MIDTERM EVALUATION
OF THE
LATIN AMERICA AND THE CARIBBEAN
REGIONAL HEALTH SECTOR REFORM INITIATIVE

VOLUME II

By:

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ACRONYMS AND FOREIGN TERMS

C–NGOS	Contracting NGO Services
CORE	Cost revenue analysis tool
DAR	Decentralization Applied Research
DDM	Data for Decision-Making
DR	Dominican Republic
DTF	Dissemination task force
FPMD	Family Planning Management Development
FY	Fiscal year
G/PHN	Bureau for Global Programs, Field Support and Research Center for Population, Health and Nutrition
GPP	Guidelines for policy process
HSR	Health sector reform
IADB	Inter-American Development Bank
Initiative	Latin America and the Caribbean Regional Health Sector Reform Initiative
IR	Intermediate Result
KPAB	Knowledge, patterns, attitudes and behavior
LAC	Latin America and the Caribbean
MHR	Framework for Monitoring Health Reform
MOF	Ministry of Finance
MOH	Ministry of Health
MOST	Management and Organizational Sustainability Tool
MPI	Master plans of investment
MSH	Management Sciences for Health
NGO	Nongovernmental organization
NHA	National health accounts
PAHO	Pan American Health Organization
PHR	Partnerships for Health Reform
PYS	Performance incentive system
RSD	Office of Regional Sustainable Development
SO	Strategic Objective
TAG	Technical advisory group
TPI	Tool for plan investment
USAID	United States Agency for International Development
WHO	World Health Organization

CONTENTS

APPENDIX C

METHODOLOGY FOR COLLECTING AND ANALYZING DATA ON EFFECTIVENESS (INTERMEDIATE RESULTS 3.4.1, 3.4.3, AND 3.4.4)

Methodology for Collecting and Analyzing Data on Effectiveness (Intermediate Results 3.4.1, 3.4.3 and 3.4.4[1])

Evaluation Procedure

1. To answer the question on effectiveness, a case study was conducted and three countries were studied (Peru, Honduras and Dominican Republic). The countries selected exhibit different stages of advance and degree of progress with respect to Initiative implementation. The steps of the evaluation process were:
2. Review secondary information on Initiative's results:
   - Annual reports
   - Specific reports of each partner
   - Documents, working papers, and others of LAC Regional Health Reform Initiative

Identification of tools, methodologies and experiences under Intermediate Result (IR) 3.4.1, 3.4.3. and 3.4.4 and their expected results up to this moment (know, test, used, applying learning experiences or institutionalized).

1. Selection of institutions and key stakeholders or key actors to be interviewed in each country (definition of the denominators for each instrument, tool, methodology or experience).
2. Preparation of a draft of the conceptual framework to design the interview formats (what do we want to measure or estimate?), identifying the variables and factors that affect the progress and achievement of the Initiative's intermediate results and indicators. The factors that can influence the institutionalization and sustainability of the Initiative's tools, methodologies and experiences were also identified and incorporated in the interview formats.
3. Preparation of the format for interviews at country level by country, institutions and key stakeholders, IR, indicator, instrument, methodology and experience.
4. Performing of the interviews in 3 study-cases: Peru, Honduras and DR.
5. Final definition of the conceptual framework for data analysis.
6. Preparation of tables and definition of variables and categories for data analysis.
7. Preparation of the database in "excel".
8. Analysis of the data, results and conclusions.

Instruments, tools, methodologies, experiences and exchanges by country

The objective is to identify the tools, methodologies and experiences designed, tested, developed and disseminated by the Initiative that are part of this midterm evaluation. The tools and experiences were classified in:

1. Instruments, tools, methodologies and experiences under IR 3.4.1 with up to date results
2. Methodologies under IR 3.4.3 with up to date results

[1] To simplify the presentation in the main report, we use Intermediate Results 1, 2, 3 and 4 instead of IR 3.4.1, 3.4.2, 3.4.3 and 3.4.4 and Indicators 1, 2a, 2b, 3a, 3b and 4 instead of 3.4.1, 3.4.2.a, 3.4.2.b, 3.4.a, 3.4.b and 3.4.4.

3. Experiences associated with forum and study tour under IR 3.4.4 with up to date results
4. Expected results for each activity of the Initiative (know, test, used, applying learning experiences or institutionalized)

Institutions and key stakeholders identification: the denominators selection

The objective of this step was to identify and to select the institutions and key stakeholders to be interviewed in each country in order to choose the proper denominator to the evaluation process. To choose the institutions and key stakeholders the following process was followed:

1. Identification of each one of the Initiative's activity developed in each country regarding IR 3.4.1, 3.4.3 and 3.4.4
2. Identification of all the participants in Initiative's activities or programs based on:
   - The list that each partner gave to the evaluator team and MEDS (PAHO List, PHR list, FPMD list).
   - The reports of each event that each partner produces.
   - The discussion and analysis of the selection of the key actors with each partner (USAID, PAHO, PHR and FPMD).
3. Preparation by MEDS and partners at country level of the first list of institutions and key stakeholders to be interviewed in each country and the draft schedules for meetings and interviews. In the case of Peru by PAHO and in Honduras and DR by PAHO and PHR.
4. When the evaluators arrived in each country they worked with partners, analyzing the draft list and matched key stakeholders in health reform in the country with participants on Initiative's events. The criteria were to choose key actors participating in health reform that at the same time have participated or have knowledge of Initiative's activities. The exception was the case of the FPMD activities, since the key stakeholders are NGOs and no public official institutions, it was necessary to interview the people identified by the partner, whom in the majority of cases were not considered as key actors in health reform.
5. For the final selection of the interviewees, the evaluators had a session with the PAHO/PHR representative in each country in order to assure reliable denominators for each Initiative activity.
6. Final preparation of the list:
   - Tables A, B, C and D: Index for interviewees by country and tool
   - Tables E, F and G: List of interviewees by country: Peru, Honduras and Dominican Republic
   - Table H: Interviewees by Institutions and posts
7. Definition of the denominators for each instrument, methodology, activity, tools and forum and study tour in each country (Table I: Denominators definition). There is a difference in the participation of NGOs in health reform process between the Dominican Republic on one hand and Peru and Honduras on the other. In the first case, since the NGOs interviewed participate actively in the process different from the other two, it is the only case where it is included in the denominator of the ratios to analyze the results. In the other two cases, the two NGOs are only taken into

account with regard to the specific Initiative's activities in which they participated (i.e. MOST, CORE or NGOs in Health Reform).

Instruments for collecting the data at in country level

1. Preparation of format for interviews at country level by country, institutions and key stakeholders, IR, indicator, instrument, methodology and experience Interviews format testing in Peru.
2. Redesign of interview formats in Honduras and Dominican Republic based on:
   - The Peru's experience (a new format was prepared using not only open questions but also close questions)
   - The final match between key stakeholders on health reform and participants on Initiative's activities. Based on this information the evaluator team was able to identify the specific activities that were applicable to each country (For example: The tool for Investment Plans is only applicable to Honduras).
3. Please, see: *Interview formats for Peru, Honduras and Dominican Republic*

Table A

Affiliations of the key stakeholders interviewed by country

Country	INSTITUTION*	Number of cases
Peru	MOH (MINSA)	**8****
	REFORM UNITS AT MINSA	**2**
	UNIVERSITY CAYETANO HEREDIA (FACULTAD DE SALUD PUBLICA)	**1***
	NGOs	**2**
	PAHO	**1**
	AID	**2**
	MSH	**1**
	PROYECTO 2000	**1**
	TOTAL	**18**
Honduras	**MOH (MINSA)**	**8**
	MINISTRY OF FINANCE	**1**
	SOCIAL SECURITY (IHSS)	**1**
	PAHO	**3**
	AID	**1**
	PHR	**1**
	NGOs	**2**
	TOTAL	**17**
Dominican Republic***	**MOH (SESPAS)**	**6***
	REFORM UNITS AT SESPAS	**4**
	CENTRAL BANK	1*
	SOCIAL SECURITY (IDSS)	1
	STATE REFORM	1
	CONGRESS	1*
	TECHNICAL ADVISOR OF PRESIDENT'S SECRETARY	1
	MEDICAL ASSOCIATION	1*
	PAHO	1
	AID	1*
	PHR	1
	NGOs	1
	TOTAL	**20**

**See tables B to I for interviewees by country and tool, for specific Institutional and post identification and for denominator definition to each activity*

***More than one person answered the same interview. For database's purpose, only one case is counted.*

**There are two extra cases (2 Hospital Director) for the analysis of Study Tours in DR.

Table B

Index of Interviewees by Tools, Instruments or Study Tours Peru (Final Edition: MARCH 29, 2000)

Tool / Interviewee	Institu.tion	Response: I : Interview Q: Question	1.Nat. Hlth. Invst	2.NHA	3.Monit Hlth. Ref	4.NGOs in Health Reform PHR	5.C'trac NGO Ser. PHR	6.Decentr Dec. Spce DDM	7.G/L Policy Process DDM	8.Prov Pay. Mech	9.St. Tour Panama	10.St. Tour Colombia	11.St. Tour Canada	12.Perf. Inc. System	13. CORE	14. MOST	15. Decent. NGOs	16. QQA NGOs	17. Andean Region Forum
C.Adamczyk	AID	NO																	
D.Aspilcueta	NGO	I Q														Ecuador			
Juan Arroyo	Univ.	Q																	
N.Baiocchi	MoH Nutricn	I Q				X													
J. Chaing	AID	I Q																	
L. Coca Silva	MoH	I Q (by fax)		M/E/D															
M.-A.Diouf	OPS	NO																	
T.Espejo	MSH	I Q																	
B.Feringa	AID	Q																	
D.Fernandez	MoH	I Q					X												
A.Fernandini	MoH	I Q																	
D. Gonzalez	MoH	I Q = Torres																	
M. Habich	Proy.2000	I Q								X		X							
D.Haustien	NGO	I Q				X													
Doris Lituma	MoH	I Q																	X
O. Lazo	Univ.	I Q= Llanos																	
A.Llanos	Univ.	I Q																	
L.Manrique	MoH	I Q								X									X
R.Martin	AID	I Q																	
A.Meloni	RU-MoH	I								X									
M. Merino	MoH	I Q (by fax)		El Sal															
V.Montañez	RU MHO	I Q								X									
M.Petrera	OPS	I Q		DR/ES						X									X
R.Torres	MoH	I Q		M/E/D															
E. Velasquez	OPS	Q										X							
L.Seminario	AID	I Q								X									

Table C

Index of Interviewees by Tools, Instruments or Study Tours Honduras
(Final Edition: March 29, 2000)

Tool / Interviewee	Institution	Response: I: Interview Q: Questionnaire	1.Nat. Hlth. Invst	2.NHA	3.Monit Hlth. Ref	4.NGOs in Health Reform PHR Bol.	5.C'trac NGO Ser. PHR DR	6.Decentr Dec. Spce DDM	7.G/L Policy Process DDM	8.Prov Pay. Mech	9.St. Tour Panama	10.St. Tour Colombia	11.St. Tour Canada	12.Perf. Inc. Systems	13.CORE	14.MOST	15.Decent. NGOs	16.QA NGOs	17. Andean Region Forum
John Rogosch	AID	No answer																	
Meri Sinnitt	AID	I Q																	
F. Vallejo	PHR	I Q		El Sal				X	X										
P.Castellanos	MoH	I																	
J. M.Matheu	MoH	I Q		DR															
M.Gamero	MoH	I Q						X	X			X							
G.Flores	MoH	I Q									X								
C.Samayoa	OPS	I Q						X	X										
H.Jaime A.	OPS	I Q						X											
E.Ramirez P.	OPS	I Q						X			X								
Glenda Ruiz	MoH	I Q		El Sal				X	X										
H.A. Castillo.	MoF	I Q		El Sal															
R.O.Alcántara	MoH	I Q										X							
F.Cerrato	MoH	I Q							X		X								
V.Meléndez	MoH	I Q																	
Elena Bosch	NGO	I Q													X				
G.Cerrato	NGO	I Q												X	X				
S. A. Carías	MoH	I Q	X	El Sal				X	X										
H. L Madrid	IHSS	I Q																	

Table D

Index of Interviewees by Tools, Instruments, or Study Tours: Dominican Republic
(Final Edition: March 29, 2000)

Tool / Interviewee	Institution	Response: I: Interview Q: Questionnaire	1. Nat. Hlth. Invst	2. NHA	3. Monit Hlth. Ref	4.NGOs in Health Reform BOLIVIA	5.C'trac NGO Ser. DOMINICA REP	6.Decentr Dec. Spce	7.G/L Policy Process	8.Prov Pay. Mech	9.St. Tour Panama	10.St. Tour Colombia	11.St. Tour Canada	12.Perf. Inc. Systems	13. CORE	14. MOST	15.Decent. NGOs	16.QA NGOs	17. Andean Region Forum
S. Gross	OPS	NO																	
R. Centeno	OPS	I Q																	
G. d/laRosa	NGO	I Q		DR		X	X									X EDG	X	X	
S. Majerowicz	AID	I Q																	
P. Schenkel	AID	I with Sara M																	
A.Diaz S.	CONG.	I Q		DR															
I. Rondon	CONG.	NO I																	
O. Rojas	STATEREFORM	I Q																	
P. Guerrero	Central Bank	I Q		DR/EL															
M. Carrasco	Central Bank	I = with Guerrero Q																	
R. Peguero	SESPAS	I Q		DR															
S. Felix	SESPAS	I: with Peguero					X												
Juan Esteban Peguero	SESPAS	I: only study tour Panama (by fax)									X								
R.Schiffino	SESPAS	I Q																	
A. Fiallo	SESPAS CERS	I Q																	
F.Severino	AMD	I Q with 3 AMD											X						
P. Murgueytio	PHR	I Q					X												
J.Ceballos	SESPAS	***I***																	
T.Quezada	ASESOR	I Q																	
H. Natera	SESPAS	I Q										x							
F. Fernandez	AMD	I with Severino Q																	
M.Rathe	REFUNI	I Q		DR/EL															
F. Rojas /F	REFUNI	I (fax)																	
C. Gil	SESPAS	I Q									X								
H.Bido / F	SESPAS	I: only study tour Panama (fax) Q									X								
D. Espinal /F	SESPAS	NO answer									X								
S. .Sarita	SESPAS	I Q		DR															
C. del Villar	REFUN	I Q									X								

Guzman A	ASESOR	NO (It was not possible to find her)		DR															
R Aquino/	MoF	I Q								X									
W. Ron	AMD	With AMD																	
R. Velez/ NA	SEC. TEC. PRESID	NO out of DR											X						
J.Ferreras	AMD	I = with Severino Q																	
B. Sarubbi	SESPAS	I (by fax)										X							

Table E

Interviewees by Institution—Peru
(Final edition: March, 29 2000)

Institution Player	Ministry of health	Ministry of finance	Social Security	NGO	Partners	Academic	USAID
Christine Adamczyk							X
Daniel Aspilcueta				INPARRES			
Juan Arroyo						UPCH	
Nelly Baiocchi							
Jaime Chaing							X
Luis Coca Silva	X						
Marie-Andre Diouf					PAHO		
Teobaldo Espejo					MSH		
Barbara Feringa							X
Danilo Fernández	X						
Alejandro Fernandini	X						
Diego Gonzalez	X						
Midori de Habicht				Proyecto 2000			
Delia Haustein				PRISMA			
Doris Lituma	X						
Oswaldo Lazo						UPCH	
Alejandro Llanos						UPCH	
Luis A. Manrique Morales	Retired						
Richard Martin							X
Augusto Meloni	X						
Miguel Merino	X						
Vilma Montañez	X						
Margarita Petrera					PAHO		
Lucho Seminario							X
Raul Torres	X						
Luis Eliseo Velásquez					PAHO		

