AWARENESS Project
Ecuador Country Report
2001–2007

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The *Institute for Reproductive Health*, affiliated with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods for family planning.

The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

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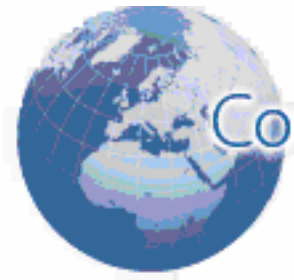
Acronyms

CEMOPLAF	Centro Médico de Orientación y Planificación Familiar
IRH	Institute for Reproductive Health
KIT	Knowledge Improvement Tool
LAM	Lactational Amenorrhea Method
MIS	Management Information System
MOH	Ministry of Health
NGO	Non-governmental Organization
SDM	Standard Days Method®
USAID	United States Agency for International Development



Country Program Summary
Ecuador

Contraceptive prevalence in Ecuador is among the highest in the region, at 73% in 2004, with modern methods representing 80% of the total. However, CEMOPLAF (the Centro Médico de Orientación y Planificación Familiar), a respected reproductive health service delivery NGO experienced in research, social marketing, and the internal and external institutionalization of results, wanted to include SDM in its services in an effort to address unmet need. A pilot study showed a strong potential for the SDM to address this need and demonstrated feasibility of service provision in clinics and in the community. It also showed that clients were able to use the SDM correctly with a single counseling session. The long-term follow-up of pilot study participants continuing with the SDM demonstrated that while the majority of discontinuation during the first quarter of year one was due to cycles out of range; discontinuation during the second and third year had more to do with birth spacing and other life circumstances.

Based on these results, CEMOPLAF provided training and technical input to its close partner, the MOH, and executed a social marketing program that introduced the SDM into pharmacies with mass media support. It conducted an evaluation of social marketing activities, monitored the introduction of the SDM into MOH services, and engaged officials in policy discussions to ensure SDM sustainability. A study of the social marketing approach, conducted with the Population Council, showed awareness of the SDM increased from 4% to 34%, intention to use increased from 27% to 32%, demand for the SDM increased five-fold in pharmacies and clinics in one month during the mass media campaign, and both clinic-based providers and pharmacists provided correct information.

CEMOPLAF used research results to advocate successfully for integrating the SDM into MOH norms and training curricula. Currently, the SDM is available in all CEMOPLAF and 11 MOH clinics in 11 of 22 departments. A number of local NGOs have also adopted the SDM. CEMOPLAF's service statistics indicated that about 2% of new clients chose the SDM during the first year the method was offered (similar to the percent of new clients choosing DepoProvera® during the first year in a previous CEMOPLAF initiative).

CEMOPLAF and the MOH have integrated SDM into norms, and supervision, MIS, procurement, and logistics systems. The MOH also has integrated the SDM into the large "Maternidad Gratuita" (free maternity) program, funded by the Ecuadorian government and other donors, that provides free universal prenatal, delivery, and postnatal care. By including the SDM in national norms and the maternity program, the MOH committed to expanding the SDM to all its clinics by purchasing materials in exchange for training and technical assistance from CEMOPLAF.

I. Introduction

Source: CIA World Factbook 2008

Ecuador, like other Andean countries, has experienced significant population growth in recent years. According to the 2005 census report, the population has reached 13.3 million inhabitants, of which 61% live in urban areas and the remaining 39% in rural areas. A third of the population is below the age of 15.

Since the start of family planning programs in Ecuador in the mid-1960s, contraceptive prevalence has increased steadily. Currently, the country is among those with the highest prevalence in the region. Between 1999 and 2004, contraceptive prevalence increased from 66% to 73%, with modern methods representing 80% of total prevalence. Interestingly, the method mix changed between 1994 and 1999, with an increase from almost 11% to 14% in the proportion of contraceptive users using natural methods. This proportion remained unchanged from 1999 to 2004 despite the overall increase in contraceptive prevalence. Given the interest in natural methods and documented misuse of the most common traditional methods (withdrawal and rhythm), the Standard Days Method® (SDM) could be a beneficial addition to the family planning method mix in Ecuador.

The Georgetown University Institute for Reproductive Health (IRH) began working in Ecuador in 1997 with an adolescent reproductive health awareness study that trained providers to offer improved reproductive health counseling to adolescents. At that time, IRH established a partnership with CEMOPLAF, the *Centro Médico de Orientación y Planificación Familiar*, a nonprofit organization that has offered voluntary reproductive health services to families for over 33 years. CEMOPLAF was an ideal partner for work on fertility awareness and the SDM not only because of its successes in bringing family planning information and services to underserved populations, but also because of its experience with numerous operations research and pilot studies, social marketing, and the internal and external institutionalization of results. In natural family planning, CEMOPLAF participated in the efficacy study of the Lactational Amenorrhea Method (LAM), conducted and disseminated from 1990 to 1997 in various countries.

