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BASICS

TRIP REPORT

APOLO Project Monitoring and Evaluation Plan

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the Partnership for Child Health Care, Inc.*

Academy for Educational Development
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Management Sciences for Health



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APOLO PROJECT
MONITORING AND EVALUATION PLAN

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The consultant would like to thank everyone who provided support in carrying out this assignment, especially Dr. Ivan Palacios and Dr. Jaime Valencia of APOLO, as well as Dr. Jack Galloway of USAID/Ecuador. Special thanks and acknowledgment must also go to PROSALUD/Bolivia where the concepts used to develop this monitoring and evaluation system were originally developed and tested.

ACRONYMS

APOLO	Apoyo a Organizaciones Locales
ARI	Acute Respiratory Infection
BASICS	Basic Support for Institutionalizing Child Survival
CARE	Cooperative for American Relief Everywhere
DO	Desarrollo Organizacional
EDA	Enfermedad Diarreica Aguda
ETS	Enfermedades de Transmisi3n Sexual
FP	Family Planning
IDB	Inter-American Development Bank
IEC	Information, Education, and Communication
MIM	Manejo Integral de la Mujer
MSP	Ministry of Health
NGO	Non-governmental Organization
ORT	Oral Rehydration Therapy
STD	Sexually Transmitted Disease
TT	Tetanus Toxoid
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Despite progress in the 1980s, Ecuador's maternal and infant mortality rates continue to remain high and a large percentage of the population still lacks access to basic health services. Government health services are generally inaccessible and of poor quality and the majority of low-income consumers cannot afford to pay for private sector health services.

In response to the problem of growing needs and demands in the health sector, USAID/Ecuador is supporting the CARE/APOLO Project under the Child Survival Redesign Project. In collaboration with the APOLO team, a simple monitoring and evaluation system was designed to monitor project impact.

The basic conceptual framework of the monitoring and evaluation plan is based on the three "Bs" (*bueno, bonito and barato*).

Bueno

Bueno pertains to the health service indicators which monitor the technical quality and effectiveness (impact) of the health services.

Bonito

Bonito pertains to the administrative indicators which are necessary for the implementation of quality health services and represent the "human quality" in the process. For example, are the services perceived to be of high quality by the clients and are the services effectively responding to supply and demand?

Barato

Barato pertains to the health finance indicators which are related to the quality of the management and the level of efficiency. For example, are the health services being produced at the lowest unit cost possible while maintaining quality?

The theme of quality of care is integral to all the indicators. On-going training and technical assistance will be a key input in developing and sustaining a high level of quality in the management and implementation of primary health care services within the participating organizations.

The APOLO Project has recently entered the critical implementation phase, and care needs to be taken that the project team does not over-extend itself by taking on too many additional projects and commitments.

BACKGROUND

Overview of the Health Situation

In the 1980s, Ecuador suffered a severe economic crisis, due to the decline of oil prices, from which the country is still suffering. Despite the decline in the standard of living for most Ecuadoreans, the maternal and infant mortality rates and the total fertility rate declined during the 1980s. This was largely due to donor and government policies which emphasized basic primary health care interventions aimed at reducing the mortality and morbidity in mothers and children under age five. However, the mortality and morbidity rates remain high compared to other countries in the hemisphere.

Currently, donor resources are declining (and probably will continue to decline), while at the same time the demand for health services is increasing. Although a large portion of the population still lacks access to basic health services, there is increasing pressure on the government to spend more resources on expensive curative care (e.g., kidney dialysis, cancer treatment). Health care consumers face either paying very high prices for private health care or seeking attention at government health services where the quality is often very poor. A large percentage of health centers and health posts in the rural areas are left unstaffed due to government cutbacks, and the patient attention is usually sporadic. Government services are not only of poor quality, but they are also inefficient and the scarce resources are not allocated wisely.

In an attempt to address the problems of low coverage and access, inefficiency, and poor quality of care, USAID/Ecuador designed the Child Survival Redesign Project, in which the APOLO Project plays a key role.

See Appendix A for the chart: "Analysis of Cause and Effect in the Ecuadoran Health Sector."

Purpose of Visit and Scope of Work

During August 1995, a team of BASICS technical officers visited Ecuador and worked with the APOLO staff to develop a technical assistance package to strengthen APOLO's capabilities in key aspects of primary health care. As the work with NGOs was about to get underway, an urgent need to develop APOLO's monitoring and evaluation plan was identified. As a part of its work to provide technical assistance to CARE/Ecuador's APOLO Project, BASICS provided a consultant to collaborate in the development of a monitoring and evaluation plan for APOLO's primary health care activities.

This consultancy was the second of three visits during BASICS Project Year Three. The first consultant, Dr. Elvira Beracochea, worked with the APOLO staff in October 1995. Her excellent work was used as the basis for the further development and refinement of the monitoring and evaluation plan.

The overall objective of the scope of work was to develop APOLO's monitoring and evaluation plan. The tasks were to:

- 1) Review project materials and draft an evaluation plan developed by the APOLO team and a BASICS consultant in October 1995;
- 2) Contact APOLO counterparts before arrival in country and agree on a detailed agenda for the consultancy;
- 3) Contact the Initiatives Project (Dr. Larry Day or Walter Gonzalez) to become familiar with Initiatives work, and with the financial component of the monitoring and evaluation plan;
- 4) Collaborate in a highly participatory manner with APOLO staff in the continuing development of the monitoring and evaluation plan. The plan should include the following:
 - a) Clear and verifiable goals, objectives and indicators;
 - b) Objectives and indicators which are consistent with nationally and internationally accepted norms;
 - c) A list of practical and manageable indicators; and,
 - d) Clear pathways, mechanisms and protocols for data collection, analysis and use. Of special interest should be the feedback mechanisms to the NGOs supported by APOLO (who will be supplying much of the data) and to the communities served by the NGOs. All instruments for regular (non-survey) data collection should be developed and left with APOLO in at least draft form. Schedules and formats for reports should also be developed. Data quality control mechanisms should be an integral part of the plan.
- 5) Develop a protocol for testing all instruments and the data gathering system. Agreement should be reached on a schedule for the consultant's subsequent visit. It is understood that the subsequent visit will be devoted to a review of how well the plan is functioning and to offer suggestions for improvement;
- 6) Provide initial guidance on the computerization of the monitoring and evaluation system; and,
- 7) Attend a briefing and debriefing with USAID/Ecuador.

The consultant was expected to prepare a draft report (in English) and/or executive summary to USAID/Ecuador and APOLO and a final report to BASICS within 10 days after the consultancy.

TRIP ACTIVITIES

The consultant collaborated closely on a daily basis with Drs. Jaime Valencia and Ivan Palacios, and as needed with the other members of the APOLO team to elaborate the monitoring and evaluation plan.

The consultant visited the three sites where APOLO plans to implement and test three different types of health care models: Fundacion Pablo Jaramillo, Municipio de Bolivar, and Fundacion Eugenio Espejo.

At the end of the visit, the consultant participated in the first day of APOLO's two day annual project evaluation workshop.

See List of Contacts in Appendix B and Summary of Annual Evaluation in Appendix C.

THE APOLO PROJECT

Overview

The CARE/Ecuador APOLO Project was initiated in April 1995 to support local health organizations in Ecuador to "improve the health conditions of children under age five and women of reproductive age" through the development of sustainable primary health care models which increase the coverage and accessibility to health services. The project is funded by USAID/Ecuador under the Child Survival Project 518-0071 Redesign (CS-II) which has three components:

- 1) To support the health reform policies of the Ministry of Health;
- 2) To analyze and promote the implementation of the new policies; and,
- 3) To strengthen NGOs and other private sector health organizations which provide primary health care.

The APOLO Project will support the Mission in implementing activities within all three components. However, the focus of project activities will be to expand and improve the role of the private sector through the privatization of certain services by increasing the role of NGOs in primary health care delivery.

APOLO will coordinate with the Ministry of Health (MSP), at the central and local levels, as well as with selected municipalities. These municipalities will take part in experimenting with a model which will combine MSP health center and health area staff, municipal funds and municipal management input (through an implementing committee), with technical assistance provided by APOLO. Local cooperatives (i.e., agricultural) will also be involved through membership and insurance schemes.

APOLO will participate in Executive Committee (for health reform) sessions which will meet every three months. The committee is composed of representatives from CEPAR (a national "think tank"/policy analysis group involved in health sector reform), USAID, the MSP and CARE.

In addition to USAID, the APOLO Project will receive support from both the Dutch and the Canadian Governments and several meetings have been held with local representatives of the Inter-American Development Bank to explore the possibility of IDB support for the project.

