

WORK PLAN  
(August 2003 – July 2004)

Health Reform and Decentralization Project

REDSALUD

For:

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United States Agency for International Development (USAID)  
Mission to the Dominican Republic  
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SO 10: Sustained Health Improvement in Vulnerable Populations  
in the Dominican Republic

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## Contents

Introduction .....	3
General Activities.....	6
Support to Local Management Capacity Component .....	6
Central SESPAS Support Component .....	7
Support for a Favorable Policy Environment for Reform Component .....	7

### *REDSALUD Operating Plan Timelines:*

“GENERAL PROJECT ACTIVITIES” .....	9
“LOCAL MANAGEMENT SUPPORT” .....	11
“CENTRAL SESPAS SUPPORT” .....	16
“POLICY COMPONENT” .....	21

## **Introduction**

In July 2000, the United States Agency for International Development (USAID), mission to the Dominican Republic, entered into a contract with Abt Associates Inc. for the implementation of the Health Reform and Decentralization Project (REDSALUD) for the period 2000-2005.

The final objective of the project is to contribute to the achievement of USAID's Strategic Objective 10, "To increase the use and sustainability of basic health services and practices for vulnerable populations in the Dominican Republic" (previously known as SO2). In addition, REDSALUD intends to contribute directly to the achievement of Intermediate Results 10.4, "To promote efficiency and equity of basic health services at the local level" and 10.1, "To increase use of HIV/AIDS services and prevention." The project will also contribute indirectly to accomplishing Intermediate Results 10.2 and 10.3, "To promote sustainable and effective reproductive health and family planning services by the public and private sectors" and "To increase use and effectiveness of selected child survival services," respectively.

REDSALUD's set objectives, as described in the previous paragraph, are consistent with and support the overall objectives of the Government of the Dominican Republic, which has defined health as one of its five priority areas. The Dominican Government, through the direction and efforts of the Secretariat of Public Health and Social Welfare (SESPAS), strengthened as the health system's steward by law 42-01, and the National Council for Social Security and its institutions (created by law 87-01), has clearly identified the need to strengthen the provision of health services, especially primary health care services for the most vulnerable populations, as the foundation for an integrated service provider network.

The first year of the project was characterized by diverse activities oriented toward the project's introduction, its positioning and definition of spaces and strategies in the context of the health system currently in place in the Dominican Republic. The second year of the project saw the design and implementation of three projects aimed at improving the management capacity and service delivery of public primary care services, at the level of urban and rural clinics (UNAP), using priority health programs, such as the Expanded Immunizations Program (PAI) and the Project for the Control and Prevention of Acute Diarrheal Disease (EDA). This first group of projects constituted the "First Generation Demonstration Projects." The implementation of these projects has had a fundamental impact on SESPAS's Health Region V, which corresponds to the five eastern provinces in the country. In addition to these activities related to the improvement of local management, other general activities have been developed, as well as activities of national scope in relation to support at the central level of SESPAS, and support for a favorable policy environment for the development of the Dominican System for Social Security (SDSS).

Also during the second year, discussions took place and adjustments were made in relation to the strategy for developing a second generation of demonstration projects, based on the previously initiated projects and in accordance with the guidelines established by the health and social security laws that were passed in mid-2001. The objective of these projects was to strengthen institutional management and the capacity of patient-centered service delivery by public service providers, especially in aspects aimed at improving their operation as integral networks comprised of basic, primary care, as well as specialized care.

The second generation projects were initiated during the first quarter of the third year of the project. An additional project was added which was a regional project in support of Region V's social security implementation. The project focused on various institutions in charge of initiating the new system such as the National Health Insurance Fund (SENASA), the Ombudsman's Office for Social Security (DIDA), the Superintendent's Office for Health and Labor Risks (SISALRIL), and the regional office of SESPAS.

During the third year, the "third generation demonstration projects" were designed and implemented. These projects were aimed at improving Region V hospital management. This group of activities consisted of a total of seventeen demonstration projects financed through the USAID grants fund and administered by the implementing team, led by Abt Associates Inc.

