

Latin America and the Caribbean Unit

Management Development Plan

Brazil

July 1996 to June 2000

Family Planning Management Development (FPMD)

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Office of Population, USAID

Management Sciences for Health

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**MANAGEMENT DEVELOPMENT PLAN
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Introduction

Based on a mid-term evaluation of the implementation of its 1992-2000 Population Assistance Strategy, USAID/Brazil has made a strong commitment to increase levels of technical assistance to the Brazilian Reproductive Health Program in the area of Management. FPMD was invited to conduct a management needs assessment of the public sector reproductive health programs in the Northeastern States of Ceará and Bahia in February of 1996. As a result of that diagnostic visit, a two-year plan for management development support from FPMD was presented to USAID/Brazil in March, 1996. This proposed plan for support to the Brazilian family planning program will be developed further during upcoming in-depth diagnostic visits by FPMD staff, and it will be extended through the end of the FPMD project period (2000), ensuring long-term programmatic sustainability.

Brazil is the largest country in Latin America, with a total population of nearly 160 million. Although the total fertility rate (TFR) has dropped significantly in the past twenty years to 2.8, and contraceptive prevalence is nearly 70% at the national level, there are significant regional differentials in fertility and other health and socio-economic indicators. Thirty percent, or nearly 45 million, of the total population of Brazil lives in the Northeast. The TFR in the Northeast is as high as 5.2 in rural areas and 3.7 in urban areas, and contraceptive prevalence (CPR) was only 59% in 1991.

The Brazilian public sector health system (Sistema Unico de Saude-SUS) has been undergoing rapid decentralization, with some states, such as Ceará decentralized to the municipal level. The bulk of health services are delivered by private providers who receive public reimbursement, although there are some public facilities that provide services directly, especially to the lowest income sectors of the population. In 1984, the government launched a public sector women's health program (Programa de Assistencia Integral a Saude da Mulher-PAISM) which was to include family planning, implementation has been slow until recently. Only IUDs and diaphragms are directly reimbursable methods by the SUS, in spite of the fact that oral contraceptives and voluntary surgical contraception are the most demanded, accounting for nearly the entire method mix reported by current users. In 1991, 86% of users in the Northeast used either pills or VSC. Program staff are often uninformed regarding reimbursement policies for family planning services. Situation Analyses in both Bahia and Ceará have shown quality of care to be relatively poor.

The many complexities of Brazil's public sector program have resulted in a number of obstacles to the optimal delivery of high quality, accessible family planning services. USAID/Brazil's population assistance strategy for 1992-2000 calls for the improvement of the quality and sustainability of reproductive health services, primarily in the Northeastern States of Ceará and

Bahia. As mentioned above, the mid-term assessment of the strategy noted that management is the functional area that USAID had least emphasized, and it was considered to be one of the most important, if USAID's joint objectives of improved quality and sustainability for the Northeast were to be met by the year 2000. The Reproductive Health Program has been initiated in both Ceará and Bahia and has been rapidly expanding. Program managers at all levels of the health system need additional tools and skills to successfully manage program expansion while ensuring acceptable quality of care. FPMD's technical assistance to the Reproductive Health Program in these two states will help USAID/Brazil meet PHNC Strategic Objective/Outcome (SO) 1.3, "an enhanced capacity for public, private, NGO and community based organizations to design, implement, and evaluate sustainable FP Programs"; as well as contributing to SO 1.4: "An increased demand for, access to, and quality of FP and other selected reproductive health information and services".

Goals and Objectives of FPMD Assistance

Long Term Goal

To support the expansion of sustainable quality reproductive health activities in the states of Ceará and Bahia.

Specific Objectives and Activities:

The primary areas in which FPMD will work to strengthen the Reproductive Health Programs of these two states consist of: 1) assisting the programs to strengthen their central management teams through management training and technical assistance ; 2) developing institutional program support systems; and 3) improving the management capabilities and quality of services at the local level.

Specific objectives within each of these three main areas, and the activities necessary for the achievement of each objective are detailed below. While the general framework and most of the objectives are the same for the two states, it is important to note that work on the contraceptive logistics system (see ii, below) will only be carried out by FPMD in Ceará, as Pathfinder is the responsible implementing organization for this activity in Bahia. In addition, while strengthening of the central and regional level management teams responsible for women's health and family planning services is important in both states; it is perhaps particularly important in Ceará, given the Secretary of Health's current emphasis on totally integrated services in that state, and the perception that the woman's health program has tended to be a vertical one.

CEARA AND BAHIA

Area I: Management Training:

Objective 1: Central and Program Management Teams strengthened through management training

Activities: Provide management training and technical assistance in general and program management skills for the central level staff, selected personnel of the State Secretariat of Health and the Regional Health Departments/Directorates (DERES/DIRES). Provide training in program planning for State, Regional, and selected Municipal levels, with participants from central and regional levels, as well as from selected municipalities. In the state of Ceará, this activity will be conducted in close coordination with UNFPA and in Bahia, with Pathfinder.

Area II: Institutional Support Systems:

Objective 2: Contraceptive supply system improved to provide timely delivery of necessary levels of contraceptive supplies (e.g., avoid stockouts, emergency requests, transfers, etc.) Note: Only in Ceará (in coordination with Pathfinder).

