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TOTAL QUALITY MANAGEMENT PROJECT
MEXFAM, POPULATION COUNCIL, AND
MSH/FPMD

APRIL 22-26, 1991

María E. Gutiérrez

FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

The **Family Planning Management Development Project (FPMD)** The Latin America/ Caribbean Division, Senior Program Officer, Ms. María E. Gutiérrez, and Ms. Laurie Cobb visited México from April 22-26, 1991 to collaborate with the Fundación Mexicana para la Planeación Familiar (MEXFAM), IPPF's affiliate in México and the Population Council, México City office, in the establishment of a Total Quality Management model at MEXFAM.

This project's purpose is to install quality management improvement systems and mechanisms to ensure Total Quality Management in MEXFAM to support the delivery of services. Three institutional arrangements were made to conduct operations research : (1) **cross-function teams**; (2) **quality improvement circles**; and (3) **suggestion teams**.

Two meetings were held with Mr. Gerard Bowers, USAID México representative, and Ms. Magdalena Cantú, Population Program Assistant, to discuss their family planning program priorities and to brief them on the team's proposed work during the visit. Upon completion of the visit a de-briefing meeting took place at the USAID Mission office in the Embassy. The Mission is supportive of this project and of the role MEXFAM plays in Mexican family planning. During this visit the team discussed details of FPMD's participation in the project. This report focuses on that visit, and the agreements made with those organizations.

Observation trips were organized for the team by MEXFAM These observation trips included visits to: (1) two "consultorios comunitarios" (community clinics), in the south of México City; (2) the Center of Nezahualcoyotl city, a clinic that offers integrated health services including FP; (3) the Centro La Villa in the north of México City, where MEXFAM offers male vasectomy services; (4) the Dipesa factory in the city of Querétaro where MEXFAM offers information and education services to the factory workers; (5) the Logistics Center in Morelia, Michoacán State, and to the Medicos Colaboradores of the area. (see Appendix "A" for detailed schedule.)

USAID-México is currently developing a 1992-1995 population strategy for México, which would examine the programmatic priorities for population assistance to México, and AID's strategy over the next 3-5 years. When that strategy is completed, FPMD will discuss further collaboration with the Mission on ways in which FPMD can contribute to the implementation of the new overall USAID 1992-1995 population program in México.

II. BACKGROUND

Fundación Mexicana para la Planeación Familiar (MEXFAM)
The Fundación Mexicana para la Planeación Familiar (MEXFAM) was founded in 1965. A private sector agency and member of the IPPF, MEXFAM is a major provider of family planning services, information, and training in México with 41 local and regional offices. MEXFAM has a number of educational outreach activities including seminars on sexuality and reproduction targeted toward semi-urban youngsters, adult men and couples; video and film productions; and medical counseling in contraceptive services.

Over the past several years MEXFAM has joined a group of model family planning associations in the Western Hemisphere region. Since 1983, it has expanded its activities from 12 to 23 states; increased its users from 232,501 to 328, 476; reduced its costs per acceptor from US$10.00 to US$3.00 and increased income from patient fees for clinical services by 78%. It defines its basic role as complementing public services to sectors of society which lack access to the existing public sector.

A. MEXFAM's Structure
This Family Planning Association (FPA) is governed by a Board of Directors which formally delegates to the Executive Director the responsibility for implementing its policies, for directing and supervising the Association's personnel, and for administering the Association's program and finances.

B. MEXFAM's Services
This FPA concentrates its efforts in two areas. First, it provides services directly through innovative programs, trying new ideas and demonstrating to government and other agencies that they are successful and can increase outreach and efficiency. Second, the association acts as a catalyst through its cooperative projects, mobilizing other resources and providing assistance to other agencies, including the Ministry of Health; the national system for the Integrated Development of the Family (DIF), and public universities, in implementing new programs and increasing the efficiency of their services.

Clinical Services: MEXFAM operates 118 clinics and 1,310 community based distribution posts in urban and rural areas. One of the clinics is dedicated to male services, including vasectomy. In an effort to extend family planning services to impoverished areas, MEXFAM offers family planning training to local leaders and volunteers, and technical assistance to health centers and private doctors.

