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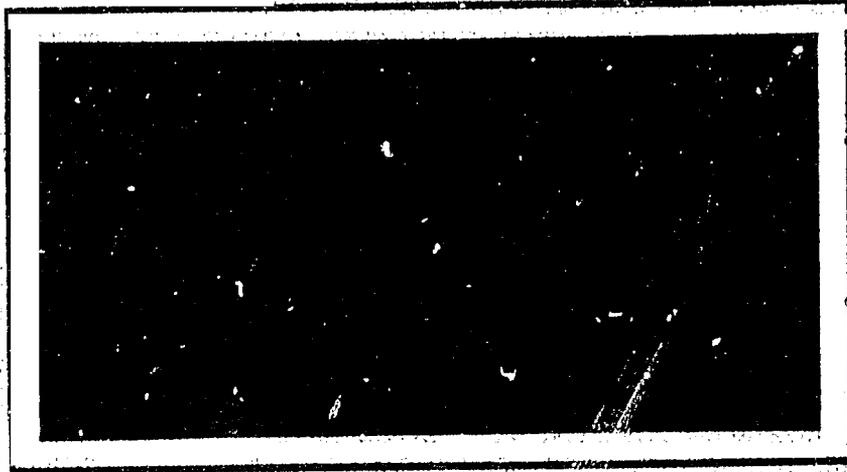
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AN ASSESSMENT OF THE POTENTIAL
FOR MANAGEMENT DEVELOPMENT
ACTIVITIES WITH THE CONSEJO NACIONAL
DE POBLACION Y FAMILIA IN THE
DOMINICAN REPUBLIC

A Report Prepared By:
MICHAEL BLOOM

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PREFACE

The author would like to gratefully acknowledge the contribution of the many people who shared their time and insights in preparation of this report. In particular, the support of Luis Gonzalez Fabra, Gabriel Santana and the entire CONAPOFA staff is most appreciated.

Michael Bloom, MPA
Executive Director
Valley-Wide Health
Services, Inc.

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EXECUTIVE SUMMARY

The Agency for International Development requested a one-week review of potential for management development activities with the Consejo Nacional de Poblacion y Familia (CONAPOFA) in the Dominican Republic. The initial assessment focused on CONAPOFA's: (1) general management capacity, (2) willingness to institute a management training program, and (3) the probability that such training would improve utilization of family planning services in the Dominican Republic.

After interviewing all CONAPOFA Department Directors and visiting urban and rural family planning facilities managed by CONAPOFA, the author concludes that CONAPOFA is a basically sound operation which is caught in a period of organizational stagnation. Family planning services are available throughout the Dominican Republic. However, in recent years number of users per clinic has leveled off and new users appear to be primarily a function of additional clinic and funding for sterilizations.

CONAPOFA's Executive Director, Luis Gonzalez Fabra, would like to improve the Agency's efficiency and increase utilization of CONAPOFA's existing family planning services. He sees management training as an important organizational development tool and is willing to commit his time and Agency resources to a training program.

The author believes CONAPOFA will benefit from a good management training program. Investment of relatively few training dollars should yield significant increases in family planning service users.

The recommended program focuses on training in the following areas: (1) supervision, (2) inventory supply and control, (3) data collection and use. The program requires training a Dominican in organizational development and management training skills as they pertain to family planning program. The Dominican trainer then works with an experienced family planning management training consultant to prepare, present, and evaluate a series of management workshops for CONAPOFA staff. At the conclusion of the initial workshop cycle, CONAPOFA has an in-house management trainer who can be used to assess future organizational development needs and present appropriate workshops.

I. INTRODUCTION

At the request of the Agency for International Development/Population Office, arrangements were made for the author to spend one week in the Dominican Republic assessing the need and potential for management development activities with the National Population and Family Council (CONAPOFA) in the Dominican Republic.

In particular, the initial assessment was to look at: (1) CONAPOFA's overall management capacity, (2) the organization's receptivity to management training activities, and (3) the probability that such training and management development would positively affect program outcomes.

The author spent five working days (October 8-12, 1979) in the Dominican Republic several weeks after the Island was devastated by Hurricane David. During this period it was possible to: (a) interview all CONAPOFA department heads; (2) visit one of the rural regional offices and three clinics and one urban out-patient family planning clinic; (4) review recent data concerning CONAPOFA clinical and evaluation activities; (5) interview the AID health officer, Dr. Oscar Rivera; (6) interview many Dominicans, and (7) on three separate occasions interview Luis Gonzalez Fabra, Executive Director of CONAPOFA. (See Appendix A for persons contacted).