Some of REDSALUD's most important achievements from August 2000 to July 2003 include:

- Establishment of a local office, set up with modern technological equipment, to serve as a support center for the work being done in the region assigned to the project.
- Consolidation and training of the project's technical team of professional Dominicans, as part of the process to develop a long-term national capacity.
- Contacts with institutions and national authorities (SESPAS, CERSS, IDSS, NGOs, private sector) in the discussion and definition of strategies for action.
- Training in various management aspects ("costing" course, Flagship Seminar, management strengthening) for local and regional personnel.
- Different policy dialogue activities (events, seminars, presentations) which served as a platform for discussion and consensus-building on the orientation and content of the reform proposals, the legal framework and regulations, and operational strategies.
- Formation of REDSALUD's Steering Committee, an ad-hoc inter-institutional consulting body, which acts as a counselor in the discussion and definition of the project's lines of action.
- Technical support to diverse actors and institutions (SESPAS, CERSS, SISALRIL, DIDA, CNSS, SENASA) in the discussion and development of the health and social security laws and their regulations.
- Formation and initiation of 16 demonstration projects in the five provinces in Eastern Region V, through technical assistance, training, and equipment and informational support to local health care management teams and service providers.
- Formation and initiation of a regional project in support of social security implementation in the east. This has resulted in the creation of SENASA's database for the subsidized beneficiary registry, the development of contracting and payment mechanisms. This project also provided support to SISALRIL for operational development and support to DIDA in the development of the social participation strategy operation.
- Design and start up of a formal training program for managers in the field of health service and social security.

The fourth year of the REDSALUD project is a time of expectation and uncertainty due to both the upcoming presidential election and the precarious economic situation in the Dominican Republic. These factors have limited the current government's capacity to provide adequate financing to the new health and social security system. They also compromise the advancement of key activities for Dominican health reform, including the gradual transition in the functions of central, regional, and provincial SESPAS; the development and consolidation of the regional network of service providers;

the operation of the National Health Insurance Fund; the application of the principle of accountability; and the incorporation of "vertical" programs, such as HIV/AIDS and tuberculosis control and prevention in the basic health plan.

#### **Strategic Vision for Year 4: REDSALUD**

During the fourth year of implementation, the REDSALUD project will encounter challenges in the technical and operational consolidation of the demonstration projects' health reform and modernization strategies and tools. Such tools and strategies are geared towards laying the groundwork for health institutions, especially public service providers, to develop human resources, technical support, and information technology that will allow them to improve their efficiency, and, therefore, to improve patient access and quality of care.

Aside from the direct impact that this process can have on the way in which health institutions will function for the greater benefit of the population, it will also become a fundamental part of the new scheme of health service organization, financing, and operation. This will be defined by the health and social security laws, under which the traditional subsidies will eventually be eliminated and replaced by payment according to the type, quantity, and quality of service provided. This will cause a radical change in the culture in which the Dominican health institutions have previously operated. The changes will, without a doubt, require a period of adjustment of several years, during which it will be necessary to continue offering technical support. It is expected that in approximately five years the public hospitals will become autonomous institutions that maintain an integrated vertical and horizontal operation amongst them and with the private sector, functioning as provider networks that finance their own budgets through the sale of services to different health risk administrators.

Two situations, however, have arisen that could, possibly substantially, affect the scheduled implementation of demonstration project activities during the fourth year of the REDSALUD project. The first is the fiscal crisis that has arisen in the country and which already threatens the implementation of the new health and social security system. This crisis has affected the government as well as the private sector, which is already more resistant to participating in the reforms because of the effect the new health, pension, and labor risk contributions will have on their businesses. Moreover, the implementation of the new system (planned for 2003) has been postponed, which makes more difficult any future attempts at implementation, due to a concurrent loss of political, social, and technical legitimacy. Therefore, once the health and social security laws are approved, an intense level of lobbying will be required to continue to move forward on existing commitments.

The second situation is the electoral process that has recently been initiated in the country, which will culminate in the election of a new president. This has at least three implications for REDSALUD, the first being the uncertainty that the health institutions will face and which may necessitate adjusting project timelines. Secondly, it is almost certain that health authorities in the public sector will be replaced, thus requiring significant information and dissemination activities to facilitate the change in government. The third is the transition process of the new government, which will begin August 2004, and which will entail a period of revision in governmental policies and strategies.

