

COMMUNITY DISTRIBUTION OF CONTRA-
CEPTIVES IN RURAL AREAS -- COLOMBIA

CONTRACT AID/DSPE-C-0084

PROGRESS REPORT

1 October 1980 - 31 July 1981

The Population Council

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NARRATIVE PROGRESS REPORT

AID/DSPE -C-0084

This report covers the period October 1, 1980 to July 31, 1981 for the AID-Population Council - Rural Profamilia project in Nariño, Santander, Cesar and Cauca. The objective of this three year project is to determine alternative service delivery models to the Nariño-Santander modality which reduce program costs while at the same time increase coverage rates and meet the needs of contraceptive users.

To do this, service delivery experiments were designed for both maintenance areas (Nariño and Santander) as well as for the promotion sites (Cesar and Cauca). Specific experiments that were implemented will be described below.

Maintenance Zones: Nariño-Santander

In Santander and Nariño four project funded promoters-collectors are functioning: two in each department. Their work principally consists of re-supplying already established distributors with contraceptives and collecting money from contraceptive sales and service statistics. In the past an excessive amount of time and money was spent on promoters who travel to distant posts monthly to collect information on a few users and a few pesos from minimum sales.

Because of this, it was planned in this project to introduce experimental re-supply systems in selected sites of these two departments which would test for ways to free-up the promoters time which could then be spent on some promotion activities and improving established posts. This would help retain active users and hopefully recruit new acceptors, reducing costs.

A good description of what has gone on in Santander can be found in M. Townsend's Memos of July 1 and April 24, 1981. Briefly, two modalities were tried in Santander: (1) a central distributor was established and surrounding distributors traveled to her to re-supply and (2) the promoter re-supplied each distributor every three months. Neither experiment worked and the reasons cited were (a) the travel fare to the central distributor should be paid (b) distributors do not have the time to travel and (c) complicated service statistics records required of the central distributor and of distributors who were re-supplied every three months.

Based on this, the experiments now being implemented are (1) a re-supply system of every three months by mail and (2) a central distributor system but with a small incentive to the central distributor for her additional work and travel fare and lunch for outlying distributors. Results from these will be available in December and January.

A central distributor and mail system are currently being introduced into areas of Nariño. This should have been initiated some time ago but it was necessary up until June for the Nariño-Cauca supervisor to dedicate most of his time to the selection and training of the Cauca team.

Table 1 on this page shows total program activity in all project sites in Nariño and Santander covering the 9 month period October 1, 1980 to June 30, 1981. ^{1/} It is important for the agencies participating in this project to examine what this table tells us in terms of maintenance level project objectives.

TABLE 1.- Total number of municipalities and distribution posts, new acceptors of all methods (including sterilization), contraceptives sold by method, and education/promotion activities for the grant period October 1, 1980 - June 31, 1981 according to maintenance level department

Department	Number of Municipalities Covered ^{2/}	Number of Distribution Posts	Number of new Acceptors	No. Contraceptives Sold			Educational ^{3/} Actvs.	
				Oral (Cycles)	Condom (Units)	Vaginal Tablets	Number Meetings	Number of Visits
Nariño	27	59	2,589	9,912	15,272	691	19	1,424
Santander	31	64	208	5,240	5,664	397	17	938

Source: PROFAMILIA monthly statistics report, October, 1980 - July, 1981

As has been observed since AID, the Population Council and PROFAMILIA began supporting birth planning activities in 1976 in these two departments, Nariño continues to be a much more active department than Santander. But most noteworthy and most encouraging is the number of new acceptors recruited in Nariño in just nine months of maintenance. This statistic represents nearly 80 percent of the

^{1/} These statistics include the new maintenance experimental sites which as yet have no separate statistics.

^{2/} The number of municipalities covered and distribution posts established can vary from month to month. These totals are the numbers reported in June, 1981.

^{3/} Educational activities refer to meetings and household visits.

total number of new acceptors (including sterilization) recruited in Santander during the entire three years of promotion and is about one-third of the total number of new acceptors (including sterilization) recruited in Nariño, in that same three year period (see Table 2).