Table F

Interviewees by Institution—Honduras
Final edition: March 29, 2000

Institution Player	Ministry of Health	Ministry of Finance	Social Security	NGO	Partners	Academic	USAID
John Rogosch							X
Meri Sinnitt							X
Francisco Vallejo					PHR		
Plutarco Castellanos	X						
Jose Manuel Matheus	X						
Manuel Gamero	X						
Gustavo Flores	X						
Carlos Samayoa					PAHO		
Humberto Jaime A.					PAHO		
Emilio Ramirez Pinto					PAHO		
Glenda Ruiz	X (World Bank contract)						
Hugo Alejandro Castillo A.		X					
Ricardo Ochoa Alcántara						X	
Franklin Cerrato	X						
Victor Meléndez	X						
Elena Bosch				ASHONPLAFA			
German Cerrato				ASHONPLAFA			
Sergio Alberto Carías	X						
Hena Ligia Madrid			X				

Table G

Interviewees by Institution—Dominican Republic
(Final edition: March 29, 2000)

Institution Player	Ministry of Health	Reform Commissions	Social Security	Central Bank	NGO	Partners	Medical Association	Other Government	USAID
Socorro Gross						PAHO			
Guillermo de la Rosa					INSALUD				
Sarah George									X
Paul Schenkel									X
Arismendi Díaz S.								X	
Onofre Rojas		CRMS (State reform)		CRMS					
Olga Diaz				X					
Reynaldo Peguero	x								
Rafael Schiffino	x								
Alberto Fiallo		CERSS (Health R U)							
Fulgencio Severino		CERSS (Health R U) and							
Patricio Murgueytio						PHR			
Juan Octavio Ceballos	X								
Tirsis Quezada								President's Secretary Advisor	
Hilda Natera	x								
Fernando Fernandez		Com/Ref/ and AMD							
Magdalena Rathe		Com/Ref. (retired)							
Fernando Rojas (Fax)									
Cándida Gil	X (Munc)								
Héctor Bidó García (Fax)	X (Prov.)								
Daniel Espinal (Fax)	X (Prov.)								
Sergio Sarita	x								
Claudio del Villar		CERSS (Health R U)							
Altagracia Guzmán Marcelin		Of. De la Presidencia de la República.							

Table H

List of Interviewees by Institutional Post

PERU
MHO–OFICINA GENERAL DE PLANIFICACION
MHO–ASESOR MINISTRO - VICEMINISTRO
MH0–EX SUPERINTENDENTE
MH0–COORDINADOR REFORMA y COORDINADOR REFORMA FONDOS CONTRIBUTIVOS
MHO–ACUERDOS DE GESTION
MH0–DIRECCION DE ALIMENTACION Y NUTRICION
MHO–TECNICO OFICINA GENERAL PLANIFICACION
MHO–TECNICO OFICINA GENERAL DE PLANIFICACION
REFORM UNIT–OFFICE MINSAL
REFORM UNIT–PAR SALUD
UNIVERSITY
NGO–INNPARES
NG0–PRISMA
SPECIAL PROJECT 1: PROYECTO 2000
USAID–OFFICIAL
USAID–OFFICIAL
PAHO–CONSULTANT
MSH–CONSULTANT
18 PEOPLE INTERVIEWED

REPUBLICA DOMINICANA
MHO–MINISTRY OF HEALTH
MHO–DIRECTOR GENERAL DE SALUD.
MHO–DIRECTOR DE PLANIFICACIÓN
MHO–DIRECTOR DESCENTRALIZACIÓN.
MHO–DIRECTORA MUNICIPAL SANTO DOMINGO CENTRO
MHO–COORDINADORA DE HOSPITALES (SERPASS)
REFORM UNIT–CONSULTANT
REFORM UNIT–CONSULTANT
REFORM UNIT–EX CONSULTANT (VISION HISTORICA REFORMA)
REFORM UNIT–EX CONSULTANT NHA (VISION HISTÓRICA CUENTAS NACIONALES)
IDSS: REPRESENTANTE DEL IDSS QUE PARTICIPÓ EN EVENTO DE LA INICIATIVA (MEC. PAGO)
STATE REFORM: SECRETARIO EJECUTIVO DE LA COMISION NACIONAL DE REFORMA Y MODERNIZACIÓN
CENTRAL BANK
CONGRESS: SENADO DE LA REPUBLICA: COMISION PERMANENTE PARA LA REFORMA DE LA SEGURIDAD SOCIAL.
ASESORA TÉCNICA SECRETARÍA DE LA PRESIDENCIA
NGOs–INSALUD.
AMD–ASOCIACIÓN MÉDICA DOMINICANA
OPS–CONSULTANT
PHR–CONSULTANT
USAID–OFFICIAL
HOSP.DIRECTOR–STUDY TOUR PANAMA
HOSP.DIRECTOR–STUDY TOUR COLOMBIA
20 PEOPLE INTERVIEWED

HONDURAS
MHO–MINISTRO DE SALUD
MHO–VICEMINISTRO POLÍTICA SECTORIAL.
MHO–DIRECTOR GENERAL SALUD REDES DE SERVICIOS
MHO–JEFE DE UNIDAD REGIONAL.
MHO–DIRECCIÓN DE HOSPITALES.
MHO–UNIDAD DE PLANEAMIENTO Y EVALUACIÓN DE GESTIÓN.
MHO–DIRECTOR SERVICIO HOSPITAL PÚBLICO.
MHO–CONSULTORA DEL BANCO MUNDIAL EN EL MINSA
MF–VICEMINISTRO DE FINANZAS.
IHSS–DIRECTORA EJECUTIVA DEL SEGURO SOCIAL.
OPS–PWR HONDURAS.
OPS–CONSULTOR SERVICIOS DE SALUD.
OPS–CONSULTOR NACIONAL SERVICIOS DE SALUD.
USAID–CHIEF HEALTH, POPULATION AND NUTRITION.
PHR–CONSULTOR PHR
GNO–ASHONPLAFA. JEFE DIVISION DE ADMINISTRACIÓN Y FINANZAS.
NGO–ASHONPLAFA. JEFE DE OPERACIONES Y COSTOS.
17 PEOPLE INTERVIEWED

Table I

Denominators (key informants) by tool, methodology, forum and study tour

Tool, Methodology, Forum and Study Tour	Denominator by country (number of cases): key informants		
Tools and methodologies	**Honduras**	**DR**	**Peru**
Tool for Plan Investment			
1. Findings: Outcomes or results (knowledge, use)	Total - 2 NGOs (n= 15)	NA	NA
2. Factors affecting the findings	Interviewees knowing the tool (n=8)	NA	NA
Assumption: All public institutions (MOH, MOF and IHSS) and all partners must know/use this tool. The NGOs interviewed don't have to know/use about this tool.			

National Health Accounts	**Honduras**	**DR**	**Peru**
1. Findings: Outcomes or results (knowledge, use)	Total – 2 NGOs (n= 15)	Total (n=20)	Total – 2 NGOs (n=16)
2. Factors affecting the findings	Interviewees knowing the tool (n=14)	Interviewees knowing the tool (n=16)	Interviewees knowing the tool (n=12)
Assumption: All public institutions (MOH, Reform Units, MoF or equivalent, Social Security, University) and all partners must know/use this tool. NGOs interviewed in Peru and Honduras don't have to know/use about this tool.			

Methodology for Monitoring HSR	**Honduras**	**DR**	**Peru**
1. Findings: Outcomes or results (knowledge, use)	Total – 2 NGOs (n=15)	Total (n=20)	Total – 2 NGOs (n=16)
2. Factors affecting the findings	Interviewees knowing the tool (n=8)	Interviewees knowing the tool (n=18)	Interviewees knowing the tool (n=7)
Assumption: All public institutions (MOH, Reform Units, MoF or equivalent, Social Security and University) and all partners must know this framework. Peru and Honduras NGOs don't have to know about this framework			

Tools and methodologies (knowledge and use)	**Honduras**	**DR**	**Peru**
Performance Incentive Systems	Total cases: 2	NA	NA
Cost Revenue Analysis (CORE)	Total cases: 2	NA	NA
Mgt. And Org. Sustainability Tool (MOST)	NA	Total cases:1	Total cases:1
***Assumption**: Based on the Initiative's institutional strategy for the dissemination and training of these tools, only NGOs must know/use them.*			

Experiences	**Honduras**	**DR**	**Peru**
Guidelines for Policy Process			
1. Findings: Outcomes or results (knowledge of technical assistance)	Total - 2 NGOs (n= 15)	NA	NA
2. Factors affecting the findings	Interviewees knowing the tool (n=5)	NA	NA
Assumption: All public institutions (MOH, MOF and IHSS) and all partners must know about this experience (technical assistance). Based on the practice used to choose the key stakeholders to participate in this activity, the NGOs interviewed don't have to know about it.			

Decentralization Using Decision Space	**Honduras**	**DR**	**Peru**
1. Findings: Outcomes or results (knowledge of research)	Total - 2 NGOs (n=13)	NA	NA
2. Factors affecting the findings	Interviewees knowing the tool (n=6)	NA	NA
Assumption: MOH's official (8) and all partners (5) must know this research. Based on the practice used to choose the key stakeholders to participate in this activity, the MoF, IHSS and NGOs interviewed don't have to know about it.			

Contracting NGO services (DR)	**Honduras**	**DR**	**Peru**
1. Findings: Outcomes or results (knowledge and sharing)	NA	Total: (n=16)	Total: (n=16)
2. Factors affecting the findings	NA	Interviewees participating in workshop (n=3)	Interviewees participating in workshop (n=1)
Assumption: DR: MOH's official (6), Reform Unit at SESPAS (3/4), State Reform, Congress and President's Advisor and all partners (3) and NGO (1) must know about this experience. Peru: MOH (8), Reform Unit at MINSA (2), NGO (1) and Partners and consultants (5) must know about this experience			

NGO in the Health Reform (Policy Process) (Bolivia)	Honduras	DR	Peru
1. Findings: Outcomes or results (knowledge and sharing)	NA	Total: (n=16)	Total: (n=16)
2. Factors affecting the findings	NA	Interviewees participating in workshop (n=1)	Interviewees participating in workshop (n=2)
Assumption: DR: MOH's official (6), Reform Unit at SESPAS (3/4), State Reform, Congress and President's Advisor and all partners (3) and NGO (1) must know about this experience. Peru: MOH (8), Reform Unit at MINSA (2), NGO (1) and Partners and consultants (5) must know about this experience			

Forum on Provider Payment Mechanisms	Honduras	DR	Peru
1. Findings: Outcomes or results (knowledge, sharing and taking steps)	NA	Total: (n=15)	Total: (n=16)
2. Factors affecting the findings	NA	Interviewees participating in forum (n=3)	Interviewees participating in forum (n=6)
Assumption: DR: Based on the advance on this activity in DR, the denominator is composed by: MOH (6), Reform Unit (4), Congress (1), the partners (3) and NGO (1) Peru: Based on the advance of this activity in Peru, the denominator is the total – NGOs.			

Study Tour – Panama	Honduras	DR	Peru
1. Findings: Outcomes or results (knowledge, sharing and taking steps)	Total: (n=13)	Total: (n=12)	NA
2. Factors affecting the findings	Interviewees participating in study tours (n=3)	Interviewees participating in study tours (n=4)	NA
Assumption: Honduras: Denominator is composed by MOH (8) and partners (5) DR: Denominator is composed by MOH (6), Reform Unit (2/4), NGO (1) and partners (3)			

Study Tour Colombia	Honduras	DR	Peru
1. Findings: Outcomes or results (knowledge, sharing and taking steps)	Total: (n=13)	Total: (n=12)	Total: (n= 14)
2. Factors affecting the findings	Interviewees participating in study tours (n=2)	Interviewees participating in study tours (n=2)	Interviewees participating in study tours (n=1)
Assumption: Honduras: Denominator is composed by MOH (8) and partners (5) DR: Denominator is composed by MOH (6), Reform Unit (2/4), NGO (1) and partners (3) Peru: MOH (8), Reform Unit (2) and Partners – MSH (4)			

Study Tour- Canada	Honduras	DR	Peru
1. Findings: Outcomes or results (knowledge, sharing and taking steps)	NA	Total: (n=12)	NA
2. Factors affecting the findings	NA	Interviewees participating in study tours (n=1)	NA
Assumption: DR: Denominator is composed by MOH (6), Reform Unit (2/4), NGO (1) and partners (3)			

NGO's in Decentralization and NGO'S Quality Assurance (knowledge, sharing and taking steps)	Honduras NA	DR 1 case	Peru NA
***Assumption**: Based on the Initiative's institutional strategy for the dissemination and training of these tools, only NGO must know/use them.*			

APPENDIX D

INTERVIEW FORMATS MODEL

INTERVIEW FORMAT 1/3

CUESTIONARIO / ENTREVISTA PARA INSTITUCIONES – ACTORES CLAVE EN LOS PAISES

PREGUNTAS RELATIVAS A EFECTIVIDAD Y SUSTENTABILIDAD

Intermediate Result 3.4.1: Methodologies and tools developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms.
Indicator 3.4.1: All methodologies and tools used by key actors in 50% of countries where introduced.
Intermediate Result 3.4.3: Reform processes, specifically related to equitable access, and outcomes monitored and feedback provided to countries, donors and other partners.
Indicator 3.4.3 a. All LAC Initiative countries monitor health sector reform using framework established by PAHO.
Indicator 3.4.3.b: Regional monitoring system for comparative analysis for health sector reform institutionalized by PAHO.

Nombre del entrevistado:_____

Institución:_____
Cargo:_____

Fecha:_____

Nombre del entrevistador:_____

1. ¿Qué institución u organización a nivel internacional le parece que hace más en favor de la reforma del sector salud en la región?

_____
_____

2. ¿Qué institución a nivel internacional le parece que hace más en favor de la reforma del sector salud en su país?

_____
_____

3. ¿Qué institución a nivel internacional le parece que hace más en favor de la reforma del sector salud en su institución?

_____
_____

4. ¿Cuáles son las debilidades que tiene la institución encargada de la reforma para el diseño, análisis, implementación y monitoreo de la reforma del sector salud?

_____
_____

_____
_____
_____

5. ¿Qué herramienta o metodología (s) se utilizan para apoyar el diseño, análisis, implementación y monitoreo y para el establecimiento de políticas y estrategias relacionadas a la reforma o modernización del sector salud?

_____
_____
_____
_____
_____

I) Herramientas para la reforma en general (broad refoms)
A) Herramienta: Marco para la implementación de planes maestros y planes de inversión (Sólo válido para Honduras)

1. ¿Qué herramientas utiliza usted o su institución para la formulación de planes específicos de inversión orientados a poner en marcha y hacer avanzar la reforma del sector salud? *(para medir conducta)*

_____
_____
_____

(Instrucción: si el entrevistado reconoce la herramienta, salte la próxima pregunta, en caso contrario continúe en el orden establecido)

2. Usted conoce la herramienta "Marco para la implementación de planes maestros y planes de inversión" desarrollada por la Iniciativa Reforma del Sector Salud (USAID, OPS, PHR, FPMD y DDM)? *(para medir conocimiento)*

*Si*_____
No_____

3. ¿Cómo supo usted de la existencia de la herramienta?

