

PDAAT-211
46011

Prepared for:

Office of Population
Bureau for Science and Technology
Agency for International Development
Washington, DC
Under Contract No. DPE-3024-C-00-4063-00
Project No. 936-3024

An Institutional Analysis
of
PROFAMILIA and CONAPOFA

by

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January 26 - February 15, 1986

Edited and Produced by:

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Report No. 85-69-042
Published June 25, 1986

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GLOSSARY

AID	Agency for International Development
AID/DR	AID's Mission in the Dominican Republic
AVSC	Association for Voluntary Surgical Contraception
CBD	Community-based distribution (of commodities)
C/CYP	Cost per couple year of protection
CINSERHA	Center for Investigation and Services in Human Reproduction and Contraception (Centro de Investigacion y Servicios en Reproduccion Humana)
CYP	Couple year of protection
CSM	Contraceptive social marketing
CONAPOFA	National Council on Population and the Family (Consejo Nacional de Poblacion y la Familia)
CELADE	Latin American Center for Demography (Centro Latinoamericano de Demographia)
DOCPAL	Documentation on Population in Latin America (Documentacion sobre Poblacion en America Latina)
DR	Dominican Republic
FIFO	First-in-first-out
FP	Family planning
FPPIA	Family Planning International Assistance
GODR	Government of the Dominican Republic
IEC	Information, education, and communication
IEPD	Institute for the Study of Population and Development (Instituto de Estudios de Poblacion y Desarrollo)
IPPF	International Planned Parenthood Federation
MCH	Maternal and child health
MCH/FP	Maternal and child health/family planning

MIS	Management information system
ONAPLAN	National Planning Office (Oficina Nacional de Planificacion) (GODR)
ONE	National Statistical Office (Oficina Nacional de Estadistica) (GODR)
POPIN	Population Information (U.N.)
PROFAMILIA	The Dominican Association for Family Welfare (Asociacion Dominicana Pro-Bienestar de la Familia)
RAPID	Resources for the Awareness of Population Impact on Development
SESPAS	Office of Public Health and Social Assistance (Secretaria de Salud Publica y Asistencia Social)
SSA	Social Security Administration
UNFPA	United Nations Fund for Population Activities
VSC	Voluntary surgical contraception

ABOUT THE AUTHORS

This report was prepared by Darryl N. Pedersen and David F. Skipp. Both Mr. Pedersen and Mr. Skipp have extensive experience in the design, implementation and evaluation of a broad range of development activities around the world, including population and family planning, and are currently vice presidents of the International Development Group.

EXECUTIVE SUMMARY

PROFAMILIA and CONAPOFA are the two largest family planning institutions in the Dominican Republic. PROFAMILIA, a private not-for-profit organization and a member of the International Planned Parenthood Federation, was founded in 1966. CONAPOFA, an independent quasi-governmental organization, was established by Presidential decree in 1968. With approximately 20 years of experience, each has the administrative capability to manage the kinds of activities envisioned in the project paper for the USAID-supported National Family Planning Program.

Both organizations have experienced rapid growth in recent years, however, and further expansion at this time will require administrative changes within both organizations.

PROFAMILIA's administrative structure is horizontal and flat--a remnant of earlier days when PROFAMILIA was smaller. An administrative reorganization is required and a new structure, which inserts another level of management, has been recommended by outside consultants and should be supported. Additional administrative personnel will also be required to support an expanded program. Office space, however, is already severely limited at PROFAMILIA headquarters; new office space is required. A larger warehouse that meets the temperature, humidity, ventilation, and security requirements for storing contraceptives will also be needed.

CONAPOFA's internal administrative structure should also be improved, in order to increase the delegation of responsibility and authority and improve communications between departments. Job descriptions also need to be revised and a grade/step salary classification scale used to hire and promote employees. CONAPOFA's inventory management and control system is inadequate beyond the regional office level; adequate controls must be extended to all storage, distribution, and service delivery points within the system. External technical assistance and additional administrative and logistics personnel will be required. CONAPOFA has undertaken major revisions in its accounting system to improve accounting procedures and financial controls. Its desire for an independent, external auditor to review the adequacy of those changes should be supported prior to an award.

CONAPOFA personnel are highly qualified, motivated and dedicated, as are their counterparts in PROFAMILIA; in fact, many of the people now working at PROFAMILIA worked previously at CONAPOFA. There are important differences between the two organizations, however. PROFAMILIA has received and benefited

from a great deal of technical assistance and training-- particularly in management; CONAPOFA has received little by comparison. With the same level of assistance that PROFAMILIA has received, CONAPOFA management can also be strengthened.

Both organizations will require revisions in their respective management information systems to permit a common measure for monitoring progress and comparing results. The cost per couple year of protection is recommended. External technical assistance will be required to assist in the design and implementation of the necessary modifications. Microcomputer systems are also recommended.

In summary, the considerable experience of both these organizations, combined with the additional support indicated through the recommendations, will provide a solid institutional base upon which to expand the national family planning program.

I. PROFAMILIA

I.1 Background

The Dominican Association for Family Welfare (Asociacion Dominicana Pro-Bienestar de la Familia - PROFAMILIA) is a private not-for-profit institution incorporated in 1966 without an affiliation of a religious or political nature ("sin afiliacion de caracter politico o religioso"). Its purpose, as stated in the original bylaws, is to "promote the well-being of the family." In 1984, PROFAMILIA expanded the definition of that role: "to contribute to an improvement in the quality of life of the Dominican population within the framework of a national development policy, and to increase awareness regarding the implications of the demographic characteristics and trends at work within the country, thus contributing to the basis for more rational and effective socio-economic planning."

Since 1984, PROFAMILIA has organized its activities around a set of six program strategies: (1) family planning service delivery; (2) information, education, and training (IEC); (3) integrated services; (4) public awareness; (5) institution building and (6) decentralization and regionalization. Each of PROFAMILIA's present and proposed activities is designed to contribute to one or more of these strategies.

PROFAMILIA has enjoyed a tax exempt status since it was established and is eligible to receive tax deductible donations from individuals and corporations. Since 1968 PROFAMILIA has been an affiliate of the International Planned Parenthood Federation (IPPF).

I.2 Overview of Present and Proposed Activities

I.2.1 Present Activities

PROFAMILIA managed 15 different programs in 1985. They are described in the following paragraphs in the context of the six program strategies described above.

I.2.1.1 Family Planning Service Delivery. PROFAMILIA provided family planning services to 43,518 users in 1985. Seventy-five percent of the users were located in marginal urban areas and 25 percent in rural areas. Contraceptive methods included natural methods, pills (Norinyl), IUDs (Copper-Ts), vaginal tablets (Neo-Sampon), condoms, foam (Emko), implants (NORPLANT), voluntary surgical contraceptive methods for women (minilaparotomies), and men (vasectomies). Services were pro-

vided through four channels: two clinics, private physicians, and community-based promoters.

I.2.1.1.1 Clinics.

o The Centro de Investigacion y Servicios en Reproduccion Humana y Anticoncepcion (CINSERHA). Since 1968 PROFAMILIA has run this family planning center within a government hospital located in a densely populated area of Santo Domingo, Hospital Dr. Moscoso Puello. Intended as a model service delivery program, the clinic offers all temporary methods, including IUDs, and is supported by on-site IEC and counseling for individual users. In addition, research is conducted on subcutaneous implants (NORPLANT) and other new contraceptive methods. Training in NORPLANT insertion and removal is provided at CINSERHA to physicians from the Dominican Republic and other countries. In 1985, 7,319 users received services at the Centro CINSERHA.

o The Dra. Rosa Cisneros Clinic. Since 1984, PROFAMILIA has operated a family planning clinic in Santiago de los Caballeros. Services are provided to working women from the area's "zona franca" and the industrial park. The program is supported by IEC and temporary methods are offered including IUDs. In 1985, 500 couple years of protection (CYP) resulted from the services provided at the Cisneros Clinic.

I.2.1.1.2 Private Physicians.

Forty-three private Associated Physicians ("Medicos Asociados") provided voluntary surgical contraception (VSC), minilaparotomy for women and/or vasectomies for men. Most of the doctors were located outside Santo Domingo. (Only five Associated Physicians offered vasectomies, three in Santo Domingo and two in Santiago.) In 1985 11,208 minilaparotomies and 86 vasectomies were performed.

I.2.1.1.3 Community-based Promoters.

A network of 175 community-based Promoters distributed pills, condoms and foam door-to-door in a community-based distribution (CBD) program in rural and marginal urban communities. Referrals were made for IUD insertions and for voluntary surgical contraception. In 1985 services were provided to 24,405 users through this component of the program.

I.2.1.2 Information, Education, and Training.

Information, education, and training activities directed toward diverse sectors of the Dominican population are carried out to meet the need for increased knowledge regarding family life, human sexuality, family planning, and nutrition.

I.2.1.2.1 Radio and Television.

Radio and television programs are produced at studios located at PROFAMILIA headquarters in Santo Domingo and broadcast throughout the country on the Dominican Republic's most popular stations. Programs either

promote family planning in the Dominican Republic in general, or the activities of PROFAMILIA in particular. A major thrust of the general programming activities in late 1985 was to counter the wave of misinformation regarding the use of IUDs in response to the adverse publicity in the country brought on by lawsuits against the A.H. Robins pharmaceutical company regarding the Dalkon Shield IUD. A successful media blitz was also undertaken in 1985 in Santiago to increase the number of users at the Cisneros Clinic. Call-in segments and segments answering listeners' letters are particularly popular. Through an elaborate listener-response system, all queries are tabulated and analyzed to track areas of current interest and to guide producers in preparing subsequent broadcasts that address listeners' concerns. In 1985, PROFAMILIA received a national award in recognition of the quality and importance of one of its regularly scheduled radio programs.

I.2.1.2.2 Training. A training unit complements PROFAMILIA's other training activities. At the end of 1985, in collaboration with the Ministry of Education, approximately 300 adolescents had successfully completed a one-month training course in preparation for their role as instructors of adolescent sexuality courses offered in 22 secondary schools ("liceos") in San Cristobal and Santo Domingo. The Ministry of Education recognizes the courses and includes them as part of the Ministry's official curriculum--taught by the adolescents trained by PROFAMILIA and the Ministry. To enlist the cooperation of the regular classroom instructors, and to ensure that time is set aside for the courses, teachers also attend several hours of PROFAMILIA training and orientation.

