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**NEEDS ASSESSMENT FOR IMCI MANAGEMENT
COMPONENTS
REPORT ON TRIP TO GUATEMALA
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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
IMCI	Integrated Management of Childhood Illnesses
MOH	Ministry of Health
NGO	Nongovernmental Organization
PY	Project Year
SIAS	Sistema Integrado de Atencion de Salud
USAID	United States Agency for International Assistance

EXECUTIVE SUMMARY

This report describes activities of the consultant's recent trip to Guatemala to assist the BASICS/ Guatemala team in the development of their plans for implementing the IMCI methodology in three NGOs. The consultant focused on the aspect of the plan relating to several management issues crucial to the implementation, specifically those having to do with service delivery information systems, drug logistics systems, and cost effectiveness considerations. A quick and somewhat superficial assessment was made of the existing situations in each of the NGOs, and considerable variation was found in the levels of development of the organizations' management systems. Nevertheless, it was determined that with a more detailed analysis of these systems, it should be possible to develop modifications to the existing systems which will meet the more demanding needs of the IMCI intervention. It was further determined that the modifications should be integrated into the existing systems, resulting in a minimum disruption and a net improvement to the way the organizations manage their health care delivery services.

The primary result of this consultancy was the development of a technical assistance plan for carrying out the management-related components to the IMCI implementation. This plan is presented in detail in an appendix and was incorporated, in summary form, into the BASICS PY5 work plan.

II. PURPOSE OF VISIT

The primary purpose of this visit was to undertake an initial assessment of the requirements for activities in the areas of information systems, logistics systems, and cost effectiveness analyses, in support of the BASICS initiative for implementing an IMCI methodology with three NGOs in Guatemala. More specifically, the visit was to make an initial evaluation of the current state of organization of each NGO, with respect to the way they specify and document disease classifications and treatment protocols, the way they monitor health care services, and the way they measure and track service delivery inputs, including personnel, drugs, and other supplies and equipment.

The primary output for the visit was to be the development of a plan of activities and follow on technical assistance for supporting the IMCI interventions with modifications and improvements to existing information systems and drug logistics systems, and the establishment of a framework for measuring impact in terms of cost effectiveness.

III. BACKGROUND

With USAID Mission support, over the past few years BASICS has attempted to encourage the Guatemalan Ministry of Health to build upon the gains of USAID's previous PIE/TRO project through the adoption of a strategy of integrated case management for sick children. Though the

MOH has recognized that the integrated care approach is consistent with the national strategy incorporated in the government's SIAS initiative, it has decided to focus its current efforts elsewhere. USAID has thus shifted the focus of much of its support to the NGO community, with two significant projects managed respectively by the Population Council and PCI. Though BASICS is collaborating with these two efforts, the Mission has suggested the need for BASICS to focus support to a network of NGOs providing health services to the permanent and migratory employees of agricultural *fincas*. This network constitutes the third largest provider of health services, following the MOH and IGSS, the Guatemalan Social Security System. The work carried out under this consultancy is in support of the strategy to implement the IMCI methodology with three selected NGOs.

IV. TRIP ACTIVITIES

A portion of the visit was dedicated to reviewing background materials and to discussing the project with BASICS staff. Part of this review involved the overall implementation plans for IMCI and the different components. Toward the end of the visit, there was discussion on the BASICS revised PY5 work plan and how the information, logistics, and cost components of this particular project fit with the other activities.

On the second day of the visit, a briefing was held with the USAID Mission, and on the final day, there was a debriefing. During the briefing, USAID emphasized their concern that the project give significant attention to issues of sustainability of the implementation within the NGOs and that the NGOs not only value the improvements, but take ownership of them. During the debriefing these issues were addressed, noting that any modification to NGOs' systems would build on and improve them rather than create separate and somewhat redundant activities. It was also noted that initial presentation of the approach had been received with enthusiasm by all three of the NGOs.

Quite naturally, the bulk of the activities were focused on interviewing and making observations at the NGOs' offices. Wednesday was spent at the offices of AGROSALUD and GUATESALUD, and on Thursday, the consultant traveled to Santo Tomas to visit Clínica Maxeña and its satellite clinic in Chocolá. Discussions were held with directors and staff from each NGO to determine the basic structure of the organization and its operating characteristics. In addition, copies were obtained, whenever practical, of documentation, lists, and reports that describe their illness classification and treatment protocols, the way they track and monitor information on service delivery and drug logistics, and other operational aspects that will impact the cost effectiveness study. In meetings with all three NGOs, a special effort was made to explain the nature of the work to be undertaken in the areas of information, logistics, and cost analyses, and to offer the prospect of improvements to existing systems.

V. RESULTS AND CONCLUSIONS

Health Information Systems

It was found that there was considerable variation in the level of sophistication and degree of structure and organization in the way that each NGO handled the functions of recording and reporting information on their health services delivery. This variation will naturally lead to different approaches and systems specifications for each of the client organizations.