_____
_____

4. ¿Cómo se capacitó en su uso?
Taller o seminarios
No hubo capacitación de la herramienta
No hubo capacitación personal
NA

5. ¿Esta herramienta responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

6. ¿Qué opinión le merece la herramienta como instrumento para formular planes específicos de inversión para poner en marcha y hacer que avance la reforma del sector salud? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

7. ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta? *(limitaciones y debilidades)*

_____
_____
_____

8. ¿Cuáles han sido los factores o variables que han facilitado la aplicación de esta herramienta? *(fortalezas y oportunidades)*

_____
_____
_____

9. ¿Qué se requeriría para que esta herramienta fuera utilizada a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____
_____

I. B) Herramienta: Cuentas Nacionales de Salud (National Health Accounts) (República Dominicana, Honduras, Bolivia, Ecuador, El Salvador, Guatemala, México, Nicaragua, Perú, Panamá y Jamaica)

1. ¿Qué herramienta (s) utiliza usted o su institución para llevar las cuentas nacionales de salud en su país (organizar información de financiamiento y gasto público y privado)? *(para medir conducta)*

_____
_____
_____

(Instrucción: si el entrevistado reconoce la herramienta, salte la próxima pregunta, en caso contrario continúe en el orden establecido)

2. Usted conoce la herramienta "Cuentas Nacionales de Salud" desarrollada por la Iniciativa Reforma del Sector Salud (USAID, OPS, PHR, FPMD y DDM)? *(para medir conocimiento)*

*SI*_____
No_____

3. ¿Cómo supo usted de la existencia de la herramienta?

_____
_____
_____

4. ¿Cómo se capacitó en su uso?

Taller o seminarios
No hubo capacitación de la herramienta
No hubo capacitación personal
NA

5. ¿Esta herramienta responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

6. ¿Qué opinión le merece la herramienta como instrumento llevar las cuentas nacionales en salud? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

7. ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta? *(limitaciones y debilidades)*

_____
_____
_____

8. ¿Cuáles han sido los factores o variables que han facilitado la aplicación de esta herramienta? *(fortalezas y oportunidades)*

_____
_____
_____

9. ¿Qué se requeriría para que esta herramienta fuera utilizada a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____
_____

C) Metodología: Seguimiento y evaluación de las Reformas del Sector Salud en América Latina y El Caribe (Monitoring Health Sector Reforms)

1. ¿Qué metodología (s) utiliza usted o su institución para hacerle el seguimiento y evaluación del proceso de reforma del sector salud en su país? *(para medir conducta)*

_____
_____
_____

(Instrucción: si el entrevistado reconoce la metodología, salte la próxima pregunta, en caso contrario continúe en el orden establecido)

2. Usted conoce la metodología "Monitoreo de la Reforma del Sector Salud", metodología marco establecida por la OPS, desarrollada por la Iniciativa Reforma del Sector Salud (USAID, OPS, PHR, FPMD y DDM)? *(para medir conocimiento)*

Si_____
No_____

3. ¿Cómo supo usted de la existencia de esta metodología ?

_____
_____
_____

4. ¿Cómo se capacitó en su uso?

Taller o seminarios
No hubo capacitación de la metodología
No hubo capacitación personal
NA

5. ¿Qué actividad regional le ha sido más útil a usted para recoger experiencias y conocimientos en la aplicación y uso de esta metodología?

Evento de Venezuela (ptación metodología)
Evento de Bolivia (reforma del salud)
Otro evento:
No sabe
Ninguna
NA

6. ¿Esta metodología responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

7. ¿Qué opinión le merece la metodología como instrumento para hacer el seguimiento de la reforma? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

8. ¿El uso de esta metodología, así como de los perfiles de los otros países de la región que se prepararon con base a la misma, le han permitido hacer análisis comparativos de su país con la situación de los sistemas de salud y los procesos de reforma en otros países? ¿Cómo?

Me ha permitido hacer comparaciones
No me lo ha permitido - no hecho
comparaciones
No sabe

9. ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta metodología? *(limitaciones y debilidades)*

_____
_____
_____

10. ¿Cuáles han sido los factores o variables que han facilitado la aplicación de esta metodología? *(fortalezas y oportunidades)*

_____
_____
_____

11. ¿Qué se requeriría para que esta metodología fuera utilizada a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____
_____

II) Herramientas de Política (POLICY)
A) Herramienta: Asistencia técnica para el proceso político asociado a la reforma - Guidelines for assessing the policy process—Health Policy Process Applied Research (DDM) (Aplicada sólo en Honduras)

1. ¿Qué apoyo (s) o asistencia técnica ha recibido su institución para manejar (gerenciar) el proceso político que implica la formulación y la puesta en marcha (llevar adelante) de la reforma del sector salud en su país? *(para medir conducta)*

_____
_____
_____

(Instrucción: si el entrevistado reconoce la herramienta, salte la próxima pregunta, en caso contrario continúe en el orden establecido)

2. Usted recibió asistencia técnica del proyecto Data por Decision Making (Harvard) usando la "Guía para el manejo del proceso político de la reforma" desarrollada por la Iniciativa Reforma del Sector Salud (USAID, OPS, PHR, FPMD y DDM)? *(para medir conocimiento)*

SI_____
NO_____

3. ¿Esta asistencia técnica responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

4. ¿Qué opinión le merece la asistencia técnica hacer el análisis político de la reforma? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

5. ¿Cuáles son los impedimentos que existen en su país para el uso institucional de lo aprendido en esta experiencia? *(limitaciones y debilidades)*

_____
_____
_____

6. ¿Cuáles han sido los factores o variables que han facilitado su aplicación institucional? (for*talezas y oportunidades)*

_____
_____
_____

7. ¿Qué se requeriría para que las herramientas aprendidas en esta experiencia fueran utilizadas a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

III) Herramientas para sociedad entre gobierno y ONG (Govt. – NGO Partnership)

A) Contracting NGO service provision (PHR) (Guatemala, Costa Rica, Colombia, Perú, República Dominicana) y NGO in the policy process (Bolivia, Ecuador, Perú, República Dominicana)

1. ¿Qué experiencias tiene usted o está adelantando para incoporar las ONG en el proceso de reforma en salud y para el diseño de nuevas formas de interrelación y contratación entre el sector público y privado?

_____
_____

2. ¿Usted participó en los encuentros para preparar los trabajos: "Public Sector Contracting of NGO´s for the provision of Health Services: State of the Practice paper" o NGO involvement in Health Policy que adelantó PHR en el marco de la Iniciativa para la Reforma del Sector SALUD – USAID-PAHO ?

SI_____
NO_____

3. ¿Este encuentro responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

4. ¿Qué opinión le merece este taller para avanzar en la incorporación de las ONG en la reforma en salud? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

5. ¿Cuáles son los impedimentos que existen en su país para aplicar las experiencias aprendidas en este taller? *(limitaciones y debilidades)*

_____
_____
_____

6. ¿Cuáles serían los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____
_____

7. ¿Qué se requeriría para que las experiencias aprendidas en el taller se utilicen a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____
_____

IV) Herramientas para temas especiales

A) Decentralization – guidelines for assessment using decision space (DDM)

1. En su país se está impulsando el proceso de descentralización de la salud entre los distintos niveles del sistema sanitario?

SI_____
NO_____

2. ¿Qué experiencias o estudios están utilizando usted para impulsar ese proceso en su país?

_____
_____
_____

3. ¿Usted conoce el papel de trabajo relativo a la descentralización preparado por DDM en el marco de la Iniciativa, que se preparó con la data de Chile, Colombia y Bolivia o leyó el artículo que apareció en el Boletín (newsletter) denominado Reform in Motion, o Reforma en movimiento

SI_____
NO_____

4. ¿Este estudio responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

5. ¿Qué opinión le merece este estudio? *(para medir percepción)*

Excelente
Muy bueno
Bueno
Regular
Malo
NA
No sabe

6. ¿Cuáles son los impedimentos que existen en su país para aplicar los resultados de esta investigación? *(limitaciones y debilidades)*

_____
_____
_____

7. ¿Cuáles serían los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____
_____

8. ¿Qué se requeriría para que los resultados de esta investigación se utilicen a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____
_____

COMENTARIOS SOBRE LA ENTREVISTA

_____
_____
_____
_____

Notas relativas al IR 3.4.1.

1. **No se pregunta en los países sobre las siguientes herramientas porque están en proceso de diseño y prueba:**

- Monitoreo de la equidad (Monitoring Equitable access to basic health services) (PAHO)
- "Guidelines for social insurance" (Iniciativa)
- Toolkit (PHR).
- Equity policy primer (Policy primer on decision making for equity in Health sector reform (PHR)
- Provider payment mechanisms policy primer series (PHR)
- Targeting methodologies (PHR)

2. **Las siguientes herramientas son papeles de trabajo, documentos técnicos que no se han llevado a worshops o talleres:**
   - Indicator Handbook for Health System Development (PHR)
   - Case study of the hospital reform process in Colombia (PHR)

INTERVIEW FORMAT 2/3

CUESTIONARIO / ENTREVISTA PARA INSTITUCIONES – ACTORES CLAVE EN LOS PAISES. PREGUNTAS RELATIVAS A EFECTIVIDAD Y SUSTENTABILIDAD

Para uso del entrevistador:
Intermediate Result 3.4.4: Opportunities and means to share experience and advice among countries are established.
Indicator 3.4.4: 5O% of participants surveyed report taking steps based on lessons learned in Study tours and fora.

Nombre del entrevistado:_____

Institución:_____Cargo:_____

Fecha:_____

Nombre del entrevistador:_____

Preguntas

A) FOROS y TALLERES

Foro sobre mecanismo de pago a los proveedores (PAHO) (Perú y República Dominicana)

1. ¿Usted o su institución han implementado algunos mecanismos de pago a prestadores tomando en consideración los diferentes impactos que se generan en el sistema de salud?

_____
_____

2. ¿Qué actividades o insumos ha utilizado usted para este fin y le han sido más útiles? (identifique en orden de importancia)

. _____
. _____
. _____

3. Usted participó en el foro organizado por la OPS sobre mecanismos de pago, en el marco de la Iniciativa para la Reforma del Sector SALUD – USAID-PAHO ?

SI_____
NO_____

4. ¿Los temas que se discutieron en el foro responden a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

5. ¿Qué opinión le merece el foro? *(para medir percepción)*

Excelente
Muy bueno
Bueno
Regular
Malo
NA
No sabe

6. ¿Cuáles son los impedimentos que existen en su país para diseñar nuevos mecanismos de pago a prestadores en su sistema de salud? *(limitaciones y debilidades)*

_____
_____

7. ¿Cuáles serían los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____

8. ¿Qué se requeriría para que lo que aprendió en el foro se utilice a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

B) Study Tours

1. Giras OPS y PHR (Panamá y Colombia) (Perú, Panamá, Bolivia, Nicaragua, República Dominicana y Panamá, Jamaica, Honduras, El Salvador) (Perú a Colombia, Honduras a Panamá y Colombia)

1. ¿Usted o su institución ha promovido la reforma de los hospitales para impulsar la descentralización y para el logro de hospitales públicos autónomos?

SI_____
NO_____

2. ¿Qué actividades o insumos ha utilizado usted para este fin y le han sido más útiles? (identifique en orden de importancia)

. _____
. _____
. _____

3. ¿Usted participó en una gira de estudios para conocer la experiencia en Panamá del Proyecto de San Miguelito sobre descentralización de servicios de salud y Hospital Autónomo organizado por la Iniciativa para la Reforma del Sector SALUD – USAID-PAHO ?

SI_____
NO_____
NA

4. ¿Usted participó en una gira de estudios para conocer la experiencia en Colombia sobre reforma de Hospitales Públicos organizado por la Iniciativa para la Reforma del Sector Salud – USAID-PAHO?

SI_____
NO_____
NA

5. ¿La temática de la gira responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

6. ¿Qué opinión le merece la gira de estudio? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

7. ¿Cuáles son los impedimentos que existen en su país para poner en marcha una experiencia como la de San Miguelito o Colombia? *(limitaciones y debilidades)*

_____
_____

8. ¿Cuáles serían los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____

9. ¿Qué se requeriría para que lo que aprendió en la gira se utilice a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

2. Gira Canadá (PHR) (Sistema de salud de Canadá) (Sólo República Dominicana)

1. ¿Qué experiencias se están utilizando en su país para poner en marcha e impulsar la reforma integral del sistema de salud?

_____
_____

2. ¿Qué actividades o insumos ha utilizado usted para este fin y le han sido más útiles? (identifique en orden de importancia)

. _____
. _____
. _____

3. Usted participó en una gira de estudios para conocer la experiencia de reforma de Canadá organizado por la Iniciativa para la Reforma del Sector SALUD – USAID-PAHO ?

SI_____
NO_____
NA

4. ¿La temática de la gira responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

5. ¿Qué opinión le merece la gira de estudio? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

6. ¿Cuáles son los impedimentos que existen en su país para poner en marcha una experiencia como la de Canadá? *(limitaciones y debilidades)*

_____
_____

7. ¿Cuáles serían los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____

8. ¿Qué se requeriría para que lo que aprendió en la gira se utilice a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

COMENTARIOS DE LA ENTREVISTA

_____
_____
_____
_____

INTERVIEW FORMAT 3/3
CUESTIONARIO / ENTREVISTA PARA NGOs - ACTORES CLAVE EN LOS PAISES

PREGUNTAS RELATIVAS A EFECTIVIDAD Y SUSTENTABILIDAD

Intermediate Result 3.4.1: Methodologies and tools developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms.
Indicator 3.4.1: All methodologies and tools used by key actors in 50% of countries where introduced.
Intermediate Result 3.4.3: Reform processes, specifically related to equitable access, and outcomes monitored and feedback provided to countries, donors and other partners.
Indicator 3.4.3 a. All LAC Initiative countries monitor health sector reform using framework established by PAHO.
Indicator 3.4.3.b: Regional monitoring system for comparative analysis for health sector reform institutionalized by PAHO.

Nombre del entrevistado:_____

Institución:_____**Cargo:**_____

Fecha:_____

Nombre del entrevistador:_____

1. ¿Qué institución u organización a nivel internacional le parece que hace más en favor de la reforma del sector salud en la región?

_____
_____

2. ¿Qué institución a nivel internacional le parece que hace más en favor de la reforma del sector salud en su país?

_____
_____

3. ¿Qué institución a nivel internacional le parece que hace más en favor de la reforma del sector salud en su institución?

_____
_____

4. ¿Cuáles son las debilidades que tiene la institución responsable de la reforma para el diseño, análisis, implementación y monitoreo de la reforma del sector salud?

_____
_____
_____

5. ¿Qué herramienta (s) se utilizan usted para apoyar el diseño, análisis, implementación y monitoreo y para el establecimiento de políticas y estrategias relacionadas a la reforma o modernización del sector salud?

_____
_____
_____

6. Dado que su organización o institución está interesada en una participación más activa en el sector salud, cuáles son las herramientas clave que su institución debería manejar para facilitar ese proceso? Establezca un orden jerarquía de estas herramientas:

. _____
. _____
. _____

7. ¿Hay alguna organización del sector público o privado que le proporcione esas herramientas o asistencia técnica con dichas herramientas?

_____

_____

8. ¿Considera usted que dichas herramientas responden a las necesidades del sector salud en su país?