Training is also provided to a variety of community leaders in support of the CBD program.

The training unit also works with PROFAMILIA's own personnel as an internal function of management. New, non-medical service-delivery personnel, primarily community-based promoters and their supervisors (area supervisors), receive training in the physiology of human reproduction, contraceptive methods, contraindications, adverse side effects, and record keeping. New PROFAMILIA employees also receive an orientation to PROFAMILIA, consisting of an overview of administrative norms and procedures. Administrative personnel also receive an orientation to family planning in general.

I.2.1.3 Integrated Services. Integrated service programs are pilot programs designed to improve the quality of life of men and women who live in marginal areas through the incorporation of family planning activities in other, related programs. In 1985, courses for women in Bonao combined orientation in family planning with basic family health, family budgets, and existing legal and administrative structures available to women for their benefit.

I.2.1.4 Public Awareness. PROFAMILIA is also engaged in a series of activities designed to influence public opinion favorably towards family planning. The Instituto de Estudios de Poblacion y Desarrollo (IEPD), established in 1982, is engaged in population and development studies that seek to influence public opinion regarding the importance of linking population growth projections to socioeconomic development planning through (1) the collection and analysis of demographic and non-demographic data related to population and other variables affecting development, and (2) the dissemination of the research analyses and findings to decision makers, primarily in the public sector.

The IEPD enjoys good formal and informal relationships with a variety of public and private institutions concerned with population and development including the Consejo Nacional de Poblacion y la Familia (CONAPOFA), the Oficina Nacional de Estadistica (ONE), the Oficina Nacional de Planificacion (ONAPLAN), the Ministries of Agriculture and Labor, and others. The IEPD is located in a separate facility a short distance from PROFAMILIA headquarters. It is the only division within PROFAMILIA that has a computer (an IBM-AT).

A library and documentation center forms another part of PROFAMILIA's public awareness effort. A population and family planning reference library is maintained at PROFAMILIA headquarters and is open to the public. IEC materials, primarily posters and pamphlets, are distributed in support of family planning service delivery efforts, or in response to queries from radio and television listeners. PROFAMILIA is a subscriber to the Documentacion sobre Poblacion en America Latina (DOCPAL) and the United Nations' Population Information (POPIN) networks. A magazine, "En Familia," is produced and distributed periodically.

Finally, public relations activities are undertaken to maintain and strengthen PROFAMILIA's image as an institution that specializes in population, responsible parenthood, family planning, and sexuality education.

I.2.1.5 Institution Building. PROFAMILIA engages in several types of activities designed to increase its level of self-sufficiency, the most important of which are sale of contraceptives and family planning services and organized fund-raising campaigns.

I.2.1.5.1 Contraceptive Sales. Contraceptives are sold to individual users through two of PROFAMILIA's four, full service delivery programs--the CBD program and the Cisneros clinic in Santiago. Contraceptives are also sold directly to the general public--without services--at the PROFAMILIA headquarters in Santo Domingo and, again, at the Cisneros clinic in Santiago.

PROFAMILIA also sells pills (MICROGYNOM) to Scherring, a major pharmaceutical house in the Dominican Republic, as part of a new, three-year agreement with Scherring that went into effect in late 1985. PROFAMILIA purchases the pills from Scherring/Germany, imports them into the country, and sells them to Scherring/Dominican Republic. PROFAMILIA advertises the product and Scherring distributes it to pharmacies throughout the country. The pharmacies sell pills to the general public. Along the way, each makes a profit.

PROFAMILIA also sells IUDs to physicians and individual users, who take them to a physician for insertion.

I.2.1.5.2 Fund Raising. PROFAMILIA's fund-raising efforts in 1985 consisted of a dinner, an entertainment event, a raffle, and solicitation of donations from sponsoring businesses ("empresas patrocinadoras"), associated businesses ("empresas asociadas"), and members. Figures were not yet available on funds raised in 1985. In 1984, however, more than RD\$20,000 (RD\$2.8 = US\$1) was raised.

I.2.1.5.3 Other. Other income-generating activities undertaken by PROFAMILIA in 1985 included fees-for-services at the Cisneros clinic in Santiago, rental of the radio and television studios, and the sale of advertising space in the magazine "En Familia." Although precise figures were not yet available for 1985, PROFAMILIA estimated that a 30 percent level of self-sufficiency was achieved at the Cisneros clinic in Santiago; 50 percent of the costs for producing "En Familia" were offset from advertising revenues; and approximately RD\$30,000 of income was generated from the rental of the television and radio studios.

I.2.1.6 Decentralization and Regionalization. PROFAMILIA also seeks to expand its impact through the establishment of regional offices outside Santo Domingo. The Filial Santiago (Santiago affiliate) was engaged in fund-raising and IEC activities in Santiago de los Caballeros and surrounding areas in 1985.

I.2.2 Proposed Activities

In 1986, PROFAMILIA will continue all the activities undertaken in 1985. Some will be expanded. Voluntary surgical contraceptive methods will be offered at the Cisneros clinic in Santiago, and the number of community-based Promoters in the CBD program will be doubled, from 175 to 350. Associated Physicians will begin offering temporary methods, and the adolescent sexuality education program will be expanded to include Santiago and surrounding areas.

In addition to expanding on-going activities, two new activities will be introduced in 1986: a major contraceptive

social marketing (CMS) program will be undertaken, and a salesman will be hired to market IUDs, pills (MICROGYNOM), and subcutaneous implants to pharmacies and private physicians. Fundraising and other income-generating efforts will also be expanded.

Tables I.2.2-1 and I.2.2-2 present PROFAMILIA's program strategy budgets for 1985 and 1986. The 1986 budget amounts are estimates.

Table I.2.2-1

PROFAMILIA
Strategy Program Budgets
1985 - 1986

	----- 1985 -----		----- 1986 -----	
	RD\$	(% total)	RD\$	(% total)
Strategy*				
1.	1,157,415	(63)	1,408,596	(56)
2.	1,091,593	(10)	250,979	(10)
3.	34,000	(2)	58,547	(2)
4.	332,564	(18)	476,505	(19)
5.	36,415	(2)	220,114 **	(9)
6.	82,810	(5)	107,398	(4)
Total	1,834,797	(100)	2,522,139	(100)

Table I.2.2-2

Net Changes in Program Strategy Budgets
1985 - 1986

	RDS	(% change)
1.	251,181	(22)
2.	59,386	(31)
3.	24,547	(72)
4.	143,941	(43)
5.	183,699	(504)
6.	24,588	(30)
Total	687,342	(37)

* Strategies:

1. Family planning service delivery
2. Information, education and training
3. Integrated services
4. Public awareness
5. Institution building
6. Decentralization and regionalization

** Includes new CSM project.

I.3 Program Management

I.3.1 Personnel Management

I.3.1.1 Introduction. At the beginning of 1986 approximately 80 full-time employees worked for PROFAMILIA; five positions were vacant. The labor force was stable with little turnover. In addition to PROFAMILIA's salaried personnel, there were approximately 175 non-salaried community-based Promoters and 43 Associated Physicians.

I.3.1.2 Structure. Responsibility for the management of PROFAMILIA resides in PROFAMILIA's General Assembly, Board of Directors, and Office of the Executive Director. The Executive Director is responsible for carrying out the policies set by the Board of Directors and for the day-to-day operation of the institution. The Executive Director is a non-voting member of the Board of Directors. The Board is active and meets monthly with the Executive Director, Lic. Magaly Caram de Alvarez.

The current internal administrative structure is horizontal and flat, a remnant of the early years of PROFAMILIA when it was

smaller, both in the number of projects and level of funding. Administrative personnel are weak in project management concepts and techniques, and rapid growth in recent years has placed additional strains on the structure. A reorganization of the administrative and supervision structure would permit greater delegation of responsibility and authority, in particular in regard to delegation of responsibility and authority. PROFAMILIA sought advice on its management structure from a local consulting firm, which recommended a more vertical structure, with the insertion of another level of management. This recommendation is now under consideration by the Board of Directors.

I.3.1.3 Distribution of Salaried Personnel. The distribution of employees by project and administrative support units is shown in Table I.3.1.3.

Table I.3.1.3

Distribution of PROFAMILIA Employees *
by Project and Administrative Support Units
(January, 1986)

Projects

CINSERHA-Santo Domingo	13
Voluntary Surgical Contraception	4
Community-Based Distribution	6
Cisneros-Santiago	12
Radio and Television	3
Library and Documentation	3
Public Relations	2
Women in Development (Bonaó)	1
Sexuality Education	1
Training Youth Leaders	1
Family Life Education (Domesticas)	1
Fundraising	1
IEPD	8
Filial Santiago	3
Training Community Leaders	1

Subtotal Projects 50

Administrative Support Units

Office of the Executive Director	2
Office of Finance and Administration	19
Department of Planning and Evaluation	4

Subtotal Administrative Support Units 25

Total 85

* Full-time equivalents

I.3.1.4 Hiring. Staff turnover within PROFAMILIA was relatively low, less than five percent in 1985. Consequently, staff are hired in response to the expansion of existing project activities or the creation of new positions. When a vacancy exists, an internal search is undertaken to fill the position. If the internal search fails to produce an appropriate candidate, an external search is undertaken.

I.3.1.5 Supervision. Clear, direct lines of supervision exist and are clearly understood within the organization. An annual performance evaluation of each employee takes place at the end of each calendar year. In September, a memorandum is sent to each supervisor by the Personnel Department outlining the procedures to be followed. A list of employees for which the supervisor is responsible is included along with evaluation forms and a schedule for completing the evaluation process. A numerical rating system is used. All top level staff--directors, coordinators and "encargados" (others in charge)--are also required to submit a self-evaluation form to their respective supervisors.