Activities: a) Conduct a comprehensive needs assessment of the Program's contraceptive commodities management capabilities.

b) Provide technical assistance and training, if necessary, in the implementation of the recommendations for improvement of the supply system.

Objective 3: Supervisory capacity of the Reproductive Health Program improved, enabling supervisory staff to assist family planning service delivery personnel to resolve doubts re: reimbursement policies, to provide in-service training, and to review progress towards the concrete programmatic goals and targets established in the Planning Workshops.

Activities: Management training in supervision, with a focus on developing concrete supervisory guides to be used during visits (including quantitative and qualitative indicators), assignment of supervisory responsibilities, and calendarization of visits for at least a one year period. This work could also include an exploration of the potential impact of strengthening staff motivation and commitment to the program through a revised incentive system. Staff from all programmatic levels, central, regional, municipal will participate.

Objective 4: Monitoring (and evaluation) system with a focus on the improvement of service

management and quality developed.

Activities: a) Review service statistics and financial data available to program management, and level of completeness of reporting and additional data required by program managers.

b) Technical assistance to fine-tune existing information systems to better meet managers' needs (coordinate closely with logistics systems work, supervision system work, and quality of care work (see Area 3, below).

Area III: Improving Management Capabilities and Quality of Care at the Service Delivery Level

Objective 5: To develop and implement a process of continuous improvement of the management and quality of reproductive health services, empowering local providers to work as a team, and to analyze and improve the service process using the client perspective. This activity will be conducted in coordination with JHPIEGO, PRIME, and PSC.

Activities: a) Management training and technical assistance in the use of the AVSC/COPE approach for the central health center of the reproductive health program. Training of trainers from local training institutes and the local School of Public Health on COPE. Use of TOT to provide training for program managers and service delivery personnel in the application of COPE to the service delivery level.

b) Production of the Family Planning Manager's Handbook in Portuguese.

Key Counterparts/Donor and Other CA Collaboration:

BEMFAM, local schools of public health, other local management consulting firms and/or local management training institutions.

UNFPA, AVSC, Pathfinder, JHPIEGO, PRIME and PCS.

Assessment of Impact

Impact will be assessed by objective. Indicators, both qualitative and quantitative, have been identified to the level of specificity possible at this time. As the activities are implemented, particularly the planning workshops, it will be possible to specify more accurately the expected levels of changes in certain indicators by time periods.

Table I: OBJECTIVES AND INDICATORS

	Area/Objective	Indicator	Method for Assessment
Area I: Management Training			
1.	Central and Program Management Teams strengthened through management training and technical assistance	a) Knowledge of management skills increased among recipients of management training and applied in every day work.	a) Pre-test/Post-Test evaluations (workshops) and during observation/TA visits.
		b) Strategic and operational plans with concrete programmatic goals and objectives produced at the State, Regional and Municipal Level.	b) FPMD Technical Staff Report on planning workshops and during observation and TA visits.
		c) System for the periodic monitoring and evaluation of progress towards goals and objectives at all levels of the program established and implemented. Findings used to improve program design and implementation.	c) FPMD Technical Staff/Consultant Report
Area II: Institutional Support Systems:			
2	Contraceptive supply system improved : Note: Only in Ceará.	a) Baseline inventory of logistics system including levels of consumption, stock on hand, stock outs conducted prior to assistance b) Assistance designed based on findings of the inventory. c) Workable logistics system in place and being used to manage contraceptive supplies throughout Ceará.	a) Initial diagnostic visit, subsequent monitoring via quarterly reporting based on Logistics MIS by FPMD Tech Staff/Consultant b) Observed correspondence between the findings of the baseline report and the workplan for assistance. c) Observation of logistics system and its use.

3.	Supervisory capacity of the Reproductive Health Program improved	a) Staff with supervisory and service delivery responsibilities have increased knowledge re: reimbursement policies, family planning method indicators and contra-indicators	a) Staff interviews and/or focus groups.
		b) Specific supervisory responsibilities assigned, regular supervisory visits scheduled and supervision plan implemented.	b) FPMD Technical Staff/Consultant report
		c) Staff productivity increased through introduction of incentives in supervision.	c) Service statistics for SDPs and programmatic areas; staff interviews and focus groups
		d) Additional indicators will be specified based on supervision curricula to be developed.	
4.	Monitoring (and evaluation) system developed, with a focus on the improvement of service management and quality.	Increased % of reporting completeness of service statistics and financial data with a focus on quality indicators. Additional indicators to be identified by FPMD.	FPMD Technical Staff/Consultant report
Area III: Improving Management Capabilities and Quality of Care at the Service Delivery Level			
5.	To develop and implement a process of continuous improvement of the management and quality of reproductive health services	a)Improved quality of care from client perspective at service delivery point;	a)Situation analysis or similiar methodology (eg., periodic client exit interviews and focus groups with clients)
		b)Service delivery staff are able to identify and resolve problems.	b) Focus groups of service providers
		c)Increase in family planning service coverage;	c) Service statistics
		d)Changes in family planing method mix	d) Service statistics