Si
No
No sabe
NA

(Instrucción para el entrevistador: Si en esta respuesta inicial, reconocen CORE y MOST, sistema de incentivos, descentralización, control de calidad seguir con las próximas 5)

1) Herramienta: Cost – revenue tool (CORE) Herramienta de costo – beneficio (NGO ASHONPLAFA HONDURAS)

1. ¿Qué herramienta (s) utiliza usted o su institución para hacer los análisis de costo – beneficio de los servicios que provee y para manejar los factores que inciden sobre los ingresos y los costos de los mismos? *(para medir conducta)*

_____
_____

(Instrucción: si el entrevistado reconoce la herramienta, salte la próxima pregunta, en caso contrario continúe en el orden establecido)

2. Usted conoce la herramienta "CORE" desarrollada por FPDM en el marco de la Iniciativa Reforma del Sector Salud (USAID, OPS, PHR, FPMD y DDM)? *(para medir conocimiento)*

SI_____
NO_____

3. ¿Cómo supo usted de la existencia de esta herramienta?

4. ¿Cómo se capacitó en su uso?

Taller o seminarios
No hubo capacitación de la herramienta
No hubo capacitación personal
NA

5. ¿Esta herramienta responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

6. ¿Qué opinión le merece la herramienta como instrumento para hacer el análisis de costos e ingresos? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

7. ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta? *(limitaciones y debilidades)*

_____
_____

8. ¿Cuáles han sido los factores o variables que han facilitado la aplicación de esta herramienta? *(fortalezas y oportunidades)*

_____
_____

9. ¿Qué se requeriría para que esta herramienta fuera utilizada a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

2) Herramienta: The Management and Organizational Sustainability tool - Herramienta de sostenibilidad gerencial y organizacional (MOST) (NGO Perú INPPARE y República Dominicana INSALUD)

1. ¿Qué herramienta (s) utiliza usted o su institución para hacer el diagnóstico de los cambios que se requieren en componentes de la organización y de la gerencia y también para diseñar los planes necesarios para la implementación de esos cambios hacia el logro de la sostenibilidad? *(para medir conducta)*

_____

_____

(Instrucción: si el entrevistado reconoce la herramienta, salte la próxima pregunta, en caso contrario continúe en el orden establecido)

2. Usted conoce la herramienta "MOST" desarrollada por FPDM en el marco de la Iniciativa Reforma del Sector Salud (USAID, OPS, PHR, FPMD y DDM)? *(para medir conocimiento)*

SI_____

NO_____

3. ¿Cómo supo usted de la existencia de esta herramienta?

_____

_____

4. ¿Cómo se capacitó en su uso?

Taller o seminarios
No hubo capacitación de la herramienta
No hubo capacitación personal
NA

5. ¿Esta herramienta responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

6. ¿Qué opinión le merece la herramienta como instrumento para hacer el análisis de capacidad institucional? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

7. ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta? *(limitaciones y debilidades)*

_____
_____

8. ¿Cuáles han sido los factores o variables que han facilitado la aplicación de esta herramienta? *(fortalezas y oportunidades)*

_____
_____

9. ¿Qué se requeriría para que esta herramienta fuera utilizada a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

3) Performance Incentive System (FPDM) (sólo preguntar en Honduras)

1. ¿Qué herramientas está utilizando para diseñar un sistema de incentivos para mejorar la eficiencia de su institución?

_____
_____

2. ¿Usted participó en la recolección de la data sobre sistemas de incentivos en Honduras que se llevó adelante en el marco del proyecto del FPDM (MSH) Human Development Resource Cluster, (Iniciativa para la Reforma del Sector SALUD – USAID-PAHO ?

SI_____
NO_____

3. ¿Cómo supo usted de la existencia de esta herramienta?

_____
_____

4. ¿Cómo se capacitó en su uso?

Taller o seminarios
No hubo capacitación de la herramienta
No hubo capacitación personal
NA

5. ¿Esta herramienta responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

6. ¿Qué opinión le merece la herramienta como instrumento para desarrollar un sistema de incentivos en salud? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

7. ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta? *(limitaciones y debilidades)*

_____
_____

8. ¿Cuáles han sido los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____

9. ¿Qué se requeriría para que esta herramienta se utilice a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

4. NGOs in decentralized health system (FPDM)

1. En su país se está impulsando el proceso de descentralización de la salud con participación de las ONGs?

_____
_____

2. ¿Qué experiencias está utilizando usted para impulsar ese proceso en su país?

_____
_____

3. ¿Usted participó en el grupo de trabajo que discutió este tema, que está siendo desarrollado por FPMD en el marco de la Iniciativa para la Reforma del Sector SALUD – USAID-PAHO ? ¿Qué opinión le merece?

SI_____
NO_____

4. ¿Este estudio responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

5. ¿Qué opinión le merece este estudio? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

6. ¿Cuáles son los impedimentos que existen en su país para aplicar los resultados de esta investigación? *(limitaciones y debilidades)*

_____
_____

7. ¿Cuáles serían los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____

8. ¿Qué se requeriría para que los resultados de esta investigación se utilicen a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____
_____

5. NGOs for Quality Assurance (FPDM)

1. ¿Qué experiencias está utilizando para impulsar el control de calidad en la provisión de servicios por parte de las ONG?

_____
_____

2. ¿Usted participó en el grupo de trabajo que discutió este tema, que está siendo desarrollado por FPMD en el marco de la Iniciativa para la Reforma del Sector SALUD – USAID-PAHO ? ¿Qué opinión le merece?

SI_____
NO_____

3. ¿Este estudio responde a las necesidades y problemas del sector salud de su país? *(percepción)*

Si
No
No sabe
NA

4. ¿Qué opinión le merece este estudio? *(para medir percepción)*

Excelente
Muy buena
Buena
Regular
Mala
NA
No sabe

5. ¿Cuáles son los impedimentos que existen en su país para aplicar los resultados de esta investigación? *(limitaciones y debilidades)*

_____
_____

6. ¿Cuáles serían los factores o variables que facilitarían su aplicación? *(fortalezas y oportunidades)*

_____
_____

7. ¿Qué se requeriría para que los resultados de esta investigación se utilicen a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución? *(sostenibilidad)*

_____

Comentarios de la entrevista:

_____

LAC Regional Health Sector Reform Initiative
Midterm Evaluation Interview Format
Partners

Name_____

Organization_____

Date_____

Results Framework

1. How long have you been acquainted with the LAC Project and in what capacity?

2. Does the USAID results framework of intermediate results or indicators work for this type of Project.

    a. Which ones specifically apply to your part of the project (show chart)?

    b. Are there any Changes you would recommend to it?

3. Do you believe that you are tracking the right indicators to measure intermediate changes that occur before the results are achieved?

4. Do you have systems in place that can tract output or interim outcome measures? Please give examples

Progress and Achievements

5. How much Progress have you made towards achievement of the Intermediate Results by successfully accomplishing specific activities in your part of the project? Which results and through what activities?

6. From your perspective what is the vision of this Initiative

7. What is the value added of this initiative

8. Which elements of your part of the project do you believe can be scaled-up?

9. Which elements of your part of the initiative do you believe are sustainable? Please explain why.

10. Since FY99 The Initiative has tried to focus on identifying and working to build the capacity of key institutions rather than individuals. Is this a good idea?

Have it been successful.

How can it be improved?

11. How can the collective expertise and experience of the partner's staff be used to identify new areas and improve performance?

12. What are other ways we could obtain inputs from our clients and institutions responsible for reform processes in shaping our annual work plans and defining new areas for work?

Initiative Structure

13. What are the strengths and weaknesses of the management structure of the Initiative with respect to other partners, USAID, USAID missions and country support?

    Strengths

    Weaknesses

14. How effective are the coordinating mechanisms of the initiative?

	TAG	**Steering Committee**	**NGO Task Force**	**Information Dissemination Task Force**	**Indicator Task Force**	**Study Tour Task Force**
Outstanding						
Very effective						
Moderately Effective						
Marginally Effective						
Not Effective						

Please give examples to indicate the basis of your response.

Specifically do we have the right individuals on the TAG?

What can be done to increase the contribution of the TAG to Initiative results?

15. What other more agile decision making mechanisms might be used?

Administration

16. How effective has the management and oversight of the Initiative been by USAID/LAC.

Outstanding ___
Very Effective___
Moderately Effective___
Somewhat Effective ___
Not effective at all ___

Please give examples supporting your answer.

17. How would you describe the quality of reports work plans and other Products Submitted to USAID?

Excellent ___ On time? _____ Appropriate information? ___
Very Good ___
Good___
Adequate ___
Poor ___

Please give examples supporting your answer.

Use of Resources

18. To What extent have project resources been used appropriately and effectively e.g. staff and other inputs?

19. Do you believe that this initiative should be continued? If so what do you believe should be done to increase the likelihood that LAC and PAHO funding decision makers will continue to see it as a high priority.

20. The Initiative is not well known by many of those who benefit from it? Is this a problem? Should we do anything to correct it? If so, What?

PERCEPCIONES SOBRE LA INFORMACION/COMUNICACION EN EL AREA DE LA REFORMA DEL SECTOR SALUD
Nombre:
Institucion:
Pais:
Fecha de llenado del formulario:

1. **Que es la Iniciativa Regional para la Reforma del Sector Salud**
(puede seleccionar mas de una alternativa)
? Un programa financiado por la OEA
? Una iniciativa resultado de la Cumbre Presidencial de las Americas de 1994 celebrada en Miami, Estados Unidos.
? Un programa de la Organizacion Panamericana de la Salud
? Una iniciativa ejecutada por instituciones del sector publico y privado, financiada por la AID y la OPS
? Una idea de los paises del MERCOSUR
? Todo lo anterior

2. **A traves de que medio de comunicacion se entero de la existencia de la Iniciativa ?** (puede seleccionar mas de una alternativa)

? A traves de los medios de comunicacion tradicionales (radio, TV, prensa escrita)
? A traves del Sitio Internet de la Iniciativa
? A traves de presentaciones de colegas del sector Salud
? A traves de las publicaciones escritas de la Iniciativa.
? Otros medios, sirvase expllicar:

3. Cuales deberian ser las audiencias objetivo que deberian tomarse en cuenta para los mensajes comunicacionales sobre la Reforma del Sector Salud por parte de la Iniciativa Regional?

(puede seleccionar mas de una alternativa)
? Los tomadores de decisiones a nivel de los Ministerios de Salud
? Los tomadores de decisiones a nivel del Sector Privado de Salud.
? Los tomadores de decisiones a nivel de las ONGs del Sector Salud
? Los tomadores de decisiones a nivel del Banco Mundial, el BID y otras agencias multi y bilaterales.
? Los periodistas encargados de los temas de Salud
? Los parlamentarios de las Comisiones de Salud de los Congresos
? El sector academico
? Los gremios y sindicatos
? La opinion publica en general
? Los profesionales del Sector Salud (medicos, enferemeras, tecnicos, etc)
? Tomadores de decisiones en las instituciones de Seguridad Social
? Todos los grupos anteriores
? Otros , sirvase explicar:

4. Que opinion le merecen los mensajes emitidos por la Iniciativa en publicaciones y en el Sitio de Internet ?

(seleccione una alternativa)

? La mayoria de los mensajes son claros, concisos y tocan problemas e intereses sentidos en la region
? La mayoria de los os mensajes son claros pero no siempre tienen que ver con problemas e intereses sentidos en la region
? La mayoria de los mensajes son poco claros y rara vez tienen que ver con problemas e intereses sentidos en la region
? En la mayoria de los casos los mensajes no son claros ni tienen que ver con los problemas e intereses sentidos en el pais

5. **Que piensa sobre la vehiculos seleccionados para la emision de dichos mensajes (publicaciones y sitio en Internet**) (seleccione una alternativa)

? Son muy efectivos para captar la atencion del usuario
? Su contenido es claro , aunque resultan poco atractivos
? Son poco efectivos para captar el interes de los usuarios
? Son totalmente inefectivos

6. Le parece que seria necesario introducir nuevos vehiculos de comunicacion **(puede seleccionar mas de una alternativa)**

? Si, videos de corta duracion ya que la imagen vale mas que mil palabras
? Si, articulos en las paginas de opinion de la prensa regional para que se fomente el debate sobre la Reforma del Sector Salud
? Si, se deberian hacer teleconferencias para intercambiar experiencias
? Si, se deberian tratar de llegar a los programas de TV y Radio
? Otros, favor explicar……
? No, con los vehiculos usados en la actualidad es suficiente

CUESTIONARIO 3

Para los Socios del Proyecto –Comunicacion-

1. Considera Ud, que el proyecto tiene una estrategia de comunicacion?

? Si hay una estrategia que todos compartimos y que establece con nitidez el impacto buscado en las audiencias objetivo y los instrumentos a ser usados
? Si hay una estrategia pero no la conozco al detalle
? No conozco la estrategia de comunicacion
? No existe una estrategia de comunicacion

2. Cuales deberian ser las audiencias objetivo que deberian tomarse en cuenta en la estrategia de comunicacion?

? Los tomadores de decisiones a nivel de los Ministerios de Salud
? Los tomadores de decisiones a nivel del Sector Privado
? Quienes dirigen a las ONG's
? Los tomadores de decisiones a nivel del Banco Mundial, el BID y otras agencias multi y bilaterales.
? Los periodistas encargados de los temas de Salud
? Los parlamentarios de las Comisiones de Salud de los Congresos
? La opinion publica en general
? Los medicos
? Todos los grupos anteriores

3. Considera Ud, que el proyecto presenta una imagen corporativa consistente?
? Si, en todas las oportunidades
? En algunos casos
? Rara Vez
? Nunca

4. **Que opinion le merecen los mensajes comunicacionales**

? Sus mensajes son claros, concisos y tocan problemas e intereses sentidos en la region

? Los mensajes son claros pero no siempre tienen que ver con problemas e intereses sentidos en la region

? Los mensajes son poco claros y rara vez tienen que ver con problemas e intereses sentidos en la region
? En la mayoria de los casos los mensajes no son claros ni tienen que ver con los problemas e intereses sentidos en la region

5. **Que piensa sobre la vehiculos seleccionados para la emision de dichos mensajes (publicaciones y sitio en Internet)**

? Son muy efectivos para captar la atencion del usuario
? Son efectivos en algunos casos, aunque resultan poco atractivos
? Son poco efectivos para captar el interes de los usuarios
? Son totalmente inefectivos

6. Le parece que seria necesario introducir nuevos vehiculos de comunicacion?

? Si, videos de corta duracion ya que la imagen vale mas que mil palabras
? Si, articulos en las paginas de opinion para que se fomente el debate sobre la Reforma del Sector Salud
? Si, se deberian hacer teleconferencias para intercambiar experiencias
? Si, se deberian tratar de llegar a los programas de TV y Radio
? No, con los vehiculos usados en la actualidad es suficiente

Informacion sobre la Reforma del Sector Salud
Nombre:
Institucion:
Pais:
Fecha de llenado del formulario:

1. Es Ud una persona que para su trabajo necesita informacion impresa (folletos, cuadernillos, etc) sobre los procesos de reforma del Sector Salud en las Americas???