Project Strategy

The APOLO Project plans to develop, test and implement a number of primary health care/health financing models over the next five years. The goal is to develop models which will:

- 1) Offer alternative financing mechanisms for primary health care;
- 2) Improve the efficiency and quality of primary health care services;
- 3) Offer services at low cost (accessible to populations with scarce resources);
- 4) Incorporate and utilize market-based strategies for health care;
- 5) Utilize administrative and technical models which are simple and easy to replicate;
- 6) Increase the coverage and access of primary health care services to low-income populations; and,
- 7) Be able to be replicated in diverse geographic, social, cultural and economic situations.

See Appendix D for a "Demonstration Model Chart."

In order to achieve the goals of the project, the APOLO team has developed a four part strategy:

Technical Assistance and Training

The APOLO team, in collaboration with selected consultants (national and international) will provide technical assistance and training to the participating NGOs, organizations, municipal and health center/Ministry staff, and other key individuals.

The technical assistance and training will be:

- a) Practical;
- b) Participative;
- c) Long- and short-term; and,
- d) Evaluated on an on-going basis.

Financial Component

Health financing will be an important component of the strategy. The APOLO team will work with the participating NGOs, organizations, municipal and health center/Ministry staff, and other key individuals to improve the following areas:

- a) Budgets;
- b) Cost recovery;
- c) Accounting;
- d) Cost effectiveness;
- e) Sustainability; and,
- f) Financial indicators.

Institutional Strengthening

The APOLO team will work with participating NGOs, organizations, municipal and health center/Ministry staff, as well as other key individuals, to strengthen their institutions in the areas of:

- a) Administrative procedures;
- b) Strategic planning;
- c) Quality assurance;
- d) Human resource management;
- e) Logistics and supplies; and,
- f) Social marketing.

Monitoring and Evaluation

The APOLO team will work with participating NGOs, organizations, municipal and health center/Ministry staff, as well as other key individuals to monitor and evaluate the project inputs and progress. The approach to evaluation and monitoring will be systematic and continuous and will include:

- a) Baseline data collection; and,
- b) Internal and external evaluation and monitoring.

See Appendix E for “Components of APOLO Strategy” charts and Appendix F for a chart of “Potential Models.”

Implementation Agreements Signed

By March 1996, APOLO had signed agreements with three different groups to test three diverse models: Fundacion Pablo Jaramillo, Municipio de Bolivar, and Fundacion Eugenio Espejo.

Fundacion Pablo Jaramillo

Pablo Jaramillo is located in the Canton of Cuenca, in Azuay Province. It is a private, family foundation that has been providing high quality, low cost health services to low-income families since the mid-1980s. The foundation has a small hospital located near the market, on the periphery of the city of Cuenca. Most of the services (in-patient and out-patient) are provided within the hospital. The family members are interested in working with the APOLO Project team to improve the effectiveness, efficiency, and sustainability of the foundation in the areas of:

Quality of Care and Community Outreach

Although the hospital does offer outpatient services, the orientation of the services needs to be redirected towards primary health care and preventive services. There is little community outreach and the current focus is on curative, rather than on preventive, services. For example, the hospital currently only offers vaccination services one morning a week.

A program to improve and monitor the quality of care provided by the health staff needs to be implemented. The rate of cesarean sections is extremely high (over 50 percent) and should be reduced to at least 15 percent, given the fact that operative deliveries result in at least three times the mortality of vaginal births as well as significantly higher morbidity rates due to infections and other complications (for mothers).

Management

The Foundation is very well managed compared to many Ministry facilities. However, the Foundation is currently operated like a "family business" which has resulted in an excess of personnel at all levels (health services and administration) and a lack of efficiency in key areas. The hospital has a serviceable management information system, yet the information is not analyzed or used to make important management decisions.

Health Financing

In the past the Foundation has been heavily subsidized by the founding family. This may change in the future and at least some members of the family would like to see

the Foundation achieve a significantly higher level of sustainability and cost recovery. This could be accomplished in a number of ways, including: an increased emphasis on health financing; improving the efficiency and effectiveness of the administrative systems; reducing personnel; implementing a system of packages of services; raising prices for certain curative services; and, social marketing.

Municipio de Bolivar

The APOLO Project recently signed an agreement with the Municipality of Bolivar, which is located in the Province of Carchi, a rural area approximately three and a half hours drive heading north from Quito.

The APOLO team will work with the Municipality to improve the effectiveness and efficiency of the Ministry health center, which is located on the outskirts of the town of Bolivar. The health center suffers from many of the problems typical of government-run health facilities, including: low utilization; poor infrastructure; poorly motivated staff; lack of management and supervision; lack of community outreach; and, little or no cost recovery.

The center theoretically covers a population of 10,000 to 16,000 clients; however, the current actual coverage rate is much lower.

The Bolivar model, if it is successful, has the potential to be the model for private/public partnerships in the government's efforts to decentralize the responsibility for basic health care to the local and provincial levels. See Appendix G for newspaper article about the start-up of the Bolivar project.

Fundacion Eugenio Espejo

The Foundation Eugenio Espejo is a private, non-profit organization which was founded in 1978. It is located in the a neighborhood of Chilibulo, a low-income section on the outskirts of Quito. Due to demand from the community, Eugenio Espejo started providing health services in 1993 out of a small, rented space consisting of a waiting room, a medical exam room, a dental exam room, a nursing station, a bathroom and a small storage room/laboratory. Until 1993, the organization provided infant growth and development, micro-enterprise and community development services to residents of Chilibulo.

In 1995, the Foundation attended an average of 243 clients a month, or an average of twelve clients a day. Forty percent of those cared for were under the age of five years. The Ministry of Health plans to build a health center in the neighborhood in the near future, which the Foundation would manage.

APOLO Project Current Status

The APOLO Project is entering its second year. The first year has been primarily a planning phase, during which the project sought out and assessed potential model sites, built important

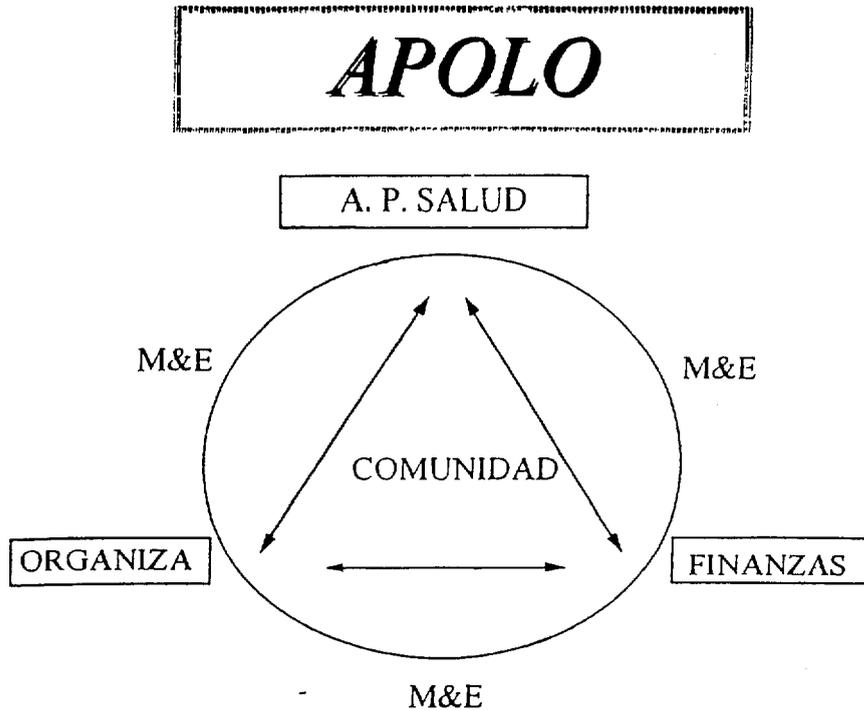
professional and political relationships, developed the primary health care financing models, and learned to work together as a team, among other accomplishments.

During the second year the project will enter into an implementation phase. Then, the monitoring and evaluation component will be an important element in assisting the APOLO team to identify and build on successes; identify and correct problems on an on-going and timely basis; identify the strengths and weaknesses of each model; and, document project impact and accomplishments.

MONITORING AND EVALUATION PLAN

General Framework

Monitoring and evaluation will be an integral and on-going component of the APOLO Project, as shown on the chart below.



In evaluating project inputs, the following criteria will be taken into consideration:

Effectiveness

Effectiveness will be measured by comparing the results with the goals and objectives outlined in the operational plans of each participating health service (the percentage achieved for each activity using the pre-established objectives).