In 2001, IRH and CEMOPLAF introduced the SDM in Ecuador through a pilot study. CEMOPLAF provided the SDM in eight of its 27 family planning clinics in eight cities and tested the comparative cost-effectiveness of one versus two counseling sessions, assessed correct use, and determined the feasibility of scaling up the SDM to all CEMOPLAF centers and to other institutions. Results from this study indicated a strong potential for the SDM to address unmet need in Ecuador. Long-term follow-up of pilot study participants showed that the majority of discontinuation occurred during the first quarter of year one due to cycles out of range; discontinuations during the second and third year had more to do with birth spacing and other life circumstances.

SDM services have expanded greatly in Ecuador since the completion of the pilot study. Currently, the SDM is available in 11 of 22 provinces. A number of local nongovernmental

organizations (NGOs) and the Ministry of Health (MOH) have included the SDM in their health programs. Advocacy efforts such as presentations at national and international conferences and social marketing efforts have improved visibility and knowledge of the SDM among providers and potential clients. The MOH has included the SDM in norms and protocols and appreciates its potential to help reduce unmet need in hard-to-reach populations.

II. Objectives and Strategy

The goal of IRH's work in Ecuador under the AWARENESS Project was to achieve sustainable SDM services. The strategy included partnering with CEMOPLAF, a credible local organization offering high-quality family planning services, to establish its capacity to create awareness of and support for quality SDM services. Over the course of the project, CEMOPLAF's role shifted to include providing technical assistance to other organizations for SDM integration.

In 2003, IRH, CEMOPLAF, and the MOH developed a collaborative strategy for achieving sustainable SDM services in Ecuador. This strategy focused on expanding access to SDM services to all CEMOPLAF clinics and MOH clinics in 11 of 22 departments by conducting and disseminating research to establish best practices, engaging the MOH leadership in policy discussions to ensure SDM integration and sustainability within MOH services, and expanding access and generating demand for the SDM through social marketing and awareness-raising activities.

III. Activities and Accomplishments

Since the start of SDM activities in 2001, CEMOPLAF has been IRH's primary implementing partner in Ecuador. Based on CEMOPLAF's experience conducting the pilot study, it was able to incorporate the SDM into the technical assistance it provided to other organizations in Ecuador. CEMOPLAF provided training and technical assistance to the MOH in 11 provinces. It introduced the SDM into a network of pharmacies through a social marketing program supported by a mass media campaign, conducted research to evaluate the social marketing activities, monitored the introduction of the SDM into MOH services, and engaged key MOH officials in policy discussions to ensure SDM sustainability.

The following table shows partners and their roles and activities undertaken in Ecuador.

Table 1: Partners and Activities

Collaborating organizations	Activities undertaken	Partner's Role	IRH's role	Accomplishments
Centro Médico de Orientación y Planificación Familiar (CEMOPLAF)	• Pilot SDM study • Long-term follow-up SDM study • SDM scale up • Social marketing of SDM and study • Training and	• Research (data collection, entry, and analysis) • Technical assistance to other organizations (training, monitoring, supervision) • Service delivery • Behavior change communications	• Technical assistance (monitor research, training, service delivery) • Funding • Dissemination of study results	• 100% of providers trained in 11 project provinces • 30% increase in awareness of the SDM through mass media campaign • 100% of CEMOPLAF clinics offering SDM • SDM in national norms, protocols, CEMOPLAF

Collaborating organizations	Activities undertaken	Partner's Role	IRH's role	Accomplishments
	integration of SDM into CEMOPLAF services	• Social marketing • Purchase of CycleBeads® • Encouragement of political support		management information (MIS) and logistics/commodities systems
Ministry of Health (MOH)	• Cascade training • Integration of SDM into services • Development of political support for SDM	• Service delivery • Training of peer providers • Integration of SDM in services	• Dissemination of study results • Encouragement of political support	• 30% providers trained in SDM in 11 project provinces • 50% sites offering SDM • SDM in national norms/protocol • SDM in training curricula of centers of excellence

A. Research

i. SDM pilot study

CEMOPLAF collaborated with IRH to introduce the SDM through a pilot study that took place from 2001 to 2003. The study included quarterly interviews with 165 users in eight CEMOPLAF clinics. Results demonstrated that: there is demand for the SDM (2.4% of new users chose it, a rate comparable to those choosing DMPA® during the first year CEMOPLAF offered it); correct use and satisfaction are high; there is no difference in correct use of the SDM if the client has one or two counseling sessions; both clinic and community health workers can provide the SDM to users of various educational and socioeconomic levels; and the SDM improved couple communication.

ii. Long-term follow-up study

CEMOPLAF invited women who completed the pilot study and were still using the SDM to participate in a follow-up study on long-term use and method continuation. Participants who had completed 13 cycles of use, were using the method at the time the pilot ended, and wanted to continue using the method were interviewed five times over a 24-month period.