? Si, es imprescindible
? Si es necesario
? Solo algunas veces
? No, no necesito informacion impresa

2. Cuales son los temas que mas le interesan en relacion a la Reforma del Sector Salud en las Americas? (Seleccione cinco como maximo)

3. Recibe Usted materiales impresos sobre dichos temas ?
? Si, regularmente
? Solo algunas veces
? Nunca

4. De quien recibe Usted informacion sobre dichos temas?

5. Recibe Ud materiales impresos de la Iniciativa Regional para la Reforma del Sector Salud?

6. Si la respuesta anterior fue positiva, con que regularidad los recibe?

7. Quien se los envia?

8. Considera Ud. que esos materiales, son utiles para su trabajo cotidiano?

? Si son imprescindibles para mi trabajo
? Si, son muy utiles
? Si, son utiles
? Son utiles en algunas oportunidades
? En realidad no son muy utiles
? No son utiles

9. Explique por que decidio elegir alguna de las alternativas de la pregunta anterior

10. Es Ud una persona que utiliza la Internet para obtener la informacion que le interesa?

? Si, lo hago con regularidad
? Solo a veces
? No, prefiero los mecanismos mas tradicionales

11. Si en la pregunta anterior selecciono alguna de las dos primeras alternativas, que tres sitios de Internet consulta en orden de importancia para obtener informacion sobre los temas que mas le interesan (temas de la pregunta 2)

a)
b)
c)

12. Ha visitado Ud el sitio de Internet de la Iniciativa Regional de Reforma del Sector Salud?

? Al menos una vez por semana
? Al menos una vez por mes
? En alguna oportunidad
? Nunca

13. Si en la pregunta anterior selecciono cualquiera de las tres primeras alternativas, que opinion le merece la calidad de dicho sitio?

? Excelente
? Muy Buena
? Buena
? Regular
? Mala

14. Siendo Ud un visitante asiduo o esporadico de dicho sitio de Internet, para que utiliza las posibilidades que dicho sitio ofrece?

? Para guiar mi toma de decisiones
? Para conocer otras experiencias y tratar de adaptarlas a mi pais
? Para no repetir errores que otros han cometido
? Para contactarme con otros profesionales de otros paises
? Para colocar alli informacion de mi institucion para que sea diseminada
? Para obtener bibliografia
? Para obtener herramientas y metodologias utiles para la Reforma del Sector salud
? Para obtener informacion sobre los Perfiles del Sector Salud en otros paises
? Para todo lo anterior.
? Otros usos,favor explicar:

APPENDIX E

CONCEPTUAL AND METHODOLOGICAL FRAMEWORK

CONCEPTUAL FRAMEWORK

In order to define the analytical framework for data collection and analysis, a conceptual model was designed relating conditional factors and expected results for each instrument, methodology, and experience. The following premises support the analytical framework proposed:

1. It is necessary to evaluate separately each of the tools, methodologies, and experiences designed, developed, tested, disseminated, and implemented for the Initiative. Taking this into account it is necessary to prepare a list of questions in the interview format for each Initiative activity. The analysis of the results will therefore need to be done for each tool, methodology, and experience. Based on these partial outcomes, trends and common denominators can be recommended.
2. It is necessary to analyze the results framework of the Initiative, comparing the IR, indicators, and specific expected results for each Initiative activitiy in order to define the specific indicators to be used for the evaluation of the progress and achievement concerning each activity. For example, expected outcomes at this time for NHA (not only in use but also in the process of institutionalization) is not the same as the expected result concerning the tool for plans investment (use and testing of the tool).
3. The evaluation of the level of accomplishment of the results depends on the specific expected results in each case. These results vary from knowing the tool through testing, using, and sharing it until institutionalization of the tool or methodology, and even taking steps after the Initiative experience. The final expected outcomes are integrating—at an institutional level—lessons learned from the Initiative and building institutional in-country capacity for health reform.
4. The expected outcomes upon which the Initiative's operation depends are related to the Initiative performance but also to other factors beyond Initiative control. Therefore, the factors that affect the Initiative's progress, achievements, and outcomes can be classified by:
   - factors within the Initiative's control,
   - factors beyond the Initiative's control but which can be influenced, and
   - pre-existing conditions.

FACTORS AFFECTING PROJECT'S SUCCESS ON IRS 3.4.1, 3.4.3 AND 3.4.4

Within the Control of the Initiative

- Quality of tools, methodologies, forum, and study tours
- Selection of themes/experiences for dissemination, training and sharing (demand-driven tool)
- Characteristics of training and technical assistance
- Initiative's approach strategy:
  - Regional strategy,
  - Regional strategy accompanied by national in-country orientation.
- Initiative institutional strategy: selection of institutions/key stakeholders to be targeted (national—MOH, Ministry of Finance or similar, reform units, NGOs, other governmental organizations (Congress, state reforms unit) other agencies (World Bank and IADB).
- Efficiency in partner coordination at central level (partnership efficiency)

- Communication and dissemination strategy: Regional level (this is a fix factor for all tools and experiences; for this reason, it is not necessary to evaluate its effect on results)

Beyond the Control of the Initiative but Can Be Influenced

- Communication and dissemination strategy: National level
- Customization of the tool, methodology, and experience to national requirements
- Initiative partnership at the local level (national level)
- Partners' role on health reform at national level (PAHO, IAD, PHR, FPDM and DDM)
- Headquarters and local alignment in partnership efforts (for each tool and activity) (PAHO and USAID)
- In-country partners-consultants (i.e., PHR or FPMD) with specific tool-related terms of reference
- Key staff turnover at national level (MOH, other units and ministries related to health reform) (stability of key actors favor Initiative's activity)
- Interrelationship between the partners and other agencies (World Bank and IADB) at in-country level and interagency committees in place (there are no data for the characterization of this factor)
- Internal and specific process on health reform going on in the country (demand-driven tool) (this factor is going to be estimated through "selection of theme")
- Political decision on health reform and specifically to the tool or experience
- Political will to introduce changes in health system
- Political will to introduce the specific Initiative's tool or experience
- Inclusion of health reform in the national agenda
- Inclusion of the specific theme related to the Initiative's activity in the national agenda
- Adoption of a public policy on health reform
- National consensus on health reform (see communication strategy)
- National consensus related with the specific Initiative's activity
- National institutional capacity for health reform (trained personnel, strength of public administration and of the institutional design, etc.)
- National institutional capacity for the specific Initiative's activity
- Parallelism between MOH and reform units
- Participation of Civil Society (there are no data for the characterization of this factor)

Pre-existing Conditions[2]

- Traditional values/perceptions on health system by public opinion
- Current way of operating of the health system
- Degree of decentralization of the state and of the health system (federal/regional/local)
- Political interference in decision making
- Type and quality of MIS in place
- Availability of data/information
- Investment possibilities for health reform and for the specific Initiative's activity
- Political system

[2] These pre-conditions are not studied or evaluated since we don't have the data to build the indicators.

Methodological Framework for Database Preparation and Analysis

Table E-1
Outcomes or Results: Indicator, Operational Definition and Sources of Information with Interview's Questions Identified

Indicator	Operational Definition	Sources of Information
Tool development and testing	Identification if the tool is still in process of development and test Result: Yes/No	Secondary information: Initiative's annual reports and partners' reports
Tool or experience knowledge	Key stakeholders saying they know the tool, research, technical assistance, or experience/total key informants (see appendix C, table H for denominator definition) Result: Ratio Well Known = ≥ ¾ Known = < ¾ but > ½ Not Known = < ½	Interview*:* Examples of questions: 1. ¿Usted conoce la herramienta o metodología "X" desarrollada por la Iniciativa? 2.¿Usted recibió asistencia técnica del proyecto X desarrollado por la Iniciativa? 3.¿Usted participó en los encuentros para preparar los trabajos: "X" que adelantó PHR en el marco de la Iniciativa? 4.¿Usted conoce el trabajo sobre X que se esta haciendo en el marco de la Iniciativa? 5. Usted participó en el foro organizado por la OPS sobre mecanismos de pago, en el marco de la Iniciativa para la Reforma del Sector SALUD? 6. ¿Usted participó en una gira de estudios para conocer la experiencia en X organizado por la Iniciativa?
Tool or experience use	Key stakeholders saying they use the tool, research, technical assistance, or experience/total key informants Result: Ratio Clearly Used = ≥ ¾ Used = < ¾ but > ½ Not used = < ½	Interview: Examples of questions: 1.¿Qué herramientas utiliza usted o su institución para llevar las cuentas nacionales de salud? 2. ¿Qué apoyo (s) o asistencia técnica ha recibido su institución para manejar (gerenciar) el proceso político que implica la formulación y la puesta en marcha de la reforma del sector salud en su país? 3.¿Qué experiencias tiene usted o está adelantando para incoporar las ONGS en el proceso de reforma en salud y para el diseño de nuevas formas de interrelación y contratación entre el sector público y privado? 4.¿Qué experiencias o estudios están utilizando usted para impulsar la descentralización en su país?
Taking steps after experiences (only for forum and study tour)	Use of Initiative's experience as input/Number of participants in forum or study tour Result: Ratio Taking steps = ≥ ¾ Presumably taking steps = < ¾ but > ½ Not taking steps = < ½	Interview: Example of questions used to get the indicator: 1¿Usted o su institución ha promovido la reforma de los hospitales para impulsar la decentralización y para el logro de hospitales públicos autónomos? 2. ¿Qué actividades o insumos ha utilizado usted para este fin y le han sido más útiles? 3. ¿Usted participo en una gira de estudios para?
Tool's institutionalization (only for NHA and MHR)	**NHA** 1. Option 1: MOH gives to MOF or similar agency (Central Bank) necessary data/information on health as a routine on a regular basis to build the NHA and ask or demand results and findings on NHA as a routine 2. Option 2: MOH with a specific unit posted responsible for NHA (with trained personnel accomplishing	**NHA** Option 1 and Option 2: Evaluation team conclusion based on general interview findings **MHR** Interview: Answer to part C question: ¿Qué metodología (s) utiliza usted o su institución para hacerle el seguimiento y evaluación del proceso de reforma del sector salud en su país?

	ordinary tasks as part of available MIS) **MHR** MOH's board of directors acknowledge PAHO framework for monitoring HSR Indicator: MOH's Board of directors saying they use PAHO framework/total MOH and Health Reform Unit informants (see appendix C, table H) Result: Ratio Institutionalization = ≥ ¾	

Table E-2
Factors affecting Initiative's Results: Indicator, Operational Definition and Sources of Information with Interview's Questions Identified

Factor	Indicator	Operational Definition	Sources of Information
Within the control of the Initiative			
Quality of tools, methodologies, forum, and study tours	Key stakeholders perceptions of tool or experience quality	Key stakeholders perceptions of tool's quality/interviewees knowing the tool (see appendix C, table H) Result: Ratio High Quality = ≥ ½ Excellent and Very good Good Quality: ≥ ½ Good Fair Quality: ≥ ½ Fair Bad Quality: ≥ ½ Bad	Interview question used: ¿Que opinión le merece la herramienta o metodología para?
Selection of themes/experiences for dissemination, training and sharing (demand-driven tool)	Key stakeholders perceptions of tool or experience applicability and pertinence	Key stakeholders perceptions of tool's applicability and pertinence (yes)/interviewees knowing the tool Result: Ratio Demand-driven tool (need for the tool) = ≥ ½	Interview question used: ¿Esta herramienta responde a las necesidades y problemas del sector salud de su país?
Characteristics of training	Key stakeholders perceptions of actual training for tool's use	Key stakeholders perception of actual training/interviewees knowing the tool Result: Ratio Proper Training = ≥ ½ No Training = ≥ ½ (no personal training or no training for this methodology)	Interview question used: ¿Cómo se capacitó en su uso?
Initiative's approach strategy	Team's observation of approach strategy to disseminate, test, and put into place the tool or experience	Types of approach strategy: · Only regional focus · Regional strategy accompanied by national in-country orientation	Interviews to partners and secondary information: Initiative's and partners documents
Partner's institutional strategy	Team's observation of each partner's institutional strategy to disseminate, test, and put into place the tool or experience	Types of institutional national strategy: · MHO · MOH, Ministry of Finance or similar · Reform units · Other governmental organizations (Congress, state reforms unit, etc.) · Other agencies (World Bank and IADB) · NGOs	Interviews to partners and secondary information: Initiative's and partners documents

		· Individual key actors	
Efficiency in partner coordination at central level	Team's conclusion of partnership and coordination regards the tool at central level	Existence of coordinated actions among partners—at central level—to design, develop, test, disseminate, and put into place the tool	Interviews to partners and secondary information: Initiative's and partners' documents
Beyond the Control of the Initiative but can be Influenced			
Communication and dissemination strategy: national level	Team's observation regarding the communication and dissemination strategy at the national level	Type of communication and dissemination process implemented at in-country level to develop, test, disseminate, and put into place the tool: · A participatory consensual development process with key stakeholders and institutions · An interactive process among different Institutions and key stakeholders with the tool · No existence of a communication and dissemination strategy at in-country level	Observation in field by the evaluation team
Customization of the tool, methodology, and experience	Combined indicator: key stakeholders perceptions of medium of information and dissemination of the tool; key stakeholders perceptions of quality of the tool and applicability to the country among the factors explaining limitations for institutional use	Option 1: Key stakeholders perceptions that the medium of information and dissemination of the tool is participatory (event or through a national process)/interviewees' knowing the tool Result: Ratio Customization = ≥ ¾ Option 2: Relative position of the answer concerning tool quality and applicability to the country are among the factors explaining limitations for institutional use (number of answers) Result: Relative place (1st, 2nd, 3rd, xth)	Interview questions used: ¿Cómo supo usted de la existencia de la herramienta? ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta?

Initiative partnership—at National level—regarding the tool	Team's observation of Initiative's partnership at local level	Existence of Initiative's partnership at local level regarding the tool	Observation in field by the evaluation team
Partner's role on health reform at national and institutional level	Key stakeholders perception on role on health reform	Relative position of the partners in comparison with other agencies regarding role of health reform (number of answers) Result: Relative place (1st, 2nd, 3rd)	Interview Question used: ¿Qué institución a nivel internacional le parece que hace más en favor de la reforma del sector salud en su país?
Headquarters and local alignment in partnership efforts (for each activity) (PAHO and USAID)	Evaluation team's observation of PAHO and USAID officials' positions regarding the specific tool	PAHO and USAID accountability with respect to the tool Result: Yes/No	Observation in field by the evaluation team
In-country partners—consultants with specific tool related to terms of reference	Evaluation team's identification of consultants with terms of reference related to the tool	Existence of in country partners-consultants (i.e. PHR or FPMD) with specific tool–related terms of reference Result: Yes/No	Observation in field by the evaluation team
Stability of key actors favor Initiative's activity	Team's perception of the permanence of the officials with responsibility concerning the tool	Existence of stable key actors favor Initiative's activity Result: Yes/No	Observation in field by the evaluation team
Political decision specifically regarding the tool or experience (In some cases, "adoption of a public policy regarding the tool" will be analyzed separately)	Key stakeholders perceptions of political will in MOH to introduce the tool Key stakeholders' perception about health reform as public policy	1. Relative position of "political will in MOH to introduce the tool" among factors limitations and weaknesses for Institutional use (number of answers) Result: Relative place (1st, 2nd, 3rd) 2. Relative position of "reform as a public policy: lack of definition" among factors explaining limitations and weaknesses for HSR Result: Relative place (1st, 2nd, 3rd)	Interview Question used: ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta?
1. Tool's inclusion in the reform agenda 2. Consensus related with the specific Initiative's activity	Key stakeholders perceptions of the relevance of the tool in health process reform	Key stakeholders of the MOH acknowledge the theme in reform agenda/total MOH and Health Reform Unit informants Result 1: Ratio Tool in Reform Agenda = ≥ ½ Result 2: Ratio Consensus = ≥ ¾	Interview Question related to the use of the tool (first question of each block/tool).
National institutional capacity for specific Initiative's activity	Key stakeholders perceptions of country weaknesses for HSR	Relative position national institutional capacity among factors explaining limitations and weaknesses for the implementation of the specific tool (number of answers) Result: Relative place (1st, 2nd, 3rd)	Interview question: ¿Cuáles son los impedimentos que existen en su país para el uso institucional de esta herramienta?

