

**MANAGEMENT DEVELOPMENT PLAN
MEXICO**

JULY 1996 TO JUNE 2000

**Latin America and the Caribbean Unit
The Family Planning Management Development Project
Management Sciences for Health**

Management Development Plan

Mexico
JULY 1996 to JUNE 1998¹

Introduction

The Mexican National Family Planning Program is one of the oldest and strongest in Latin America, formally initiated in 1974 with a directive to all public sector institutions to provide family planning services. Private non-profit institutional activities also date to the early 1970s, and have complemented public sector efforts very effectively. Contraceptive prevalence has increased from 30% in 1976 to an estimated 65% by 1995. Although significant progress has been made in reducing the overall growth rate and increasing contraceptive prevalence substantially in the last two decades, many challenges remain. Advances have been unevenly distributed across socioeconomic groups and geographic regions. As in most of Latin America, Mexico has achieved high levels of contraceptive prevalence in urban areas, while rural areas have shown much less progress.

The public sector, including the Mexican Social Security Institute (IMSS) and the DGSR and affiliated institutions (ISSTE and DIF), provides approximately 62% of all family planning services in Mexico. The IMSS provides 38% of all family planning services, the DGSR approximately 16%, with smaller public institutions providing some 8%. Approximately 16% of family planning services are provided by the private sector, including private physicians and a range of private voluntary organizations, FEMAP and MEXFAM being the largest. Pharmacies provide almost 22% of services.

In 1992, USAID/Mexico formulated a new population strategy, based on USAID's comparative advantages in the population field and tailored to meet the prevailing needs and objectives of the Mexican National Family Planning Program. The two specific objectives are: To target the high levels of unmet demand for family planning in the country's rural areas and thus increase contraceptive prevalence, and to leverage non-U.S. government resources to ensure program sustainability.

Based on the goals and objectives outlined in the USAID/Mexico Population Strategy, FPMD has centered its management development assistance on improving the technical and financial sustainability of the two primary NGOs (FEMAP and MEXFAM) providing family planning services, with a strong focus on a client oriented approach to achieving these goals. In the public

¹ While the concrete activities presented in this plan are budgeted through 1998, FPMD expects USAID/Mexico to continue funding project efforts, particularly with the public sector (DGSR) through the year 2000, and NGO technical assistance in sustainability to a lesser degree, also beyond the year 1998.

sector, FPMD is working with the DGSR in the implementation of a continuous quality improvement initiative with a reproductive health focus, to improve the quality of services as well as to expand coverage. FPMD's focus on quality for sustainability is supportive of USAID's emphasis on leveraging funding for the sustainability of the Mexican National Family Planning program. FPMD's efforts will also contribute to the achievement of the first of USAID's Population, Health and Nutrition Center's Strategic Objectives' Program Outcome Number 4: "To increase demand for, access to, and quality of family planning and other selected reproductive health information and services."

Counterpart Institutions:

1. Public Sector: Direccion General de Salud Reproductiva

The DGSR provides a substantial portion of health and family planning services to the poorest segments of the Mexican population not covered by the Mexican Social Security Institute (IMSS), and which cannot pay for services through a private provider. The role of the DGSR as a provider of family planning services has been growing over the past several years, in terms of total proportions of women in union of reproductive age served by the program, and in terms of total numbers of family planning users. The total number of users grew from slightly less than 1,500,000 in 1991 to nearly 1,700,000 in 1993. The DGSR will probably assume an even more significant role if the current financial crisis through which Mexico is passing continues for any length of time, as clients who could previously afford to seek services with private providers must turn increasingly to the DGSR which provides the consultation for a minimal fee.

Since 1993, FPMD has provided technical assistance to the Direccion General de Salud Reproductiva (the Reproductive Health Directorate of the Secretary of Health) in the area of Continuous Quality Improvement (CQI). This activity has been implemented in two phases: first, the introduction of the concept and methodology of CQI to central management staff, second, the extension of the CQI approach to the service delivery level in the priority state of Zacatecas.