II. HISTORY

The Consejo Nacional de Poblacion y Familia was created by Presidential Decree in 1968. CONAPOFA is considered the maximum authority with regard to family planning in the Dominican Republic. The Council is composed of: the Secretary of State, Secretary of Health and Social Welfare, Technical Secretary of the President's Office, Secretary of Education, Secretary of Labor, Secretary of Agriculture, and the Director of the Division of Maternal Child Health, and a representative of the private sector (the Asociacion Demografica Pro-Bienestar Familiar). CONAPOFA is charged with the responsibility for developing national population policy and coordinating the delivery of family planning services throughout the Dominican Republic.

From 1968 through 1972 CONAPOFA's small staff (eight persons) was involved in generating the information and data necessary to develop a national family planning policy. Additionally, the Council and several private organizations initiated family planning service delivery programs in urban and rural areas of the Dominican Republic.

In 1972 CONAPOFA entered a period of rapid organizational growth. United Nations Family Planning Funds enabled CONAPOFA to increase significantly its staff and activities. Family planning clinics and services were expanded in rural and urban areas of the country. Demographic studies, training, and information/education projects were developed to support the growing service delivery program.

By October 1979 CONAPOFA's program consisted of the following activities:

1. Clinical Support Services

Staffing and logistic support to 244 family planning clinics (128 classified as rural and 116 as urban). Logistic support (training and supplies) to other programs providing family planning services (e.g., Servicio Basico de Salud, Instituto Dominicano de Seguro Social, Servicio Social de Iglesias Dominicanas).

2. Sterilization Support

In 1979 CONAPOFA will support approximately 18,000 sterilization procedures. Some of these procedures will be performed in urban hospitals receiving financial assistance from CONAPOFA; others by private physicians on referral from CONAPOFA family planning clinics, with physician fees paid by CONAPOFA.

3. Studies and Evaluations

The Investigation and Evaluation Department does internal program evaluations as well as studies designed to generate data for formulating national population policy and family planning strategy (e.g., fertility and KAP studies).

This Department computerizes user data and provides CONAPOFA managers with monthly utilization summaries.

4. Training

The Training Department is responsible for: (a) training CONAPOFA's staff, (b) training pasantes (medical students assigned to rural clinics for precepting experiences), (c) supplying information and training for other Dominican groups/agencies involved in family planning activities (e.g., Servicio Basico de Salud, Military, Community Development Office, Secretary of Education, Agrarian Institute).

5. Population Policy

The Council is charged with developing national family planning policy and coordinating service delivery to achieve national population goals.

CONAPOFA's budget for 1979 is approximately two million dollars. Of this amount, \$800,000 comes from the United Nations and the remainder from the Government of the Dominican Republic.

CONAPOFA employs approximately 75 persons (see Appendix B for an organization chart). Services are delivered in urban hospitals, suburban and rural health centers and rural clinics. The hospitals and health centers belong to the Ministry of Health. CONAPOFA trains, supervises and pays the family planning staff and provides the supplies for family planning clinics and services within these Ministry of Health facilities. In some cases this is true in rural clinics. However, there are also rural clinics which have been built with CONAPOFA funds and are staffed exclusively for family planning services.

In addition to CONAPOFA, family planning services are provided by several other Dominican organizations. Sterilizations and other family planning services are available in the private sector. Additionally, the Servicios Social de Iglesias Dominicanas and the Asociacion Demographica Pro-Bienestar Familiar provide family planning information and CBD services -- particularly in rural areas of the country. Recently, world bank funds have been used to initiate a Servicios Basico de Salud (SBS). This community-based, preventive health program operates exclusively in rural areas. SBS field workers are expected to do community-based distribution, as well as general family planning education. CONAPOFA has been charged with training the SBS workers in basic family planning services and supplying them with necessary family planning materials.

Table I summarizes family planning users as of May, 1979 by source of service. The table also suggests CONAPOFA programs are reaching approximately 12.4 percent of females in the fertile ages (15-44).

TABLE I

Family Planning Users by Sector May, 1979

	<u>USERS</u>		<u>% Females Fertile Age</u>
CONAPOFA Programs	108,146		9.8%
Other Programs (SBS, IDSS, SSID)	36,288		3.3%
Sterilizations (CONAPOFA)	28,400		2.6%
Private Sector	88,000	(estimate)	8.0%
TOTAL	260,834		23.7%

Source: CONAPOFA Monthly Data for May 1979

III. STATUS AND ASSESSMENT

CONAPOFA is a sound operation which has reached what might be described as "midlife" stagnation.