Efficiency

The efficiency/cost effectiveness will be measured in part by analyzing the number of health services produced for the target populations of each health facility compared to the percentage of cost recovery (unit costs per service).

Relevance/Appropriateness

The appropriateness of the health service activities that each health facility carries out will be analyzed against the priority health problems of the target and vulnerable populations (children aged under five years and women of childbearing age).

In order to conceptualize the monitoring and evaluation component of the APOLO Project the consultant and the team used the mission statement of APOLO:

"Provide high quality technical assistance in the areas of health services, finance and administration which will allow for the implementation of alternative, successful, effective, and sustainable primary health care models."

The development of the indicators was divided into three categories using the three "B"s: (*bueno, bonito, and barato*)

Bueno

Bueno pertains to the health service indicators which monitor the technical quality and effectiveness (impact) of the health services.

Bonito

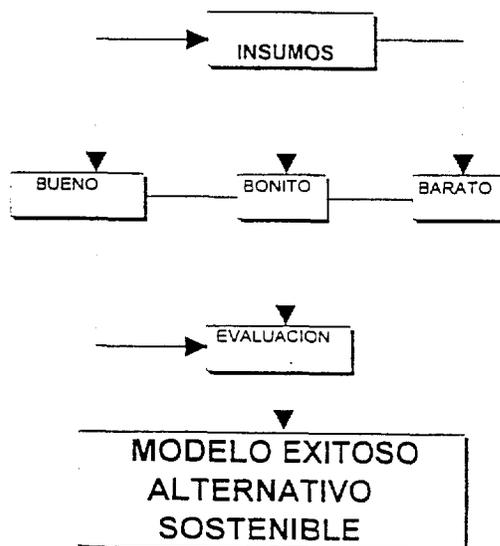
Bonito pertains to the administrative indicators which are necessary for the implementation of quality health services and represent the "human quality" in the process. For example, are the services perceived to be of high quality by the clients, and are the services effectively responding to supply and demand?

Barato

Barato pertains to the health finance indicators which are related to the quality of the management and the level of efficiency. For example, are the health services being produced at the lowest unit cost possible while maintaining quality?

The theme of quality of care is integral to all the indicators. On-going training and technical assistance will be a central strategy in developing and sustaining a high level of quality in the management and implementation of primary health care services within the participating organizations.

EVALUATION SYSTEM "3 Bs"
(BUENO-BONITO-BARATO)

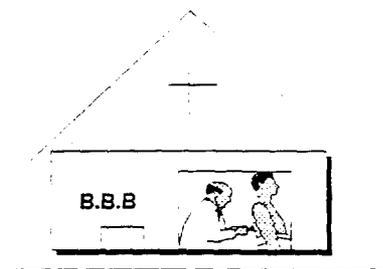


RESULTS OF QUALITY

CARACTERIZACION DE UN
SERVICIO DE CALIDAD

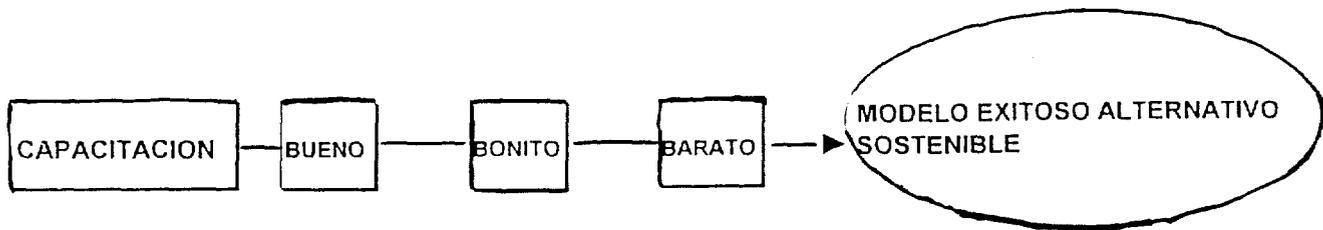
CARACTERISTICAS

EFECTO



SERVICIO DE SALUD
DE CALIDAD

TRAINING AS AN ESSENTIAL COMPONENT



Bueno: Technical Quality of Services

The indicators for health services are:

1) ARI

- a) less than one year
- b) one to five years

2) MIM

(number of pregnant women who receive five prenatal visits and second dose tetanus toxoid)

- a) prenatal visits
- b) institutional births (percent of births referred and why, percent of cesareans)
- c) postpartum care (percent of postpartum visits and breastfeeding)
- d) TT

3) EDA

- a) less than one year
- b) one to five years

4) Vaccinations

(coverage: percent of infants under one year of age with full coverage in the target population)

- a) DPT

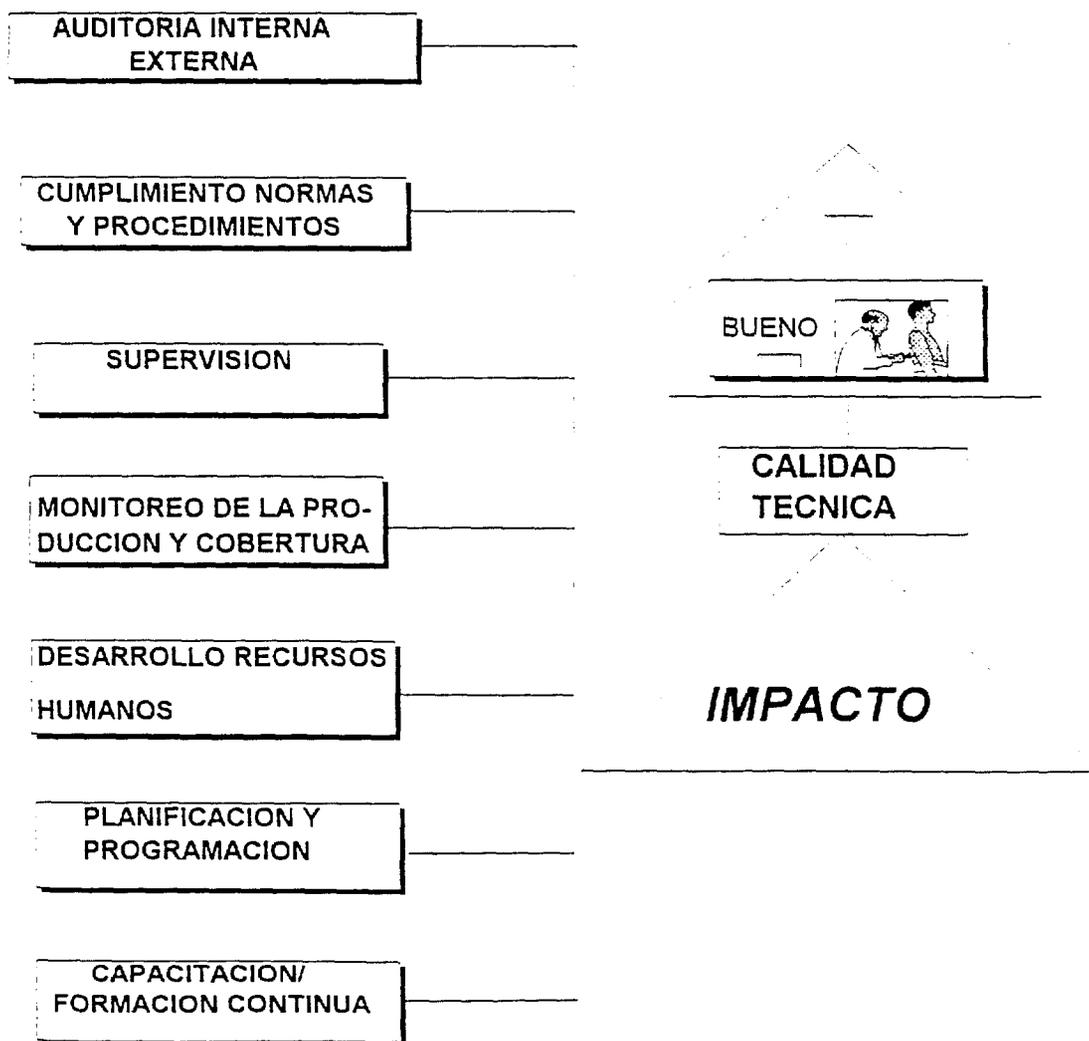
- b) BCG
 - c) polio
 - d) measles
- 5) Family Planning
- a) increase in number and percent of users
 - b) method mix (BCPs, IUD, condoms, etc.)
- 6) Support Activities
- a) laboratory services
 - b) pharmacy (drug supply)
 - c) nursing activities

The activities which assure quality health services are:

- 1) Medical Audits and Case Review of Complicated Cases
- a) clinical histories
 - b) complicated cases
- 2) Supervision and Training
(completion of program norms and standards)
- a) ORT
 - b) ARI
 - c) STDs
 - d) FP
 - e) vaccinations (cold chain, etc.)
 - f) growth and development
- 3) Monitoring of Production and Coverage
- a) continuation rates of FP methods
 - b) number of new users of the services
 - c) percent of growth and development cards
 - d) number and percent of home visits
 - e) follow-up visits (free or minimal price for high risk groups)
- 4) Planning and Programming
- a) IEC (information, education and communication)
 - b) high risk and vulnerable groups (percent of target population covered)

BUENO

CALIDAD TECNICA



Bonito: The Quality of the Management Support Services (human touch)

To conceptualize the development of the management support services, the result of which will be services that are pleasing to consumers, the APOLO team used a concept called "one stop shopping."