2. Private (NGO) Sector:

a. MEXFAM:

MEXFAM, the International Planned Parenthood (IPPF) Affiliate, is the largest NGO providing family planning services in Mexico. With an annual budget of over five million dollars, it operates in 28 states, serving 500,000 clients annually. 87% of its budget comes from outside funding sources, with 40% from USAID-funded agencies, 23% from IPPF/London, and the rest from private foundations. The USAID/Mexico strategy which calls for a decrease in external donor financing of the NGO sector from 90% in 1991 to 60% in 1996 for both FEMAP and MEXFAM, resulted in a revision of MEXFAM's mission. MEXFAM began to focus on investing in financially self-sustaining operations rather than continuing to directly subsidize service-delivery activities with USAID funds. The organization's self-sufficiency strategy is the diversified clinic model, or Centros de Servicios Medicos (CSM), which is built around the

concept of the marketing and sale of diversified clinic services for the generation of revenues. In August, 1994, FPMD conducted an institutional management needs assessment with special emphasis on the analysis of the viability of the CSM strategy. FPMD made several recommendations, including the support of MEXFAM in the management of clinical services, organizational development and continuous quality improvement (CQI) with a focus on medical quality.

b. FEMAP

Founded in 1981, the Mexican Federation of Private Family Planning Associations (FEMAP), is the second largest NGO providing family planning and reproductive health services in Mexico. Based in Ciudad Juarez, on the U.S-Mexico border, FEMAP has 44 Affiliates serving 93 cities in 21 states in Mexico. FEMAP provides family planning services to more than 200,000 users a year, primarily through its CBD program staff of volunteer promoters and coordinators, working in close coordination with clinic staff.

FEMAP has also reviewed its mission, and the focus of its activities, in light of USAID/Mexico's new Population Strategy. The organization has aggressively sought to test new management strategies to improve financial sustainability and quality of care. The organization has conducted detailed cost analyses of all of its service delivery programs. Since 1992, FPMD has been providing technical assistance to FEMAP in examining the market for its services, including competitors' pricing schedules, comparisons of range of services provided, and the perceived quality of services and ability to pay of FEMAP's clinic and CBD clientele. The organization has introduced major changes including the costing of services for the setting of user fees and the monitoring of revenue generation by type of service. In continuing to provide technical assistance in management for sustainability, FPMD began the implementation of a technical assistance plan for the improvement of the organization's utilization of its human resources in July 1995.

Goal of FPMD Program Assistance to DGSR

Goal:

Client-centered approach to sustainability implemented which will result in improved service delivery and increased coverage at DGSR clinics.

Objectives and Activities:

Objective 1: CQI Model with a reproductive health focus is developed and evaluated in two DGSR priority states.

To utilize the lessons learned in the implementation of CQI at the central level of the organization as well as at the state level in Zacatecas, and integrate them with a new, broader focus on reproductive health and family planning. To finalize and implement this new,

integrated model in another DGSR priority state, Coahuila, and ultimately expand it to other DGSR priority states.

Activity 1: Concept of CQI to DGSR service delivery staff introduced in the state of Coahuila through the facilitation of two workshops.

FPMD role: Provision of technical assistance in the implementation of two training workshops in CQI and reproductive health in the state of Coahuila.

DGSR role: Customization of the CQI training curriculum to include reproductive health components as well as family planning. Coordination of workshop logistics with the Chief of Health Services in Coahuila.

Activity 2: Existing quality groups in the State of Zacatecas supported to continue with CQI efforts leading to improved services.

FPMD Role: Provision of additional assistance to existing quality groups through refresher training in quality improvement techniques and other necessary support in response to expressed group needs.

DGSR Role: Central staff to continue to coordinate with State DGSR Managers and State Representatives to foster continued commitment to concept. Meet with groups and assist with issues associated with selection of indicators and collection of data. Monitor and evaluate progress of Quality Group activity.

Activity 3: Continuous Quality Improvement for reproductive health model replicated through development of network of local DGSR trainers within northern, central and southern areas of Mexico.

FPMD role: Facilitation of three regional Training of trainers workshops for selected trainers of various states and DGSR facilities.

DGSR role: Development of training packet for workshops. Identify regional trainers to participate in workshops. Distribute CQI for Reproductive Health Training Packet to network of trainers. Ensure that Trainers assume training role in their respective states.

Activity 4: Concept of CQI institutionalized through in-house publication of a reproductive health bulletin disseminating information relating to the three areas of: quality of care, decentralization, and reproductive health to service delivery staff of the DGSR.

FPMD role: Provision of support to the DGSR for the production of its bulletin.

DGSR role: Write, produce and distribute bi-monthly publication to DGSR service delivery staff at the central, state, jurisdictional, and operational levels. Evaluate impact of bulletin.