Community Doctors: The association also provides unemployed doctors with small health care facilities to make family planning services and general health care available to low socio-economic groups. Government institutions have adopted programs similar to MEXFAM's in urban slums and rural areas. The Association also attends adolescent needs at the Youth Centers, where medical services are offered as well as information for youth leaders.

Areas of Intensive Promotion: An Area of Intensive Promotion (API) is a 3-4 kilometer area with a concentrated population of 20,000-30,000 inhabitants generally in marginal peri-urban areas, which lacks social and medical services, and have a contraceptive prevalence below 50%. In each API, MEXFAM does intensive promotion of family planning services within the community, and establishes a small community clinic, which is staffed by a "Medico Comunitario" (community doctor) or, if an interested private doctor already exists in the area, a "Medico Asociado" (associated doctor.)

Each API is monitored by a MEXFAM supervisor, who coordinates the promotion in the community and the clinic services. Social workers, who receive a stipend during their internship with MEXFAM, are also recruited and trained in family planning community work.

At the same time, doctors who are interested in working in marginal areas are recruited, and receive training in contraceptive methods, especially IUD insertion, as well as information on the demographic situation in México, MEXFAM's philosophy, sex education, and necessary administrative aspects.

MEXFAM provides the basic medical equipment and furniture required for a small clinic, together with contraceptives and a **gradually declining** guarantee of MEXFAM reimbursement for services to new family planning acceptors.

Family Planning Centers: MEXFAM continues to support the traditional clinical approach to provision of family planning services through its "Centros de Planeación Familiar" -- CPF -- (Family Planning Centers.) These clinic centers are usually located in populated urban areas where there is already considerable demand for FP services. The CPFs offer specialized FP services, provide training for medical staff, and carry out research studies. Pregnancy tests, pap smears, reproductive risks studies, and client surveys are also carried out on a regular basis.

The CPF is operated by a MEXFAM staff member or an Associated Doctor. CPF staff also provide technical assistance to other MEXFAM programs such as the APIs surrounding the Center, and to other institutions.

Institutional Support Programs: MEXFAM has demonstrated considerable ingenuity and flexibility in collaborating with public sector providers, including DIF, ISSSTE, SSA and various state universities. MEXFAM signs cooperative agreements with such agencies, usually on a state by state basis, and thus gains opportunities to help improve public sector family planning services.

Under MEXFAM's "Programas de Apoyo Institucional" -- PAI -- (Institutional Support Programs), MEXFAM provides both initial and refresher training, medical instruments, contraceptives, IEC materials (posters & pamphlets) technical assistance, and carries out joint evaluations with the cooperating institution.

Rural Activation Programs: Under its "Programas de Activación Rural" -- PAR -- (Rural Activation Programs), MEXFAM selects rural areas with high levels of fertility and a lack of doctors to provide and promote FP services, and works to activate existing public and private medical services, promoting FP information and creating community posts wherever necessary. Each program has a radius of up to 200 km., with villages of less that 25,000 inhabitants.

Visits are made to health centers, private doctors, community leaders and lay mid-wives to "enlist" them in FP activities. MEXFAM provides training for volunteer promoters, medical instruments, IEC materials and contraceptives. Local TV and radio stations are contacted, and 16mm FP films are shown at rural movie theaters. Supervisory and re-supply visits are made at least once every 60 days to the health centers, "Associated Doctors", and promotion posts in the rural program.

Male and Special Programs: MEXFAM promotes male participation in family planning through talks, film showings, and distribution of condoms in male clubs, billiard halls, and bars, as well as collaboration with unions, and support for medical services provided for male factory workers, policemen, firemen and the military.

Information, Education & Communication: In the area of education, MEXFAM produces radio and television programs, documentaries, educational materials on a large scale, and also conducts research in advanced techniques and family planning related topics.