This method includes:

- 1) A complete service in one place;
- 2) Integrated services;
- 3) 24 hour attention; and,
- 4) Personal and friendly service.

The project management "inputs" will be developed and implemented to:

- 1) Standardize the medical attention offered in the health facilities (protocols);
- 2) Maximize the efficiency, effectiveness and cost-effectiveness of the services offered;
- 3) Maximize the level of client and provider satisfaction;
- 4) Ensure that the health services offered are of high quality;
- 5) Maximize the effectiveness of communication between providers and clients and among members of the health care teams;
- 6) Maximize the sustainability of the health services and the participating institutions; and,
- 7) Develop human resources.

The indicators will be that the following are in place for each participating organization:

- 1) Management Systems
(the manuals should be implemented, available and utilized)
 - a) MIS (management information system)
 - b) functions and procedures manuals
 - c) policies and procedures for personnel

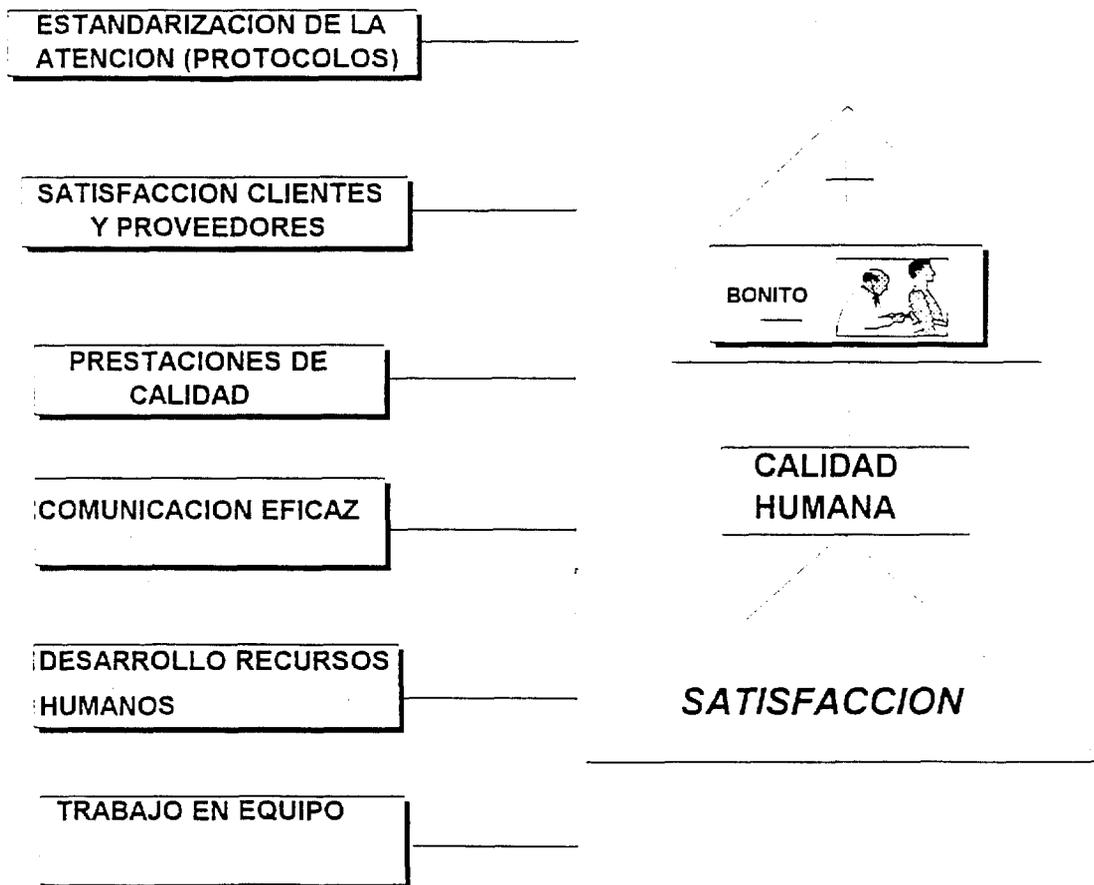
- 2) Strategy for Supervision
(to assure quality health services)
 - a) regular and institutionalized feedback from health team members
 - b) direct observations and "mini polls"
 - c) supervisory check lists
- 3) Logistic and Supply System for Essential Drugs
 - a) basic stock of essential drugs
 - b) system for monitoring expiration dates
 - c) supply system
- 4) IEC
 - a) number of activities
 - b) clients' knowledge of and satisfaction with the services
 - c) school programs

The IEC activities to be carried out will include:

- a) Social marketing plan
- b) Community surveys
- c) Focus groups
- d) Exit interviews
- e) Monitoring of the monthly increase in number of clients.

BONITO

CALIDAD HUMANA



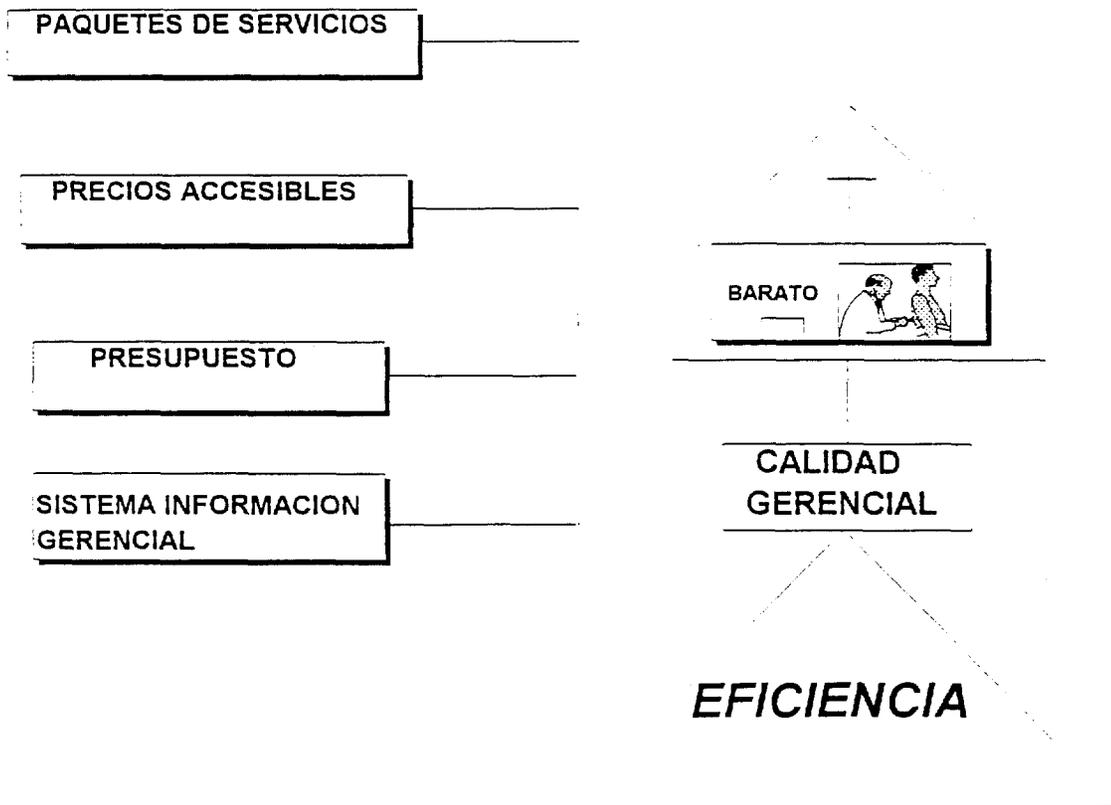
Barato: Solid Financial Base, Packets of Services, Diversification, Cross Subsidies and Incentives

The indicators for this category of project inputs are:

- 1) Cost of Services
 - a) packets of services
 - b) accessible prices
 - c) market-based analysis taking competition into account
 - d) client satisfaction with prices (willingness to pay)
- 2) Management Information System
 - a) financial, accounting and service (technical) information integrated and cross referenced
- 3) Costs and Earnings
 - a) fixed and variable costs
 - b) percent of cost recovery and amount of loss/earnings each month
- 4) Budget
 - a) monitoring timely spending of project and institutional funds
- 5) Percentage Spent on Salaries and Administration
 - a) more than 70 percent indicates inefficiency

BARATO

EFICIENCIA



Data Collection Forms and Notebooks

Data collection and monitoring forms will be developed by the APOLO team and each participating "model" institution to meet the data collection and monitoring needs of the project and institution. Some sample draft data collection forms developed by the consultant and the APOLO team can be found in Appendix I.