Each supervisor meets face-to-face with the person he/she supervises to review and discuss the written evaluation. Once submitted to the Personnel Department, the results are tabulated and presented to the Executive Director. Salary increases, beginning in January of each year, are approved by the Board of Directors and may include a cost of living increase and a merit increase, depending on the results of the evaluation and the availability of funds.

I.3.1.6 Job Descriptions and Salary Levels. There is a personnel manual and written job descriptions for each position within the organization. In January 1986 there were approximately 85 positions and 55 different job descriptions. Each job description has a grade/step salary classification, and there is a salary table ("escalon de salarios"). Changes in the grade/step salary classification table are approved by the Board of Directors once each year, in December.

Non-salaried personnel are paid differently. Beginning in 1986, community-based Promoters will sell pills and other temporary methods to their users. The pills will be sold to the Promoters by their Area Supervisors for RD\$0.20 per cycle. The Promoters, in turn, will sell them to their users for RD\$0.50 per cycle. Thus for each cycle sold, the Promoters will keep RD\$0.30 and PROFAMILIA will keep RD\$0.20. Promoters also receive RDS2.00 for IUD referrals, RDS2.00 for referrals for voluntary surgical contraception, and RDS.05 for referrals to Associated Physicians for checkups.

The Associated Physicians are paid RD\$39.00 by PROFAMILIA and RD\$20.00 by the user for each voluntary surgical contraception procedure performed as a result of a PROFAMILIA referral. When not referred, the Associated Physicians are free to charge

clients as much as they like; they are also paid RD\$30.00 by PROFAMILIA.

I.3.1.7 Record Keeping. Individual personnel records are maintained for each employee by the Personnel Department. They contain the standard items commonly found in such records (date of employment, salary history, number of payroll deductions, attendance records, etc.).

I.3.1.8 Conclusions and Recommendations: Personnel Management. Personnel management within PROFAMILIA is adequate for future expansion. It is complete, up-to-date, and highly sophisticated.

o PROFAMILIA's recognition of the need to reorganize its administrative and supervisory structures should be supported, particularly with regard to inserting another level of management. Technical assistance will be required to complete the revision of job descriptions, to oversee the transition, and to provide an orientation of all administrative and supervisory personnel regarding the new structure and the changes in their roles, responsibilities and procedures that will result.

I.3.2 Staff Training

I.3.2.1 Findings. As described in Section I.2.1.2.2, the training unit is responsible for the orientation and training of people within PROFAMILIA, as a function of management: as a service, it also provides training for persons from outside the organization. Within the organization, new employees attend orientation sessions on PROFAMILIA itself--its history, structure, policies, and procedures. New administrative personnel attend additional sessions on family planning--the physiology of reproduction, contraceptive technology, etc. Recently, PROFAMILIA has expressed interest in providing training and technical assistance in Project Management Systems, including management by objectives, for administrative personnel.

Training is also provided to field personnel. Training of Area Supervisors in the CBD program includes supervision techniques, motivation, IEC, family planning, (including contraindications and adverse side effects), and record keeping. New CBD Promoters are also trained and refresher courses are held periodically. Training sessions for Promoters last for four to five days each, with 30-35 participants attending each session. Training is active and highly participatory, and all training sessions begin with a pre-test and end with a post-test. Since many of the Promoters are illiterate, the tests involve visual aids and role-playing. Promoters receive instruction in promotional activities, record keeping, contraceptive methods (including contraindications and adverse side effects), making referrals, the physiology of human reproduction, and responsible

parenthood. Associated Physicians are also trained in IEC and counseling techniques.

(The need for medical training is met externally. Physicians receive training in minilaparotomies from CONAPOFA at the Nuestra Senora de la Alta Gracia hospital in Santo Domingo. They are sent to Colombia and Brazil for training in vasectomies.)

As a service to elicit their support for family planning and for PROFAMILIA's many activities, secondary school teachers and community leaders attend training orientation sessions.

Finally, PROFAMILIA provides family planning orientation and IEC sessions to a variety of groups on an ad hoc, as-requested basis.

I.3.2.2 Conclusions and Recommendations. The quality of training is good, and the training staff, who must travel from site to site much of the time, is highly motivated. The materials developed for use in training and for distribution to participants are of high quality. The quantity (number of people trained, duration and frequency of training, etc.) also appeared adequate for present needs.

o An expansion of PROFAMILIA will require training of additional personnel and therefore more trainers will need to be hired.

o PROFAMILIA's desire to provide training and technical assistance for administrative personnel in Project Management Systems including management by objectives should be supported.

I.3.3 Logistics System

I.3.3.1 Findings. Contraceptives for the service delivery program are provided by a variety of donors: The Pathfinder Fund provides pills, IUDs, and condoms; The Population Council provides NORPLANT for the research at the CINSEHA clinic; and IPPF provides the remaining contraceptives required. The Association for Voluntary Surgical Contraception (AVSC) provides no contraceptives, but will begin supplying equipment in 1986. (As pointed out in Section I.2.1.5, PROFAMILIA also purchases and imports pills for resale.)

Contraceptives are stored at two warehouses in Santo Domingo. Though small, both met the standards for ventilation, temperature, and humidity required of such facilities. A first-in-first-out (FIFO) system was in use, and adequate security requirements were in evidence.

The supply on hand varies between a three- and a 12-month supply. The reorder point occurs at six months. A supervised physical inventory is made at both warehouses once each year.

Inventory control is the responsibility of the Accounting unit. Requests for commodities must also be approved by the Director of the Service Delivery Department. Each distribution point maintains a revolving inventory to record amounts and types of commodities on hand at the beginning of each period, received during the period, distributed during the period, and balances on hand at the end of the period. Reported data are verified by cross-checks and periodic on-site inspection.

I.3.3.2 Conclusions and Recommendations: Logistics System. The logistics system in PROFAMILIA is adequate for present needs. An expanded program will require additional contraceptives and, consequently, additional storage facilities.

o A larger, single, central warehouse that meets the temperature, humidity, ventilation and security requirements for such facilities is recommended.

o Information regarding the number and types of contraceptives distributed should be added to the proposed new management information system (MIS), particularly as it relates to the calculation of CYP.

o A microcomputer should be used to store and analyze inventory data and to prepare commodity-related reports. The data gathered should be expanded within the same system to account for the distribution and flow of commodities to all distribution points.

I.3.4 Management Information System

I.3.4.1 Findings. The management information system (MIS) is driven by the need to meet the reporting requirements of the various international donors. The collection and analysis of non-financial service delivery data is the responsibility of the Planning and Evaluation unit. Few reports are prepared exclusively for internal use within PROFAMILIA. The reports prepared for external distribution are nonetheless used internally by management, primarily to track planned vs. actual progress.

Data are collected from each of the four service delivery channels. Particular attention is given to new and continuing user counts, age and parity, temporary contraceptive methods distributed, voluntary surgical contraceptive procedures performed, other services, IEC sessions, door-to-door visits, and referrals. Analysis consists primarily of simple, though laborious and time-consuming data tabulation, aggregation by program, and disaggregation by funding source (donor). The

accuracy of data is verified through cross-checks and periodic on-site inspection, particularly for the voluntary surgical contraception program.

Collection and analysis of non-service delivery data are the responsibility of each non-service delivery department: the IEPD, Communications and Public Relations, Education and Training. Information generated by these departments is transmitted by the Planning and Evaluation unit to other departments and to the Executive Director.

Donors require an average of four progress reports each year for each project funded. (It is not unusual for a donor to fund more than one project at a time.) In 1985, approximately 40 reports were prepared by PROFAMILIA in response to external donor requirements.

I.3.4.2 Conclusions and Recommendations: MIS. Sufficient data from all programs flow through PROFAMILIA's MIS. In that sense, the MIS is complete. The system is limited to meeting external reporting requirements, however, and, as presently configured, does not lend itself to determining CYP--let alone cost per CYP. While PROFAMILIA uses the information generated to track program progress, little additional information is generated for the exclusive use of PROFAMILIA management--particularly for planning, replanning, (re)allocating resources, or managing the institution as a whole. Finally, there is not one MIS, but several. For example, financial information is maintained separately, outside the MIS.

o PROFAMILIA's decision to adopt the C/CYP system should be supported. The collection and analysis of programmatic and financial data should be expanded and integrated into a single MIS. The programmatic information from the various service delivery projects should also be integrated. Particular attention should be given to generating information for comparative purposes--by program, project, funding source, and geographical area. Standard cost-effectiveness measures, which also permit comparisons, should be developed. Implementation of these recommendations will require training, technical assistance and follow-up.

o PROFAMILIA management should be trained to use the information generated by the MIS for planning and replanning purposes, and for better allocation of resources.

o A microcomputer should be used to store, analyze, and distribute PROFAMILIA's MIS data and information.

I.4 Financial Management and Fiscal Controls

I.4.1 Budget Authority

The Executive Director is authorized by the Board of Directors to enter into binding agreements on behalf of the organization. A summary of PROFAMILIA's project budgets and funding sources for 1985 and 1986 is presented in Tables I.4.1-1 and I.4.1-2.

Table I.4.1-1

PROFAMILIA Project Budgets
1985-1986
(RD\$)

	1985	1986 *
CINSERHA-Santo Domingo	245,772	291,798
Voluntary Surgical Contraception	698,434	743,091
Community-Based Distribution	144,984	280,918
Cisneros-Santiago	68,225	92,789
Commercial Retail Sales	0	167,281
Radio and Television	108,688	137,354
Centro de Adolescents	45,100	0
Training Youth Leaders, etc.	11,120	17,044
IEC and Services to Domisticas	7,830	60,175
Training of Community Leaders	18,855	0
Adolescent Sexuality Education	0	36,506
Women in Development	34,000	58,547
IEPD	206,875	311,520
Library and Documentation Center	58,541	75,805
Public Relations	67,148	89,180
Fund Raising	36,415	52,833
Filial de Santiago	82,810	107,398
Total	<u>1,834,797</u>	<u>2,522,239</u>

* Projected

Table I.4.1-2
 PROFAMILIA Funding Sources
 1985 - 1986
 (RD\$)

	1985*	1986 **
IPPF	528,561	700,234
Income Generated	33,430	216,378
Population Council	149,921	185,292
AVSC	698,434	743,091
Development Associates	43,502	0
Pathfinder	174,073	289,814
AID/DR	206,875	328,564
John Short	0	16,728
	-----	-----
Total	1,834,797	2,522,239
	-----	-----

* Projected

** Exclusive of Commodity Support in Section I.3.3.1

I.4.2 Accounting System

A fund accounting system has been used by PROFAMILIA since January 1985. It permits the proper segregation of funds required by donors, and enables management to track expenditures against approved budgets and to monitor cash flows. Separate accounts are maintained by strategy (program), of which there were six (Table I.2.2-1); by project, of which there were 15 in 1985 (Table I.4.1-1); and by fund (agency), of which there were seven (Table I.4.1-2)

PROFAMILIA uses a local computer firm, DATACOM, to process its accounting data, including payroll. There is a 15-day turn-around time from the submission of the data to receipt of the various printouts and financial reports.

