

PA-ABN-736

1992 81592

**TECHNICAL ASSISTANCE AND
SECOND ORGANIZATIONAL
WORKSHOP WITH THE CAJA
NACIONAL DE SALUD**

April 7 - 26, 1992

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

Project No.: 936-3055
Contract No.: DPE-3055-C-00-0052-00
Task Order No.: TWO-9-BO

I. INTRODUCTION

This report presents the results of a two week (April 7-22, 1992) consulting effort and of the second organizational workshop (April 23-26) in support of the Reproductive Health Program (RHP) at the "Caja Nacional de Salud" (C.N.S.). These activities are the latest of a series of interventions by M.S.H. that started with a General Management Assessment of the entire organization effected during July 1989 and a sequel of training seminars and institutional development workshops under the F.P.M.T. project. The consulting and workshop facilitating efforts were undertaken by the Resident Advisor of the F.P.M.D. project in Bolivia and a consultant in management systems, provided by the subcontracting firm: The Development Group Inc.

The consulting task had the following objectives:

1. Identify organizational and personnel problems for the CNS Reproductive Health Program (RHP) and contribute to their solution by means of process consulting.
2. Assess the impact of the changes effected in the organizational structure of the RHP due to the recommendations made in the previous consulting effort. (Wilcox/Olave report, November 1991).
3. Design the structure and contents for the second organizational workshop.
4. Prepare the Position Description Manual for the RHP to be discussed and approved at the Organizational Workshop.

This report delineates activities associated with the attainment of each objective.

II. METHODOLOGY

In order to accomplish the consulting objectives interviews were undertaken with the President of the C.N.S., and all the Reproductive Health Program Officers.

The interviews were carried out using a previously determined format designed to fulfill the following specific objectives:

1. Determine the degree of job satisfaction of the person interviewed.
2. Determine personnel's perceptions about the contributions of their colleagues to the accomplishments of the Program goals and objectives.
3. Identify areas of personnel conflict and their origins.

The workshop was designed as a highly participative event to accomplish the following objectives:

4. Discuss, modify and approve the Position Description Manual.
5. Analyze the level of implementation of the recommendations issued at the previous Organizational Workshop and determine the causes that prevented full accomplishment.
6. Prepare, through collective programming techniques, the specific program plans for each of the participating health centers.
7. Motivate the participants to accomplish program objectives emphasizing the role of leadership and the relative contributions of different leadership styles.

III. BACKGROUND

- The National Reproductive Health Program.

After many years of reluctant support, indifference and opposition on the part of the Bolivian health authorities, the Ministry of Health, with the support of USAID formalized in 1990 a proposal to expand family planning services as part of reproductive health.

The National Reproductive Health Program (RHP) is integrated into the Maternal Child Health Program expanding its scope and upgrading its priority. The RHP includes five basic Functions: a) service expansion and improvement, b) information, education and communication, c) training, d) research and, e) policy definition.

The program is to be implemented through a series of Buy-ins to eleven cooperating agencies which provide support and technical assistance mainly to PVOS; and through three bilateral agreements with the Ministry of Health's MCH Program, the "Caja Nacional de Salud" and the population unit of the Ministry of Planning.

- The Reproductive Health Program at the "Caja Nacional de Salud (C.N.S.)

The C.N.S. will implement the RHP by means of its network of 15 hospitals and 29 polyclinics. The Program at the C.N.S. consists of five major components:

- A. Detection and management of reproductive risk.
- B. Family Planning.
- C. Promotion of breast-feeding and birth spacing.
- D. Detection of cervical cancer.
- E. Detection of sexually transmitted diseases.

It is expected that at the end of the program, 33 percent of the insured women in fertile age (75,000) will be active users of some family planning method. ¹ This group is composed of women included in the reproductive risk category, postpartum patients who had high risk deliveries or abortions and those women who expressed their wish to space births voluntarily.

- Organization

The RHP is directed by Dr. Fernando Rengel, who is responsible for the overall execution, supervision and evaluation of the Program. He is assisted by a Program Coordinator Dra. Cristina Renteria, whose main responsibility is to ensure that all phases of the program are carried out according to schedule.

The financial and administrative aspects of the Program are the purview of the General Administrator, Lic. Rosario Kalacic.

The Information, Education and Communication (IEC) activities are managed by Lic. Ana Maria Paredes, who is hierarchically dependent on the Director of the Program.

- Functions

The Program at the C.N.S. incorporates most of the functions defined by the National Program:

- a) Service Implementation.
- b) Training.
- c) Information, Education and Communication.
- d) Research and Evaluation.

¹ The information presented in this section is an updated version of that contained in the November 1991 report. At the end of the five year period detection of cervical cancer is supposed to reach 90 percent of the target population and similar coverage is expected in the detection of sexually transmitted diseases.