Parallelism between MOH and reform units	Key stakeholders perceptions of country weaknesses for HSR	Relative position of parallelism between MOH and reform units among factors explaining MOH weaknesses for HSR and for tool (number of answers) Result: Relative place (1st, 2nd, 3rd)	Interview Question: ¿Cuáles son las debilidades que tiene la institución encargada de la reforma para el diseño, análisis, implementación y monitoreo de la reforma del sector salud?

Table E-3
Indicator, Operational Definition and Source of Information with Interview's Questions Identified (Initiative's Sustainability Analysis)

Indicator	Operational Definition	Sources of Information
Tool and experiences sustainability	Key stakeholders perceptions of requirements for institutional use and sustainability of the tool	Interview question related to the sustainability of each tool (last question of each block/tool) ¿Qué se requeriría para que esta herramienta fuera utilizada a nivel institucional y para que permanezca en el tiempo a pesar de los cambios que se puedan dar en su institución?

Operational Definition of Categories of Interview Questions on "Limitations and weaknesses for institutional use," "factors facilitating its application," and "requirements for sustainability"

1. PERCEPTION OF INSTITUTIONAL AND COUNTRY WEAKNESSES FOR DESIGN, ANALYSIS, IMPLEMENTATION AND MONITORING OF HEALTH REFORM

TYPE OF WEAKNESS

Health reform leadership, political decision-making, and process management

Identify decision-makers/falta dirección política—crisis de liderazgo sectorial
Incapacidad o limitaciones para tomar decisiones del MINSAL
Lack of continuity of Ministers and staff (different approaches)
Proceso poco democrático en conducción de reforma
Estilo de reforma desatinado
Es un tema político: es un proceso político
Dependencia de la reforma de salud de la del estado
Paralelismo con la Seguridad Social
Resistencia al cambio a lo interno del MOH
Viceministros nombrados por el Presidente de la República
Antagonismos y contradicciones a lo interno del MHO. Diferentes proyectos de reforma

Institutional capacity of MOH

Lack of reform's counterparts (política y técnica)
Falta de capacidad ejecutiva y de experticia del Ministerio. Administracion Pública (RRHH)
Incapacidad gerencial del MOH y de encargados de la reforma—falta de experiencia (RD)
Corrupción en el MOH
Sistema centralizado. Incapacidad técnica para asumir la decentralización
Respuesta desorganizada del estado frente a la reforma
Poco éxito para la institucionalización

Reform's unit functioning and parallelism with MOH

Ministerios paralelos (Ministry and reform unit)
Grupo de reforma cerrado CLUB
No hay transferencia de la Unidad al MINSAL
El proceso de reforma se inicia fuera del MINSAL
La experiencia de reforma la tienen los consultores
Falta de transparencia en el proceso de reforma (concursos)
No hay coordinación entre proyectos BM y BID

Information availability

Lack of information system and of information

Reform's information, communication, and diffusion

La información se maneja como poder
No hay acceso a la información sobre reforma
Prejuicios por desconocimiento de la reforma (amenaza)

Reform as a public policy: definition, fomulation, and internal and external consistency

No hay política del estado para la reforma en salud
No hay planificación de largo plazo en relación a la reforma
Falta de conocimiento de experiencias de reforma en otros países
Resistencia social a los cambios por desinformación
Falta de Monitoreo de la reforma
Complejidad del proceso con diferentes representaciones
La reforma no ha estado asociada a resultados de salud ni ha mostrado Rs
No se tiene claro que es la reforma y sus objetivos (proceso embrionario)
El tiempo de reforma ha sido muy largo y no se ha logrado impacto
La reforma olvida lo epidemiológico
Se piensa en términos del mercado

Olvido los aspectos institucionales
Falta de articulación de reforma salud con la del Estado
La reforma es intersectorial, escapa del MINSAL
La reforma toca los valores de la sociedad
Falta de integración del proceso de reforma/muchos haciendo sin coordinación (they have to put the basic elements together)
No hay convencimiento del Congreso
Reforma depende de las tendencias ideológicas internacionales (proyecto de Bancos)
Escuela de Medicina se opone a la reforma
No hay reforma, sólo documentos
Agency cooperation: coordination and country support
Pobre coordinación y tensión entre agencias y país (duplicación y solapamiento de proyectos)
Legal framework
Inexistencia de marco legal y de leyes
Community participation
Lack of community participation
Financial and budgeting constraints
Presupuesto: Budget austerity y forma como se ejecuta el presupuesto
External constraints
Heterogeneidad y diversidad epidemiológica
Coyuntura electoral
Resistencia a la reforma de grupos políticos: sindicatos, partidos

2. USE OF PLANS OF HSR AND MASTER PLANS FOR INVESTMENT

Question 7: Limitations and weaknesses for institutional use

Health reform leadership, political decision-making, and process management

En el gobierno no se entiende la visión del secretario de salud
Falta de apoyo del gobierno central
El limitado avance del proceso de desarrollo organizacional del MOH
No se toman decisiones basadas en los PMIS
Cambios de ministros
MOH institutional capacity
Cultura organizacional: no acostumbrada a trabajar con carteras de proyectos
Rigidez de la estructura del MOH
Carencia de RRHH con le perfil y la capacitación en Unidad de Planeamiento
Falta de conocimiento a nivel local
Information, communication and diffusion
Falta de difusión
Financial and budgeting constrains
Manejo centralizado de los recursos financieros
Instrument applicability to country
El proceso no ha continuado, ni avanzado
El análisis es descriptivo y macro, falta aterrizarlo
Se hizo con consultor externo
El proceso no se llevó a las regiones, no se culminó
En el proceso no se involucró a las regiones, sólo nivel central
Costo y tiempo: alineación entre tiempos consultor y tiempo del país
Agency cooperation: coordination and country´s support
Necesidad de cooperación interagencial para apoyar PMIS
None
NA

QUESTION 8: FACTORS FACILITATING ITS APPLICATION

Leadership, political decision-making, MOH will, and process management

Voluntad política del Ministro o Secretaría de salud
Decisión del Ministro y tres subsecretarios del nivel central

MOH como actor activo en planificación y ejecución
MOH **institutional capacity**
Central Bank institutional capacity and will
Proceso de reforma adelantado en el MOH
Information system
El sistema de planificación usado en el MOH
Agency cooperation: coordination and country support
El proyecto PMIS es prioridad del MOH con apoyo interagencial canalizado
Instrument technical quality and applicability to country
Capacitación en proceso de formulación de PMIS
Herramienta muy bien vista (consenso)
Un buen instrumento
Information, communication, and diffusion
It is a government demand-driven tool
External factors
Huracan Mitch
NA
NI

Question 9: Requirements for sustainability

Leadership, political decision-making, MOH will, and process management

Voluntad del Ministro
Necesidad de consenso entre nivel central y operativo
Apoyo político
Hacer métodos de transición al próximo gobierno
MOH **institutional capacity**
Institucionalización en Unidad de Planeamiento del MOH
Necesidad de que se sustente en el nivel de las regiones sanitarias
Montar plan de monitoreo y seguimiento permanente
Instrument applicability to country
Completar el ciclo del PMIS
Additional financial and human resources and infrastructure
Capacitación de recursos humanos de la Unidad de planeamiento
Apoyo tecnológico: infraestructura y computadoras
Agencies support and technical assistance
Necesidad de fortalecimiento de la Unidad de Planeamiento del MOH
Proceso de apoyo interagencial para ccoperación técnica
NA

3. USE OF NATIONAL HEALTH ACCOUNTS

Question 7: Limitations and weaknesses for institutional use

Health reform leadership, political decision-making, and process management

No hay liderazgo en salud y de la reforma
El Ministro no conoce su importancia
No se ha incorporado a la burocracia, a rutina y no hay unidad responsible
El abordaje poco sistémico de la reforma
Resistencia al cambio por temor a la evaluación
Falta de apoyo de la oficina de despacho de la presidencia
Antagonismos y contradicciones a lo interno del MHO; diferentes proyectos
Falta de compromiso interinstitucional
Resistencia a la herramienta por el fantasma de la privatización
Debilidad para tomar decisiones en MOH
MOH institutional capacity
Debilidad Instituc. y escacez de personal capacitado
Periodo de maduracion normal de la institucion

La mala organización administrativa
Falta de apropiación de la herramienta por parte de MOH
No haya transferencia de consultores a MOH
Poca institucionalizacion de esa especialidad en función pública
Necesidad de recursos, computadoras
Reform unit functioning and parallelism with MOH
Se hizo en Unidad de Coordinacion del prestamo BID fuera del MINSA
Rotacion de consultores—cambios equipos tecnicos
Estudios desarrollados por entidades ajenas al MINSAL
Information, communication and diffusion
Falta de difusion y de conocimiento o necesidad de inf.
Periodo de convencimiento de su utilidad
Financial and budgeting constraints
Forma de manejo del presupuesto nacional
Limitaciones presupuestarias
Information system available
Problemas con informacion de algunos sectores
Disponibilidad y Acceso a la informacion
Lack of community participation
Demand-driven tools
No es una demanda del MOH
Needs to be a tool for public adm. and not only MOH
Instrument consistency, technical quality, and applicability to country
Instrumento complicado y de poco aplicabilidad en la práctica
Limitaciones del instrumento y rigidecez de autores
Es un estudio útil para PHR
Necesidad de simplificar los resultados para su uso
Agency cooperation: coordination and country's support
Needs of monitoring of and training on the tool
None
NA

Question 8: Factors facilitating its application

Leadership, political decision-making, MOH will, and process management

Decisión o voluntad política del gobierno
Convertirla en un instrumento de negociacion y regulacion del Ministerio
Manejo de actores con sentido de oportunidad
Se nombró a una unidad responsible
Elemento clave para la reforma
Apropiación por parte de las regiones
Apoyo político del gobierno
MOH institutional capacity
Contar con personal capacitado—cap. nacional
Mejoramiento de sistemas operativos del MOH
Desarrollar un proyecto para institucionalizar NHA
Refoma y modernizacion del MOH e instituc. publicas
Technical incentives for the team
Persistencia en el trabajo, cumpliendo cronogramas
Credibilidad del jefe unidad de planeamiento
Technical assistance, agencies advocacy, and financing support
Apoyo de la PAHO, PHR, USAID, Harvard
Desarrollo de la propuesta en el marco del proyecto BID
Financiamiento de proyectos (entrada de prestamos)
Acompañamiento permanente de PHR, BM y Harvard
Consultor residente de PHR ha sido el impulso
Information, communication and diffusion
Entendimiento por parte del MINSAL: pensar el sector en su totalidad

Evento de difusión
It is a government demand-driven tool
NA

Question 9. Requirements for sustainability

Leadership, political decision-making, MOH will, and process management

Lograr consenso
Designar responsible en Institución pública
Resolucion ministerial—ley—institucionalizacion
Political decision and MOH will
Que se la apropien las regiones sanitarias
Mostrar resultados en la región 5 (piloto)
Que se utilicen las cuentas para decisiones presupuestarias
Coordinar esfuerzos con otras instituciones
MOH institutional capacity
Contar con personal capacitado
Contar con la capacidad institucional
Asumir responsabilidad en unidad de planeamiento
Incluirlo en el SISGAF
Establecerlo como rutina—proceso regular MOH—legitimarlo via uso
Financial and budgeting actions
Reorganizacion de la Oficina de Presupuesto y sistema presupuestario
Additional financial and human resources
Contar con recursos adicionales
To make it demand driven
Crear la necesidad de NHA
Agencies support and technical assistance
Necesidad de acompañamiento por parte de agencias
Continuar capacitación e intercambio entre países
Avalailability of information
Information, communication, diffusion, and training
Crear el flujo de informacion y difusion (vender el producto)
Contar con publicaciones adecuadas
Seminarios de sensibilizacion y diseminacion Rs.
Capacitacion del personal
Legal framework
NA
NO INFORMATION

4. USE OF MONITORING HEALTH SECTOR REFORMS

Question 9: Limitations and weaknesses for institutional use

Leadership, political decision-making, MOH will and process management
No hay una decisión política
Crisis de liderazgo y de dirección del MOH
La reforma se manejaba como tema politico dificil de medir
Indefinicion de reglas
Resistencia a la evaluación
No hay confianza en el MOH por parte del gobierno central
Dependencia de la reforma de salud de la del estado
Paralelismo con la Seguridad Social
MOH **institutional capacity**
No es rutina de la institucion, ni practica permanente
Mala administración y organización
No hay experiencia y limitada capacidad gerencial
Reform unit's functioning and parallelism with MINSA

Era responsabilidad de Ministerio paralelo no de la oficina
No hubo participación de equipos de BM y BID
Reform as a public policy: definition and internal consistency
¿Qué es reforma? Alto nivel de incertidumbre en la definicion de reforma
Tener una política nacional de reforma
Information, communication, and diffusion
Falta de difusion y de conocimiento de la metodología
Information system
Los sistemas de soporte de informacion limitados, multiples y desordenados
Not an MOH demand-driven tool
No es una necesidad sentida del pais
Instrument consistency, technical quality, and applicability to country
Instrumento extenso, complejo y demasiados indicadores, receta
Tiempo de adaptacion de la metodologia a RD
Necesidad de negociar y concertar la metodologia
La metodología de OPS venía por solicitud de esa oficina
Se preparan los resultados, se mandan pero no tenemos respuesta (feedback)
Falta d apoyo técnico de la OPS
External constraints
No limitations
NA

10: Factors facilitating its application

Leadership, political decision, MOH will, and process conduction

Political decision and MOH will
Technical will
Comision de la Ofic. de Estad. e Inform. Del MINSAL para ordenar el SIS
National process favoring health sector reform (commitment, agreement, advocacy, and negotiation)
Methodology adaptation to country reality and needs (indicators selection)
Need to define health reform policy and objectives; the matrix defines the reform
Es necesario demostrar resultados de reforma (inversión social) condonación de deuda
MOH institutional capacity
Incremento de la capacidad instalada y nivel gerencial del MOH
Agency cooperation: coordination and country support
International agreement with PAHO: cumplir con PAHO, acuerdo de Ministros
Interagency agreement and collaborative support to the country (PAHO, PHR, USAID)
External factors
Exigencia de Consejo de Ministros o necesidad politica de mostrar Rs
Information, communication, diffusion, and training
NGO participation
None
NA

11: Requirements for sustainability

Leadership, political decision, MOH will, and process conduction
Decisión política de priorizar la salud e impulsar la reforma y su monitoreo
Que una unidad del MOH asuma la responsab.–tablero de mando estrategico
Institucionalizar el proceso
Que sea parte de instrumentos cotidianos (apropiacion)
To achieve different actor’s consensus and agreement on the matrix
MOH **institutional capacity**
Contar con personal capacitado y capacidad instalada
Articulación con SIGAF
Reform as a public policy: definition and internal consistency
Tener claridad de objetivos y definir obj. de mediano plazo., definir la reforma
Agency cooperation: coordination and country support

Technical assistance of MHO on monitoring matrix from the agencies
Necesidad de apoyo interagencial para aplicar la metodología
To approve the legal framework
To make it demand driven
Crear la necesidad de la metodología y que se adapte a las necesidades del pais
Information, communication, diffusion, and training
Crear el flujo de informacion y difundir la herramienta, venderla
Additional financial and human resources
Contar con recursos adicionales
NA

5: NGOs IN HEALTH SECTOR POLICY AND PUBLIC SECTOR CONTRACTING NGOs (PHR)