The Teatro Rural -- Rural Theater -- In Morelia, Michoacán State is an interesting and very innovative concept. MEXFAM contacted a theater group of young people and offered to provide this group with basic theater equipment, such as lights, amplifiers, and modest stage wardrobe in exchange for 40 presentations of "El llanto en el espejo" - a stage play that deals with the difficulties encountered by a young girl who becomes pregnant due to lack of knowledge about contraception.

III. FPMD's ACTIVITIES

Various observation trips were organized for the team by MEXFAM These observation trips included visits to: (1) two "consultorios comunitarios" (community clinics), in the south of México City; (2) the Center of Nezahualcoyotl city, a clinic that offers integrated health services, including FP; (3) the Centro La Villa in the north of México City, where MEXFAM offers male vasectomy services; (4) the Dipesa factory in the city of Querétaro where MEXFAM offers information and education services to the factory workers; (5) the Logistics Center in Morelia, Michoacán State, and to the Medicos Colaboradores of the area. (see Appendix "A" for detailed schedule.)

Visits to Centers in México City

A visit was also made to two Family Planning Centers: La Villa and Nexahualcoyotl both located in the Federal District. In La Villa we had the opportunity to discuss with Dr. Carlos Hernández, the Center's Director and his staff details about the vasectomy services provided by this Center, which are the only vasectomy services being provided in the city. According to Dr. Hernández, an average of 12 vasectomies per month were performed in 1989, and 19 per month during 1990. The men served at this facility come from all walks of life, and the number of their children range between 3 and 12; their ages range between 26 and 44 years of age.

The Nexahualcoyotl Center is Managed by Lic. Barbara Merugía. The Center provides integrated MCH/FP services, and its structure is very similar to that of the Center at La Villa. Services include: family planning, dentistry, psychology, pre-post-natal care, and Young People's program.

We attended a film presentation and a post-film discussion at the auxiliary police in the Federal District (Male & Special Programs). Before the initiation of the film presentation, the promotor requested that all trainees present fill-in a sheet with their names and the amount of condoms they would like to request. The film theme was "vasectomy". After the film presentation the promotor elicited comments from the audience about the situations presented in the film. Issues, such as the couple's economic situation, the woman's health, fears of sexual disfunction after a vasectomy, and the reason why a couple might decide on a permanent method, were discussed with the 150 police trainees present, mostly young men.

Visit to the City of Querétaro

The team visited the DIPESA Factory, a Japanese owned electronics assembly factory located in the community of San Francisco del Río in the city of Querétaro (Contract Services with Industry). Dr. Enrique Hidalgo and a promoter presented a cartoon film followed by a discussion about the several stages of "the family", to an audience of about 50 workers. This film deals with sex education and responsible parenthood. After the film the workers were given information on where to obtain contraceptive services from MEXFAM. The Querétaro program forms part of the Contract Services with Industry. MEXFAM contracts out its services with private industry, such as the Dipesa factory, for a fee.

Visit to Morelia, State of Michoacán
The FPMD team made an observation trip to two Areas of Intensive Promotion (API) located in Morelia, Michoacán State. One in La Soledad and the other in Tirímbaro. Dr. Raúl Cruz is the community doctor in la Soledad, which is located in an urbanized private land that was invaded by very poor people. Dr. Cruz runs this small clinic with the assistance of a social worker and a FP services promoter. General Health care services are provided at this facility, as well as contraceptives and female sterilization referrals to an MOH clinic nearby. The second center visited in that community was Tirímbaro, which is operated by a collaborating doctor, a general practitioner. Tirímbaro is a small community of 1,800 inhabitants, mostly families with absentee fathers, who have migrated to the US.

IV. PURPOSE OF THE PROJECT - TOTAL QUALITY MANAGEMENT (TQM)

As of April 1991, MEXFAM initiated a Total Quality Management project, with the purpose of improving its services through the improvement of its structure and internal processes. This project, which would have a duration of two (2) years, is financed by USAID, and will be monitored and evaluated by the Population Council, México Office.