Despite the adequacy of PROFAMILIA's fund accounting system for properly maintaining separate accounts for individual donors, most donors still require PROFAMILIA to deposit and disburse monies from separate checking accounts. This resulted in a large burden for PROFAMILIA in 1985. Nine separate checking accounts were maintained, against which approximately 3,000 checks were drawn. Since the charges for a single purchase may be distributed among several donors (a telephone bill, for example), up to five separate checks are sometimes required to effect a single payment.

Few donors recognize their proportionate share of PROFAMILIA's overhead expenses. This places a disproportionately large burden on PROFAMILIA's general fund. On the other hand, for 1985, PROFAMILIA had no provisional overhead rate established by an independent auditor; as part of the 1986 external audit, however, an actual overhead rate will be determined for 1985 and a provisional rate established for 1986.

A general external audit is conducted annually. Most donors also require separate external audits of the projects they fund. In 1984, there were six different audits--in 1985, one. There will be five in 1986.

PROFAMILIA reports that there has been no qualified audit opinion, no disallowances, and no recommendations regarding controls or procedures since the recommendation to install a fund accounting system.

As with non-financial reports, most financial reports are prepared in response to the external reporting requirements of the various donors and the GODR; few are prepared exclusively for internal use. Here too, however, PROFAMILIA management uses these financial reports internally, to track budgeted vs. actual expenses.

Donors require an average of four financial reports each year (AID's mission in the Dominican Republic [AID/DR] requires 12). In 1985, approximately 40 financial reports were prepared in response to external donor and GODR requirements.

Grants and contracts from several donors are in US dollars.

Most donors provide a revolving advance. This benefits PROFAMILIA's cash flow at the beginning of a funding period. Towards the middle and end, however, delays often result in a negative cash flow. This places an additional strain on PROFAMILIA's general fund.

Purchase orders and vouchers are used, and accounts payable and receivable are maintained.

Bids are required for procurement of most goods and services, including consumable items such as office supplies.

PROFAMILIA not only receives grants and contracts, it also awards (sub)grants and (sub)contracts to others. These include awards under a grant from The Futures Group in the past and in 1986 as part of the agreement with John Short & Associates to undertake a CSM program.

I.4.3 Conclusions and Recommendations: Financial Management and Fiscal Controls

Particularly since the installation of the fund accounting system, PROFAMILIA's financial management system and fiscal controls are appropriate for a not-for-profit institution, and are adequate for further expansion.

o The volume of accounting transactions justifies the purchase and installation of a microcomputer equipped with appropriate software and peripherals. In addition to the cost savings that would be realized as a result of suspending monthly payments to DATACOM (RDS\$2,400 per month), an improvement in PROFAMILIA's cash flow situation would result in a reduction in the amount of time PROFAMILIA must wait to prepare billings after the close of an accounting period.

o Elements of the financial information system should be incorporated into PROFAMILIA's MIS. Modifications should be made in the accounting system to permit tracking costs per C/CYP. At a minimum, the C/CYP should be calculated globally for the entire institution. It may also be desirable to disaggregate the C/CYP by program, project, funding source, geographical area and/or method. Given the flexibility of the fund accounting system, such modifications are feasible. Technical assistance will be required to determine the appropriate level of disaggregation, for designing accompanying cost-effectiveness tests, and for training management personnel in the use of this information.

o Income generated by PROFAMILIA from contraceptive sales, fund-raising activities, etc., and cost recovery efforts should be reported monthly.

o In general, more use should be made of the financial information contained in the fund accounting system for planning and replanning purposes, not only at the project level, but at the institutional level.

o Overhead rates should be determined each year for the previous year and provisional rates established for the current year.

o International donors should be encouraged (1) to review PROFAMILIA's accounting system with a view towards eliminating requirements to maintain separate checking accounts; (2) to consider the effects of recurring delays in payments to PROFAMILIA and to revise their revolving advance levels accordingly; (3) to consider participating in a single, annual consolidated audit; and (4) to recognize a proportionate share of PROFAMILIA's overhead expenses.

I.5 Summary of Conclusions and Recommendations

I.5.1 Rationale for Section

Several recommendations in this section do not appear in previous sections of the report. A recommendation, for example, for new office space for the additional administrative personnel required to support an expanded program did not fit neatly into any previous section. Furthermore, several recommendations that do appear earlier overlap with others. Microcomputer systems, for example, were recommended separately in the sections on logistics, management information and accounting; implementation would suggest the installation of a single, integrated multi-user system. For these reasons, the recommendations in the previous sections of the report should be viewed only as background for the recommendations in this section.

PROFAMILIA is a well-run institution. Personnel are highly qualified, motivated and dedicated. The management systems and administrative procedures already in place have served PROFAMILIA well in the past and form a solid basis for expansion. The recommendations in this section build on those strengths.

I.5.2 Recommendations

1. PROFAMILIA's decision to adopt the C/CYP measure should be supported. At a minimum, the C/CYP should be calculated globally for the entire institution. It may also be desirable to disaggregate the C/CYP by program, project, funding source, geographical area and/or method. Training and technical assistance will be required to determine the appropriate level of disaggregation, to identify additional data collection and analysis requirements, to modify the existing MIS accordingly, and to train management personnel in the use of the information.

2. An expandable, multi-user, micro- or mini-computer system that supports the MS-DOS and Unix or Xenix operating systems should be purchased and installed to support the new, integrated MIS. The volume of accounting transactions alone justifies the purchase and installation of such a system. Technical assistance will be required to assist in the selection of an appropriate system, to customize and install applications software, and to train computer operators.

3. PROFAMILIA's recognition of the need to reorganize its administrative and supervisory structures should be supported, particularly with regard to inserting another level of management. Technical assistance will be required to complete the revision of job descriptions and to oversee the transition. It will also be required to provide an orientation to all administrative and supervisory personnel regarding the new structure,

the changes in procedures, and their new roles and responsibilities.

4. The additional administrative staff needed to support an expanded program will require more office space at PROFAMILIA headquarters.

5. A larger, single, central warehouse that meets the temperature, humidity, ventilation and security requirements for such storage facilities is recommended.

6. The hiring and training of additional service-delivery and administrative support personnel, including training staff, will be required to expand the program.

7. Overhead rates should be determined each year for the previous year and provisional rates established for the current year.

8. International donors should be encouraged to

- o review PROFAMILIA's accounting system with a view towards eliminating requirements to maintain separate checking accounts;
- o consider the effects of recurring delays in payments to PROFAMILIA and to revise their revolving advance levels accordingly;
- o consider participating in a single, annual consolidated audit; and
- o recognize a proportionate share of PROFAMILIA's overhead expenses.

9. In preparation for modifications to PROFAMILIA's MIS, PROFAMILIA's desire to provide training to key personnel in Project Management Systems, including management by objectives and management information systems, should be supported. Following the implementation of changes in the MIS, management should be trained to make better use of the information generated for planning and replanning purposes, not only at the project level, but at the institutional level as well.

10. Technical assistance is recommended to determine proper pricing levels for commodities and services and further to develop cost-recovery strategies designed to increase PROFAMILIA's level of self-sufficiency.

I.6 Special Concerns for AID

Several concerns regarding the proposed USAID-supported expansion were expressed in conversations with PROFAMILIA management and are presented below. These concerns should be viewed as additional evidence of the strength of PROFAMILIA management. Consideration of and sensitivity to these concerns will further strengthen, not only the proposed project, but the institution as a whole.

1. Technical assistance and training should be accompanied by follow-up. PROFAMILIA has benefited greatly from the technical assistance and training it has received in the past. On the other hand, it does not have the resources needed to implement many of the recommendations in this report (or in the many other studies that have been undertaken) without external support. Follow-up, as defined by PROFAMILIA management, means more than coming back at some point in the future, after technical assistance and/or training have been provided, to see if the recommendations have been properly implemented; it means continuing to work together with PROFAMILIA staff to implement the recommendations.

2. Technical assistance and training with regard to management of service delivery activities in general should be directed towards strengthening PROFAMILIA as an institution--not merely any single project.

3. The need to restructure the organization administratively, of which the insertion of another level of management is but one feature, is a high-priority item for PROFAMILIA, with or without the proposed project. PROFAMILIA fears that the administrative structure is vulnerable at present and that such changes will be necessary, with or without the proposed expansion.

4. The additional office space that will be needed by new administrative personnel to support an expanded program is not available at PROFAMILIA's present location. A move to a larger location will be sought.

5. PROFAMILIA has become increasingly concerned about finding ways to continue its activities after external donor support ends. To that end, it has sought to increase the level of self-sufficiency by (1) experimenting with several income generating and cost-recovery activities, and (2) seeking support from a variety of donors. To the extent to which the proposed expansion contributes to its ability to continue after funding ends, the better this will suit PROFAMILIA. Its management has expressed its desire that any increased support bring with it components that will lead to an enhancement of the organization's potential for self-sufficiency.