Over the last 10 years CONAPOFA has put together a solid national family planning program. Family planning services are available throughout most of the Dominican Republic. There appears to be broad support (or at least the absence of overt opposition) for family planning and population policy activities in the Dominican Republic. CONAPOFA has developed a corps of trained, dedicated persons knowledgeable about family planning services. Knowledge and acceptance of family planning practices appears to be widespread in the Dominican Republic and there is a high demand for family planning services.

There are, however, clear indications of organizational stagnation in the last two or three years. Productivity, as measured by users was approximately 103,500 persons in both 1977 and 1978. And users have increased by only about 5 percent in 1979. CONAPOFA's management agreed that any user increases in recent years can be attributed to additional funding for sterilizations and the opening of new clinical facilities in geographic areas previously not serviced. Users per clinic has been fairly constant for the past three years -- despite consensus opinion that the demand for family planning services is growing and certainly not being fully satisfied at this time.

Virtually all key CONAPOFA staff members have been with the Council for at least five years. Although almost everyone seemed competent and dedicated, the author was impressed by the almost complete lack of excitement about the future. This might be attributed to Hurricane David, or concern over the proposed merger of CONAPOFA with the Maternal Child Health Division of the Ministry of Health. Whatever the reason, the author noted few signs of CONAPOFA staff investing energy in more efficient management of existing organizational resources.

In summary, CONAPOFA is a basically good organization: services are being delivered, funding appears to be secure, and no apparent sources of major opposition to the program exist at the moment. On the other hand, the organization is in a period in which staff productivity is low and centered around repetition of established activities. These routine activities have become ends in themselves, with consequent leveling off of services delivered and patients served.

IV. CONCLUSIONS

CONAPOFA presents a golden opportunity for management training intervention. The organization is well established and not facing imminent crisis. The Council's Executive Director is sensitive to the organization's management needs and eager to develop a training program designed to improve CONAPOFA's service delivery capabilities. Most of the Department Directors interviewed expressed interest in improving their management skills and the organization's management systems.

For the reasons stated above, the author believes there is a high probability that management training activities with CONAPOFA staff will have a positive impact on family planning services in the Dominican Republic. Since CONAPOFA has not been overwhelmed historically with management consultants, it is reasonable to assume that management training will generate a quick burst of enthusiasm and productivity -- with an initial investment of relatively few training dollars.

The recommended training program is designed to address two distinct groups of potential users of family planning services: (1) those who would frequent CONAPOFA clinics if access obstacles were removed (e.g., stock outs, long waits, complex registration procedures, inadequate explanation of side effects), (2) those who do not know about (or are misinformed) concerning the existence of family planning services. Extensive field research would be necessary to accurately estimate the number of potential users in the two groups mentioned above. However, experience in the region suggests both groups exist and that improvements in selected management systems can facilitate enrollment and continuation of these people in family planning programs.

Specifically, management training programs in: (1) supervisory skills, (2) inventory supply and control, (3) data collection and use should serve to generate a motivated, client-oriented staff which will proactively identify and eliminate access barriers.

Although supervision is a traditional favorite for management trainers, CONAPOFA's supervisors seem to be asked to perform incompatible roles. On the one hand, they are the source of information, supplies and support for line staff people. At the same time, they are expected to discipline and elicit increased staff productivity. Obviously, it is more comfortable for most people to play the "good guy" support role. The proposed supervisory training would focus on having CONAPOFA supervisory staff examining their real roles and practicing the skills required of productive supervisors.

Inventory supply and control (logistics) was identified by virtually all persons interviewed as a key obstacle to service delivery. CONAPOFA recently did an in-house assessment of this issue and modified their logistic systems. The proposed training would examine success of the revised logistic systems and prepare support staff to manage an expanded, growing service delivery program.

The data collection/use training will examine the efficiency of existing data systems. This training will then introduce CONAPOFA department and regional directors to the use of data for planning and evaluation of activities and, most importantly, program outputs.

CONAPOFA's Executive Director expressed a desire to develop in-house resources capable of identifying management issues and develop training programs to address whatever management issues emerge in the future.

The author believes Mr. Gonzalez Fabra is committed to upgrading CONAPOFA management. He is familiar with management training programs/techniques and, therefore, aware of the need to devote organizational resources and his personal time to any management efforts.

In summary, resources invested in developing CONAPOFA management capacity in the areas of supervision, logistic support and data collection/use should significantly increase the organization's service delivery ability. Given CONAPOFA's role in the Dominican family planning movement this, in turn, will increase users of existing clinical services and expand CBD and sterilization services into geographic areas previously unserved.