Clínica Maxeña, due in part to its broader focus on community development activities beyond health care delivery, has the least well developed and managed health information system. The system in place for the main clinic, and to a lesser extent in the two satellite clinics, is relatively simple, but well managed. There exists a classification of illnesses and a manual system for recording visits in journal form. Statistics are consolidated monthly by morbidity classification, with some breakdown by age and sex. Reporting and consolidation from the satellite clinics is not currently being monitored. In addition to the clinics, there is a system of community promoters, some of whom are involved in health care issues. These promoters, however, are focused primarily on health education, detection, and referral, and are not involved in case management. Clínica Maxeña is currently in the process of redesigning their health information system and are open to assistance in that area.

The situation in AGROSALUD is a significant step up from Clínica Maxeña in terms of the organization and implementation of their health information system. Health care delivery is provided through a network of health promoters working in health posts that are linked to large, privately held farms. The services are primarily provided to the farm workers and their families, but are often available to a larger community as well. At the health posts, clinical histories are maintained in family folders and, as such, make it at least feasible to analyze the management of individual cases. The promoters send the reports to the central office, with consolidations of services delivered, this consolidated information is then entered into the computer. This computerized health information system is based on a pre-defined list of illnesses and is capable of providing summary statistics of illness types by age and sex groupings for individual health posts. An important issue is whether or not it will be possible to modify AGROSALUD's existing system, it is not clear whether the source code and original developer is still available.

GUATESALUD operates in a manner similar to that of AGROSALUD in that they provide health services through a network of promoters to privately held farm communities. Their health information system, however, is the most sophisticated of the three NGOs. It is computerized and is based on a classification of illnesses list taken from the WHO standards. What makes the GUATESALUD system unique is that they have developed a daily reporting form that provides data on individual visits. The form provides a mechanism for recording for each individual visit, the complete range of diagnoses and treatments provided at the health posts, including the occurrences of multiple diagnoses and treatments. These daily visits reports are sent to the central office where the information is entered in the computer. It is very unusual to have a computerized

system that will allow for analysis of case management, including multiple visits by an individual. This will represent an important resource for the project as it seeks to evaluate the changes in case management brought on by the introduction of IMCI.

Drug Logistics Systems

Findings in the area of drug logistics in each of the three NGOs is similar to those described in the Health Information System section. GUATESALUD has a well developed system for the rational procurement and distribution of pharmaceuticals, with a standard list developed from the WHO model list of essential drugs. AGROSALUD also works with a standard list of drugs, and both organizations have computerized information systems for managing their drug logistics. Clínica Maxeña works with a smaller list of standard drugs and seems to have more trouble procuring and maintaining the quality and quantity of essential drugs. Observations in stockrooms of both the Maxeña's main clinic and the satellite clinic in Chicolá revealed some drugs with expired dates.

Cost Effectiveness Study

None of the three NGOs have specific information available on the costs of services provided, but all three recognized this as an area of importance. This is particularly the case with AGROSALUD and GUATESALUD, as they are in a position of having to price their services to the farm owners or administrators while being able to demonstrate the effectiveness of the services. GUATESALUD was especially interested in this area as they are in the process of looking for new clients and, possibly, new markets. Cost effectiveness is also of importance to Clínica Maxeña as it seeks for ways to do more with the limited donation resources that are available.

The information required to begin to understand an organization's cost effectiveness falls in two main areas: the effectiveness of services delivered and the cost of delivering those services. The availability of this information for each of the NGOs is reflected in the descriptions above on the health information and drug logistics systems. For those organizations with more detailed information available on service delivery statistics, it will be easier to draw conclusions on the effectiveness of service delivery patterns. Information on procurement, distribution, and disbursement of drugs will likewise provide information on treatments (services) as well as costs for those services.

Additional cost information will need to come from the existing accounting systems of each of the three organizations. In general, the level of detail and sophistication of the accounting systems for each NGO is similar to what was found for the health information systems. AGROSALUD and GUATESALUD both have computerized accounting systems, while Clínica Maxeña has a manual system with some utilization of computerized spreadsheets. None of the organizations have accounting systems which are linked to the service delivery information.

systems, nor do they have cost data by individual services. It will be necessary to overcome this by making certain assumptions and developing simplified cost models.

VI. RECOMMENDATIONS

Health Information and Drug Logistics Systems

There are two basic precepts which should guide BASICS work on the development of both the health information systems and the drug logistics systems required to support the implementation of IMCI in each of the NGOs. The first is that, to the extent possible, the result should be single, integrated systems, as opposed to a separate, parallel systems for IMCI. The second precept is that the work should result in an overall improvement in the systems that will enhance the management of the organization and improve its prospects for sustainability.

There are several steps which must be undertaken to accomplish these principles. Existing standard lists of illnesses and treatment protocols should be adjusted to include the classifications and algorithms of IMCI, but other improvements should be considered at the same time. Similar modifications and improvements need to be made to drug lists and procurement and disbursement protocols. It may be necessary to have separate forms for services provided under the IMCI methodology, but these forms should be structured in a way that they easily consolidate into the same format used for consolidating all services. Where computerized systems exist, an effort should be made to modify or adapt these systems to include IMCI criteria, rather than develop separate computerized systems to meet the project needs.