Activity 5: CQI consolidated in first "model" state and prepared for institution wide extension.

FPMD role: Assessment of progress of working groups, provision of assistance to identify necessary improvements, motivation of existing quality groups. Evaluation of methodology and CQI approach institution-wide.

DGSR role: Monitor and evaluate progress of CQI activities in state of Coahuila where both management and service delivery providers are engaged in quality model.

Evaluation Indicators for FPMD Technical Assistance to DGSR

	Objective/Activity	Indicator	Method
1.	Continuous Quality Improvement introduced in the state of Coahuila, the "model" state.	a) Quality teams/groups organized and trained	Pre and post tests of participants' knowledge of key quality concepts
		b) Areas for quality improvement identified	Progress report by the DGSR/FPMD consultant report
2.	Follow-up and Assist Quality Groups in the State of Zacatecas	a) Report on improvements -Increases in productivity at the service delivery level -Improvements in clients' perception of quality of care received	Service statistics, client interviews. Progress report by the DGSR.
3.	CQI for reproductive health model replicated through development of network of local DGSR trainers throughout Mexico	a) Training of Trainers workshops programmed and carried out. Program of additional training activities developed by DGSR for CQI extension to other states.	Progress report by FPMD Technical staff and the DGSR
4.	Concept of CQI institutionalized through in-house publication of a reproductive health bulletin	a) Articles published giving special recognition of achievements of state programs/CQI projects	a) Clippings and reprints
		b) Number of solicited/unsolicited contributions describing quality improvement activities to the bulletin	b) Track bulletin contributions by selected variables, e.g. from different areas, types of programs
		c) Impact of dissemination of CQI information on changing service delivery focus in other service delivery points	c) Readers' survey and progress report by the DGSR

Indicators for Evaluation of FPMD Technical Assistance to FEMAP

	Objective	Indicator	Method
1.	Institutional efficiency and sustainability enhanced through new performance management system.	Needs assessment undertaken; management training workshop designed based on assessment and implemented	Workshop pre- and post-test; affiliate plans and progress reports; FPMD consultant report and FEMAP affiliate and central level reports. FPMD to establish format
		Increase in coverage and productivity of participating affiliates	Service statistics, financial reports. Affiliate reports, and FPMD technical consultant reports.

Goal of FPMD Program of Assistance to Federacion Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario (FEMAP)

To improve the institutional and financial sustainability of the organization so that clinic and CBD services can be supported by local financing, including fundraising and fees for services, as well as efficiency in operations.

Objectives and Activities:

Organizational efficiency and sustainability enhanced through improved utilization of human resources (performance management) at the central and affiliate levels.

Area I: Performance Management

Despite the fact that FEMAP has been able to increase the proportion of its overall budget generated from local sources, organizational efficiency can still be improved. FPMD will provide tailored technical assistance in the implementation of performance management strategies at the central and the affiliate level, in accordance with the Federations's new strategic plan which establishes Federation-level sustainability objectives, while recognizing that individual affiliates' capabilities and needs differ.

Objective I: Level of institutional efficiency and sustainability at FEMAP enhanced.

Activity 1: Management training workshop and implementation of performance management systems at the affiliate and central level.

FPMD role: FPMD will identify technical assistance needs in the area of performance management in collaboration with central level staff during an initial diagnostic visit to Ciudad Juarez. A performance management workshop will be conducted by an FPMD consultant. FPMD technical staff/consultants will provide technical assistance and monitoring at the affiliate level.

FEMAP role: Affiliates should incorporate new performance management approach into new affiliate plans. A performance management supervision system should be adopted and implemented, for both clinical and CBD programs. The supervision system will include assigning responsibilities, provision of feedback, monitoring progress and scheduling and implementing visits.

5.	CQI efforts consolidated in Coahuila.	a) Standardized training curriculum incorporating reproductive health produced and used	a) Progress report by the DGSR
		b) "Lessons learned" assessment conducted on the incorporation of the reproductive health component into the original CQI training curriculum in Coahuila and report prepared.	b) Progress report by the DGSR
		c) Base-line and end-line client interviews conducted in Coahuila to measure impact of CQI on client satisfaction.	Progress report by the DGSR

Goal of FPMD Program Assistance to MEXFAM

MEXFAM has increased its levels of institutional and financial sustainability, via an improved ability to generate revenues using new service delivery models.