5. Limitations and weaknesses for institutional use

Leadership, political decision, MOH will, and process conduction
History of relationship MHO and NGOs (subsidio y clientelismo) tensión y desconfianza
Resistencia del MINSAL y no hay interés
No se conocen las reglas de juego de la reforma, descentralización y participación del sector privado
No se sabe el papel de las ONGs y si las leyes actuales permiten su participación
MOH institutional capacity
MOH no tiene capacidad para regular (regulación financiera)
No hay historia ni tradición
El MHO no tiene la capacidad institucional para relacionarse con ONGs
NGOs institutional capacity
No se cuenta con personal capacitado para instrumentar
Debilidad institucional de las ONG para negociación y manejo de fondos
Legal framework
Marco legal existente (asignación clientelar a ONGs)
Information, communication, and diffusion
Falta de difusion y de conocimiento
External constraints
El terrorismo dificultó organización popular
NA

6: Factors facilitating its application

Leadership, political decision, MOH will, and process conduction
Tener obj. precisos y mostrar Rs, concretos
El MINSA sea promotor
Lograr la concertación y cooperación de todos los sectores sobre el tema
La aceptación de roles distintos de cada actor
Decisión política: cambiar las reglas de relación MHO–NGO
MOH institutional capacity
La experiencia del CLAS
Reform achievements: transparency, building capacity
La privatización de servicios obliga a competencia
Identificar y fortalecer mecanismos de contratación
Legal framework and regulation
Se está creando la base legal para la regulación
NGOs institucional capacity
Reunir a todas las organizaciones
Vocación de fortalecimiento rectoría del MOH
Agency cooperation: coordination and country support
Interagency support (MINSA–OPS–USAID)
Visitas para conocer experiencias (Boston–PHR)
Workshop quality and government and NGO participation and dialogue

Incorporación de sector público y ONG en los talleres–diáologo y negociación
NA

7: Requirements for sustainability

Leadership, political decision, MOH will, and process conduction
Ley de descentralización, claridad en proceso y definición relación público-privado
Llevar a concertación y discusión el marco legal (proceso similar a matriz): lograr consenso y confianza
Decisión política: Cambiar las reglas de relación MHO–NGO
Necesidad de mostrar resultados concretos
Definir espacios claros donde las ONG puedan trabajar y participar en ambiente de confianza
MOH institutional capacity
Institutional redesign of relationship MHO and NGOs
Accountability entre gov. y NGOs
Fortalecer al MHO
NGOs institutional capacity
Reacomodo final de los CLAS
Capacidad de movilización de fondos de los ONGs
Fortalecer a NGOs
Legal framework
Aprobación de ley de salud
Community participation
Information, communication, and diffusion
Adecuación de la experiencia de otros
Mostrar resultados de los CLAS
Información sobre la reforma
NA

6: USE OF GUIDELINES FOR ASSESSING THE POLICY PROCESS (DDM)

5. Limitations and weaknesses for institutional use

Institutional capacity
No hay suficiente capacidad gerencial
Information
Falta de difusion y de conocimiento
NA

6: Factors facilitating its application

Agency cooperation: coordination and country´s support
Apoyo de PHR
NA

7: Requirements for sustainability

Institutional capacity
Capacidad gerencial y RRHH en MOH
NA

7: USE OF DECENTRALIZATION STUDY/DECISION SPACE (DDM)

6: Limitations and weaknesses for institutional use

Health reform leadership, political decision, and process conduction
Falta de voluntad política
Diferencias entre distintas toldas políticas frente a trans., de poder
Dependencia de la reforma de salud de la del Estado—contradicción
Legal framework
Information
Falta de difusion, conocimiento y análisis
Research´s technical quality and applicability to country
Hacer la investigación en Honduras
None

NA

7. Factors facilitating its application

Health reform leadership, political decision, and process conduction
Decisión política del MOH
Interés de la asociación municipal
Research´s technical quality and applicability to country
Que se discuta, se aplique y se valide en Hoduras
Community participacion
Agencies promotion
NA

8. Requirements for sustainability

Health Reform Leadership, political decision and process conduction
Decisión política del MOH respaldada por nivel central
Institutional capacity
Quedará institucionalizado en el SIGAF
Fortalecer capacidad institucional del MOH
Que el proceso de análisis y decisión se haga por el MOH y no por consultores externos
NA

8. TAKING STEPS AFTER PAYMENT MECHANISMS FORUM

6. Limitations and weaknesses for institutional use

Leadership, political decision, MOH will, and process conduction
Falta de decisión política
No hay avances del Ministerio de la Presidencia
MOH institutional capacity
Debilidad institucional de la Adm. Pública y del MINSA
Cultura del sector público: no identificación de metas
Falta de complementación sector público, Seguridad Social y sector privado
No se han incorporado contratos de gestión
Formas de conatratación del personal
Legal framework
Leyes actuales de presupuesto
Se deben aprobar las leyes de salud y Seguridad Social
Finance system, financial and budgeting constrains
Financiamiento fragmentado del MINSA
Sistema de financiamiento vigente para Seguros
Information System
Debilidad de sistemas de información
Ausencia de sistemas de costo
No information
NA

7. Factors facilitating its application

Leadership, political decision, **MOH will, and process conduction**
Decisión política
Mostrar capacidad de negociación con base a metas
Voluntad institucional para ordenar el gasto—Rs. prioritarios
Logro de consenso
MOH Institutional capacity
Contar con el sistema integral de Adm. Financiera (SIAF)
Tener una estructura funcional programática
Incorporación de esquemas sencillos—incentivos
Realocación de presupuesto por programas
Afinamiento de la metodología e instrumentos
Information system available
Sistemas de información operando

Other agencies' projects
Proyectos FONSOL, FONHOS y FONAP con el BID
Financing system
Unificación del presupuesto del MINSA
Legal framework
Aprobar el marco legal ley de salud y de SS
External factors: Economic recession
No information
NA

8. Requirements for sustainability

Leadership, political decision, MOH will, and process conduction
Voluntad política de actores
Que exista la oportunidad y voluntad con capacidad institucional
MOH institutional capacity
Capacidad institucional del MINSA a nivel local
Change the financing system of the governments
Implementation systems of payment on place and functioning
Seguro escolar y seguro materno-infantil
Financiar seguros escolar y materno con gastos de inversión
Definir mecanismos de asignación
Poner en macrha el Seguro Único
Que se demuestre el éxito en proyecto piloto
Information system on production and costs
Contar con sistema de información sobre producción y auditoría
Montar sistema de vigilancia de costos y control
Community participation on quality control and audit
No information
NA

9. TAKING STEPS AFTER STUDY TOUR HOSPITAL AUTONOMY IN PANAMA

6. Limitations and weaknesses for institutional use

Health reform leadership, political decision, and process conduction
Lack of political decision
Resistencia al cambio de RRHH
El Ministro no tiene respaldo político
MOH **institutional capacity**
MOH and hospitals' institutional capacity and institutional design
Health policy of the state and of MHO
Reform as a public policy: definition and internal consistency
MOH lack of conceptual framework on hospital
Legal framework
Lack of financial resources
Study tour's technical quality and applicability to country
Study tour applicability
Study tour quality consistency
Study tour actor selection
Information, communication, and diffusion
Campaña dirigida a sindicatos
External factors
Inestabilidad política que genera inseguridad laboral
Situación económica-social del país
Oposición de sindicatos a la privatización
None
NA

7. Factors facilitating its application

Health reform leadership, political decision, and process conduction
Political decision of MHO ministries
Technical will
MOH institutional capacity
Capacidad institucional del MOH
Proceso de modernización de los hospitales en marcha
MHO needs to be efficient
Agency's technical asisstance and interagency coordination
Community participation
Health needs of the population
Community participation
Legal framework covenant
Study tour's applicability to country, customization, and participant selection
Study Tour actors selection
Study Tour diffusion
Demand driven
Convencer a los que tienen la capacidad de decisión política
None
NA

8. Requirements for sustainability

Political decision and will
Decisión y voluntad política
Promote the decentralization process
Generar un ambiente de confianza y transparente en el proceso
MOH and hospital institutional capacity
Selección y capactación de gerentes y nuevo sistema de incentivos
Fortalecer instituciones de salud
Cuentas nacionales como instrumento de negociación y decisión política
Agency's technical asisstance and study tours for MHO staff
Asistencia técnica para gerentes adaptada a nuestra realidad
Transference of knowledge to MHO staff
Study tour actor selection (technicians and stakeholders)
Additional financial resources
Legal framework covenant
To have concrete results to show
NA

10. TAKING STEPS AFTER STUDY TOUR OF HOSPITAL AUTONOMY IN COLOMBIA

6. Limitations and weaknesses for institutional use

Health reform leadership, political decision, and process conduction
Lack of political decision
Resistencia al cambio de RRHH
El Ministro no tiene respaldo político
MOH institutional capacity
MOH and hospitals' institutional capacity and institutional design
Health policy of the state and of MHO
Reform as a public policy: definition and internal consistency
MOH lack of conceptual framework on hospital
Legal framework
Lack of financial resources
Study tour's technical quality and applicability to country
Study tour applicability
Study tour quality consistency

Study tour actor selection
Information, communication, and diffusion
Campaña dirigida a sindicatos
External factors
Inestabilidad política que genera inseguridad laboral
Situación económica-social del país
Oposición de sindicatos a la privatización
None
NA

7. Factors facilitating its application

Health reform leadership, political decision, and process conduction
Political decision of MHO Ministries
Technical will
MOH institutional capacity
Capacidad institucional del MOH
Proceso de modernización de los hospitales en marcha
MHO needs to be efficient
Agency's technical asisstance and interagency coordination
Community participation
Health needs of the population
Community participation
Legal framework covenant
Study tour's diffusion and applicability to country
Study tour actor selection
Study tour diffusion
Demand-driven
Convencer a los que tienen la capacidad de decisión política
None
NA

8. Requirements for sustainability

Political decision and will
Decisión y voluntad política
Promote the decentralization process
Generar un ambiente de confianza y transparente en el proceso
MOH and hospital institutional capacity
Selección y capactación de gerentes y nuevo sistema de incentivos
Fortalecer instituciones de salud
Cuentas nacionales como instrumento de negociación y decisión política
Agency's technical assistance and study tours for MHO staff
Asistencia técnica para gerentes adaptada a nuestra realidad
Transference of knowledge to MHO staff
Study tour actor selection (technicians and stakeholders)
Additional financial resources
Legal framework covenant
To have concrete results to show
NA

11.TAKING STEPS AFTER STUDY TOUR HEALTH SYSTEM (CANADA)

6. Limitations and weaknesses for institutional use

Study tour's technical quality and applicability to country
The selection of the study participants: need of participation of decision-makers and technicians
The selection of the experiences and countries
The applicability of country experiences (el modelo que se está siguendo aquí es el chileno)
Legal framework

Las leyes que están en el Congreso de Seguridad Social va en contra del modelo Canadiense

12. USE OF THE MANAGEMENT AND ORGANIZATIONAL SUSTAINABILITY TOOL

7. Limitations and weaknesses for institutional use

Instrument consistency and technical quality (incomplete and superficial)
None applicable to different types of NGOs (only small NGOs)
None designed for Peru's NGOs
NA

8. Factors facilitating its application

MOST has not been applied in NGO

9. Requirements for sustainability

NA

13. USE OF COST REVENUE TOOL

7. Limitations and weaknesses for institutional use

Difficulties with tool implementation and need for adjustment
Human resources resistant to change
NA

8. Factors facilitating its application

Accomplishment of goals on schedule
Legal agreement with USAID
USAID support
Institutional commitment

9. Requirements for sustainability

It is instutionalized yet based on our agreement with USAID
Difficulties in getting the cost data from regional offices

14. USE OF PERFOMANCE INCENTIVE SYSTEM

7. Limitations and weaknesses for institutional use

Cultural factors
Budget system
NA

8. Factors facilitating its application

The results: it improves the productivity and efficiency
Institutional commitment
NA

9. Requirements for sustainability

Availability of financial resources

15. NGOs IN DECENTRALIZED SYSTEM (FPMD)

6. Limitations and weaknesses for institutional use

No participation of public sector in Initiative’s meeting
NA

7. Factors facilitating its application

In-country process (habilitación y acreditación de NGOs)

8. Requirements for sustainability

Keep going in the process and demanding public sector
NA

16. NGOs QUALITY ASSURANCE (FPMD)

6. Limitations and weaknesses for institutional use

No participation of public sector in Initiative's meeting
Meeting's quality (material and meeting conduction)
Lack of information and documents on QA
Less relevance to quality assurance in country process
NA

7. Factors facilitating its application

Start de process of Quality Assurance
In-country process (habilitación y acreditación de NGOs)
Agency support and technical assistance

8. Requirements for sustainability

Keep going in the process and demanding public sector
NA

APPENDIX F

RESULTS FRAMEWORK ANALYSIS

IRs, Indicators and Expected Results of Tools, Methodologies, Instruments, Experiences, Forum, and Study Tours (March 2000)

TOOLS, METHODOLOGIES, AND EXPERIENCES	EXPECTED RESULTS BASED ON INTERMEDIATE RESULTS	EXPECTED RESULTS BASED ON INDICATORS	EXPECTED RESULTS BASED ON INITIATIVE'S DOCUMENTS AND ANNUAL REPORT FY99 (quoting)	EXPECTED RESULTS (INDICATORS) FOR MIDTERM EVALUATION BASED ON INITIATIVE'S IR, INDICATORS, AND REPORTS
Tools and Methodologies	**INTERMEDIATE RESULT 3.4.1**	**Intermediate Result 3.4.1**		
Tool for Plan Investment (TPI)	3.4.1 TPI developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. TPI used by key actors	· The framework for detailediImplementation plans of health sector reform (HST) and master plans of investment has already been developed · The tool was pilot tested in Honduras	· *Use of the tool* · *Development and testing of the tool*
National Health Accounts (NHA)	3.4.1 NHA developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. NHA used by key actors	· The tool is in process of institutionalization · The tool is in process of application and adaptation to countries (customization)	· *Use of the tool* · *Application and adaptation to countries* · *Institutionalization of the tool*
Performance Incentive System (PYS)	3.4.1 PYS developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. PIS used by key actors	· PYS helps the NGOs to explore new strategies for linking employee compensation to performance and productivity	· *NGOs know the tool* · *NGOs applying or using PYS to explore and apply incentive system*
Cost Revenue Analysis (CORE)	3.4.1 CORE developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. CORE used by key actors	· CORE helps the NGOs to analyze the costs and revenues in order to improve the efficiency, coverage, and financial viability of clinic services	· *NGOs know the tool* · *NGOs applying or using CORE to do an analysis of costs and revenues*
Management and Organizational Sustainability Tool (MOST}	3.4.1 MOST developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. MOST used by key actors	· MOST helps organizations identify needed changes in essential management components and plan for implementing these changes toward sustainability	· *NGOs know the tool* · *NGOs applying or using MOST for management and organizational purposes as a tool for sustainability*
Guidelines for Policy Process: Health Policy Process Applied Research (GPP)	3.4.1 GPP developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1.GPP used by key actors	· Draft country reports are under review · Two country workshops accomplished · Development of guidelines has begun · Draft synthesis report almost complete · Initiation of training module · Technical assistance on policy process provide in Honduras	· *Guidelines in development and testing process* · *Recognition (knowledge) by* MOH *of technical assistance received for policy process on HSR*
Decentralization Applied Research (Decision Space) (DAR)	3.4.1 DAR developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. DAR used by key actors	· Article based on concept paper published in *Social Science and Medicine* · Concept paper distributed · Article in LAC HSR Newsletter: *Reform in Motion*	· *Guidelines for decentralization policy in development* · *Results of research are known by people of MOH*