Cost Effectiveness Study

It should be recognized at the outset that there are limitations to how much can be accomplished in this area in the relatively short time frame of the current project. The focus should be on developing a methodology which can be built upon and refined over time. It is important that the client NGOs understand and be involved in the development of this methodology, since they will be the ones that will continue its development and, more importantly, use its findings to improve decision making.

The initial focus of this activity will be on documentation of the situation prior to the introduction of IMCI. Specifically, it will develop and analyze the level and pattern of service delivery in the under 5 years old patients for each of the NGOs. Clearly, the level of detail for this analysis will vary among the three NGOs. An effort will also be made to estimate time per visit and to measure other inputs to the health care delivery process, and simple cost models will be developed. This information and these models will then be used to structure the procedures for monitoring the changes under IMCI and to compare the effects of these changes on cost effectiveness. By September (the end of PY 5 funding), it should be possible to have sufficient information to make an initial assessment of the methodology.

VII. FOLLOW-UP ACTION REQUIRED

A series of activities will be required involving documentation of existing systems and procedures, development of recommendations for improving these systems and procedures, and development and implementation of the selected improvements (See Appendix B Draft Scope of Work)

APPENDIXES

APPENDIX A
LIST OF CONTACTS

Appendix A: List of Contacts

USAID Mission, Guatemala

Pat O'Connor, HPN Officer
Baudilio Lopez, Project Officer

AGROSALUD

Angel Portillo, Coordinator General
Ingred de Quiñones, Coordinator Administration
Julia Perez, Secretary
Cristian Garcia, Pharmacy Manager

GUATESALUD

Glen Lopez, Administrative Director
Carmen Cerezo, Medical Director

Clinica Maxeña

Sister Maria Waddell, Director
Miguel Guarchaj, Sub Director
Cirilo Xum Chay, General Accountant
Matias Som, Promotor, Warehouse Manager

BASICS, Guatemala

Roberto Aldana, Country Representative
Carlos Quan, Technical Officer - IMCI
Eugenia Sáenz de Tejada, Technical Officer - IE&C
Fidel Arevalo, Consultant - Community Health
Claudia _____, Administrator
Carmen _____, Secretary

APPENDIX B
DRAFT SCOPE OF WORK

Appendix B: Draft Scope of Work.

SCOPES OF WORK FOR INFORMATION AND LOGISTICS SYSTEMS AND COST STUDY

General Objectives:

Provide support and technical assistant for the following

- A health information system that will effectively capture data and provide reports consistent with the IMCI classification system, while maintaining compatibility with clients' existing systems
- A drug logistic system that will effectively capture the changes in prescribing and distribution of drugs following the IMCI implementation, and recommending changes in existing systems to maintain compatibility
- A cost study that will reflect and analyze the changes in distribution of costs as a result of changes in utilization, diagnostic and treatment patterns related to IMCI implementation

Specific Objectives and Activities:

In order to carry out the above objectives, the following activities with specific objectives are proposed

Guatemala TDY to collect information on existing systems two weeks in March, 1998

- Visit the central offices of each of the three NGOs to collect detailed information on the content and structure of their existing health information and drug/supplies logistics systems
- Visit representative service delivery points to add to and compliment information available at central offices and check validity and consistency issues
- Obtain sample data from existing systems which will provide utilization and cost information on service delivery prior to IMCI implementation

Guatemala TDY to propose modifications to existing systems two weeks in April, 1998

- Make presentations of proposed options for IMCI related data collection and reporting to each of the three NGOs
- Discuss with each NGO issues regarding integration and compatibility with health information and drug logistics systems not covered by the proposed IMCI systems

- Discuss assumptions required for analysis of utilization and cost information on service delivery prior to IMCI implementation

Guatemala TDY to introduce modifications to existing systems one week in June, 1998

- Present final recommendations for new or modified health information and drug logistic systems related to IMCI implementation
- Discuss and resolve issues regarding implementation of new systems, including actions required to assure compatibility and continuity
- Present preliminary results from analysis of utilization and cost information on service delivery prior to IMCI implementation

Guatemala TDY to follow up on modifications to existing systems one week in August, 1998

- Review progress and resolve issues resulting from the implementation of the modified health information and drug logistic systems related to IMCI implementation
- Obtain sample data from new systems which will provide utilization and cost information on service delivery following IMCI implementation

U S based support and development three weeks between February 15 and September 30, 1998

- Review documents on prior IMCI implementations elsewhere to identify issues related to development of health information and drug/supplies logistics systems which will meet IMCI requirements
- Analyze information collected during March TDY, draft proposed options for IMCI related data collection and reporting and develop proposed structure for cost study
- Two day trip to Washington DC to discuss with BASICS staff findings and proposed options for information and logistics systems as well as issues regarding cost study
- Draft and later finalize recommendations for new or modified health information and drug logistic systems related to IMCI implementation
- Analyze pre-IMCI portion of cost study and prepare findings for discussion
- Analyze post IMCI implementation portion of cost study and write conclusions
- Write final findings for information and logistics systems, and cost study modules of Guatemala NGO-IMCI project and debrief

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