Although these situations are complicated to manage, REDSALUD considers that, given the degree of progress achieved in the reform process, it is very unlikely that the new government would

introduce substantial changes to the current plan, and even less likely that they would derail this important social policy.

### **General Activities**

This component involves general REDSALUD activities, which transcend the project's operational strategies. It includes, for example, monitoring and evaluation, training, information and dissemination, and the coordination and collaboration of various other technical assistance activities. During the fourth year, the implementation of activities will be strengthened. Such initiatives include data collection for M&E to measure the achievement and impact of each of the project's elements. Additionally, human resource support will continue, since this is fundamental to the sustainability of the reform process. The project will continue implementing its activities related to information and dissemination in order to expand and systematize the health sector reform knowledge and gain the necessary support for its institutionalization, especially at this time of political transition. Coordination with other cooperation initiatives is important in order to optimize the use of resources, therefore guaranteeing the expected impact.

### **Support to Local Management Capacity Component**

The fourth year of the REDSALUD project has a special significance for the Local Management Support Component because of the demonstrative effect that the continuous application and operation of the various tools and strategies will have on project implementation. This will cause the partner institutions to accept, verify, and validate the actual effects and improvements to institutional management processes that have utilized these tools and strategies, leading to sustainable and permanent innovations.

Additionally, during the fourth year we will begin to see the impact of the three generations of demonstration projects on management levels. These effects are considered complementary to both individual institutional development and that of the service network. The primary aim is to strengthen the management capacity of the health institutions that are the point of entry to the service network (i.e. primary care). The second objective involves creating mechanisms and operational strategies for attracting, tending to, and referring patients within the network. The third aim involves improving the basic institutional management processes such as defining their service portfolio, pricing, prospective budgeting, institutional planning, and performance evaluation and recognition. The fourth phase involves closing the circle of provider – service purchasing agent, to create the basis for the relationship between the public hospitals and the health risk administrators through the design of service packages, payment and contracting mechanisms, referral systems, evaluation and quality assurance, performance agreements, and management incentives.

Under this perspective for the Local Management Support Component, the fourth year of project implementation will involve the following strategies and activities:

1. Permanent monitoring and evaluation of demonstration projects, which will make both achievements and difficulties apparent.
2. Ongoing technical and informational support in response to the needs of project implementation.
3. Intensification of the process to improve human resources through formal and informal education programs that are being developed.
4. Integration of the process to train human resources to use daily operational practices to resolve concrete problems within the health institutions.

5. Technical and financial support to DIDA for the implementation of the new community participation strategy, emphasizing oversight and accountability.
6. Replication of best practices in other locations in the eastern region, as well as outside institutions and locations.

### **Central SESPAS Support Component**

This component will continue to support and facilitate the transition process that central SESPAS will go through as stipulated by the new legal framework. Additionally, this component will serve as a “bridge” between the local level demonstration projects and their possible institutionalization. It will support the completion of various studies and the elaboration of proposals to redefine objectives, management and financing of important public health programs that traditionally have been the responsibility of SESPAS, and which have occurred within a vertical and centralized system. This component will also continue its activities related to the decentralization of central SESPAS, through support for tools for planning, programming, budgeting, information systems, epidemiological surveillance, and monitoring of human resource management, licensing and accreditation, among others. This component will be closely coordinated with other SESPAS support initiatives. As the demonstration projects continue to develop effective solutions, this component will support the understanding, adoption and diffusion of these solutions by SESPAS, as well as among other related institutions.

Another important aspect of this component is the cooperation in the control and prevention of HIV/AIDS. This requires the implementation of activities that analyze and disseminate knowledge of the epidemic in REDSALUD’s assigned territories (especially Region V). This information is based on a diagnosis completed in 2002-2003, as well as on strategies and interventions formulated together with local health teams and with the participation and technical support from central SESPAS units (DIGECITSS) and others (COPRESIDA), as a result of the development of the Provincial Operating Plans. This will allow the initiation and consolidation of effective decentralization mechanisms for this program.