One of the most important factors in the institutionalization of a TQM strategy is the establishment of a series of sub-systems that allow these activities to take place. The sub-systems to be established are the following:

- **Cross-functional Teams**: the purpose of this sub-system is to solve inter-functional problems, by allowing these groups to conduct their sections, select and measure problems, implement and develop solutions, and report to the quality improvement committee their suggestions. The problem areas that could be identified by this team would be related to working conditions, improving the effectiveness of program activities, achieving savings and improving the quality of care to users.

- **Quality Circles**: this sub-system consists of a report form that will allow these quality circles to report problems improvement/suggestions, expected impact of the suggestion, etc. This sub-committee will also develop a "Manual for Quality Circles" that will explicitly state the rules of procedure, topics that may be discussed, procedures to measure problems, solutions and expected impact, structure of the quality circles and the time frame in which the suggestion should be answered.

- **Suggestion System**: the purpose of this system is to give individual employees a method of communicating to management ideas to facilitate their work, avoid monotony, improve safety conditions, increase their productivity, improve service delivery, and save time and costs. The suggestion systems will be implemented only after the end of this project. MEXFAM feels that experience needs to be gained in problem solving techniques by both the organization and by individuals working in MEXFAM.

In order to develop these sub-systems, the Executive Director, all staff members directly reporting to him, and the project's principal investigator will form a **Quality Improvement Committee (QIC)**. This committee will be in charged with developing the required sub-systems and assessing overall implementation of quality plans.

A **Technical Quality Secretariat (TQS)** will be established. This secretariat will follow-up the development of the different sub-systems and, once they are operating, will review and run the Quality Institutionalization Process.

The secretariat will be composed of MEXFAM's technical Deputy Director, the project's Principal Investigator; the Coordinator of Medical Quality, the Technical Assistance Coordinator, the Director of Resource Development; the Head of Training; and Consultant, Ing. Francisco Garfias Campos, Total Quality Management Director at Hewlett Packard, and private consultant to MEXFAM.

Recognition and Rewards the purpose of this sub-system is to show appreciation to those who participate. To achieve this, a program that recognizes and rewards both individuals and groups will be designed and implemented. Awards may include cash prizes, diplomas, trophies, or any other form of reward decided by the sub-committee that plans this activity. The sub-system will specify the criteria that will be used to reward staff (originality, impact and other characteristics of suggestions, number of suggestions made, etc..)

Training Courses to Staff
There are three basic courses that MEXFAM plans to develop with the assistance of Ing. Francisco Garfias Campos, Total Quality Management Director, Hewlett Packard; Ing. Jorge Galindo, Total Quality Coordinator for Aeromexico; and FPMD. Both Hewlett Packard and Aeromexico are service providers that have been very successful in the implementation of Total Quality Programs, and Quality Service to their customers.

Since the advent of the six elements of quality of care, MEXFAM's Total Quality Management Project so far is the only innovative attempt to develop and implement a methodology for the implementation of a Total Quality Assurance (TQA) program to improve service delivery by approaching the problem from a managerial standpoint. This approach requires the installation of systems of Quality Control that would help strengthen MEXFAM's management structure, in order for it to be able to provide the support to service delivery, necessary in ensuring that the "six elements of quality" are present at the moment of delivery of the service when the interaction between the provider and the patient take place.

Other Quality Assurance programs have been established in México, such as the Quality Assurance program initiated in the National Institute of Perinatology, a 100 bed teaching hospital for high-risk pregnancies. This program however, only uses the "quality circles" part of the methodology.

The above mentioned Sub-Systems will raise a red flag when weaknesses are detected in the organization's management systems, before these weaknesses interfere with the good functioning of the organization. This will ensure the needed support to the total quality service delivery function. One of the benefits expected from this approach is the encouragement and promotion of change in attitude among MEXFAM's managerial and administrative staff, as well as staff members that are in direct contact with MEXFAM's clients.

Most discussions relating to Quality of Service Delivery have centered around the six elements of QOC which deals mainly with the moment of service delivery. Dealing with the mechanisms, infrastructure, and support required to ensure the presence of those six elements during the client-provider interaction is the core of the MEXFAM Total Quality Management Project.