This study showed that discontinuation rates remained relatively low (<10%) during the first few months among those women who continued to use the SDM beyond the first year. From six months to a year of continued use, discontinuation increased again for reasons that included a switch to another method, absence of partner, and desire to have a baby. Thus, reasons for discontinuation after long-term use had more to do with birth spacing and other life circumstances than dissatisfaction with the method. Most women who discontinued because of incorrect method use, cycles out of range, or dissatisfaction with the method did so in the initial months of use.

iii. Social marketing study

Due to the favorable results of the pilot study and to expand access to the SDM, IRH collaborated with CEMOPLAF to assess the feasibility of offering the SDM through a social marketing program, including measuring the impact of a SDM mass media campaign. The study

included a pre- and post-intervention survey with 800 women and 400 men, analysis of sales and service statistics from clinics and pharmacies, simulated client visits to clinics and pharmacies, and collection of client monitoring data to track source of information and interest in the SDM. The Population Council provided technical assistance on the research design and analysis plan.

Results showed that awareness of the SDM increased from 4 to 34%, intention to use increased from 27 to 32%, demand for the SDM in pharmacies and clinics increased fivefold in one month during the mass media campaign, and both clinic-based providers and pharmacists provided correct information about the SDM to potential users.

As part of the social marketing initiative, CEMOPLAF conducted an evaluation of MOH providers trained in the SDM and assessed the status of SDM integration into the MOH family planning program. The evaluation showed the importance of follow-up with providers after training. The project conducted a refresher training a few months after the initial training. Data from both the training post-test and use of the Knowledge Improvement Tool (KIT, an IRH monitoring device to assess provider SDM knowledge) showed significant improvement in provider knowledge. Interviews with MOH officials demonstrated their continued interest in expanding the SDM to the remaining 11 provinces and included their request for CEMOPLAF support to finalize SDM integration into the MOH annual budgets, workplans, and MIS.

B. Building awareness of and support for SDM

Efforts to expand access to the SDM in Ecuador involved developing demand for the method. IRH provided funding and technical assistance to CEMOPLAF during the first two project years to develop and produce materials that complemented their existing family planning materials. CEMOPLAF method fliers, posters, and a waiting room video included the SDM. CEMOPLAF also included the SDM in community outreach efforts such as health fairs, loudspeaker announcements, community talks, and home visits. As part of the social marketing program, CEMOPLAF worked with a marketing firm to develop a national mass media campaign that included TV spots, posters and fliers complementing the TV spots, and a hotline number. CEMOPLAF distributed the social marketing materials in its system, throughout the MOH's network, and in CEMOPLAF-supported pharmacies.

> *"I used to use the IUD, but this is natural, I don't have to take anything; and there's no discomfort. I like everything about it."* **– SDM User**

Given the positive relationship between CEMOPLAF and the MOH, IRH had the opportunity to establish strong support for the SDM and ensure its sustainability in Ecuador. CEMOPLAF used research results to advocate with the MOH and was instrumental in integration of the SDM, via a 2005 addendum, into MOH norms and training curricula. CEMOPLAF continues to participate in central and district-level meetings with key MOH officials and provide technical assistance on SDM integration to ensure the method's sustainability within MOH services.

C. Developing the capacity of local organizations

i. SDM Services

During the pilot study period, IRH built CEMOPLAF's capacity to assist a growing number of providers and organizations interested in the SDM. As a result, CEMOPLAF provided training and technical assistance to other NGOs such as *Cristo Redentor,* a small faith-based group. Due to favorable results from the pilot studies, the MOH requested training and assistance from CEMOPLAF to integrate the SDM into its services. One year after the end of the pilot studies, CEMOPLAF trained MOH trainers and providers from 11 of 22 provinces and helped the MOH integrate the SDM into its clinical services. CEMOPLAF—in consultation with IRH—took a strategic approach to training, using CEMOPLAF-trained MOH trainers and providers from each province to replicate the training to other providers.