V. RECOMMENDATIONS

Family planning management training programs take one of three basic approaches: (1) developing in-house skills and training capacity, (2) sending selected staff to formal training programs in-country or overseas, (3) using outside trainers/consultants to do needs assessment, system development, training and evaluation.

The author believes CONAPOFA represents a perfect opportunity to develop in-house management skills. This approach will enable the Council to resolve present and future management issues. Perhaps more importantly, the "in-house" approach will allow CONAPOFA to marshal the organization's already considerable resources and orient them toward improved service delivery outputs.

Implementation of the recommended training program will require seven distinct operational phases: (1) identification of specific management concerns with CONAPOFA, (2) assessment of Dominican training resources, (3) selection and training of in-house management trainer, (4) development of CONAPOFA training program with Dominican trainer, (5) implementation of initial management session(s) for CONAPOFA staff, (6) evaluation of training session(s) and modification, (7) repetition of training cycle as part of ongoing organizational development program.

The author believes the initial training program should focus on three management systems: (1) supervision, (2) inventory supply and control, (3) data collection and use. These three systems are recommended because they can be affected by training interventions and improvements in these systems should pay high dividends in terms of increased users of family planning services.

Implementation of the recommended program will proceed in four stages:

Stage I. An experienced management training consultant spends 15 working days with Luis Gonzalez Fabra and the CONAPOFA staff identifying those management issues to be addressed in the initial management training cycle. Additionally, during this first stage existing training resources in the Dominican Republic are surveyed and one or more individuals selected to receive further orientation in family planning management training skills and techniques. The selection of local trainer is done by Luis Gonzalez Fabra and the management consultant.

Management consultant develops during this period a series of "critical incident" studies which typify some of the management concerns facing CONAPOFA. The critical incidents will serve as basis for Stage III training session(s).

Stage II. The Dominican trainer selected in Stage I spends three to six months learning and practicing organizational development diagnosis and family planning management training skills. The critical part of this stage will be supervision of the trainee by a person experienced with both family planning program management and training. During Stage II the Dominican trainer should assist the supervisor with several management training workshops.

By the end of Stage II, the Dominican trainer should be skilled in: (a) techniques for assessing organizational development needs, (b) planning management training workshops around selected issues, (c) leading management workshops, (d) evaluating workshop effectiveness and organizational impact.

Stage III. Management consultant selected for Stage I spends 10 days in the Dominican Republic assisting the Dominican trainer with preparation and implementation of first CONAPOFA management workshop. Five days will be devoted to working with the Dominican trainer in preparation of materials and planning the initial Dominican workshop. The remaining consultant days will be used to observe the workshop, assist the trainer and Mr. Gonzalez Fabra with a workshop evaluation and plan future workshops.

Stage IV. Ongoing support to CONAPOFA and Dominican trainer as needed. This support will most likely take the form of requests for outside consulting assistance to assess specific management or organizational development problems.

Implementation of this program can be initiated as soon as a budget and timetable are agreed upon between Luis Gonzalez Fabra and the funding agency. Selection of the consultant and training situation for the Dominican trainer will be critical to the program's success.

Both the consultant and training institution should possess demonstrated skill and experience in the following areas: (1) management of family planning programs in Latin America, (2) organizational assessment and development, (3) planning and teaching management training workshops, (4) evaluating training sessions, (5) logistics, data collection and use for management of family planning programs. Finally, the consultants selected must have, or be able to generate, the complete confidence and support of Luis Gonzalez Fabra and the CONAPOFA staff.

APPENDIX A
PEOPLE CONTACTED

APPENDIX A

PEOPLE CONTACTED

CONAPOFA - Santa Domingo Office

Lic. Luis Gonzalez Fabra
Executive Director

Lic. Gabriel Santana
Administrative Assistant to Director

Lic. Manuel Varona
Supervisor of Administration

Dr. Oretes Cucurullo
Acting Medical Director

Licda. Margarita Baez
Nursing Supervisor

Lic. Cesar Guerrero
Director, Department of Administration

Lic. Nelson Ramirez
Director, Department of Investigation and Evaluation

Lic. Leo Baez
Department of Investigation and Evaluation

Licda. Ana Teresa Olivares
Acting Director, Department of Training, Information
and Education

CONAPOFA - San Pedro de Macoris (Region V)

Sra. Nuca Sanchez
Nursing Supervisor

Lic. Oscar Hungria
Training Coordinator

Licda. Emerita Rincon
Training Assistant

CONAPOFA - Ingenio Quisqueya (Region V)