It is obvious that MEXFAM's focus has now shifted to **total client satisfaction and commitment to continuous improvement of its services.** The involvement of employees and the work of dedicated management teams, such as those already formed at MEXFAM will be the foundation of significant improvements at this already successful organization.

To promote the replication of this strategy, a copy of all training materials will be offered to other health providers and family planning organizations in México and the rest of Latin America by means of a letter describing the materials and the experience that MEXFAM has had with the project.

V. COLLABORATING INSTITUTIONS

The Population Council, México City Office will provide technical assistance in all implementation and evaluation of the project's activities (for evaluation methodology and indicators (please see Annex A), preparation of reports, survey preparation and analysis, MIS data-base construction and analysis.

Ing. Francisco Garfias Campos has been recruited by MEXFAM as a consultant for the project, his fees will be covered by the Population Council. Ing. Jorge Galindo from Aeromexico will be working with MEXFAM as a voluntary services offered by Aeromexico. A contract of voluntary services has been signed by both Aeromexico and MEXFAM describing the services Aeromexico will be providing MEXFAM at no cost.

Among this services are the adaptation of Aeromexico's Total Quality Management training and information materials to MEXFAM's needs. Please note the important contribution that will be made by Aeromexico to MEXFAM, when one considers the thousands of dollars this corporation has invested to have those materials developed. Aeroméxico will share the concurrent experience the airline had when it began a similar process of establishing a TQM program several years ago.

VI. RECOMMENDED FPMD'S ACTIVITIES

It is important to understand that the nonprofit field has not had the years of experience that industry has had in the implementation of Total Quality Management (TQM) projects. For years new avenues of doing business have been constantly explored by industry. As with most changes, many mistakes have been made in the implementation of this kind of projects, but these have, in some instances, been corrected.

One of the best ways to understand the need for change, and the way to go about it, is to network with individuals from organizations with similar objectives, in this case those who have successfully implemented TQM projects in service delivery. MEXFAM, through networking, can exchange expertise and experiences, save time, learn about real-life examples, and avoid some of the mistakes others have made.

This can be accomplished by connecting MEXFAM with an international network of service industries that are or have been successfully implementing TQM models, so that MEXFAM can gain from those experiences and subsequently help other organizations apply this model in other countries at health and family planning institutions.

As a first step in accomplishing this objective, FPMD will enroll MEXFAM in two important TQM organizations: the Quality and Productivity Management Association (QPMA)in the US, and the Asociación Mexicana de Calidad Total (AMACAT) in México City.

The Quality and productivity Management Association is a non-profit organization that has been in existence for 11 years. Their mission is: "to encourage, facilitate and serve as a catalyst for improving organizational effectiveness in productivity, quality and customer satisfaction." QPMA's yearly activities include:

(1) National Semi-annual Conferences focusing on a theme of current interest among their membership;

(2) a 4-page monthly newsletter for managers who want to improve productivity, quality, and service through people;

(3) a quarterly publication entitled "Tapping the Network Journal" by and for organizational change agents;

(4) workshops and seminars to deal, in depth, with topics of concern to their membership. QPMA currently has councils in 12 geographical areas among them Houston, Texas.

By enrolling MEXFAM in the Asociación Mexicana de Calidad Total, MEXFAM would qualify to participate in the National Quality Award (Premio National de Calidad) which is organized by the Secretaria de Fomento Industrial and the Fundación Mexicana para la Calidad (The Mexican Foundation for the Promotion of Quality).

A large number of service organizations compete for this award in México. Membership in this organization qualifies members for technical assistance and encourages the participating entities to conduct a supervised evaluation of their activities, which is an excellent diagnostic and follow-up instrument to monitor the process of improvement of Quality in industry.

FPMD will also be providing assistance in the institutionalization and dissemination of this Model with local and international organizations, through the design and implementation of Study Tour visits to MEXFAM to disseminate their TQM model at the end of the project (April 1993.)