CEMOPLAF and the MOH adapted SDM provider, client, and training materials to complement existing family planning materials. From 2001 to 2007, the project provided SDM training to 431 providers (doctors, nurse-midwives, auxiliary nurses, and promoters) from the MOH, CEMOPLAF, and other NGOs; 20 trainers; 166 pharmacists and assistants; and pre-marriage counselors from 11 Catholic dioceses. Since introducing the SDM, CEMOPLAF and the MOH have reported approximately 1,752 new users. The CEMOPLAF service statistics are assumed to be accurate and complete, but those from the MOH are not.

Table 2. Service Statistics for SDM Activities by Partner Organization (July 2001 to March 2007)

Name of Organization	Number of Providers Trained	Number of Sites with Trained Providers	Number of Trainers Trained	Cumulative Number of SDM Acceptors	Percentage of new FP users Accepting the SDM
CEMOPLAF	48	28 clinics (100%)	35	1,102	20%*
MOH	217	61 clinics (30%)	22	350**	NA
Private Pharmacies	166	48 pharmacies	NA	300	NA
TOTAL	**431**	**137**	**57**	**1,752**	

*** Overall percentage of first-time users is 20% based on total number of users during the pilot study and since the start of SDM activities in June 2001. In the last year of data collection, percentage of first-time users has been 50%.**

**** These data are considered unreliable (see below).**

ii. Social marketing efforts

CEMOPLAF's social marketing program has played an important role in meeting demand for family planning and allowed the organization to become the in-country supplier of condoms and pills and, most recently, CycleBeads to the MOH, other NGOs, and retailers. CEMOPLAF trained its sales executives (marketing staff that visit retailers), pharmacists, and auxiliary pharmacy staff on the SDM. Training took place at the pharmacy, using the CycleBeads insert and SDM provider job aids as training materials.

D. Incorporating SDM into reporting systems

IRH closely monitored the services provided by CEMOPLAF and the MOH through site visits and use of supervision tools developed by IRH, such as the KIT. CEMOPLAF incorporated the SDM into its MIS and supervision systems. The MIS capability within CEMOPLAF is exceptional for services delivered by the agency. However, the MOH's MIS is inadequate to track the volume of women choosing the SDM, as the system does not disaggregate users by method. Because of this limitation, it is necessary to estimate the number of adopters based on the commodity inventory system at the area level. The number of users can be estimated from the number of CycleBeads sent to each organization and requests for re-supply. Approximately, 12,000 CycleBeads have been sent to Ecuador since 2001, and sources report that a very small number remain in stock for MOH use.

E. Generating commitment of resources to SDM by governments, NGOs, or donor agencies

With the inclusion of the SDM in the national norms, the MOH committed to expanding the SDM to all its clinics by purchasing materials in exchange for training and technical assistance from CEMOPLAF. The MOH also integrated the SDM into the large "Maternidad Gratuita" (free maternity) program, funded by the Ecuadorian government and other donors, that provides free universal prenatal, delivery, and postnatal care. The MOH also received funding from non-health government sectors to integrate reproductive health services, including the SDM, into programs such as school-based initiatives and community-based child care projects. CEMOPLAF continues to search for new venues in which to generate income by partnering with non-health organizations, such as environmental and conservation groups, to provide reproductive health services in hard-to-reach areas, such as the Amazon.

A pharmacist in Quito describes the SDM and the function of CycleBeads to a potential client.

F. Incorporating SDM into the logistics system

CycleBeads are available through all CEMOPLAF clinics. CEMOPLAF is also the model organization for supplying government and NGOs in Ecuador. CEMOPLAF will continue to assist in the distribution of CycleBeads to providers and other interested organizations. The MOH "Maternidad Gratuita" program manages the MOH contraceptive logistics system for all clinics. Inclusion of the SDM in the "Maternidad Gratuita" program has facilitated the process for integrating CycleBeads into the national logistics system. At the time of this report, CEMOPLAF continued to provide CycleBeads at service delivery points, as the program had not begun to purchase CycleBeads. CEMOPLAF will continue assisting the MOH by supplying CycleBeads directly to the clinics until the SDM is fully integrated into the logistics system.

G. Summary of experience of SDM introduction and expansion

With a long-term objective of including the SDM as a sustainable addition to the method mix in Ecuador, IRH addressed policy, training, client education, and commodities. IRH tested the introduction of the SDM in a multimethod family planning organization that resulted in a strategy for scaling up the SDM in Ecuador. IRH then demonstrated the capacity of a well-established national family planning agency to provide technical assistance to the MOH, other organizations, and professionals interested in providing the SDM.