Juana Rosario
Nurse

CONAPOFA - Metropolitan Region

Hospital Moscoso Pueblo

Alvarez Sanchez, M.D.
Director of Family Planning

Hospital Maternidad

Juana Urena
Nurse

Timoteo Mermelojos
Health Educator

Anna Maria Garcia
Health Educator

Sub-Center Matahambre

Margarita Feliz de Coradon, M.D.
Medical Director

Sra. Raquel Goris
Administrator

Ministry of Health - San Pedro de Macoris

Gilberto Rivera Ortiz, M.D.
Regional Director

OTHERS

Two Medical Students in Boca Soto (Region V)

Nutritionist in Quesqueya (Region V)

SBS Field Worker near Quesqueya (Region V)

Store Owner in Quesqueya (Region V)

Store Owner in Cancino (Capitol Region)

Ena de Simo, M.D.
Deputy Director of Hospital Moscoso Pueblo

AID/Dominican Republic

Oscar Rivera, M.D.
Health Officer

AID/Washington

Robert Corno, Phd.
Robert Halladay

APHA Consultants

Michael Bernhart, Phd.

CARITAS Consultant

John Keegan

SITE VISITS

CONAPOFA Administrative Offices - Santo Domingo

Hospital Moscoso Pueblo - Santo Domingo

Hospital Maternidad - Santo Domingo

Sub-Center Matahambre - Santo Domingo

Region V Office - San Pedro de Macoris

Region V Rural Clinic - Boca Soto

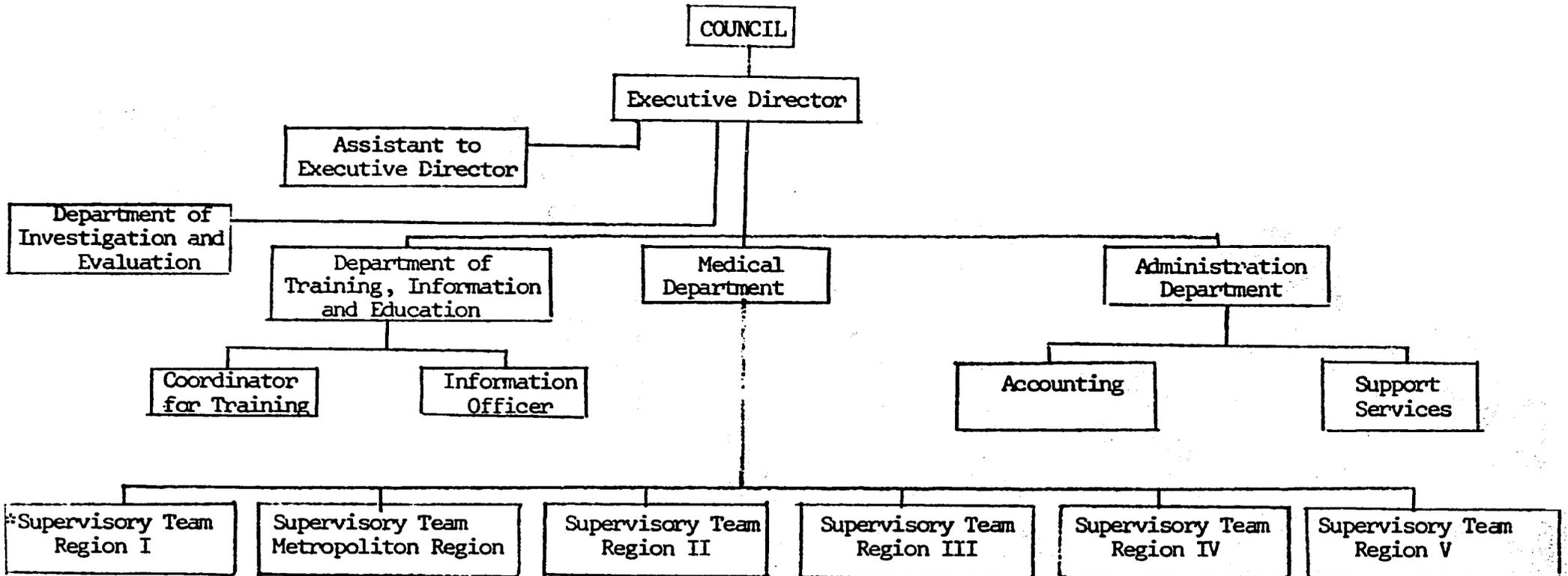
Region V Rural Clinic - Ingenio Quisqueya

APPENDIX B
ORGANIZATION CHART

APPENDIX B

ORGANIZATION CHART

National Population and Family Council



*Each Supervisory Team Includes: Nursing Supervisor, Training Coordinator, Training Assistant, Social Worker
Administrative Assistant

APPENDIX C
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APPENDIX C

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