II. CONAPOFA

II.1 Background

The National Council on Population and Family (Consejo Nacional de Poblacion y Familia-CONAPOFA), was established by Presidential Decree #2091 in 1968 as an autonomous institution responsible for the "study, research, analysis and dissemination" of population-related information. Since 1968, and particularly since the arrival of a new Executive Secretary in 1982, its role has been expanding, and it is now responsible for coordinating the entire national family planning program. At one time it was envisioned that CONAPOFA's activities would eventually be integrated into the maternal and child health (MCH) division of the Secretariat for Public Health and Social Welfare (Secretaria de Salud Publica y Asistencia Social-SESPAS), and that CONAPOFA itself would cease to exist as a separate entity; instead, responsibility for MCH within SESPAS has increasingly been borne by CONAPOFA.

II.2 Overview of Present and Proposed Activities

II.2.1 Present Activities

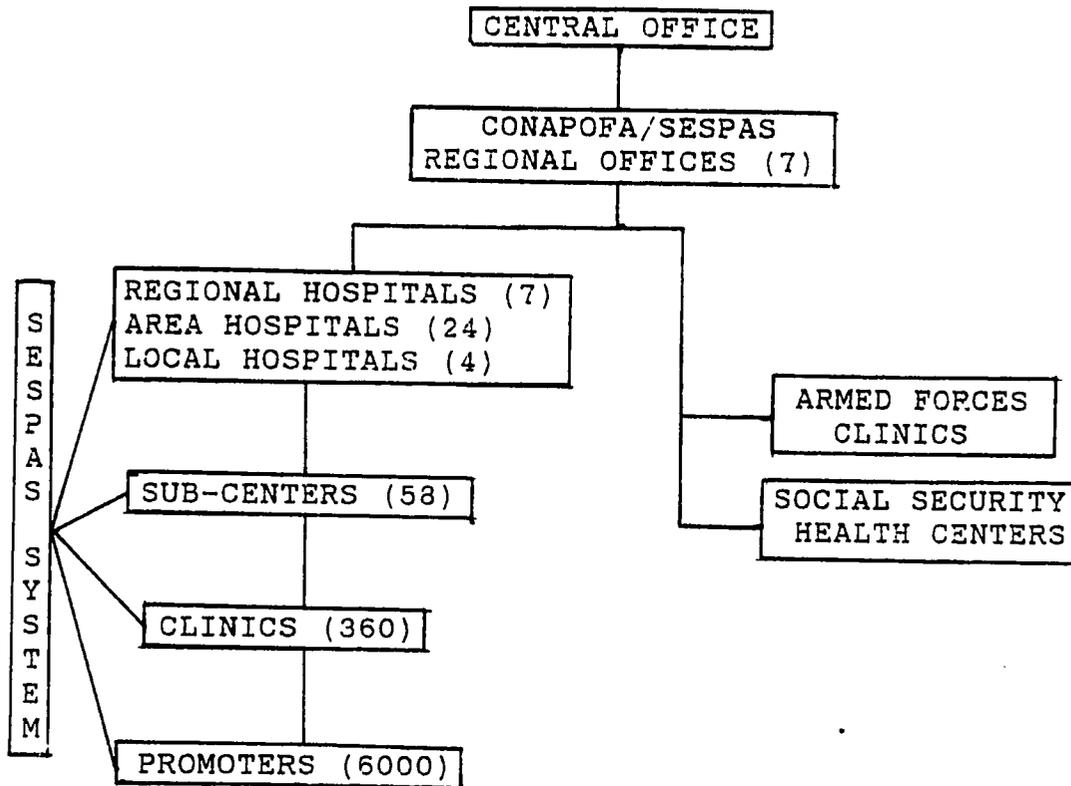
CONAPOFA is involved in three types of activity: family planning service delivery; promotion, training, supervision, and logistical support; and research and evaluation. Each is described below.

II.2.1.1 Family Planning Service Delivery.

II.2.1.1.1 Overview. CONAPOFA itself provides very little in the way of family planning services; rather it provides the training, supervision and logistical support that enables SESPAS, the armed forces, and the Social Security Administration (SSA) to provide these services efficiently (see Section II.2.1.2).

ORGANIZATION CHART

CONAPOFA FAMILY PLANNING SERVICES DELIVERY NETWORK



Most family planning services provided through CONAPOFA are aimed at the country's lowest income populations in rural areas and marginal urban zones.

II.2.1.1.2 CONAPOFA. With bilateral support from USAID, CONAPOFA provides family planning services directly to users through three pilot clinics. Two are now operating in marginal urban barrios (Vietnam and Villa Consuelo) and the third will be opened soon, probably in Maquiteria. With additional USAID support, CONAPOFA also provides services during the evening (servicios nocturnos) at an urban clinic and two government maternity hospitals: Los Minas and Nuestra Senora de la Alta Gracia.

II.2.1.1.3 SESPAS. Government-supported family planning services are provided through the SESPAS network of 35 hospitals, 58 health subcenters (subcentros de salud), 360 clinics, and 6,000 rural, community-based Promoters. CONAPOFA provides the promotion, training, logistical support, and much of the supervision with funds provided by the GODR, the United Nations Fund for Population Activities (UNFPA), AVSC, and Family

Planning International Assistance (FPIA).

Seven regional hospitals, 24 area hospitals, and four local hospitals comprise the SESPAS public health system. Hospitals are usually located in towns of 10,000 to 20,000 inhabitants. (The distinction between regional and area hospitals is an administrative distinction only.) Local hospitals are smaller and provide primarily MCH services, including obstetrical services, pre- and post-partum care, and family planning services. Most hospitals offer voluntary surgical contraception services. All regional and area hospitals employ area supervisors who are responsible for monitoring and supervising activities in the subcenters and rural clinics.

The 58 subcenters are located in towns averaging 5,000 to 10,000 inhabitants and are staffed by physicians and nurses who provide primary and secondary health care. The subcenters are equipped with beds for overnight stays, but do not offer obstetric services. Most subcenters do, however, offer family planning services including voluntary surgical contraception.

Three hundred and sixty rural clinics offer family planning services. They are located primarily in towns with populations of between 2,000 and 5,000 people. Rural clinics are staffed by a doctor, an auxiliary nurse, a maintenance person and, in larger clinics, a nutritionist. Fifty percent of the doctors are "pasantes" (temporary), fulfilling their "rural year of service" requirement; the other half are interns on two-year contracts to SESPAS. The use of interns under contract, a new arrangement, has proved to be more successful than reliance only on "pasantes" since few of them are actually onsite for more than eight months. Each clinic also serves as a base for Base Supervisors who are responsible for the supervision of the Promoters (averaging 10 to 20 Promoters per base Supervisor).

Approximately 6,000 rural, community-based health Promoters are associated with the rural clinics, of whom about 5,200 receive remuneration (they are not salaried) from SESPAS: RD\$50 per month. Approximately 75 percent of the Promoters provide family planning services, including orientation and the distribution of temporary methods (pills, condoms, and foam). They also make referrals to rural clinics for IUD insertions and for physical examinations for first-time pill users. The remaining 25 percent have either not received family planning training, or do not participate for religious or other personal reasons. In addition to family planning, the Promoters provide basic health care in their communities.

II.2.1.1.4 Armed Forces. Beginning in 1985, CONAPOFA trained 222 orderlies and 50 doctors from military clinics (Army, Air Force, Navy, and National Police) in responsible parenthood and the prevention of venereal disease. Today, 98 military base clinics distribute condoms and IEC to military personnel. The

doctors and orderlies of all armed forces clinics in the country have all been trained. CONAPOFA continues to provide condoms and IEC materials.

II.2.1.1.5 Social Security. CONAPOFA provides training and commodities to Social Security health post staff upon request from the SSA. Despite the apparent potential of this component to reach additional users, to date only fourteen SSA health posts are providing family planning services with assistance from CONAPOFA. While these SSA posts are predominantly urban, at least one is located in sugar cane fields to provide basic health services to cane-cutters and their families.

II.2.1.2 Promotion, Training, Supervision and Logistical Support

II.2.1.2.1 Promotion. CONAPOFA publishes and distributes a variety of posters, pamphlets and fliers on family planning and MCH, and occasionally produces radio spots to promote new services.

II.2.1.2.2 Training. CONAPOFA trains SESPAS doctors from area hospitals, local hospitals and health subcenters in minilaparotomy; doctors and auxiliary nurses from rural clinics in IUD insertion, family planning and statistical recording methods; and community-based rural health Promoters in MCH and family planning for the distribution of temporary methods. CONAPOFA also trains a wide variety of health professionals, from military clinic personnel to Social Security clinic staff, in family planning and MCH.

II.2.1.2.3 Supervision and Logistical Support. The central office supervises SESPAS MCH/family planning (FP) activities outside the national district of Santo Domingo through Regional Offices located in each of the seven health regions. (Activities in the national district are coordinated from the CONAPOFA central office.) CONAPOFA regional offices, located in SESPAS regional offices, are the first link between the CONAPOFA and SESPAS MCH personnel. Each regional office is staffed by SESPAS personnel and a CONAPOFA team consisting of a medical supervisor, a nurse supervisor, a training coordinator, and a secretary/logistics person. CONAPOFA/SESPAS regional office personnel are responsible for coordinating MCH/FP activities carried out by SESPAS personnel in the region.

Supervision is adequate down to and including the regional level. Breakdowns occur, however, once direct responsibility for program activities is turned over to SESPAS personnel--i.e., below the regional level. Theoretically, service delivery, commodity storage, inventory, and acceptor recording at the sub-center and rural clinic levels are monitored by SESPAS Area Supervisors from regional and area hospitals. Similarly, regional Medical Supervisors and Nurse Supervisors oversee the

activities within the regional, area, and local hospitals, and review the data collected by the Area Supervisors. In practice, however, CONAPOFA's regional office staff must supervise the activities of all SESPAS MCH/FP personnel--down to and including rural clinic personnel--since the adequacy of area supervision by SESPAS personnel varies considerably from region to region.

For example, in Region II (Puerto Plata, Santiago, Espaillat, La Vega, and Monsenor Nouel), great differences exist in the quality and quantity of the supervision provided by SESPAS personnel in Puerto Plata and La Vega. In the Puerto Plata area, three people supervise subcenters and rural clinics. They have two vehicles at their disposal, permitting weekly visits to the service delivery points. In contrast, in the La Vega area, there is only one Area Supervisor and no vehicle, yet there are 23 rural clinics and two subcenters. Predictably, the Puerto Plata area requires far less additional supervision from CONAPOFA regional staff (while many more FP users are served) than does the La Vega area. To compensate for the weaknesses in La Vega, the CONAPOFA regional personnel visit the area's rural clinics and subcenters once every two months, targeting problematic clinics for closer supervision and technical assistance.