TABLE 2.- Total number of municipalities and distribution posts, new acceptors of all methods (including sterilization), oral contraceptives sold and education/promotion activities for the grant period March 1976-June, 1979

Department	Number of Municipalities Covered	Number of Distribution Posts	Number of new Acceptors	Number of Contraceptives Sold			Educational Activities	
				Oral (Cycles)	Condom Units	Vaginal Tablets	Number of Meetings	Number Visits
Nariño	31	71	8,293	38,405	44,352	2,068	996	55,809
Santander	34	68	3,320	17,250	1,307	1,324	547	16,446

Although the number of municipalities covered in both departments decreased by about 4, the number of posts dropped from 71 to 59 in Nariño. In Santander the number of posts decreased only by 4. Since active user records were not kept, estimations of the number of active users retained by the program can be made by applying the life table continuation rates from the 1978 Posttest to new acceptors according to month of acceptance. The number of active users of all methods excluding sterilization estimated for Nariño at the end of the 9 month period is 2,113 and for Santander 170.

From this it is possible to estimate cost per active user (excluding sterilization) which for Nariño is US\$5.08 and for Santander US\$63.18. Costs per new acceptor of all methods, including sterilization, for both departments are US\$4.15 for Nariño and US\$51.39 for Santander.

Promotion Zones: Cesar-Cauca

These two departments were divided into experimental and control areas. (See Table 4 on page 7). In the control areas, some of which had been serviced several months before the project began, the traditional promotion phase service

modality as practiced in Nariño and Santander was and is being implemented. Four promoters are working in these areas of Cauca and four in Cesar, all funded by the project. Since February of 1981, project activity in these two control zones are shown in Table 3. The initiation date of February instead of October is discussed in the 6 month financial report. Nonetheless, all activities in Cauca and Cesar for both experimental and control zones are being charged to the project beginning February, 1981

TABLE 3.- Total number of municipalities and distribution posts, new acceptors of all methods (including sterilization), oral contraceptives sold and education/promotion activities for the grant period February-June, 1981 for the control zones of Cauca and Cesar

Department (Control Zones only)	Number of Municipalities Covered	Number of Distribution Posts	Number of new Accep- tors	Number of Contraceptives Sold			Educational Activit	
				Oral (Cycles)	Condom Units	Vaginal Tablets	Number of Meetings	Number o Visits
Cauca	4	28	353	946	264	35	31	685
Cesar	9	54	56	6,943	1,453	147	132	920

The number of municipalities and distribution posts as of February is the same as it was before October so that these cannot be considered due to project efforts. However, the number of new acceptors and all other activities in Table 3 are totals calculated by month for the 5 month period February-June.

Almost double the number of posts have been established in Cesar but the number of posts per municipality is about the same. Despite this, more than 6 times as many new acceptors were recruited in Cauca since February. But in Cesar the sales of contraceptives are considerably much greater. This tendency will need to be explored further taking into account when PROFAMILIA first initiated family planning activities in these areas and movement of the PROFAMILIA urban program.

Experimental Zones: Cesar-Cauca

What have been designated "teams" have been introduced into the experimental zones of these two departments. There are two teams, one for Cesar and one for Cauca. Each is equipped with a mobile unit which was provided by PRO-FAMILIA. It is expected that the teams, which are better equipped and trained and which meet both men's and women's contraceptive needs, will cover and recruit more potential users in less time than the promoter. This will reduce costs because less personnel are needed.

The Cesar team began service delivery in April. They established 16 distribution posts in Chimichagua in two months and are now working in the municipality of El Copey. The number of posts established in Chimichagua is more than double the number planned. Data on the number of new acceptors in that municipality will be available in September when the team will return to collect service statistics and re-supply distributors. A one-day meeting of the 16 distributors in which films will be presented, a lunch given and a session on distributor problems and questions will be held the first week in September. Eight distribution posts of the 11 planned for El Tambo in Cauca have been opened as of June 30.