Support will also be provided by FPMD to the development of this project in the preparation of the dissemination materials, both for use in the Workshops, within MEXFAM and for use at any other organization interested in implementing this model.

Considering the scope of this project in relation with other organizations similar to MEXFAM, FPMD will be supporting the engagement of a professional graphics designer to elaborate the adequate materials for the project; the dissemination and translation of the reports and conclusions of the project into English.

Both MEXFAM and FPMD will share the author's rights of the model's materials, so that FPMD can freely disseminate and use the model in any country it chooses.

FPMD will be monitoring the activities and progress of this project through its participation in the meetings of the Technical Quality Secretariat. The Technical Quality Secretariat will follow-up on the development of the different sub-systems and, once they are operating, will review and run the OR/Quality institutionalization process.

The TQS will be formed by MEXFAM's Technical Deputy Director, the project's principal Investigator, the Coordinator of Medical Quality, the Technical Assistance Coordinator, the Director of Resource Development, the Head of Training, the Consultant Ing. Garfias, and an FPMD representative. The Quality Improvement Committee and the Technical Quality Secretariat will be the mechanisms that MEXFAM will use to establish cross-function management for this project.

VII. FINDINGS AND CONCLUSIONS

Meeting with USAID/México: the team met twice with Mr. Gerard Bowers, México Representative, and Ms. Magdalena Cantú Population Program Assistant to discuss their priorities for the visit and to brief them on the team's work. A de-briefing took place prior to the teams departure. The Mission is supportive of this project and of FPMD's involvement and support to the project.

USAID is currently developing a 1992-1995 population strategy for México, which would examine the programmatic priorities for population assistance to México, and AID's strategy over the next 3-5 years. When that strategy is completed, FPMD will discuss further with the Mission FPMD's future collaboration and ways in which FPMD can contribute to the implementation of the new overall USAID 1992-1995 population program in México.

VIII. CONTACTS

Mr. Gerard Bowers
USAID Representative
México City

Ms. Magdalena Cantú
Population Program Assistant
USAID

Lic. Alfonso López Juárez
Executive Director, MEXFAM
MEXFAM

Dr. Pedro Acosta
TQM Project Coordinator
MEXFAM

Ing. Francisco Garfias
Hewlett-Packard TQM Coordinator and
MEXFAM's Consultant in TQM

Ing. Jorge Galindo
Total Quality Management Coordinator
for Aeroméxico

Lic. Ricardo Vernon
Population Council
México Office

Lic. Carlos Brambilla
Population Council
México Office

Dr. Carlos Hernández
Director, Centro La Villa
México City

Dr. Mario Espinosa
Director, Proyecto
Morelia, Michoacán

Lic. Barbara Mirugía
Dir. Centro Nexahualcoyotl
México City

Dr. Enrique Hidalgo
Director, Proyecto Empresas
Querétaro

Dr. Raúl Cruz
Director, Centro La Soledad
Morelia, Michoacán.

Annex A.1

Evaluation Methodology and Indicators photocopy of Proposal

VI METHODOLOGY

6.1 Design

For process indicators (see section 6.3.1), this study will use a quasi-experimental time series analysis design to observe the effects of the strategy. To assess result indicators (see section 6.3.2), the study will perform both a time series analysis and a non-experimental static group comparison between the experimental and the control group. In the case of result indicators that will be measured through surveys, a non-experimental before and after design will also be used.

The experimental group, where the strategy will be implemented, will include seven logistic regions. Five logistic regions will serve as a comparison group, as follows:

EXPERIMENTAL	CONTROL
Mexico City (3 logistic regions)	Mexico City (one logistic region)
Monterey	Guadalajara
Michoacan	Queretaro
Chiapas	Oaxaca
Catemaco	Naranjos

These pairs of regions have been selected because they share similar characteristics in terms of degree of urbanization, general social development, and program size and resources. The idea is that MEXFAM will be able to observe how the strategy performs under very different conditions, including very large metropolitan areas, areas with intermediate cities, and mostly rural areas.

6.2 Independent Variable.

The independent variable is the strategy to be tested, which includes the design and implementation of various subsystems to achieve the establishment and promotion of cross-function teams and quality circles.