### **Support for a Favorable Policy Environment for Reform Component**

In light of the initial plans stated in the previous section, which assume the existence of situations that could affect the implementation of scheduled activities in the demonstration projects, and could even introduce substantial changes to the model of health reform currently being used in the country, the REDSALUD project has the following strategies and activities planned for the upcoming period:

1. Permanent evaluation and technical support visits for the system’s principal leaders, such as the Superintendent of Health, the Social Security Manager, the Labor Secretary, the Secretary of Health, the director of DIDA, the Social Security Treasurer, the director of ONAPRES, the director of SENASA, among others.
2. To persuade and facilitate, with the support of other institutions, the organization of public arenas in which the presidential candidates can express their position and opinion on the health care decentralization and reform process.
3. To persuade and facilitate, with the support of other institutions, the organization of technical meetings and visits to the eastern region, with support teams for the different presidential candidates.
4. Technical and financial support to DIDA in the process of organization and social mobilization in relation to the new health system.

5. Technical and financial support for these activities is necessary in order to move the transition process forward in the midst of administrative change.
6. Complete at least one international study tour with the principal leaders of the system of the new government.

**REDSALUD OPERATING PLAN AUGUST 2003– JULY 2004**  
**“GENERAL PROJECT ACTIVITIES”**

Intermediate Results (IR)

**IR 10.4.1:** To improve local level health service management through the design and implementation of demonstration projects.

**IR 10.4.2:** Strengthened capacity of SESPAS as steward, through better management and coordination between central and decentralized levels, in order to institutionalize and sustain the policies and reform initiatives.

**IR 10.4.3:** Better understanding and coordination between technical actors and health sector politicians (public and private) at both the central and local levels, for effective planning and implementation of reform.

Activities	2003					2004						Person Responsible	
	A	S	O	N	D	J	F	M	A	M	J		J
<b>Operating Plan Elaboration 2003-04.</b>													
Preparation of operating plans for the technical component.													EDL, ESC, EP
Compilation of the general operating plan and technical component piece.													PM, JD
Submit operating plan draft for observations from USAID.													JD
Makes revisions and edit operating plan, according to observations received.													PM, JD
Submit 2003-04 operating plan to USAID for approval.													JD
<b>Support for the organization and consolidation of the new Dominican Social Security System.</b>													
Meetings with management entities from SDSS and support priority identification (DIDA, SENASA, among others) for the start up and consolidation in Region V.													PM, LM
Identification and contracting of consultants.													PM, team
<b>Follow-up to REDSALUD’s Monitor and Evaluation Plan.</b>													
Finalization of the third annual report for approval by USAID.													Consultants, JD
Presentation and discussion of the results with the Advisory Council.													EP, PM
Prepare and send publications for specialized magazines (minimum of two articles).													PM, LM
Provide follow up for the M&E process: key indicators intermediate measurement, events, activities, publications, etc.													JD

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Activities	2003					2004							Person Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
<b>Elaboration and application of REDSALUD information dissemination mechanisms.</b>													
Web page update.	■			■			■			■			
Preparation of REDSALUD bulletins.	■	■		■	■		■	■		■	■		
Dissemination of REDSALUD bulletins.		■			■			■			■		
Preparation and sending of the quarterly report and third annual report.		■			■			■			■		
Contracting consultants to support product documentation and systematization.		■	■	■			■	■	■	■	■	■	
<b>Follow-up to USAID associates meetings.</b>													
Promote and provide follow up to coordination activities with USAID associates.	■	■	■	■	■	■	■	■	■	■	■	■	
Hold meeting corresponding to the Advice Council's first quarter for key document approval (work plan, annual report, monitor and evaluation plan).		■											
<b>Follow-up to REDSALUD's Advice Council meetings.</b>													
Hold biannual meetings.						■						■	
<b>Support for local and international training activities.</b>													
Identify activities and participants related to programs for the strengthening of technical competency in health reform.		■											
<b>Support the development of the graduate training course in Health Services Management and Social Security.</b>		■	■	■	■	■	■	■	■	■	■	■	

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## REDSALUD'S OPERATIVE PLAN AUGUST 2003 – JULY 2004 “LOCAL MANAGEMENT SUPPORT”

Intermediate Result 10.4.1 *To improve local level health service management through the design and implementation of demonstration projects.*

**Indicator:** Local health service management and autonomy level as a result of demonstration project implementation, through the measurement made by the Management and Autonomy Index.