Other Activities

Before service delivery in the experimental zones began a two week training course for 8 potential team candidates was carried out in Bogotá (See Memo PC-MT -009), between January 26 and February 6. After selecting the 4 final candidates, each team spent one week in a practicum in the field. Following the practicum, a three-week baseline sample survey was fielded in Cesar and Cauca in which all promoters and the female team agents served as interviewers. A brief description of the study follows.

Baseline Study

The purpose of this survey is to help us, along with service statistical and accounting records, determine if the team approach meets the project goal. Through the survey we will know for ever married women (a) contraceptive know-

ledge and use levels (b) knowledge levels of birth planning sources of service and information (c) how current users of the oral, condom, suppositories, rhythm and withdrawal are using their method (d) why past users stopped using (e) desire for future use (f) source of current service (g) source of sterilization (h) - source of sterilization referral and (i) information on secondary effects and the family planning informal network within the studied communities. Since we have data collected on marital status and pregnancy, analysis of the above information will include, besides ever married women, different risk groups. Fertility levels will be estimated through the household questionnaire using indirect methods. These results will be compared with a second study which is planned for March of 1982 in Cesar and June 1982 in Cauca. ^{1/}

The sample is a multistage stratified cluster sample representative of 58,334 rural and urban ever married women 15 to 49 in 24 municipalities in Cauca and Cesar. These municipalities are shown in Table 4. From them, 12 strata were formed, 3 for each experimental and control group in both departments. These strata are the primary sampling units. Since some of the strata were composed of more than one municipality, those municipalities finally included in the sample were randomly selected from others in the same strata. The municipalities finally selected were Bolivar, Balboa, Mercaderes, El Tambo, La Vega and Puracé in Cauca. In Cesar, they were Aguachica-Gamarra, ^{2/} Río de Oro-González, Curumaní, El Copey, Chiriguaná and Chimichagua.

Segments of each PSU were randomly selected in both the urban and rural sectors of each PSU. These segments were outlined on maps and a sampling fraction assigned to each one. The interviewer then interviewed all of the ever married women for each household that was selected in each segment according to the sampling fraction.

This sample will permit us to make inferences with regards to the total 58,334 women and to carry out an analysis according to department by control urban-rural and experimental urban-rural making eight sub-universes. A full description of the sample will be included in the report of the results of the baseline study.

^{1/} This permits a lapse of 12 months as stipulated in the project protocol between the month service was initiated in each department and the second survey.

^{2/} Aguachica-Gamarra and Río de Oro-González were grouped together to form one P.S.U. each.

All the data from both the household and individual questionnaires are clean and on tape. Files are being created and we should have tables by mid-August. Although, we have frequencies for all of the variables these are not yet weighted data so it is premature to present findings here. This data is being used to design the educational materials to be used by the teams.

General Comments

This project has provided the needed flexibility in terms of time, funding levels and inter-institutional collaboration to experiment and adjust experiments as we go along. There has been enthusiasm and real interest at all levels by all participants. Field personnel, who themselves were beginning to think about ways to change service delivery models in Nariño and Santander before the current project ever began, have captured the purpose and spirit.

Despite the favorable progress with regards to project implementation, one major activity has proved to be very difficult to achieve: the design and production of promotion/education materials. After a series of small workshops by project participants to decide on the message(s) we thought important for the rural sector in Colombia, we contacted the Javeriana University and a private agency, FEPEC, to discuss our ideas and needs and to explore what resources each institution could offer.

We now have a workshop planned in August with FEPEC to look at the Cesar-Cauca baseline and other use-prevalence studies and to begin to design with them promotion-education materials and as well as a distributor training manual.

With regards to films for the mobile unit, PROFAMILIA and the Council have explored both within Colombia, in Mexico and in New York. We initially wanted Tarzan or cowboy films - films for entertainment. However in New York there are none of this nature in Spanish and in Mexico they can only be rented. They sell them here in Colombia for US\$2,500 per film. We have found a source for 12 minute films made in Colombia which are general interest films showing different people and their costumes and ways of survival in Colombia which cost about US\$460 each.