Beyond the clinic level, SESPAS Base Supervisors oversee the activities of the rural health Promoters, resupply them with contraceptives, and collect acceptor statistical data recorded by them. Here again, however, SESPAS supervision is inadequate. Base Supervisors, lacking transportation or transportation expense money, do not make regular visits to the Promoters in the field. They rely, instead, on the Promoters' monthly visits to the clinic for staff meetings to collect user statistics and resupply them with contraceptives and IEC materials. Weak field supervision of the Promoters has reduced their effectiveness: the 6,000 Promoters serve an average of less than 10 FP users each.

The absence of incentives is another problem closely associated with the poor performance of the Promoters and CONAPOFA's limited influence over SESPAS field personnel. SESPAS pays Base Supervisors only RD\$250/month; Promoters are paid RD\$50. As an added incentive, CONAPOFA awards certificates of appreciation, signed by the Executive Secretary, to Promoters who serve more than 25 users per month. While this non-monetary incentive may help, CONAPOFA cannot require Promoters to meet performance standards (such as proper acceptor recording practices, more aggressive promotion of services, etc.). This lack of leverage adversely affects CONAPOFA's supervisory hierarchy, from the Area Supervisors down.

CONAPOFA supplies SESPAS health facilities and rural health Promoters with contraceptives, clinical equipment and supplies, and IEC materials. Physicians trained in minilap receive surgical equipment, which includes medical kits, surgical lamps, and operating tables for their health facilities.

II.2.1.3 Evaluation and Research. CONAPOFA's evaluation department performs a number of functions related to population research and analysis, including fertility and contraceptive prevalence surveys. It is also involved in population policy analysis activities including public opinion surveys and the production and dissemination of the Dominican Republic Resources for the Awareness of Population Impact on Development (RAPID) model.

II.2.1.4 Current GODR and International Donor Support. CONAPOFA receives financial support from the GODR and a variety of international donors.

- o The GODR funds CONAPOFA directly for central administration (including the evaluation department) and for support staff in the seven regional offices.
- o UNFPA provides core support for central office staff, including the evaluation department, and the professional staff in the regional offices. Phase-out of UNFPA assistance is scheduled for 1987.
- o Family Planning International Assistance (FPIA) supports IUD training for pasantes, interns and auxiliary nurses in rural clinics. FPIA also provides CONAPOFA with nearly all of its temporary contraceptive methods. FPIA funding is scheduled to end in December 1986.
- o AVSC supports voluntary surgical contraception training and provides equipment to the trained physicians and backup training for auxiliary nurses.
- o The Population Council supports training in NORPLANT insertion and removal for doctors from three SESPAS hospitals. It also provides some support to the Evaluation Department for tracking NORPLANT acceptors at the three SESPAS NORPLANT outlets.
- o The Futures Group provides per diem and honorarium support to the Evaluation Department for an inter-ministerial working group on population and development using the RAPID model.
- o The USAID mission provides financial support for two projects: the pilot project, and the servicios nocturnos project.

Table II.2.1.4

CONAPOFA
Funding Sources

Current Obligations (US\$)

GODR	105,900
UNFPA	408,713
FPIA	60,956
AVSC	60,800
The Population Council	16,500
The Futures Group	1,200
USAID	118,900 (Pilot Project)
USAID	27,600 (Servicios Nocturnos)
TOTAL	<u>800,569 *</u>

* Does not include the value of donated commodities.

II.2.2 Proposed Activities

II.2.2.1 Service Delivery. CONAPOFA plans to expand its role as a service provider by opening nine more outlying clinics (clinicas perifericas): six in Santo Domingo; one in La Vega; one in San Francisco de Macoris; and one in San Pedro de Macoris. It also plans to extend service hours in the evening at additional locations. Five more laboratories for processing PAP smears will be set up to service various health regions.

II.2.2.2 Training. CONAPOFA will continue training physicians, pasantes and interns, and auxiliary nurses, and community-based Promoters.

II.2.2.3 Supervision. More intensive supervision will be provided in Regions IV and VI to increase the provision of FP services.

II.2.2.4 Promotion. Additional IEC materials related to FP and MCH will be produced.

II.2.2.5 Research and Evaluation. Two new studies will be undertaken: a health and demography survey with Westinghouse, and an infant mortality survey with CELADE.

Additional research and evaluation studies include:

- o A cost-effectiveness study of the national FP program by method, project and institution (six months);
- o A mortality, fertility, and contraceptive prevalence survey (18 months);
- o An adolescent sexual and reproductive profile survey (15 months);
- o A follow-up study to determine levels of use and continuity of use of temporary contraceptive methods (12 months);
- o A second national leaders survey (six months);
- o A second male contraceptive prevalence survey (15 months); and
- o A five-year, year-end census of continuing (active) users.

Two seminars are also planned:

- o A three-day seminar on "Strategy for a Population Policy"; and
- o A five-day seminar on "The Dominican Republic at the end of the 20th Century: Demographic and Socioeconomic Aspects."

II.2.2.6 Logistics. CONAPOFA's Executive Director is considering proposing to SESPAS that CONAPOFA assume responsibility for supplying SESPAS service units with medicines related to MCH in addition to its current contraceptive supply services. He reasons that the inclusion of MCH commodities would permit closer supervision of all CONAPOFA-supplied commodities, including contraceptives.

II.3 Program Management

II.3.1 Personnel Management

II.3.1.1 Staffing. In February 1986, CONAPOFA employed 130 persons, 52 paid with GODR funds (administered by CONAPOFA) and 78 with funds from international donors. The CONAPOFA personnel manual lists 45 separate job descriptions. The distribution of employees by department and funding source is presented below.

Table II.3.1

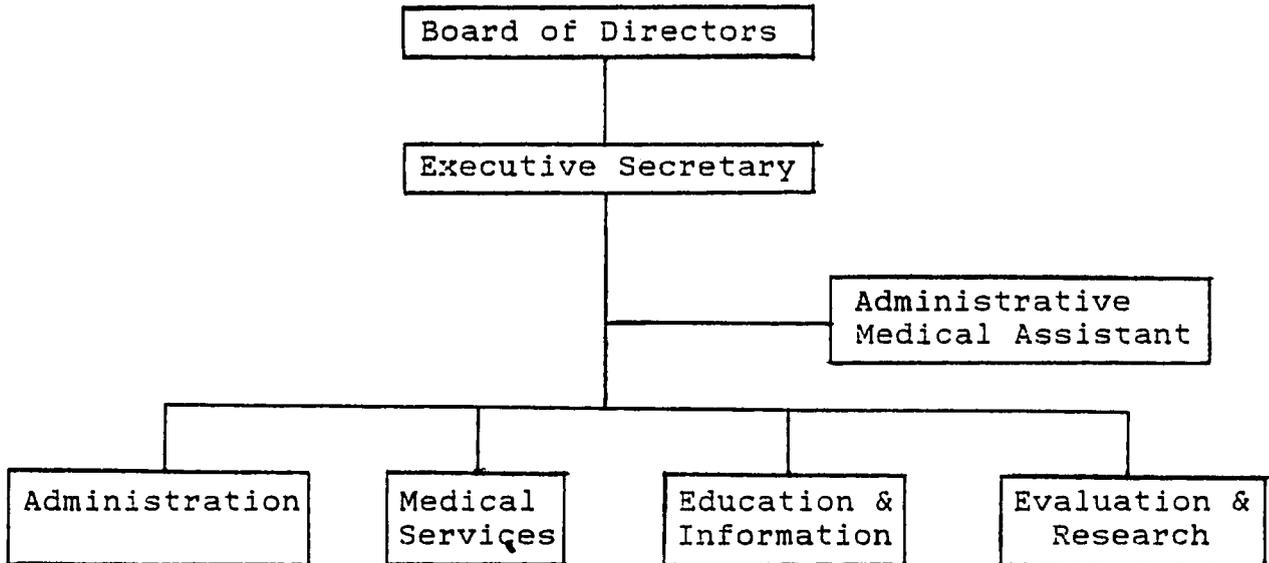
CONAPOFA
Distribution of Employees by Department
and Funding Source
February 1986

	GODR	UNFPA	AVSC	FPIA	AID/DR	Total
Office of the Executive Secretary	3	1	-	-	-	4
Dept. of Administration	11	3	-	-	-	14
Dept. of Medical Services	32	21	5	8	19	85
Dept. of Education and Information	3	5	-	-	5	13
Dept. of Evaluation and Research	3	11	-	-	-	14
	<hr/>					
TOTAL	52	41	5	8	24	130

II.3.1.2 Structure. A five-member Board of Directors, from both the public and private sectors, oversees CONAPOFA. The private sector is represented by SESPAS, the Ministries of Agriculture and Education, and the National Planning Office (ONAPLAN); the public sector is represented by PROFAMILIA. The Board convenes at the request of the Executive Secretary, a non-voting member of the Board. Since 1982, the Board has met only on an ad hoc basis to review new program activities or the annual report.

Day-to-day management is the responsibility of the Executive Secretary, Dr. Ramon Portes Carrasco. Below the Executive Secretary are four departments: administration, medical services, education and information, and evaluation and research. The organizational structure is illustrated in the following organization chart.

ORGANIZATION CHART
CONAPOFA



Like PROFAMILIA, CONAPOFA has experienced rapid expansion in the number of activities it undertakes, the number of donors that provide support, and the level of funding. It has retained much of its original administrative structure, however. As a result, there is little delegation of responsibility and limited communication among departments. These problems have become more acute since the Executive Secretary lost his Technical Assistant due to budget cuts; the Technical Assistant had been an important communications conduit between the Executive Director and the department heads.

The departments remain compartmentalized, as they were in the late 1970s when program activities were more limited and funding was provided by only two sources (the GODR and UNFPA). Despite the diversity of CONAPOFA's current activities, the departments do not communicate among themselves sufficiently, and often disagree about program operations.