Objectives and Activities:

A larger share of the organization's budget and absolute amounts of money will be generated locally as a direct result of improved decision-making of MEXFAM program managers and as a result of both the quality and demand for services offered by its income-generating clinics (CSM).

Area I: Financial Management Assistance

Objective I: Improved clinic accounting and financial reporting for better cost control and revenue generation

Activity 1: Continue to assist MEXFAM in the development of a more comprehensive accounting and financial reporting system for management decision-making regarding cost controls and revenue generation.

FPMD role: Provide technical assistance and followup to MEXFAM in the production of monthly reports on costs and revenues at the individual clinic level and for the CSM program network as a whole.

MEXFAM role: Continue to provide summary monthly clinic reports to managers and consider providing summary reports of performance against targets/benchmarks to USAID and other donors. Modify current report format for better comparison among clinics over time and with targets. Utilize SAC program so that reports are automated, preparation time and errors are minimized.

Activity 2: Improve the cost-revenue reporting model for more accurate cost and revenue determination by type of service for more accurate reporting and monitoring.

FPMD role: Assist MEXFAM clinics in perfecting and installing the spreadsheet cost/revenue model with improved cost-allocation mechanisms.

MEXFAM role: Field test cost/revenue model at various CSM clinics. Analyze weighted service volume method, through review and approval of factors for each service, for final institution-wide implementation.

Objective 2: MEXFAM financial management of CSM clinics decentralized for improved management decision-making at the clinic level.

Activity 1: Selection and installation of integrated accounting software package at CSM sites.

FPMD role: Assist MEXFAM in identifying an appropriate integrated accounting software package for purchase and installation at clinics.

MEXFAM role: Purchase the recommended integrated accounting software package and install in CSM clinics.

Area II: Quality of Services

Objective 1: Increased demand for services through improved medical quality of CSM clinic network services .

Activity 1: Development of medical quality standards for CSM clinics

FPMD role: Support the contracting of a local medical quality consultant to develop medical quality standards in clinics.

MEXFAM role: Work with medical quality consultant to improve medical quality at service delivery level. Incorporate recommendations into medical supervision system of clinical services.

Activity 2: Training of medical and paramedical personnel in the implementation of quality standards with a client-centered service delivery approach.

FPMD Role: CQI training of staff in CSM clinics.

MEXFAM role: Follow-up on implementation of client-centered approach to the application of medical standards, client level.

Area III. Organizational Development

Objective 1: Entrepreneurial approach to the provision of reproductive health and family planning services developed.

Activity 1: Provision of training and technical assistance for Senior and Mid-level Staff and Clinic Managers on entrepreneurial approaches to management of health service delivery.

FPMD role: Provide training and technical assistance in entrepreneurial management.

MEXFAM role: Replication of training at all CSM sites and monitoring of impact.

Key Counterparts/Donor and Other CA Collaboration:

IPPF, local medical consultant, PROSALUD, UNFPA, MSH

Indicators for Evaluation of FPMD Technical Assistance to MEXFAM

	Objective	Indicator	Method
Area 1: Financial Management Assistance			
1.	Clinic accounting and financial reporting improved for better cost control and revenue generation	a) Improvements in system manifested and improved monthly reports	FPMD Technical Consultant Report.
		b) Cost-revenue reporting model improved for more accurate cost and revenue determination by type of service for more accurate reporting and monitoring.	FPMD Technical Consultant Report.
2.	Decentralized financial management of MEXFAM CSM sites.	Documentation of purchase and successful installation and use of recommended software accounting package.	FPMD Technical staff report
Area II. Quality of Services			
	Increased demand for services through improved medical quality of CSM clinic network	a) Production and use of medical quality standards/guidelines	a) FPMD local consultant report
		b) Increases in service utilization	b) Service Statistics (MEXFAM local consultant report or FPMD technical consultant report).

		c) Improvements in quality of care	b) Client interviews conducted by Mexfam/IPPF at CSM sites. FPMD Technical Staff/consultant to document changes and make additional recommendations, if necessary.
Area III. Organizational Development			
	Entrepreneurial management approach developed	a) Improvements in MEXFAM senior, mid-level and programmatic staff's knowledge of entrepreneurial management techniques	a) Pre-test, Post-tests at workshops
			b) FPMD technical consultant progress reports on implementation of knowledge at CSM level and central levels of the institution.