In addition to using data collection forms, each participating health facility will use a system of permanent notebooks to record and maintain data on the day to day activities of the health facility and as tools for important follow-up activities (i.e., Pap Smear results, TB control, prenatal visits, etc.). Some examples of areas where notebooks may be utilized include: home visits; IEC and training activities; women's health care (FP, ETS, prenatal, births, postpartum); infant care (ARI, ORT, vaccinations, growth and development); laboratory; nursing activities; and, pharmacy.

APOLO Project Political and Impact Indicators

- 1) Political Indicators
 - a) Meetings every three months with the Executive Health Reform Committee (MSP, CARE, USAID, CEPAR).
 - b) Agreements signed with participating NGOs (three to four models functioning)
 - c) Every three months the APOLO team will have a brief meeting to reanalyze the political situation and produce a one to two page update regarding any changes and possible impact on the project.

- 2) Impact Indicators

Each participating priority NGO (one of the three to four "models") will have in place:

 - a) Training programs; quality of care system; norms and protocols; procedure and policy manuals;
 - b) Operating plan; and,
 - c) Trimestral evaluations carried out in collaboration with the APOLO team.

Baseline Data

Baseline data for the coverage areas around the health service delivery facilities for each participating group will be gathered from: any existing historical data; an estimation of the target population and market segment; and, surveys already completed by the APOLO team during the first year of the project.

Program Goals

The staff and management of each health facility will set goals (monthly, trimestral and annual) in collaboration with the APOLO team for each key activity (health service and financial). Charts of the monthly goals for each health activity will be posted on the walls of each health center (see Appendix H for a model) where the health staff will see them on a daily basis and act as a visual reminder that they need to try to meet the target goals.

At the end of every month the health facility staff will tally and analyze the statistics as a team and fill in by hand the accomplishments of the previous month. Using a model similar to the chart shown in Appendix H will enable the staff to observe easily and immediately whether or not the facility is meeting the targets and to make program adjustments as necessary in a timely manner.

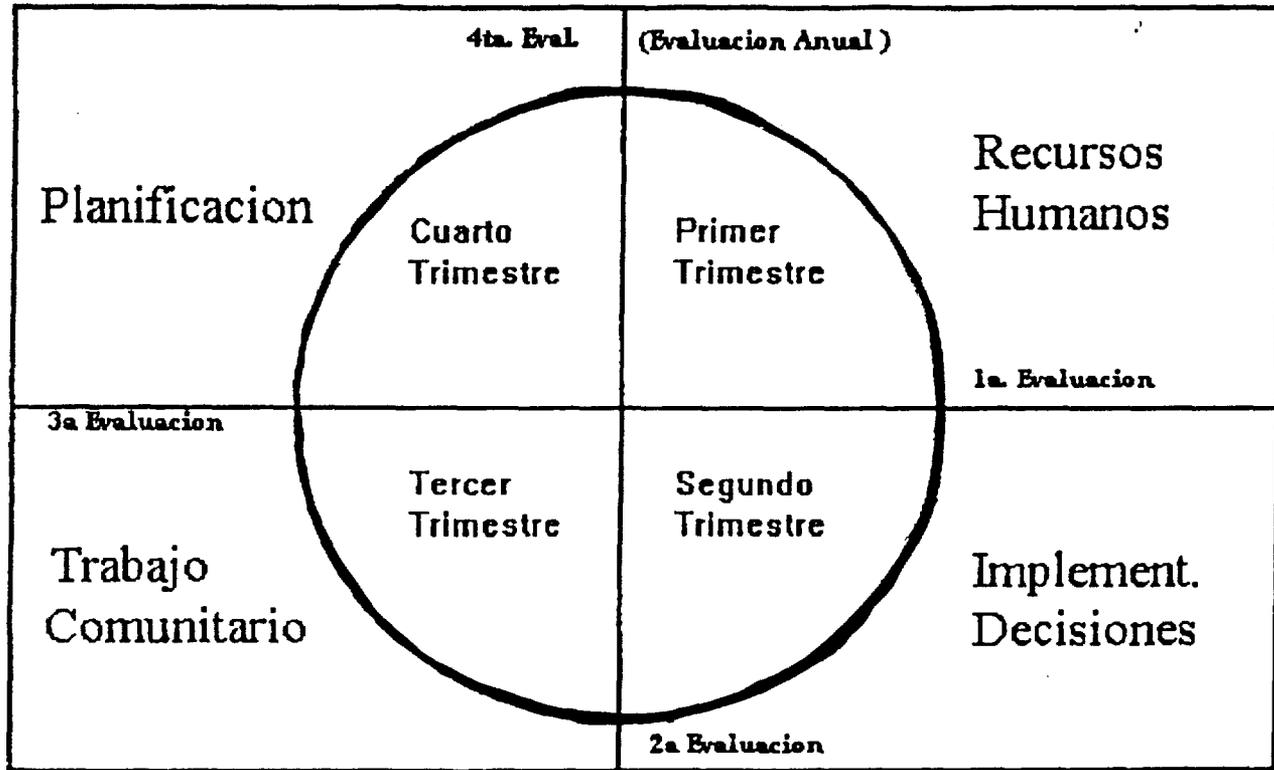
The APOLO team will also review the data from each participating institution monthly and provide important feedback to the managers and health professionals.

Trimestral and Annual Evaluations

Trimestral and annual evaluations will be an important management tool within the APOLO monitoring and evaluation system. Every three months the health and management teams of each participating institution will spend a day analyzing the health service and financial statistics of the previous three months in collaboration with the APOLO team. The purpose of the evaluations will be to use this time to analyze the activities carried-out, compared to the program goals, and to make decisions regarding any program changes which may be needed to meet the program and institutional goals.

Although the evaluation process will basically be consistent for each trimester, the first, second, third and fourth trimesters will have somewhat different foci. The first trimester (during which the annual evaluation is carried-out) will focus on human resource development (the capacity of the personnel to carry out the program goals). The second trimester will focus on taking any corrective action necessary to enable the institution to meet its program goals (operational problems are usually evident by this time). The third trimester will focus on increasing demand (promotion of services) by focusing on the community activities and by continuing to observe for and correct operational problems. The fourth trimester will focus on planning (the operational plan for the next year) and on analyzing trends and cross cutting themes during the previous year.

TRIMESTRAL EVALUATION CYCLE



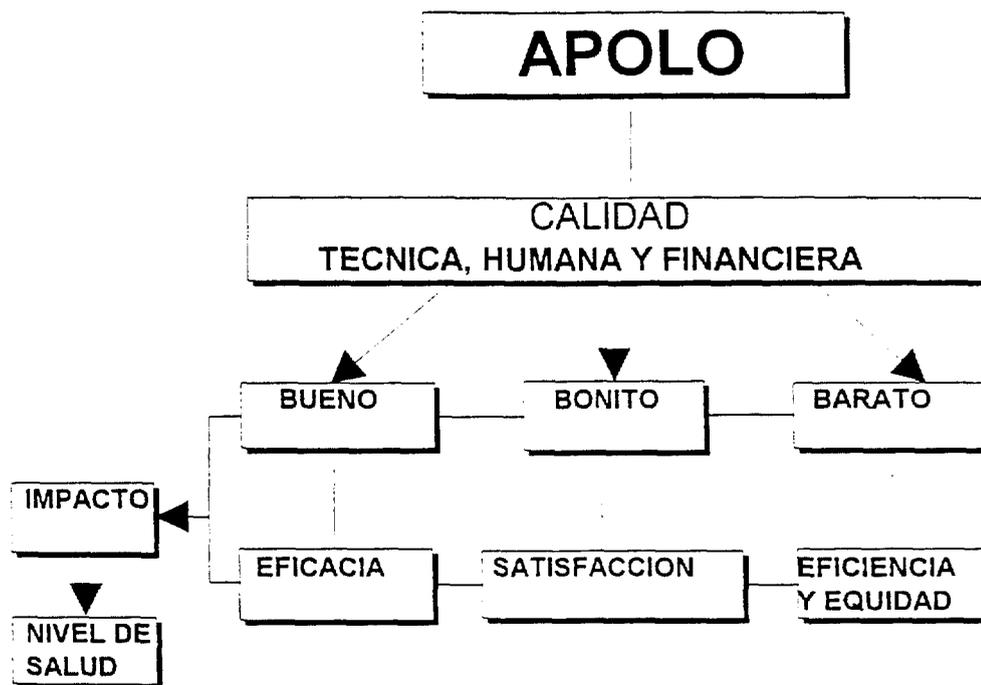
Reporting Format

The reporting format used for each participating institution will be standardized and simple. The draft categories are:

- 1) Executive Summary
- 2) Volume of Activities for Each Service/Activity
(i.e., new consults under age one, prenatal care, laboratory, etc.)
 - a) principal indicators for each service/activity (percent of goal reached)
 - b) preventive activities
 - c) curative activities
 - d) support activities
3. Quality Assurance
 - a) supervision
 - b) medical audits
 - c) productivity analysis
 - d) client satisfaction
 - e) quality of teamwork

- 4) Training
- 5) Marketing
- 6) Financial Situation
- 7) Political and Community Relationships
- 8) Special Projects and/or Activities
- 9) Status of Personnel

RESULTS OF APOLO STRATEGY



OBSERVATIONS AND RECOMMENDATIONS

Importance of APOLO Project

Observation

The APOLO Project is a well conceived and appropriate model through which USAID/Ecuador can achieve important results in the priority areas of maternal and child health and health reform. The model is innovative and is being implemented during a critical time period when the potential to make changes in health care delivery in Ecuador appears to be high.

Recommendation

USAID/Ecuador should continue to provide the maximum amount of support possible to the APOLO Project.

The APOLO Team

Observation

The quality of the APOLO team is one of the highest with which this consultant has worked. The team has excellent leadership, possesses extensive individual skills and experience in each of their professional fields, is highly motivated, and the members work together very effectively.

Recommendation

USAID/Ecuador and CARE should continue to support the APOLO team so that the team can continue to grow and evolve, as well as strengthen its ability to provide high quality technical assistance to the project's participating institutions.

Change in Focus for Second Year

Observation

The first year of the APOLO Project has focused primarily on planning, developing models, and identifying the potential participating institutions.

Recommendation

It is important in the second year of the project that the APOLO team concentrate on the implementation of the three to four models that it has already developed, identified and has signed agreements with participating institutions. The consultant is concerned that the team may be spread too thin by taking on too much too soon and

by continuing to take on new models and institutions. Implementation is much more difficult and time-consuming than planning and development and it is important for the project to be able to demonstrate concrete successes and results within the next two years or the donors may lose interest in the project.

Follow-up for Monitoring and Evaluation Plan

Observation

The consultant should return when the APOLO team has had the chance to implement and test the monitoring and evaluation plan with the three participating institutions for at least one trimester so that the strengths and weaknesses of the plan can be evaluated and the necessary adjustments made.

Recommendation

Ideally, the consultant should participate in the first trimestral evaluations.

APPENDICES

APPENDIX A

ANALISIS CAUSA - EFECTO SECTOR SALUD

PRIVADO CON
FINES DE LUCRO

Atención curativa
Precios altos
Ubica en grandes ciudades
Alta especialidad y subespecialidad
Baja cobertura
Sectores protegidos

SECTOR PUBLICO

Actúa en grandes ciudades
No Peso Político
Generalmente mala calidad del servicio
Difícil lograr cambios
Cobertura limitada o segmentada
Ineficiencia organizativa
Politización interna

BAJA COBERTURA, MALA CALIDAD DE LOS SERVICIOS DE SALUD PARA POBLACION DE ESCASOS RECURSOS ECONOMICOS DE LOS SECTORES RURAL Y URBANO MARGINAL DEL ECUADOR

Clases sociales bajas
Area influencia restringida
Visión caritativa
Escaso desarrollo organizacional
Proyectos coyunturales corto plazo
Dependencia de cooperación externa
Poca capacidad de inversión
No se autofinancia
No tiene competencia

PRIVADO SIN
FINES DE LUCRO

Creencia en factores sobrenaturales
Demanda ciertos servicios curativos
No valora activ. preventivas
Salud no es prioridad
Cultura de enfermedad
No hay beneficio económico de estar sano
Acostumbrado a servicio gratuito

COMUNIDAD

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APPENDIX B

LIST OF CONTACTS

APOLO Team

Dr. Ivan Palacios, National Coordinator
Dr. Jaime Valencia, Advisor for Monitoring and Evaluation
Dr. Jorge Bejarano, Coordinator for Primary Health Care
Dr. Hernan Redroban, Coordinator for Cost Recovery
Veronica Collantes, Assistant Finance Administrator
Maria Jose Duenas, Administrative Assistant

USAID/Ecuador, Health Office

Jack Galloway
Ken Farr

Initiatives Project, John Snow, Inc.

Dr. Larry Day
Walter Gonzalez (spoke by telephone)

Fundacion Humanitaria, Pablo Jaramillo Crespo, Cuenca, Ecuador

Marcelo Jaramillo Crespo, Economist (member of family that founded the foundation) and Board Member
Cecilia Bermeo de Furuya, Chief of Social Work Department
Dr. Vinicio Orellana, Chief of Medical Staff

Municipio de Bolivar, Carchi Province

Fabian Ramirez Grijalva, Municipal President
Health Center Staff (physician, nurse, auxiliary nurse, dentist)
Paulina Munoz, RN, CARE/Bolivar Project Coordinator

APPENDIX C

EVALUACION ANUAL DEL PROYECTO APOLO

PRIMER SEMESTRE: PRINCIPALES ACCIONES/LOGROS

Firma de Convenio CARE/USAID	
Reuniones del Comité de Implementación CARE/USAID	
Reuniones del Comité Ejecutivo MSP, CEPAR, USAID y CARE	
Selección de Personal	
Equipamiento e Instalación de Oficinas	
Elaboración Plan Operativo Anual	
Criterios de Selección para ONGs	
Elaboración de guía para Presentación de Perfiles de Proyecto	
Invitación a ONGs	Convocatoria a 25 ONGs
Coordinación con Donantes	Fondo Ecuatoriano Canadiense de Desarrollo y Cooperación Holandesa
Primera Visita de consultores de BASICS	Se decidió apoyar al Proyecto APOLO con asistencia técnica y capacitación en APS
Estudio y análisis para aprobación Perfiles	Proceso de pre-selección
Seminario para elaborar Plan Estratégico del Proyecto Apolo	
Visita de observación a proyectos	Metrofraternidad (Calderón), Catholic Relief Services (Cotopaxi), Cemoplaf (Colta), Ayuda en Acción (Cuenca), Faces (Loja), Insalud (Guayas), Hope (Manabí), Vicariato de Esmeraldas, Cemoplaf Otavalo
Revisión y Aprobación de Propuestas	Se decidió realizar Estudios de Factibilidad Rápidos (EFR) para la aprobación de los Proyectos
Elaboración de Metodología para Estudios de Factibilidad Rápidos (EFR)	Factibilidad técnica, organizativa, financiera, política y social
Visita BASICS	Diseño de plan de asistencia técnica para APOLO (René Salgado, Barry Smith)
Estudios de Factibilidad Metrofraternidad, Insalud y Municipio de Bolívar	Se contó con el apoyo de INITIATIVES
Visita de observación Proyecto FIS-PERU (2 técnicos de APOLO)	El sistema computanzado de administración de subdonaciones que usa el Proyecto FIS (Perú) está adaptado a las necesidades de APOLO
Evaluación semestral del proyecto	Presentación y difusión de informe