6.3 Dependent Variables.

This project will test a strategy for institutionalizing operations research. This is thought to be an important goal because operations research is believed to improve the performance of family planning programs. Thus, in order to evaluate this project, we can conceptualize two different kinds of dependent variables or indicators: process (P) indicators and result (R) indicators.

Annex A.2

6.3.1 P indicators

P indicators are oriented towards the efforts that individuals make to improve their organization in general terms. The underlying idea is that processes need to be improved in order to improve the results. From this project viewpoint, P indicators provide us with an estimate of the degree of success in implementing operations research. P indicators provide managers a clue on such factors as discipline, time management, improvement of skills, participation and involvement, moral and communication, and helps them to become interested in people. P indicators are oriented towards supporting and stimulating employees. From a reward point of view, P indicators should be more related to recognition of effort through award than to direct financial rewards. P indicators to be used in this project include the following:

a) Number of cross-function teams established, number of sessions held, rate of participation of top and middle management in cross-function teams, number of processes analyzed by cross-function teams.

b) Number of quality circles established, number of quality circles meetings held, rate of participation of employees in quality circles.

c) Number of suggestions from quality circles received, number implemented, average number of suggestion per circle, percent of suggestions implemented.

To assess the degree of involvement of middle and top management of the strategy, the above-mentioned P indicators will be estimated for the different logistic areas and administrative departments and divisions in MEXFAM. In addition, to estimate the degree of implementation of project activities, the following P indicators will be measured:

d) Number of articles in MEXFAM bulletins that include a quality message; number of meetings and training sessions in which a quality message is given.

e) Number of meetings held by the quality improvement committee and the TQS.

f) Number of education sessions held: percent of employees and volunteers that receive the appropriate training course.

g) Number of processes measured: number of processes in which a standard is set: number of processes in which a standard is modified: development of a manual of standards for developing activities.

h) Number and kind of awards and rewards as recognition of effort.

In addition to presenting the number of OR projects conducted by cross-function teams and quality circles, MEXFAM will make a special effort to document every operations research study conducted, and each one will be described in an appendix of the final report.

6.3.2 R indicators

Result indicators measure the degree to which an organization achieves its objectives. In the case of businesses, R indicators are profits, sales, amount produced, etc. In family planning, common R indicators used are couple-years of protection (CYP), new users, current users and the cost-effectiveness of services. Even though they are seldom used, other R indicators that could be used are indicators on the quality of care provided (such as if clients are provided with the information they should be given according to standards, if different types of contraceptives are accessible to them, etc.) or indicators on the degree of satisfaction of clients. R indicators provide direct, short term information on the performance of an organization whereas P indicators, which are related to behavioral changes, provide indirect, long-term information. R indicators are related to performance, not effort, and administratively are used for "carrot and stick" control of employees. R indicators to be used in this project are the following:

a) New users and CYP.

b) Cost-effectiveness: the cost per new user and per CYP provided will be estimated for each logistic region and compared across them. Net cost will be obtained by subtracting revenues from sales and services from all costs included in MEXFAM's accounting system plus shadow prices for contraceptives provided.

c) Savings achieved and net cost of the strategy: in the experimental group, an effort will be made to quantify, in monetary terms, the effects of the suggestions implemented. Since reports will include information on changes due to the implementation of the suggestions, an estimate of savings achieved will be made. Net cost will be estimated by subtracting net costs in the implementation of the strategy (training costs, amount of time spent in quality circle activities, etc) from savings. Costs will not include training materials development or top management training costs.

d) Quality of care: base-line and end-line surveys will be conducted in a small sample of service delivery points (SDPs) of three experimental and three control-group logistic centers and the quality of care provided by them will be assess using the framework provided by Miller(1990) and Kamar et al (1989).

e) Well informed users: This is an index developed by MEXFAM to standardize the variety of IEC activities into a single measure.

f) User satisfaction: In the same SDPs outlets above, a small sample of users will be interviewed to assess their satisfaction. Satisfaction scores from users of experimental-group service delivery points will be compared to those of users of control-group SDP users.

g) Worker Satisfaction: MEXFAM's staff in Mexico City as well as staff and volunteers working in the experimental and control groups will be interviewed to assess their satisfaction with work.