**Indicator:** Vulnerable populations have improved access to basic health services as a result of demonstration project implementation, measured by coverage and utilization of services.

**Indicator:** Number of demonstration projects implemented by REDSALUD, measured by the number of signed agreements.

### Programmatic Results (PR)

**PR 10.4.1a:** Efficiency in the utilization of health service resources at the local level has been improved as a result of demonstration project implementation.

**PR 10.4.1b:** Cooperation and coordination mechanisms have been developed and implemented among service providers as a result of the demonstration projects.

**PR 10.4.1c:** Development and institutionalization of community participation mechanisms in support of the demonstration projects has improved.

**PR 10.4.1d:** Basic health service quality has improved as a result of demonstration projects.

### Programmatic Results Illustrative Indicators

- Measures for the efficiency in the utilization of health service resources, in terms of productivity, distribution, integration of technical and economic resources, sustainability, cost reduction through economies of scale
- Number of strategies / tools utilized to strengthen the cooperation and coordination among providers, in aspects such as patient references, supply systems, quality systems
- Number of strategies / tools utilized to strengthen community participation.
- Measures of quality in the basic health services, in aspects such as technical results, user perception, opportunity

Activities	2003					2004					Person Responsible		
	A	S	O	N	D	J	F	M	A	M		J	J
<b>To support 17 demonstration projects initiated to strengthen local management, in the context of the health sector reform process (Laws 42-01 and 87-01)</b>													EDL
<ul style="list-style-type: none"> <li>• Support the development of 17 operative plans for the PAI and EDA, regional, OAU and Hospital Management demonstration projects.</li> </ul>													

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Activities	2003					2004						Person Responsible	
	A	S	O	N	D	J	F	M	A	M	J		J
• Collaboration in the formulation and implementation of the three management agreements among the provincial offices, health providers, and representatives from the community and institutions within the provinces where the EDA and PAI projects are being developed.													
• Collaboration in the formulation and implementation of the 14 agreements for the purchase and sale of services between the regional health providers and SENASA.													
• Training in administrative and financial report preparation for the DPS technical team and health service providers (Approximately 140 people)													
• Experience exchange among the three first generation demonstration projects.													
• Collaboration in the PAI strategy dissemination process at the regional level.													
• Improvement of the physical areas where the second step of the PAI and EDA projects will be developed (installation of 5 oral re-hydration units)													EDL
• Implement an IEC system as strategic support to the demonstration projects (design, distribution and location of posters, brochures, flyers, billboards, signs, radio ads, etc.)													EDL
• International study tours (with participation by at least 20 local technical personnel, representatives from the DPS and Region V health service providers).													
• National experience exchange visits (Jaime Mota, Juan XXIII, Cabral and Báez, Luis E. Aybar, Orden de Malta hospitals, among others) with participation by at least 20 local technicians, representatives from the DPS and Region V health service providers.													

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Activities	2003					2004						Person Responsible	
	A	S	O	N	D	J	F	M	A	M	J		J
<ul style="list-style-type: none"> <li>Installation of a management information system (equipped with at least 69 computers with software for affiliation, verification of benefits, costs, budgeting and internet) as a strategy to support the demonstration projects.</li> </ul>													
<ul style="list-style-type: none"> <li>Design and implementation of a mechanism for payment and contracting providers.</li> </ul>													
<ul style="list-style-type: none"> <li>Design and implementation of a model service contract.</li> </ul>													
<ul style="list-style-type: none"> <li>Design and implementation of a service provider cost mechanism.</li> </ul>													
<ul style="list-style-type: none"> <li>Design and application of a mechanism for prospective budgeting with the regional health service providers.</li> </ul>													
<ul style="list-style-type: none"> <li>Design and implementation of a billing mechanism for services rendered.</li> </ul>													
<p><b>Development of a regional plan for strengthening management capabilities in aspects related to the project's tools (quality service, human resource management, administrative and financial management, costs, etc.) directed toward at least 400 local technicians, DPS representatives, hospitals and rural clinics in the region.</b></p>													
<ul style="list-style-type: none"> <li>Contract an international consultant to support in the design and follow-up of regional training activities.</li> </ul>													
<ul style="list-style-type: none"> <li>Call for bid to licensed universities and/or educational centers to present training proposals.</li> </ul>													
<ul style="list-style-type: none"> <li>Definition of the proposal evaluating committee.</li> </ul>													
<ul style="list-style-type: none"> <li>Selection of best proposals.</li> </ul>													
<ul style="list-style-type: none"> <li>Implementation of training plans at the regional level</li> </ul>													
<ul style="list-style-type: none"> <li>Document collection and bibliography on health system reform themes, as well as basic management aspects, in order to build a Regional Documentation Center.</li> </ul>													
<p><b>Develop demonstration project plans for supervision and monitoring and evaluation, in conformity with the established results framework.</b></p>													EDL/ JD