II.3.1.3 Hiring. The recruiting of CONAPOFA personnel is the responsibility of department heads. The hiring of professional staff must be approved by the Executive Secretary. Job openings are filled from within the organization whenever possible. There is little staff turnover.

II.3.1.4 Supervision. The Executive Secretary supervises department heads (directors). The Medical Director oversees the activities of Regional Office personnel with assistance from the Director of Administration and the Logistics Coordinator.

Regional office staff, in turn, supervise the activities of the SESPAS personnel involved in the provision of maternal and child health and family planning services.

II.3.1.5 Personnel Policy and Salary Levels. Personnel policy is outlined in a personnel manual written in 1980. The manual contains 45 detailed job descriptions, organization charts, a description of employee benefits, and a list of regulations.

There is no policy concerning salaries. As a result, wide discrepancies exist, particularly between staff paid from international donor accounts and those paid with GODR funds. This has led to resentment among staff. In 1984, Coopers and Lybrand undertook a study of CONAPOFA's salary structure, but the recommendations have not been acted on as yet.

II.3.1.6 Personnel Evaluation. CONAPOFA personnel are evaluated by their immediate supervisor, but not on a regularly scheduled basis. In the central office, personnel are evaluated every six months. New staff members may be evaluated more frequently. In regional offices, the Medical Supervisors perform staff evaluations on an ad hoc basis, although annual reviews seem to be the most popular.

Personnel records are maintained centrally by the department of administration. Employee files contain salary histories, evaluations, and job descriptions.

II.3.1.7 Conclusions and Recommendations: Personnel Management. Personnel management within CONAPOFA has not evolved at levels commensurate with the expansion in programs that the organization has experienced in recent years.

- o Additional administrative, training and supervisory personnel will be required to support an expanded program.

- o Technical assistance is recommended to revise CONAPOFA's administrative structure, with particular attention to delegation of authority and responsibility. Job descriptions should be revised accordingly, and the grade/step salary schedule updated and used.

- o A performance evaluation schedule should be established and used;

- o The supervision of personnel and activities outside of CONAPOFA, namely of SESPAS personnel, must be expanded and improved.

II.3.2 Staff Training

II.3.2.1 Findings. CONAPOFA staff themselves are adequately trained to carry out present responsibilities. Many of the professional staff have received excellent training at CONAPOFA. Some have participated in international courses such as those offered at the Margaret Sanger Center and Johns Hopkins University.

As a training institution, however, CONAPOFA falls short (see Section II.2.1.2.2). For those who receive it, CONAPOFA training is, on the whole, adequate--in fact, quite good. Too few, however, receive it. Of the 5,200 officially registered SESPAS Promoters, only 31 percent (1,627) have been trained by CONAPOFA during the last four years; of those, many have dropped out of the program and been replaced by people who have yet to be trained. Furthermore, Promoters are not sufficiently well trained in side effects and contraindications for pill users to know when it is appropriate to refer them to the clinic.

II.3.2.2 Recommendations

o More CONAPOFA trainers will be required to increase the number of trained community-based Promoters.

o The training curriculum should be revised so that Promoters are better able to recognize adverse side effects and identify contraindications for pill users. Only those pill users with contraindications and adverse side effects should be referred to clinics for physical examinations. Furthermore, sexually active young adults should not be discouraged from using the pill.

II.3.3 Logistics

II.3.3.1 Findings. Commodities are supplied by FPIA and AVSC. FPIA supplies temporary contraceptives, including IUDs, IEC materials, and a limited amount of clinic supplies. AVSC supplies all materials related to voluntary surgical contraception.

Commodities are sent from CONAPOFA's central warehouse in Santo Domingo to the regional offices for subsequent distribution to SESPAS service outlets in the respective regions. The central warehouse, located close to the CONAPOFA headquarters, is run by a Warehouse Assistant. FIFO is used and commodities are separated by donor and product.

Warehouse operation and commodity distribution are controlled by the Logistics Administrator from the central office. Regional offices submit commodity requests to the Logistics

Administrator every three months; small requests are submitted more frequently. Requests for temporary contraceptives and basic clinic supplies are approved by the Logistics Administrator. All requests for supplies related to voluntary surgical contraception must be approved by the Administrative Director, the Administrative Medical Assistant, the Medical Director, and the Executive Secretary.

The regional offices, in turn, are responsible for supplying SESPAS service delivery outlets in their respective regions. Commodity requirements in the outlets are determined on the basis of supervisory visits to area hospitals, subcenters and rural clinics, or requests submitted to the regional office. Each regional office has an Administrative Assistant responsible for preparing three-month commodity requests for submission to CONAPOFA in Santo Domingo.

Separate inventory records are maintained at the central office and the warehouse. Each maintains a set of inventory cards for each product; a perpetual inventory system is employed.

There is currently an adequate stock on hand to meet program needs. The last shipment of commodities (IUDs and IEC materials) was received from FPIA in December, 1985.

Regional offices submit inventory reports to the CONAPOFA Logistics Administrator every three months. The reports, which accompany the three-month commodity requests, include the balance on hand at the beginning of the period; commodities distributed during the period to hospitals, subcenters and rural clinics; commodities received during the period; and the balance on hand at the end of the period. At present, insufficient control on commodities is exercised at points below the central warehouse level. No periodic visits are made by staff from the central office to the regional offices to verify inventory reports. Similarly, while some regional office staff record commodity flow to SESPAS units, they do not monitor subsequent handling of the stock to ensure that contraceptives are properly stored and that expiration dates are observed, that the contraceptives are indeed distributed to users. Finally, there is virtually no monitoring of the distribution of contraceptives by Base Supervisors to the Promoters nor of the handling and distribution of contraceptives by the Promoters.

Adequate controls are maintained, however, for Copper-Ts and voluntary surgical contraception equipment. Voluntary surgical contraception supplies have always been closely tracked and monitored. Tighter controls on the Copper-Ts were implemented when product losses were noted in the field. To discourage misuse of the product (alleged theft for resale), CONAPOFA now requires that SESPAS service personnel deliver signed receipts to the regional offices from all clients receiving Copper-Ts.

II.3.1.2 Conclusions and Recommendations. The logistics system is adequate down to the regional office level only. Below the regional office level, controls are inadequate. The result has been unreliable information being provided to the central office regarding numbers and types of contraceptives distributed to users, outdated stock at several outlets, surplus stock at some, and shortages at others.

o Technical assistance and training will be required to extend adequate controls from the regional office level to all distribution points. Closer, on-site verification of reported data must take place, and independent physical inventory counts undertaken periodically. (This will become important for programmatic reasons as well, when the CYP measure is adopted.) SESPAS personnel will need training in how to record and report data under the new system.

o CONAPOFA's desire to assume responsibility for distribution of all SESPAS MCH-related commodities should be supported, provided that SESPAS provides the resources required.

o Logistics data should be integrated into CONAPOFA's MIS.

o A microcomputer should be provided to store and analyze commodity-related data and to prepare periodic reports on commodities in the pipeline and on hand at all storage and distribution points, and on the numbers and types of commodities distributed to users.

II.3.4 Management Information System

II.3.4.1 Findings. CONAPOFA has a complex, cumbersome MIS operated by the Department of Research and Evaluation; this department is responsible for compiling and analyzing all data related to service delivery within the national family planning program--including information from the service delivery points operated by SESPAS, the armed forces, Social Security, and PROFAMILIA.

Major revisions in the method employed for collecting and analyzing data--particularly with regard to the number of continuing users--were made last year after it was found that there was little correlation between the data collected by CONAPOFA and the recently completed contraceptive prevalence survey. At the same time that changes were made by CONAPOFA, SESPAS also changed the way it collects and records data--integrating much of the family planning data with clinical histories. The results have been less than satisfactory.

Nevertheless, CONAPOFA continues to receive an enormous quantity of data for processing each month, including approxi-

mately 15,000 clinical history forms from SESPAS units, documentation on 800 voluntary sterilization procedures, acceptor recording forms from 4,000 Promoters and the results of 2,000 PAP tests. At the same time, a large percentage of the SESPAS units fail to report any data.

Only the medical histories are processed by computer. All other information is processed manually, although it is eventually tabulated by computer. CONAPOFA relies on the computer facility of the National Statistics Office (Oficina Nacional de Estadística - ONE) for data processing. However, both The Futures Group and Westinghouse have donated IBM microcomputers to the department, and Westinghouse is currently providing the necessary technical assistance to enable CONAPOFA to assume full control of computerized data processing by the end of 1986.

The Department of Training collects and analyzes data related to training activities; the Department of Administration handles data related to commodities distributed.

The data collected are employed primarily to produce reports for the GODR and international donors; very little is used for internal management purposes. Analysis of program statistical data is extremely limited. For instance, the CONAPOFA evaluation of national family planning and MCH services for the period January to June 1985 goes no further than to provide a series of tables showing services delivered by agency and service unit. Although service achievements are measured against CONAPOFA numerical objectives, no consideration is given to the effectiveness of the program in terms of costs, delivery model, or methods mix.

Data are analyzed by department and little cross-tabulation of the information occurs for comparative purposes. Essentially, Evaluation Department statistics are restricted to reports and limited analysis by the Department of Medical Services. No correlations are drawn between service statistics and crucial financial and logistics data.

II.3.4.2 Conclusions and Recommendations: Management Information Systems. Although a great deal of data are generated, their reliability is questionable. This is due, in part, to the number of SESPAS units that fail to submit reports each month. Furthermore, the data generated do not currently lend themselves to measurement of the number of CYP provided through CONAPOFA's various programs.

o CONAPOFA should be encouraged to adopt the C/CYP system to measure the magnitude of services provided. Particular attention should be given to generating information for comparative purposes--by program, project, funding source, geographical area and method.

o Technical assistance will be required to redesign the data base and to train CONAPOFA and SESPAS personnel to record and report the data. In the process, family planning user statistics should be recorded separately, apart from clinical histories.

o CONAPOFA management should be trained to use the information generated by the MIS for planning and replanning, and for better allocation of resources.