6.4 Hypotheses and Hypotheses Testing

The hypothesis to be tested and the methods for testing them is presented below:

a) Experimental-group SDPs will provide a larger number of CYPs and will increase more their sales during the projects's period than control-group Saps. Differences will be tested by means of ANOVA.

b) Cost-effectiveness will be higher by the end of the project in experimental-group logistic centers than in control-group logistic centers. A simple comparison of cost per CYP will be made.

c) The net cost of the implementation of project activities will be zero.

d) By the end of the project, quality of care, user satisfaction with services and worker satisfaction will be higher in the experimental group than in the control group. Whereas these variables will show an improvement over time in experimental-group areas, they will remain the same in control-group areas. To test these hypothesis, scales will be constructed from survey items, and they will be compared across groups and across time (before and after).

Annex B.1

Fundación Mexicana para la Planeación Familiar, A. C.

México Fax (525) 655-1265 and 573-2318

DATE: Abril 9, 1991 Number of pages: 2 incluyendo ésta
TO: Ricardo Vernon
FROM: Pedro Manuel Acosta

Short Message:
Te envío la propuesta de programa de actividades de la visita de Laurie Cobb y María Gutiérrez. Como verás, los dos primeros días estarían aquí, miércoles y jueves en Querétaro y Morelia (dos centros en que se va a desarrollar el proyecto) y finalmente el viernes estarían nuevamente aquí, para concluir las actividades. Te agradecería que si hicieras cambios me los comunicaras y que de cualquier forma ellas nos confirmaran su acuerdo con este programa, así como vuelos de llegada y partida, y hotel en que van a estar en el DF.

Programa de actividades para la visita de Laurie Cobb y María Gutiérrez de MSH

Lunes 22 de abril

11:00 11:30 ~~9:30 a 10:00~~	Audiovisual "Mexfam 1991"
10:00 a 10:30	Explicación de actividades de Mexfam en los próximos tres años
10:30 a 12:30	Exposición del proyecto de Calidad Total, sus sus avances y las posibilidades de apoyo de MSH
12:30 a 14:00	Comida.
14:00 a 16:30	Visita a dos consultorios comunitarios y promotoras voluntarias en el sur de la Ciudad de México.

Martes 23 de abril

9:30 11:30	Visita al Centro de Planeación Familiar de Ciudad

	Nezahualcóyotl para conocer los diversos servicios que se ofrecen en este centro.
11:30 - 13:30	Visita a programas del oriente de la ciudad. Consultorio comunitario y Programa de Apoyo Institucional en Balbuena.
13:30 - 15:00	Comida
15:00 -16:30	Visita al Centro de Planeación Familiar de La Villa.

Miércoles 24 de abril

7:30	Salida en coche a la ciudad de Querétaro
10:00 a 11:30	Visita a dos fábricas de Querétaro
11:30 a 13:30	Visita a coordinadores del Diplomado en Sexualidad Humana de la Universidad de Querétaro
13:30 a 15:00	Comida
15:00	Salida a Morelia, Michoacán
18:00	Llegada a Michoacán, al Hotel Morelia Misión
18:30 a 21:00	Cena y paseo por lugares turísticos

Jueves 25 de abril

9:30 a 11:00	Visita al Centro Logístico de Morelia, Michoacán
11:00 a 12:00	Participación en un curso a estudiantes del programa Gente Joven
12:00 a 13:30	Visita a Médicos Colaboradores en Morelia
13:30 ma 15:00	Comida
15:00 a 16:30	Visita a otras instituciones del Programa de Apoyo Institucional
17:00	Regreso a México en Autobús
21:00	Llegada a México

Viernes 26 de abril

9:30 a 11:30	Reunión de balance de la visita y comentarios sobre el proyecto de Calidad Total