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Activities	2003					2004						Person Responsible	
	A	S	O	N	D	J	F	M	A	M	J		J
• Distribution of preliminary results of the indices for management, decentralization and user satisfaction developed in Region V in the provincial offices for providers and public health service users.													
• Distribution of an inventory of public and private providers in health Region V.													
• Application of protocol for data collection in the supervision plan for the Patient-Centered Services Office demonstration projects and training for local members (DPS personnel and providers).													
• Demonstration project supervision and monitoring.													
• Support in feedback plan development, stemming from supervisory visits.													
• Intermediate evaluations for demonstration project's implemented actions.													
• Improvement plan for the projects initiated as a result of the completed evaluations.													
• Management recognition (diplomas, scholarships, plaques, TV reports, among others).													EERSG
<b>Social participation</b>													EP / EDL
• Design and application of the social participation strategy in the context of Health Sector Reform in support of the demonstration projects.													
• Completion of an inventory of community organizations in health Region V.													
• Identification and characterization of the social leaders in health Region V.													
• Carry out assemblies as per goals of the demonstration projects.													

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Activities	2003					2004						Person Responsible	
	A	S	O	N	D	J	F	M	A	M	J		J
<ul style="list-style-type: none"> <li>• Training for at least 300 community leaders in technical aspects of community participation in management. (social accountability and/or public management monitoring, performance evaluation).</li> </ul>													EDL
<b>Support the social security institutions (DIDA, SENASA, SISALRIL and Social Security Management) in defining their operative plans and priority actions for development.</b>													
<ul style="list-style-type: none"> <li>• Contract national and international consultants to support in the organizational development of the SS institutions.</li> </ul>													
<ul style="list-style-type: none"> <li>• Instrument design and application for identifying and selecting public workers.</li> </ul>													
<ul style="list-style-type: none"> <li>• Communication and education plan implementation on the principle aspects of the Dominican Social Security System.</li> </ul>													
<ul style="list-style-type: none"> <li>• Support the application and socialization of the ARS inventory at the regional level.</li> </ul>													
<ul style="list-style-type: none"> <li>• Support in the process to identify and affiliate beneficiaries of the public contributory regime.</li> </ul>													
<ul style="list-style-type: none"> <li>• Support the improvement and establishment of the social security regional seat in Region V.</li> </ul>													

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**REDSALUD’S OPERATIVE PLAN AUGUST 2003 – JULY 2004**  
**“CENTRAL SESPAS SUPPORT”**

Intermediate Result 10.4.2 *Strengthened capacity of SESPAS as rector, through better management and coordination between central and decentralized levels, in order to institutionalize and sustain the policies and reform initiatives.*

**Indicator:** Management and coordination capacity of central SESPAS entities, linked to REDSALUD, within the health reform and decentralization framework, measured by the Management and Autonomy Index.

**Indicator:** # of strategies / tools developed, adopted, and adapted to improve the capacity to manage, regulate and coordinate health and social security policies between SESPAS’s central and local levels, linked with REDSALUD demonstration projects.

Programmatic Results (OR)

**PR 10.4.2a** Improved understanding and support by SESPAS upper management and central level staff with regard to management tools and other reform and decentralization innovations.

**PR 10.4.2b** Formulation, promotion and application by SESPAS of coordinating and control mechanisms designed to orient and regulate local and regional service provider’s network.

**PR 10.4.2c** SESPAS/DIGECITSS support mechanisms aimed at strengthening local level HIV/AIDS prevention and control programs and services have been defined and implemented.

Programmatic Results Indicators

# of SESPAS personnel in the areas and departments working with REDSALUD who participate in the creation, application, and evaluation of one or more local level management tools.

