	100,309
Midwives Professional Ass.	27,383	11,700	45,950	85,033
Communitarian Subproject	23,435	9,000	30,000	62,435
- Cajabamba	-	14,073	55,300	69,373
- Otavalo	-	14,109	55,300	69,409
- Pujilí	-	4,493	45,200	49,693
Laboratorios	-	-	40,825	40,825
Information and Education	-	2,000	76,508	78,508
Administration	146,918	48,100	188,550	383,568
Severance pay	-	-	101,945	101,945
Contingencies	-	4,500	46,315	50,815
Local Contribution	(100,847)	(63,000)	(264,000)	(427,847)
<b>SUBPROJECT TOTAL</b>	<b><u>698,052</u></b>	<b><u>193,407</u></b>	<b><u>1,005,493</u></b>	<b><u>1,896,952</u></b>

	(US\$ dollars)			
	CY 1981 to CY 1986 <u>Actual</u>	CY 1987 <u>Estimated</u>	CY 1988 to CY 1991 <u>Illustrative</u>	<u>TOTAL</u>
<u>CEPAR</u>				
Information & Educ. Program	161,976	46,900	182,650	391,526
Training Activities & Support	189,008	40,000	147,950	376,958
Research Activities & Support	132,212	43,000	167,400	342,612
Radio Subproject	2,754	24,000	98,700	125,454
Equipment	52,829	-	-	52,829
Administration	201,101	52,500	204,500	458,101
Severance pay	-	-	77,490	77,490
Contingencies	-	5,210	39,100	44,310
Local Contribution	-	(4,450)	(27,200)	(31,650)
SUBPROJECT TOTAL	<u>739,880</u>	<u>207,160</u>	<u>890,590</u>	<u>1,837,630</u>
Special Project Funds	80,784			80,784
<u>COMMUNITY BASED DISTRIBUTION PROGRAM</u>				
In-country training	-	-	88,000	88,000
Supervision and Promotion	-	-	187,000	187,000
Clinical equipment and materials	-	-	119,000	119,000
Administrative support	-	-	85,000	85,000
SUBPROJECT TOTAL	-	-	<u>479,000</u>	<u>479,000</u>
<u>Private Health Practitioners</u>				
In-country training	-	-	38,000	38,000
Supervision and Promotion	-	-	25,000	25,000
Clinical equipment and materials	-	-	58,500	58,500
Administrative Support	-	-	13,500	13,500
SUBPROJECT TOTAL	-	-	<u>135,000</u>	<u>135,000</u>
SUBTOTAL CATEGORY I	2,245,568	720,282	3,928,733	6,894,588
<u>CATEGORY II</u>				
<u>PROJECT COORDINATION</u>				
Quito Coordinating Office	537,758	115,800	567,300	1,220,858
WHR Direct Costs - N.Y.	<u>239,584</u>	<u>45,500</u>	<u>224,130</u>	<u>509,214</u>
SUBTOTAL	<u>777,342</u>	<u>161,300</u>	<u>791,430</u>	<u>1,730,072</u>
Consultants	76,425	5,000	45,000	126,425
Vehicle	11,245	-	-	11,245
<u>ACTIVITY TOTAL</u>	<u>865,012</u>	<u>166,300</u>	<u>836,430</u>	<u>1,867,742</u>
Overhead	182,899	63,171	285,890	531,960
TOTAL CATEGORY II	1,047,911	229,471	1,122,320	2,399,702
TOTAL (Categ. I + II)	<u>3,293,479</u>	<u>949,753</u>	<u>5,051,058</u>	<u>9,294,290</u>

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(US\$ dollars)				
<u>CATEGORY III</u> <u>1/</u>	<u>CY 1981 to CY 1986 Actual</u>	<u>CY 1987 Estimated</u>	<u>CY 1988 to CY 1991 Illustrative</u>	<u>TOTAL</u>
<u>Non-add Programs (Private for profit)</u>				
<u>Social Marketing Program</u>				
Research	-	-	192,000	192,000
Advertising & Promotion	-	-	724,300	724,300
Field Personnel	-	-	141,300	141,300
Administrative Support	-	-	<u>117,410</u>	117,410
Subproject costs	-	-	1,175,110	1,175,110
Local contribution	-	-	1,841,300	1,841,300
SUBPROJECT TOTAL	-	-	3,016,410	3,016,410
TOTAL CATEGORY III	-	-	1,175,110	1,175,110
<u>TOTAL ESTIMATED COSTS OF THE COOPERATIVE AGREEMENT</u>				<u>10,469,400</u>

The contribution to be provided by the organizations included in the Cooperative Agreement may include costs borne on an "in-kind" basis.

1/ None of the Amendment No.14 obligation is to be used for this category.

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