SDM services are currently available in all CEMOPLAF and 11 MOH clinics in Ecuador; 431 providers in 89 clinics and 48 pharmacies have been trained to offer the SDM.

The national norms and the pre- and in-service family planning curricula for all MOH providers now include the SDM. The MOH has integrated the SDM into its large "Maternidad Gratuita" (free maternity) program that provides free universal prenatal, delivery, and postnatal care**.**

Awareness, interest, and demand for the SDM have increased through dissemination of research results and advocacy efforts such as CEMOPLAF presentations at national meetings and conferences. The increased capacity of CEMOPLAF, the integration of the SDM into national norms and protocols, findings from the pilot study, and lessons learned from the widespread introduction of the SDM provide a strong base for the sustainability of the SDM in Ecuador.

IV. Challenges

Even though, according to the latest Demographic and Health Survey, Ecuador is a country with a high contraceptive prevalence (73%), 15% of women surveyed reported using a traditional method. Traditional method use is concentrated in hard-to-reach rural areas, which were difficult to include as program sites.

Working with a recognized multimethod provider like CEMOPLAF brought challenges in training their providers, as provider skepticism of SDM efficacy slowed acceptance of the method. IRH efficacy studies coupled with positive results from the pilot studies helped convince providers of the feasibility and benefits of offering the SDM.

Working with the MOH brought a different set of challenges. Constant administrative staff turnover and weak service delivery systems delayed the integration process. After some false starts, CEMOPLAF identified the right contact within the MOH and was able to move the process of integration forward. Also, CEMOPLAF's well-respected director is a recognized leader in the family planning community in Ecuador, which allowed the organization to leverage resources with the MOH.

Pharmacy sales of the SDM have slowed in 2007 due to a lack of SDM awareness-raising activities. Without resources to continue these efforts, potential clients are not aware they can obtain the method from pharmacies. CEMOPLAF will continue to market the SDM through a limited number of pharmacies in sites that continue to show demand. At this point, CEMOPLAF is exploring alternative strategies for marketing the SDM via their other projects in remote rural areas where they anticipate more demand for the method.

V. Lessons Learned

The research conducted in Ecuador provided valuable lessons for other countries introducing the SDM. Ecuador's high contraceptive prevalence of 73%, of which 80% is modern method use, created a challenge to SDM introduction in terms of reaching those still remaining with both an unmet need and desire for a natural method. Nevertheless, CEMOPLAF gained important insights into how to offer the SDM in such a context. For example, program research showed that it is feasible to offer the SDM at the community level as well as in clinics, and that the method can be used by women of all socioeconomic groups. The introduction study found no significant advantages of the two-visit counseling approach, which doubled the cost of services. From the social marketing studies, programmers learned that large promotional campaigns are necessary for raising awareness of a new method of family planning, but that extensive and well-planned traditional communication activities can be more effective and less costly than a large mass media campaign.

Because the proportion of traditional method use in Ecuador remains unchanged,[1] it is important to continue improving—and sustaining—access to proven, effective natural methods such as the SDM. Despite the challenges of introducing the SDM into a country with high contraceptive prevalence, there have been many benefits to working in such a mature environment including, foremost, the ability to work with a committed and capable partner with CEMOPLAF's influence and infrastructure. Other advantages to working towards SDM sustainability in Ecuador include an MOH with a well-established infrastructure and officials willing to collaborate with CEMOPLAF, and access to experienced researchers and marketing experts.

VI. Future Plans

Social marketing activities helped generate positive support for the SDM throughout the country. CEMOPLAF now has the capacity to provide technical assistance to anyone interested in the SDM, and supports this work through method sales and agreements with other institutions. With the inclusion of the SDM in the national norms, the MOH has committed to expanding the SDM to all its clinics by purchasing materials in exchange for training and technical assistance from CEMOPLAF.

Since the end of the efficacy trial in 2001, integration of the SDM has come quite far in many countries. However, research remains to be done on scaling up, particularly with regard to training, social marketing, and sustainability. Results from such studies could provide further evidence to improve the quality of services, increase the contraceptive prevalence rate, and test models for sustainable programming. CEMOPLAF has proven capacity for conducting such research.

Ecuador is no longer a priority country for USAID's reproductive health program, and donor funding for family planning is scarce. Pharmaceutical companies, with large budgets and reproductive health product recognition, are very active in Ecuador, making it difficult for the SDM to "compete" in this arena. The status of the SDM should be assessed in the next 12-18 months and a strategy developed and implemented accordingly.

[1] 2004 Demographic and Health Survey.