# of key regional and central level SESPAS personnel formally involved in the development of innovative management experiences in the first, third ,and fifth years of the project.

# of innovations in management and regulations in support of local management formulated and put into action by SESPAS.

# of administrative and financial innovations in support of local management formulated and put into action by SESPAS.

# of activities in support of HIV/AIDS services, coordinated with the SESPAS / COPRESIDA / DIGECITSS, other governmental agencies, the private sector and other sponsors

# of DPS where REDSALUD is working, under coordination of SESPAS / DIGECITSS, in the implementation of Provincial Operational Plans (POP) for HIV/AIDS

Activities	2003					2004				Person Responsible			
	A	S	O	N	D	J	F	M	A		M	J	J
<b>Support and strengthening for the levels of communication, information and coordination between SESPAS (central level) and REDSALUD.</b>													
Periodic meetings with the directors and technical coordinators of SESPAS’s technical programs (PAI, PNCT, RRHH, DIGEPI,													

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Activities	2003					2004							Person Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
DICECITSS, Family Planning, Primary Care, among others) to exchange information on the demonstration projects' achievements and other REDSALUD activities, as well as SESPAS's activities, events and decisions.													
Permanent remission to the SESPAS of the information generated by the project activities, including meetings, workshops and exchange visits, as well as the technical documents generated by the diverse components of REDSALUD.													
Two work meetings with the technical program directors, with the purpose of analyzing and discussing the results obtained by the component's demonstration project activities, and other initiatives supported by REDSALUD.													
Two field visits to the second and third generation demonstration projects. Project directors and technical program coordinators from the SESPAS and pertinent personnel from other agencies or cooperating organisms will participate.													
<b>Technical cooperation at the central and regional levels to support and facilitate the improvement the management, regulations and functioning of public health (FESP) in the process of institutional transition.</b>													
Three work meetings with the Expanded Immunizations Program (PAI) in order to continue to identify critical aspects in the institutional transition process and the corresponding strategies for development.													
International visit to Bogotá, Colombia, to observe the experiences and lessons learned through the Expanded Immunizations Program (PAI) in the sectorial reform process, with participation from central and provincial technicians from SENASA, OPS and REDSALUD.													

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Activities	2003					2004							Person Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
Four meetings with the National Program for Tuberculosis Control (PNCT) to continue to provide support for the institutional transition process.													
Two meetings and two visits to the provinces in Region V by the directors of licensing, with the objective of the organization of temporary licensing and registry in Region V establishments.													
Periodical meetings and field visits with personnel from the department of Quality Care from SESPAS to guarantee second and third generation demonstration project follow-up.													
<b>Technical support to SESPAS's normative programs (PAI, Maternity and Child Health, Tuberculosis Control, Human Resources, Blood Banks) among others, in order to develop tools and strategies that facilitate and support the management of regional and local service provider networks.</b>													
Two workshops organized by the PAI to discuss and approve the work proposal for strategies for the period of transition in relation to the management of vaccinations in the framework for the Basic Health Plan.													
Two workshops organized by the PNCT to discuss and approve the work proposal for strategies for the period of transition in relation to the management of the DOTS system in the framework for the Basic Health Plan.													
Three meetings with the Maternity and Child Health Program coordinators to develop follow-up tools for components related to maternity and child health in the framework for the Basic Health Plan.													
Continuous meetings with coordinators from the General Office of Human Resources to maintain levels of coordination in													

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Activities	2003					2004							Person Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
relation to human resource training initiatives in Region V, at both the graduate and informal training levels.													
Three meetings with the DGRRHH of SESPAS to support the implementation of RRHH management regulations pending approval by the CNS.													
Meetings to continue support for the health situation analysis in the framework for developing the 10-year Health Plan, in work coordinated with the CERSS, SESPAS's office of epidemiology, the SESPAS Planning Office and the OPS.													
<b>Consulting and implementation of provincial operative plans for STD/HIV/AIDS.</b>													
Implementation of Provincial Operative Plan (POP) in El Seibo.													
Two visits to each province in region V to support the POP follow-up committees.													
Contract a consultant to support the local management process in region V provinces.													
Presentation of a local management workshop for the POP follow-up committees.													
Completion of 20 training activities on local management at the provincial level for POP personnel.													
Supervisor visits to component activities in the five provinces in the region.													
<b>Council and accompaniment to the follow-up committees in the elaboration of project proposals for the prevention of and attention towards HIV/AIDS.</b>													
Completion of a project design and evaluation workshop for follow-up committee members.													
Five visits for proposal revision on the project for the prevention													