II.4 Financial Management and Fiscal Controls

II.4.1 Introduction

Planning of future resource requirements and funding sources is carried out by the Executive Director and the project-related department heads (Medical Services, Education and Information, and Evaluation and Research). CONAPOFA staff are experienced in producing multi-year projections for programs and resource requirements and give adequate consideration to targeting specific areas for program expansion to ensure optimal allocation of resources. Detailed planning, however, is carried out only on an individual project basis, with assistance from specific donor agencies, but without participation from the Department of Administration. As a result, while project directions and resource requirements are well planned, important cost items are frequently overlooked. Moreover, CONAPOFA's program activities have expanded rapidly in recent years without a commensurate growth in the agency's administrative capabilities. None of the donors supporting CONAPOFA pays overhead and the GODR is currently unable to increase funding for administration. Thus, further expansion of CONAPOFA's activities will require significant inputs for administrative support.

II.4.2 Budgets

Daily monitoring of the various project budgets is the responsibility of the Administrative Director, who provides the Executive Secretary with monthly (handwritten) financial reports. The Executive Secretary monitors receipts, expenditures, and budget balances to ensure compliance with the terms and conditions of the various donors.

Approval of expenditures requires the signatures of the Executive Secretary and either the Medical Director or the Administrative Medical Assistant. Petty cash is handled by the Administrative Medical Assistant.

Purchasing is carried out by a Purchasing Officer, using a three-bid system. No running contracts are maintained with suppliers and bid selection is based on lowest price quoted. Purchases subject to bid include office supplies, vehicle main-

tenance, and medical supplies. All purchasing is done from the central office; the regional offices receive supplies based on monthly requests. Gasoline, also purchased through bids, is provided to the regional offices on a cost reimbursable basis, dependent on the submission of receipts.

Salaries are paid monthly by check. Regional offices are sent monthly payments for salaries, gasoline, and supervisors' per diem by registered mail. Salaries are based on a 40-hour week; regional offices are not required to maintain or submit employee timesheets.

Per diem and travel expense payments to participants in training courses are hand-carried to the training sites by one of the two Auxiliary Accountants, who makes the cash payments in return for signed receipts. This system also serves to verify the number of courses and participants reported to CONAPOFA by the regional offices.

II.4.3 Accounting System

CONAPOFA employs a fund accounting system to record all financial transactions. Each fund corresponds to a funding source that is further broken down by project or department. Separate subsidiary ledgers and separate checking accounts are maintained for each fund. Budgets and budget balances are maintained within the system. The cost or some other value assigned to donated commodities is not included.

There is about a one-month lag in the preparation of financial reports due to the time required to process the data. All financial records are maintained manually by the accounting staff, consisting of the Administrative Director (a certified public accountant) and two Auxiliary Accountants.

II.4.4 Financial Reports

II.4.4.1 Internal Reports. Handwritten monthly reports are prepared by the Administrative Director for the Executive Secretary's review. The Executive Secretary reviews the reports to ensure that spending, by account, is in line with programmed activities and within budget.

II.4.4.2 External Reports. The Administrative Director personally prepares all financial reports required by donor agencies. A total of 46 separate financial reports will be produced in 1986. The following is a schedule of required financial reports by agency:

- o GODR: CONAPOFA, as an autonomous agency, reports directly to the Oficina Nacional de Presupuesto (ONAPRES) every month

and prepares an annual report.

- o UNFPA: Quarterly financial reports.
- o USAID: Monthly reports for the Pilot Project and quarterly reports for the Night Services Project.
- o FPIA: Four-month reports.
- o AVSC: Quarterly reports.
- o Population Council: Quarterly reports.

II.4.5 Audit History

From 1973 to 1982, CONAPOFA was audited annually by Price Waterhouse on behalf of UNFPA. Although the 1982 audit noted such problems as comingled accounts, insufficient budget supervision, and checks written on the wrong accounts, UNFPA has not scheduled another audit until the completion of the current UNFPA project in 1987. This is apparently because UNFPA has confidence that CONAPOFA has improved under the direction of the new Executive Director.

Aside from the UNFPA audits, audits have been conducted for individual projects by AVSC (1984) and Westinghouse (1985). In 1985, a team of auditors sent to CONAPOFA by the GODR became confused by the agency's multiple funding sources and left without reviewing any records.

II.4.6 Conclusions and Recommendations: Financial Management

The CONAPOFA fund accounting system is adequate for properly segregating accounts established for various donors. The system would be more efficient and reports generated in a more timely fashion if it were computerized. Although accounting personnel have made every attempt to implement the recommendations made during previous audits, no independent auditor has reviewed the revisions to ensure that they are adequate and that all the proper financial controls are in place. CONAPOFA staff stated that it would be useful for an independent auditor to review their financial system.

- o CONAPOFA's desire for an independent auditor to review its current accounting system, including the financial controls now in place, should be supported.
- o Revisions should be made in the accounting system to permit calculating the C/CYP.
- o The volume of accounting transactions justifies the purchase

and installation of a microcomputer equipped with appropriate software and peripherals.

- o Additional accounting personnel are required.

II.5 Summary of Conclusions and Recommendations

CONAPOFA personnel are highly qualified, motivated and dedicated, as are their counterparts in PROFAMILIA; in fact, many of the people now working at PROFAMILIA worked previously at CONAPOFA. While PROFAMILIA has received and benefited from a great deal of technical assistance and training, however, particularly in management, CONAPOFA has received very little. With the same level of support that PROFAMILIA has received, CONAPOFA management could also be strengthened. A summary of the recommendations from earlier sections appears below.

II.5.1 Personnel Management

1. Additional administrative and supervisory personnel will be required to support an expanded program.
2. Technical assistance is recommended to revise CONAPOFA's administrative structure, with particular attention to the delegation of authority and responsibility. Job descriptions should be revised accordingly, and the grade/step salary schedule updated and used.
3. A performance evaluation schedule should be established and used regularly to evaluate employee performance.
4. The supervision of personnel and activities outside of CONAPOFA, namely of SESPAS personnel, must be expanded and improved.

II.5.2 Training

5. More CONAPOFA trainers will be required to increase the number of trained community-based Promoters.
6. The training curriculum should be revised so that Promoters are better able to recognize adverse side effects and identify contraindications for pill users. Only those pill users with contraindications and adverse side effects should be referred to clinics for physical examinations. Furthermore, sexually active young adults should not be discouraged from using the pill.

II.5.3 Logistics

7. Technical assistance and training will be required to extend adequate controls from the regional office level to all storage and distribution points within the system. Closer, on-site verification of reported data must take place, and independent physical inventory counts undertaken periodically. SESPAS personnel will also require training in how to record and report data under the new system.

8. CONAPOFA's desire to assume responsibility for distribution of all SESPAS MCH-related commodities should be supported, provided that SESPAS provides the resources required.

9. Logistics data should be integrated into CONAPOFA's MIS.

10.A microcomputer should be provided to store and analyze commodity-related data and to prepare periodic reports on commodities in the pipeline and on hand at all storage and distribution points, and on the numbers and types of commodities distributed to users.

II.5.4 Management Information System

11. CONAPOFA should be encouraged to adopt the C/CYP system for monitoring progress and measuring results. Particular attention should be given to generating information for comparative purposes--by program, project, funding source, geographical area and method.

12. Technical assistance will be required to redesign the data base and to train CONAPOFA and SESPAS personnel to record and report the data properly. In the process, family planning user statistics should be recorded separately, apart from clinical histories.

13. CONAPOFA management should be trained to use the information generated by the MIS for planning and replanning purposes, and for better allocation of resources.

II.5.5 Financial Management

14. CONAPOFA's desire for an independent auditor to review its current accounting system, including the financial controls now in place, should be supported.

15. Revisions should be made in the accounting system to permit calculating the C/CYP.

16. The volume of accounting transactions justifies the purchase and installation of a microcomputer equipped with appropriate

software and peripherals.

17. Additional accounting personnel are required.

ATTACHMENT A

PERSONS INTERVIEWED OR CONTACTED, BY AGENCY

AID/Santo Domingo

Dr. Lee Hougen, Health Development Officer
Mr. Manuel Ortega, Population Advisor
Mr. Rudolph Ellert-Beck, Program Officer
Mr. Hank Bashford, Mission Director
Mr. Craig Buck, Deputy Mission Director
Mr. Tom Bebout, Comptroller
Ms. Debra DeWitt, CRD
Mr. Henry Welhouse, Economist

CONAPOFA

Dr. Ramon Portes Carrasco	Executive Secretary
Dr. Elias Dinzey B.	Medical Director
Dr. Jose Martin Vasquez	Administrative Medical Assistant
Lic. Magaly Diaz	Administrative Director
Lic. Angela Margarita Baez	Training Director
Lic. Leovigildo Baez	Evaluation Director
Lic. Martha Molina	Evaluation Sub-Director
Lic. Jose Castro Brens	Encargado/Logistics
Lic. Hetty Figueroa	Encargada/Training Team
Lic. Ruth Dinzey	Trainer
Lic. Baltazar Gonzalez	Consultant-Pilot Project
Norberto Uribe	Auxiliary Accountant
Rosa Bisono	Administrative Secretary
Lic. Guillermo Diaz	Communications Officer

Group Interviews with SESPAS Personnel

Auxiliary Nurse
Base Supervisors (3)
Promoters (25)

PROFAMILIA

Magaly Caram de Alvarez, Executive Director
Bienvenida Bobadilla de Hernandez, Finance/Administration
Maritza Olivier, Organizational Consultant
Rosa Rita Alvarez, Encargada, Centro de Adolescentes
Josefina Perez de Almeida, Encargada, Resource Development
Nelson Ramirez, Director, IEDP
Maritza Aguillo, General Services

Jose Rafael Martinez, Director of Services
Denis Mota, Director, Department of Communications
Dr. Francisco Alvarez Sanchez, Director, CINSERHA
Dr. Milton Cordero, Medical Director

OTHERS

Fernando Gomez, AVSC
Silvio Gomez, IDRC
Dr. Joseph Potter, Demographer
Jim Messick, CMS, John Short, Inc.