EVALUACION ANUAL DEL PROYECTO APOLO

SEGUNDO SEMESTRE: PRINCIPALES ACCIONES/LOGROS

Plan de Monitoreo y Evaluación (Primera etapa)	Asesoría de BASICS (Eivira Beracochea)
Reuniones del Comité de Implementación	
Reuniones del Comité Ejecutivo	
Elaboración Proyecto Insalud	Participación conjunta APOLO/Insalud
Elaboración Proyecto de Bolívar	Participación de la coordinadora del proyecto
Presentación de resultados EFR Metrofraternidad	Proyecto no factible según criterios técnicos de APOLO
Estudio de Factibilidad Fundación Espejo	
Elaboración Plan de Asesoría Mercadeo Social	Participación de consultor BASICS (Patricio Barra)
Visita de observación al proyecto Prosalud Bolivia (El Alto, Sta. Cruz y La Paz)	Proceso de aprendizaje y perspectiva de aplicación de las experiencias
Elaboración propuesta para la Cooperación Holandesa	Fundación Pablo Jaramillo y Curia de Chordeleg
Visita a CARE Atlanta y BASICS Washington (Coordinador y técnico)	Presentación del proyecto APOLO y Coordinación asistencia técnica de BASICS en APS
Estudio de Factibilidad Fundación Pablo Jaramillo y Curia de Chordeleg	Apoyo consultoría: encuesta y grupos focales
Taller Mercadeo Social	Apoyo consultor de Basics (Patricio Barra)
Elaboración Proyecto FEE	Participación conjunta con equipo FEE
Plan de Monitoreo y Evaluación (segunda etapa)	Apoyo consultor de Basics (Pamela Putney)
Elaboración Proyecto Fundación Pablo Jaramillo y Curia de Chordeleg	
Levantamiento de información para diseñar un sistema de PPO con la Cooperativa Pablo Muñoz Vega	
Estudio de Factibilidad para Cemoplaf Otavalo	Asesoría nacional

EVALUACION ANAUAL DEL PROYECTO APOLO

ESTRUCTURA

RECURSOS HUMANOS TECNICOS Y DE APOYO ADMINISTRATIVO
FINANCIERO, EQUIPO MULTIDISCIPLINARIO APS, DO Y RC
EQUIPOS Y MOBILIARIO

PROCESO

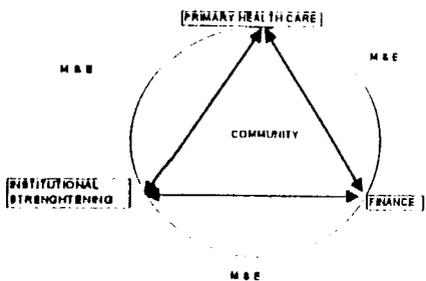
PLAN OPERATIVO
PLANIFICACION ESTRATEGICA (VISION, MISION, VALORES ,POA)
DEFINICION DE FUNCIONES Y RESPONSABILIDADES
PROGRAMACION MENSUAL DE ACTIVIDADES
MONITOREO DE ACTIVIDADES
EVALUACIONES TRIMESTRALES Y SEMESTRALES
TRABAJO EN EQUIPO
SISTEMA FINANCIERO/CONTABLE
ASISTENCIA TECNICA

RESULTADOS

ESTUDIOS DE FACTIBILIDAD (METODOLOGIA)
IDENTIFICACION DE MODELOS
FIRMA DE CONVENIOS
APOYO DE OTROS DONANTES (FEC, COOPERACION HOLANDESA)
IMPLEMENTACION DE PROYECTOS (BOLIVAR Y FEE)

APPENDIX D

MODELOS DEMOSTRATIVOS



REPLICABILIDAD

SOSTENIBILIDAD

- Técnica
- Organizativa
- Social
- Política
- Financiera

FOCALIZACION

- Geográfica
- Grupos de Riesgo

INTEGRALIDAD

- Medio Ambiente
- San. Ambiental
- Género

CALIDAD:

- Técnica
- Sentida

EFICIENCIA

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APPENDIX E

APOLO

A P SALUD

M&E

M&E

COMUNIDAD

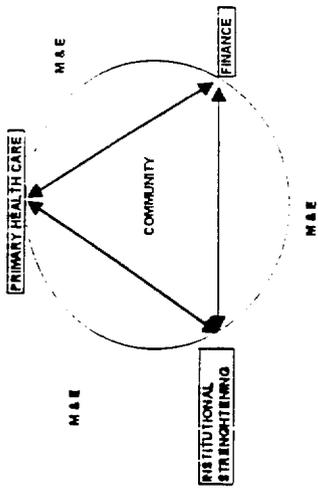
ORGANIZA

FINANZAS

M&E

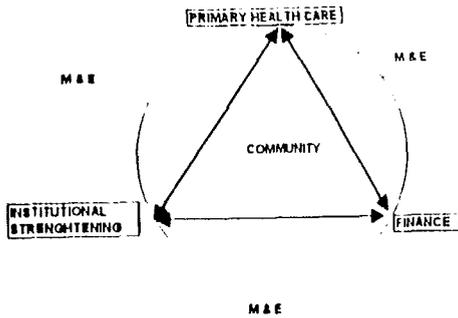
ASISTENCIA TECNICA Y CAPACITACION

- *TECNICOS NACIONALES E INT.*
- *PRACTICA.*
- *PARTICIPATIVA.*
- *SECUENCIAL Y A LARGO PLAZO.*
- *ADECUADA A LAS NECESIDADES DE LAS ONG'S Y ORG PARTICIPANTES.*
- *EVALUACION PERMANENTE.*



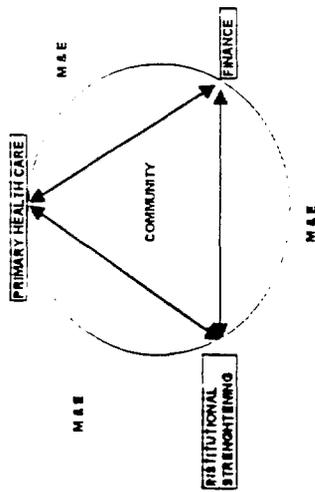
FINANZAS

- PRESUPUESTO
- RECUPERACION DE COSTOS
- CONTABILIDAD
- INGRESOS Y EGRESOS
- EFECTIVIDAD
- AUTO FINANCIAMIENTO
- SOSTENIBILIDAD
- INDICADORES FINANCIEROS



FORTALECIMIENTO INSTITUCIONAL

- MANEJO INTEGRAL DE PROCEDIMIENTOS ADMINISTRATIVOS.
- PLANIFICACION ESTRATEGICA
- GERENCIA INTEGRAL DE CALIDAD
- MANEJO INTEGRAL DE RECURSOS HUMANOS:
 - RECLUTAMIENTO DEL PERSONAL
 - ENTRENAMIENTO
 - EVALUACION DEL RENDIMIENTO/INCENTIVOS
- LOGISTICA
 - ABASTECIMIENTO DE MEDICINAS
 - COMUNICACIONES INTERNAS Y EXTERNAS
- MERCADEO SOCIAL
 - IMAGEN INSTITUCIONAL



MONITOREO Y EVALUACION

- LINEA DE BASE
- MONITOREO
- EVALUACION INTERNA Y EXTERNA
- SISTEMATIZACION

APPENDIX F

PROYECTO APOLO

MODELOS DE SERVICIOS DE SALUD

UBICACION	INSTITUCION EJECUTORA	DURACION	POBLACION BENEFICIARIA	MODELO	OBJETIVO ESTRATEGICO	LINEAS DE ACCION	SUBDONACION
CANTON BOLIVAR PROVINCIA DEL CARCHI	MUNICIPIO DE BOLIVAR MSP COOPERATIVA DE AHORRO Y CREDITO	5 AÑOS	16 283 PERSONAS	MUNICIPALIZACION	DESCENTRALIZACION DE LOS SERVICIOS DE SALUD	<ul style="list-style-type: none"> • PARTICIPACION DE ORGANIZACIONES LOCALES • COORDINACION CON MSP • ATENCION COMUNITARIA • SALUD ESCOLAR • MERCADEO SOCIAL • PAQUETES BASICOS DE SERVICIOS • ENFOQUE DE GENERO • MEJORAMIENTO DE LA CALIDAD • DESARROLLO ORGANIZACIONAL • RECUPERACION DE COSTOS 	\$ 164,330
CANTON CUENCA PROVINCIA DEL AZUAY	FUNDACION PABLO JARAMILLO	5 AÑOS	30 000 PERSONAS	RED DE SERVICIOS Y PPO	AMPLIACION DE COBERTURA ATRAVES DE CENTROS DE SALUD	<ul style="list-style-type: none"> • PLAN CARNE • INCREMENTO DE LA OFERTA DE SERVICIOS MEJORAMIENTO DE LA CALIDAD • ENFOQUE DE GENERO ORGANIZACION DE PROVEEDORES PRETERILOS 	\$ 313,427
PARROQUIA CILIBULO PROVINCIA PICHINCHA	FUNDACION EUGENIO ESPEJO	3 AÑOS	10 0000 PERSONAS	MICROEMPRESA	AMPLIACION DE COBERTURA FONDO DE SOLIDARIDAD SISTEMA DE RIESGO COMPARTIDO	<ul style="list-style-type: none"> • PARTICIPACION DE ORGANIZACIONES LOCALES • COORDINACION CON MSP • ATENCION COMUNITARIA • SALUD ESCOLAR • MERCADEO SOCIAL • PAQUETES BASICOS DE SERVICIOS • ENFOQUE DE GENERO • MEJORAMIENTO DE LA CALIDAD • DESARROLLO ORGANIZACIONAL • RECUPERACION DE COSTOS • FONDO DE SOLIDARIDAD 	\$ 190,000