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Activities	2003					2004							Person Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
of and attention towards HIV/AIDS.													
Support the Region V DPS information system in the development of an integrated informational module on maternal and child health.													
<b>Support the coordination between HIV/AIDS projects in Region V.</b>													
Meetings to prepare for the coordination between key players involved in support of HIV/AIDS activities.													
Coordination workshop between the institutions involved in developing HIV/AIDS activities in Region V (DIGECITSS, COPRESIDA, CONECTA, NGOs, Free Zone Sector, Tourism etc.).													

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**REDSALUD’S OPERATIVE PLAN AUGUST 2003 – JULY 2004  
“POLICY COMPONENT”**

Intermediate Result 10.4.3 *Better understanding and coordination between technical actors and health sector politicians (public and private) at both the central and local levels, for effective planning and implementation of reform.*

**Indicator:** Perception of local autonomy measured through the decentralization index applied at the central and local levels.

**Indicator:** Milestone Scale for the Health Reform Process

Programmatic Results:

PR 10.4.3a There has been improvements in the knowledge, awareness and practices in the community and key actors in health sector reform.

Indicators for Programmatic Results:

Number of events (forums, political presentations), initiatives and agreements (management contracts) in support of reform between the sector’s key players and the community.

Number of IEC activities (bulletins, reports, community presentations) and training events on various reform topics.

Activities	2003					2004				Responsible			
	A	S	O	N	D	J	F	M	A		M	J	J
<b>Policy analysis at the local level for the implementation of appropriate strategies.</b>													
Support for social security implementation, the SENASA and the Region V network of regional health services.													Team

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Activities	2003					2004							Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
Create a coalition of key actors to support and provide surveillance over the SS implementation process													Equipo
Organize and participate in the XIII National Health Forum.													EP
Support the social security follow up committee in Region V.													EP
<b>Political dialogue and building consensus on reform and social security.</b>													EP
Analyze political party's health programs.													EP
Seminar-workshop to create consensus on the theme of Reform and Social Security, with the political party's health commissions.													EP
Execute an observational visit with the new authorities designated to health and social security.													EP
<b>Support the formulation, approval, and dissemination of complementary regulations for the new legal framework.</b>													
Prepare CD with the approved and promulgated regulations to distribute to key actors.													EP
Support the presentation and discussion on the complementary regulation drafts with key actors, before their approval.													
Technically support the formulation, design and approval of pending regulations, such as Human Resources and Health Promotion.													
Support the preparation of complementary regulations drafts.													

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Activities	2003					2004							Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
Support the institutional development and implementation of policy events for SISALRIL, DIDA and the National Health Insurance.													
<b>Collection and dissemination of information on aspects related to health and reform.</b>													EP
Continue working on REDSALUD project's systemization.													EP EP
Collect, analyze and publish media information written on RSS.													
Support for REDSALUD's quarterly bulletin.													
Disseminate results from investigations and consultations on the REDSALUD project in the interest of the reform process.													
Compile recent national and international investigations that serve to inform the reform process.													
<b>Social Mobilization and Policy Dialogue at the local level.</b>													EP, EDL
Organize and execute breakfast conferences with key actors at the local and central levels.													
Training events with Region V health personnel, AMD coordinators, newcomers to the health profession and private health providers.													
Organize regional and provincial events for dissemination of the approved laws and regulations.													
Support the design and development of the Strategic Health Plan for the Region V provinces.													

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Activities	2003					2004							Responsible
	A	S	O	N	D	J	F	M	A	M	J	J	
Support for the design and implementation of the strategy for community integration.													
Formalize the agreement with the regional CIPESA for the dissemination and training.													
<b>Training and Advocacy</b>													
Support information and oversight activities related to social security.													
Elaborar instructivo para desarrollar proceso para el control social en salud.													EP, ESC, EDL
SS trainings with key actors within the province.													EP, EDL

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