VI. RESULTS

- Organizational and Personnel Problems

The most important organizational problems found were the following:

- a) The departure of Dr. Fernando Rengel as head of the Medical Services Directorate (Gerencia de Servicios de Salud), and his de-facto separation from the Reproductive Health Program.
- b) Lack of coordination between the Program Coordinator, Dra. Cristina Rentería and the top CNS authorities.
- c) The absence of formal management mechanisms to coordinate the work from a national level.

The principal personnel problems detected, that are affecting the accomplishment of the program objectives are:

- d) The CNS President's concerns regarding the loyalty of the Program Coordinator.
- e) Power struggle between the Program Coordinator and the Administrative Officer, with political (party affiliation) overtones.

- Solutions

- a) After many meetings with Dr. Fernando Rengel he was finally persuaded to reassume the Director Position of the RHP. He agreed to do so, without any remuneration.

The incorporation of Dr. Rengel also helped solve problems (b) and (d) since he is the ideal linkage with the President of the CNS in order to obviate the problems that the Coordinator was having by trying to get anything approved at that level.

- b) To solve problem (c) two committees were organized:

1 - The Executive Committee, which was to meet the first Monday of every month, constituted by the Program Director (Chairman), the Program Coordinator, the Santa Cruz and Cochabamba Regional Coordinators, the IEC National Coordinator and the Administrative Officer.

1 - The Technical Coordinating Committee which meets every Monday under the chairmanship of the Program Coordinator and would include the IEC Coordinator and the Administrative Officer.

- c) To attempt to solve problem (e) several group sessions were carried out which included the Program Director, the National Coordinator and the Administrative Officer after separate meetings had been carried out with each of them individually.

It became clear that the solution to this problem will require a long process of confidence building and team building. This process was initiated and a few administrative measures were taken in order to prevent a repetition of some of the damaging actions that had occurred in the past. For instance, ensuring that information is available to all parties concerned and that the program hierarchy be respected in all communications, particularly those that flow outside of the Program.

- Organization impact assessment

The impact of the matrix structure, recommended during the previous consultancy, could not be evaluated since a delay in program implementation in essence stopped all operations.

The majority of important positions have been filled and each health center in La Paz has designated program managers for each of the two shifts. In Cochabamba and Santa Cruz the Regional Coordinators have been named and they are in the process of choosing the health center Program Managers.

The national coordinator for IEC has been designated and will be working full time in August.

An important recommendation made at the last workshop was to have the program coordinator dedicate herself to the program on an exclusive basis and with a special assignment paid by the project. This recommendation has been fully implemented.

Another recommendation was that all the program personnel be located in the same office. This recommendation is also being implemented. The CNS is now actively looking for larger space in which to accommodate the needs of the program.

- Organizational Workshop: Design and Implementation

The organizational workshop was designed to meet the objectives (2.4 to 2.7) listed in section 2.0. The preliminary design was discussed and modified at the first meeting of the Technical Committee. The new design version was then presented to Dr. Fernando Paz, President of the CNS who approved it and instructed that the workshop be executed accordingly. The workshop design is presented in Appendix 1.

An important feature of the workshop was the approval of the Position Description Manual for the RHP. This document was elaborated by the consulting team on the basis of the recommendations issued at the last organization workshop and validated with the principal authorities of the Program.

The workshop consisted of four modules:

- The importance of different styles of leadership.
- Review and approval of the Reproductive Health Position Description Manual.
- Evaluation of progress on previous recommendations.
- Collective programming for RHP activities in the Health Centers.

- Module 1

This module consisted of a lecture on "Leadership to transform organizational behavior" and an exercise to identify and compare individual leadership styles. The comparison of styles took place in small groups of individuals who work together in the various CNS service delivery centers.

- Module 2

The Position Description Manual which had been elaborated by the consulting team prior to the workshop was analyzed in small groups and each group elaborated a list of changes and/or additions. These lists were reviewed during the plenary session and were either accepted or rejected by consensus.

- Module 3

At the November 1991 workshop a series of recommendations were issued to promote the attainment of program goals and objectives. The workshop participants evaluated the relative accomplishment of these recommendations and for the cases that were not completed they issued further suggestions. In Appendix 2 there is a detailed list of the group's evaluation.

- Module 4

This last module consisted of the collective programming of RHP activities for each of the service delivery centers. Prior to the group sessions, where the programming took place, there were presentations on program strategy by the Program Director, on the general operational plan by the National Coordinator and on the Regional plans by the Regional Coordinators.

The projected program activities were presented and fully discussed at the last plenary session. They are included in Appendix 3 of this report and were returned to each Health Center for further refinement before they are submitted officially to the Reproductive Health Program's National Coordinator.