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PROYECTO APOLO
MODELOS DE SERVICIOS DE SALUD

UBICACION	INSTITUCION EJECUTORA	DURACION	POBLACION BENEFICIARIA	OBJETIVO ESTRATEGICO	LINEAS DE ACCION	SUBDONACION
CANTON OTAVALO PROVINCIA DE IMBABURA	• CENIOPAF	5 AÑOS	119 000 PERSONAS	AMPLIACION DE COBERTURA DE SERVICIOS DE APS	<ul style="list-style-type: none"> • PAQUETES BASICOS DE APS • SALUD REPRODUCTIVA • MERCADERO SOCIAL • MEJORAMIENTO DE LA CALIDAD 	POR DEFINIRSE
CANTON NUEVA LOJA PROVINCIA DE SUCUMBIOS	• CENIOPAF	5 AÑOS	POR DEFINIR	AMPLIACION DE COBERTURA A TRAVES DE CENTROS MATERNO INFANTIL	<ul style="list-style-type: none"> • ATENCION PERINATAL • ATENCION INFANTIL • SALUD REPRODUCTIVA • MEJORAMIENTO DE LA CALIDAD 	POR DEFINIRSE
CANTON CHORDELEG PROVINCIA DEL AZUAY	<ul style="list-style-type: none"> • IGLESIA DE CHORDELEG • MSP • MUNICIPIO DE CHORDELEG 	5 AÑOS	10 0000 PERSONAS	AMPLIACION DE COBERTURA DE SERVICIOS DE APS / AGUA Y SANEAMIENTO	<ul style="list-style-type: none"> • PARTICIPACION DE ORGANIZACIONES LOCALES • COORDINACION CON MSP • MERCADERO SOCIAL • AGUA Y SANEAMIENTO • PAQUETES BASICOS DE APS • ENFOQUE DE GENERO • MEJORAMIENTO DE LA CALIDAD • DESARROLLO ORGANIZACIONAL • RECUPERACION DE COSTOS 	\$1'526,493

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APPENDIX G

En Bolívar:

Proyecto piloto de salud está en marcha

BOLIVAR.- Con el fin de dar a conocer la marcha de un proyecto importante de salud, muy necesario para los habitantes del cantón Bolívar, estuvieron el día martes el Director Ejecutivo y funcionarios del Proyecto Apolo, junto al Presidente del Municipio para explicarles a los funcionarios del Centro de Salud y maestros de Bolívar, sobre el proyecto piloto de salud, como instrumento alternativo para mejorar la calidad y el servicio que toda la población busca, repercutiendo en lo social, económico y político. Este proyecto estará sustentado en un trabajo, en el que los maestros jugarán un papel protagónico en lo que respecta a salud preventiva.

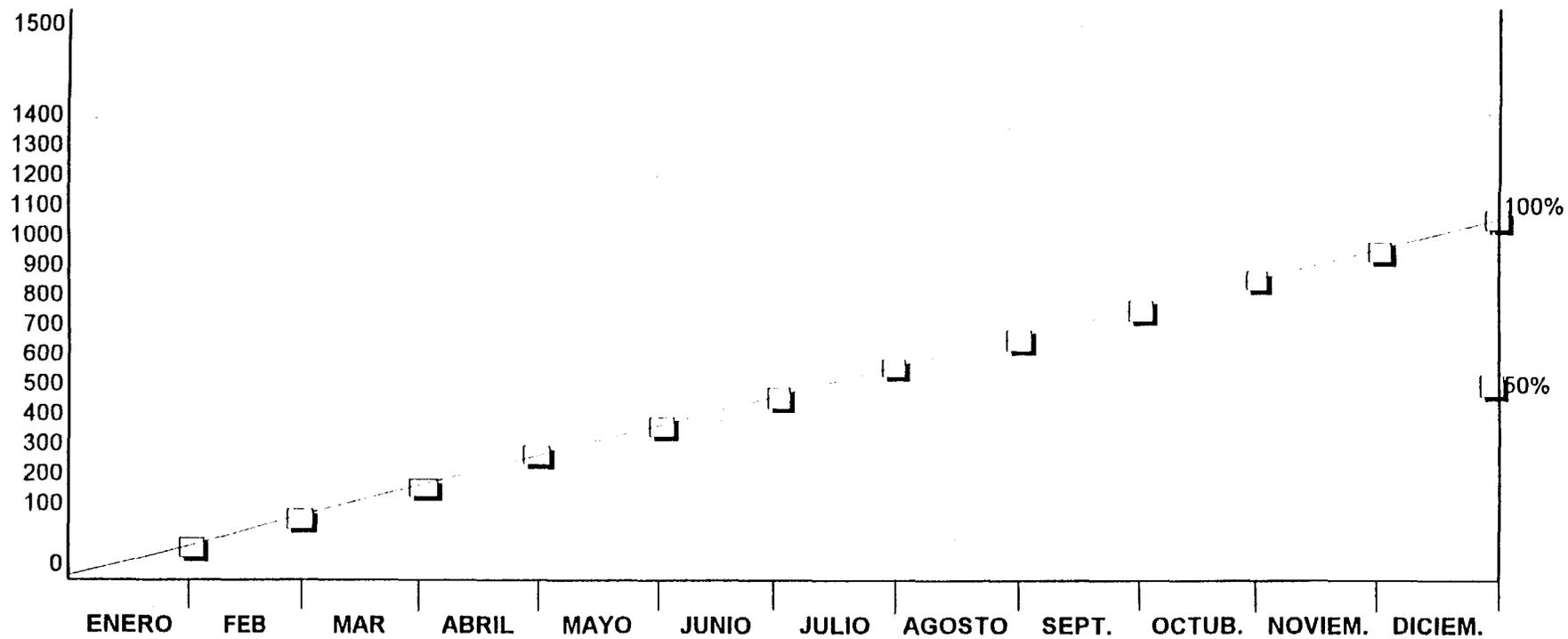
El Doctor Iván Palacios, Director del Proyecto Apolo, agradeció al I. Municipio del cantón Bolívar por el apoyo brindado a este proyecto, considerado como proyecto piloto en el país, en virtud de la situación crítica por la que atraviesa la salud en el Ecuador.

Pueda ser que nos equivoquemos en el camino, dijo el Doctor Palacios, pero eso no quiere decir que no tengamos el derecho de intentarlo; no podemos quedarnos como mudos testigos de una realidad, mirando y espectando a que alguien nos solucione. Nosotros somos capaces y por eso hemos aceptado voluntariamente este reto, puntualizó Palacios.

APPENDIX H

META ANUAL USUARIOS NUEVOS

PLANIFICACION FAMILIAR



(*50% Julio)

10/9

APPENDIX I

ACTIVIDADES DE SALUD

CENTRO:

SERVICIOS	ENERO	FEB.	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOS	SEPT.	OCTUB.	NOV.	DIC.
Consulta Nueva Niños												
Consulta Nueva Adultos												
Control Prenatal (Total)												
Atención del Parto												
Control del Puerperio												
Planificación Familiar Usuarías Nuevas												
Planificación Familiar Usuarías Continuas												
Vacuna T.T. (total dosis)												
Casos de Neumonía < 1 año												
Casos de Neumonía 1 a 4 años												
Diarrea < 1 año												
Diarrea 1 a 4 años												
Número de Asistentes Control de Crecimiento más Desarrollo < 1 año												
ETSs Det. + Tx												
Visitas Domiciliarias												
Act. Laboratorio												
Act. Enfermería												

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FINANZAS

CENTRO:

INGRESOS/MESES	ENE	FEB	MAR	ABRIL	MAYO	JUNIO	JULIO	AGOS	SEP	OCT	NOV	DIC
Consulta Médica												
Consulta Dental												
Farmacia												
Enfermería												
Laboratorio												
Partos												
Otros												
Total Ingresos												
Costos												
Salarios												
Beneficios Sociales												
Farmacia												
Fungibles Médicos												
Materiales y Suministros												
Capacitación												
Mercadeo												
Mantenimiento y Reparaciones												
Servicios Básicos												
Depreciaciones												
Transporte del Personal												
Otros												
Total Costos												
Resultado (monto)												
Nivel de Recuperación de costos												

CS