TOOLS, METHODOLOGIES, AND EXPERIENCES	EXPECTED RESULTS BASED ON INTERMEDIATE RESULTS	EXPECTED RESULTS BASED ON INDICATORS	EXPECTED RESULTS BASED ON INITIATIVE'S DOCUMENTS AND ANNUAL REPORT FY99 (quoting)	EXPECTED RESULTS (INDICATORS) FOR MIDTERM EVALUATION BASED ON INITIATIVE'S IR, INDICATORS, AND REPORTS
Contracting NGO Services (DR) (C-NGOs)	3.4.1 C-NGOs developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. C-NGOs used by key actors	· Discussion of the issues and experiences on topic by LAC countries in a regional meeting · Participants of the meeting learn from one another's experiences directly · Create connections for sharing of information	· *Paper and tool on C-NGOs in development and test* · *Use of the experience* · *Sharing of information*
NGO in the Health Reform (Policy Process) (Bolivia) (NGOs-HSR)	3.4.1 NGOs-HSR developed, tested and disseminated for analysis and design, implementation and monitoring of country health sector reforms	3.4.1. NGOs-HSR used by key actors	· Discussion of the issues and experiences on topic by LAC countries in a regional meeting · Participants of the meeting learn from one another's experiences directly · Create connections for sharing of information	· *Paper and tools on NGOs-HSR in development and testing* · *Use of the experience* · *Sharing of information*
Reform Process Monitoring	**Intermediate Result 3.4.3**	**Indicator 3.4.3.**		
Methodology or Framework for Monitoring HSR (MHR)	3.4.3. Reform processes, specifically related to equitable access, and outcomes monitored and feedback provided to countries, donors and other partners	3.4.3.a. Country monitors health sector reform using framework established by PAHO	· Reports based on the framework have been prepared by 11 of the 13 target countries · The framework has been revised · The database began to be developed · To build national capacities to use the framework, one subregional training workshop would be conducted during FY99	· *Methodology is known by* MOH · MOH*'s team monitors HSR using PAHO framework* · *Some degree of institutionalization after workshops*
Sharing experiences and taking steps based on lessons learned	**Intermediate Result 3.4.4.**	**Indicator 3.4.4.**		
Forum on Provider Payment Mechanisms	3.4.4. Forum on provider payment mechanisms as an opportunity and means to share experiences and advice among countries	3.4.4. 5O% of participants in forum report taking steps based on lessons learned in forum	· Networking · Promote exchange of experience and advice among individuals and organizations	· *Sharing: Exchange of experience and advice on topic* · *Participants taking steps after forum*
Study Tour—Panama	3.4.4. ST Panama as an opportunity and mean to share experience and advice among countries	3.4.4. 5O% of participants in study tour report taking steps based on lessons learned in study tour	· Promote exchange of experience and advice among individuals and organizations · Promote participants in study tours taking steps based on lessons learned	· *Sharing: Exchange of experience and advice on topic* · *Participants in study tours taking steps based on lessons learned*
Study Tour—Colombia	3.4.4. ST Colombia as an opportunity and means to share experiences and advice among countries	3.4.4. 5O% of participants in study tour report taking steps based on lessons learned in study tour	· Promote exchange of experience and advice among individuals and organizations · Promote participants in study tours taking steps based on lessons learned	· *Sharing: Exchange of experience and advice on topic* · *Participants in study tours taking steps based on lessons learned*
Andean Region Forum in Bolivia, Santa Cruz, Bolivia, 1999	3.4.4. Andean forum on health as an opportunity and means to share experiences and advice among countries	3.4.4. 5O% of participants in forum report taking steps	· Networking · Promote exchange of experience and advice	· *Sharing: Exchange of experience and advice on topic*

TOOLS, METHODOLOGIES, AND EXPERIENCES	EXPECTED RESULTS BASED ON INTERMEDIATE RESULTS	EXPECTED RESULTS BASED ON INDICATORS	EXPECTED RESULTS BASED ON INITIATIVE'S DOCUMENTS AND ANNUAL REPORT FY99 (quoting)	EXPECTED RESULTS (INDICATORS) FOR MIDTERM EVALUATION BASED ON INITIATIVE'S IR, INDICATORS, AND REPORTS
		based on lessons learned in forum	among individuals and organizations	· *Participants taking steps after forum*
NGOs in Decentralization	3.4.4. NGOs in decentralization working group as an opportunity and mean to share experience and advice among countries	3.4.4. 5O% of participants in working group report taking steps based on lessons learned in working group	· Networking · Promote exchange of experience and advice among individuals and organizations	· *Sharing: Exchange of experience and advice on topic* · *Participants taking steps after workshop*
NGOs Quality Assurance	3.4.4. NGOs QA working group as an opportunity and means to share experiences and advice among countries	3.4.4. 5O% of participants in working group report taking steps based on lessons learned in working group	· Networking · Promote exchange of experience and advice among individuals and organizations	· *Sharing: Exchange of experience and advice on topic* · *Participants taking steps after workshop*

APPENDIX G

CRITERIA FOR ASSESSING COMMUNICATIONS COMPONENTS IN DEVELOPMENT PROGRAMS

The criteria selected are applicable to both a Dissemination/Information and Communications Strategy. It does not assume that a Development Communications Strategy was in place.

- Selection of targeted audiences. Why were some audiences selected as priorities and how does this selection relate to the project overall design. What kind of audience screening was done? What kind of change in terms of knowledge, attitudes, behavior or pattern is expected to be achieved as a result of the use of the information delivered by the Strategy?
- Are the results of the Strategy in terms of both output performance and expected impact defined clearly and with measurable indicators or benchmarks?
- Messages crafted and developed. Are the messages consistent with the desired impact of the strategy? Are the messages clear, and do they take into account the key audience's problems and interests?
- Is the media selected for carrying out the messages consistent with the audiences to be reached.
- Is there a corporate branding in place? Is it working?
- Are the products and services delivered by the strategy consistent with the messages and the overall brand of the Strategy?
- Message delivery. Are we using the right channels for addressing the targeted audiences? Is there a better way? Are we enlisting other groups that may influence the audiences?
- Is the Regional Approach of the Strategy consistent with the changes expected at the national level?
- Is there a sustainable institutional capacity to carry out the strategy?
- Is there a Monitoring and Evaluation system established in order to improve the strategy's performance?
- Is there a Risk Assessment of the Strategy, specifying the external factors that could affect its effectiveness?

APPENDIX H

DATABASE IRs 1, 3, and 4 (RAW DATA)

CONFIDENTIAL DATA–PLEASE CONTACT MEDS FOR INFORMATION

APPENDIX I

TOOLS, METHODOLOGIES, EXPERIENCES, EXCHANGES FORUM, AND STUDY TOUR EVALUATION RESULTS: EFFECTIVENESS BY TOOL OR EXPERIENCE AND COUNTRY EVALUATION RESULTS IRS 1, 3 AND 4

QUALITATIVE DATA INCLUDED
CONFIDENTIAL RATA DATA EXCLUDED –
PLEASE CONTACT MEDS FOR INFORMATION

A. PLANS OF HSR AND MASTER PLANS FOR INVESTMENT (MPI) EVALUATION RESULT

Framework for Detailed Implementation Plans of HSR and Master Plans for Investment (MPI) (PAHO)[3]

The tool has been implemented in one country, Nicaragua (for which data were not available to the evaluators) and is in the process of being tested and implemented in Honduras.

Factors that help in understanding the finding for use of this tool are the following:

1. This tool is in the development and testing stage in Honduras and key MOH staff is knowledgeable of it. It is not possible to draw broad conclusions, patterns, or trends because of the lack of data for Honduras.
2. The following are the perceived characteristics of the tool:
   - It is a high quality methodology
   - There is a need for the instrument (i.e., it is a demand-driven tool).
   - The training and technical assistance were consistent with national expectations but tool implementation to this point has been centralized.
   - There has been an interactive process among different Institutions and key stakeholders in developing the tool's testing in Honduras.
   - There is alignment in PAHO headquarters and country office partnership efforts.
   - There has been stability and continuity of key actors favoring use of MPI.
   - There is a political coalescence regarding the need for the tool and for its inclusion on the reform agenda.
   - The lack of adaptation to the country is perceived as an important limitation for institutionalization.
   - There is a lack of Initiative partnership at the country level.
   - The tool is not part of the terms of reference of the in-country partners/consultants.
   - There is a perception of weak MOH institutional capacity to carry out MIP development, testing, and implementation.
3. Lessons learned based from the experience in Honduras that need to be compared with the results from Nicaragua are:
   - The macro nature of this tool requires that implementation take into account the central level, local government, and local health systems.
   - Given its newness and comprehensive nature and because of the need for its decentralization, a greater degree of technical assistance and adaptation to the country is required.

Alignment of PAHO headquarters and country office staff is an important condition for successful development, testing, and implementation of the tool.

[3] The midterm evaluation indicator for this tool is that it is being developed, tested and used in the health sector reform process. See MPI evaluation results for detailed data, information, and specific analysis.

B. NATIONAL HEALTH ACCOUNTS EVALUATION RESULTS (PAHO, PHR, AND DDM)

Results Analysis

Finding 1: National Health Accounts is successfully implemented in two of the three countries observed.

1. The common factors to the countries studied that are perceived as necessary to develop and implement an NHA process are:
   - The tool is well known by the key stakeholders.
   - The methodology is considered to be of good to high quality.
   - There is a need for the methodology (i.e., it is demand-driven).
   - The regional approach has been complemented by country implementation.[4]
   - There is a strong partnership at the central (Washington) level supporting use of the tool.

2. The findings show a different outcome for the same key factors identified in Peru and Honduras on the one hand and the Dominican Republic on the other. The factors clearly perceived in Honduras and Peru[5] but missing in the Dominican Republic that result in successful use of the tool are:
   - The NHA is actually part of the reform agenda of the MOH.
   - There is a consensus of key stakeholders on NHA.
   - There is continuity and stability of key staff working with and supporting NHA.
   - There is an interactive process among different institutions and key stakeholders around the tool.
   - There is an Initiative partnership at the national level regarding the tool (Peru: PAHO and Proyecto 2000 and Honduras: PAHO, USAID, and PHR).
   - Headquarters and local partner offices are aligned in supporting efforts to use NHA.
   - Political will to introduce NHA existed in Peru and Honduras[6] but in the Dominican Republic there is a perception that the MOH does not have the political will or interest to promote and support NHA.
   - NHA is now being used in Peru and Honduras by the MOH and the MOF but only by the Central Bank in the Dominican Republic.[7]

[4] The regional approach has been accompanied by national focus on NHA particularities.

[5] Peru is using satellite accounts as its version of NHA; Honduras is using the NHA itself. The key stakeholders in Honduras perceived that the training they received was appropriate. In addition, there is a PHR consultant on site with specific Terms of References related to NHA.

[6] Although in Honduras there is a perception of political will, the key stakeholders see political interference in MOH decision-making in use of the methodology problematic. In the Dominican Republic, key stakeholders mentioned the lack of a leadership of the MOH on health and health reform as the main limitation for the use of NHA.

[7] In the Dominican Republic, the MOH does not give the Central Bank health data and information routinely or on a regular basis sufficient to build the NHA nor does it request or use results and findings from NHA. The problem is not who has the leadership for implementing NHA. The development and implementation of NHA might be undertaken by MOH, MOF, or the Central Bank, provided the information flows among the key institutions and yet be utilized for the design and implementation of health policy. If this hypothesis is correct, then the partner institutional strategy must include both the MOH and the MOF (or Central Bank). The selection of the institution for the institutionalization of NHA would depend on the political will and institutional capacity of each organization in the different countries.

Finding 2: The tool is not institutionalized in any of the three countries observed.

There is some progress on NHA institutionalization in Peru. That is, there was a perception by respondents that it was valuable to institutionalize use of the tool and they are working to accomplish this goal. However, there was also a perception that the MOH does not have a specific unit responsible for NHA nor trained personal carrying out regular tasks that use the available management information system.[8] A visible similarity in the findings related to the analysis of key factors was found explaining the lack of success in the institutionalization process. The majority of key respondents perceived that:

- There is no health reform policy.
- The capacity needed for institutionalizing the NHA is weak at the MOH.
- There are parallel, duplicative or competitive efforts between the MOH and other reform units in the Dominican Republic and Peru and political interference in decision-making in the Honduran MOH limit progress.
- There is a limited training process for NHA implementation in Peru (the majority of key stakeholders perceived that they did not receive personal training) and an inadequate adaptation to national requirements in the Dominican Republic.

C. MONITORING HEALTH REFORM (PAHO) EVALUATION RESULTS

Results Analysis

Finding 1: The framework for monitoring health reform is well known in the Dominican Republic, is known in Honduras, and is not known in Peru.

Information and data relevant to understanding this finding are the following:

- The methodology was only in active use by the Dominican Republic and, in this case, because it was adapted to national conditions. The final discussion and acceptance of the matrix, which is the Dominican adaptation to monitoring health sector reform, was put in place while the evaluation team was in the country.
- In the Dominican Republic, the development and adaptation of the framework to national conditions is having a high degree of success and is a facilitating factor for moving the health sector reform agenda forward.
- There is a visible difference in the findings of the factors that support the active use of the tool in the Dominican Republic on one hand and the lack of use in Peru and Honduras on the other. There are a number of factors that may help in understanding this apparent anomaly.

Factors clearly perceived as being evident in the Dominican Republic and not present in Peru and

[8] See appendix E, excel sheet on NHA – Peru, answer to question 7: "Limitations and weaknesses for Institutional Use".

Honduras are the following:

- The (matrix) methodology in the Dominican Republic is perceived as one of high quality.
- There is a clear and visible need for the methodology in the Dominican Republic and it is demand-driven. Although 4 out of 8 key stakeholders in Honduras identified the methodology as applicable and pertinent, only 2 out of 8 MHO officials perceived the need for the framework.
- There was a deliberate adaptation to national conditions.
- Training and technical assistance met national expectations.
- It was a case of thinking regionally and acting nationally.
- There is a strong alignment of Initiative partners at the local level. They are working with the PAHO framework with PHR's Indicators Handbook for Health Systems Development.
- There is an alignment of headquarters and local partner's efforts.
- In-country partners/consultants have the methodology as part of their specific tool related terms of reference.
- There is a participatory consensual development process with key stakeholders and institutions.
- There is stability and continuity of key actors supporting use of the MHR.
- There is a tool inclusion in the reform agenda (see the operational definition of the indicator in appendix E).
- There is a national consensus on the need for MHR (the matrix).
- The MOH (SESPAS) is perceived as having the institutional capacity to drive and perfect the use of MHR.

Finding 2: The MHR Methodology is not institutionalized in the visited countries.

In Peru and Honduras, only one MOH official from one of the reform units in Peru acknowledged or recognized the use and pertinence of the PAHO framework for MHR. But in the Dominican Republic, 5 out of 6 MOH officials and 4 out of 4 units of reform personnel acknowledge or recognize the use of the matrix for beginning to monitor health reform. Because of the use of this adaptation of the tool, the Dominican Republic reinforcement through additional technical assistance is advised to ensure success and institutionalization.

There are a number of possible explanations for the non-institutionalization of the methodology, including those cited in the Results Framework section:

- There is generally a lack of political will and decision to monitor health reform. In the case of the Dominican Republic, the difference is the current leadership factor. The secretary of SESPAS is pushing for the matrix and actually using it as a way of creating a coalition for health sector reform.
- There is a lack of a public policy on health reform.
- There are parallel, duplicative, and competing organizations in the MOH and reform units (Dominican Republic and Peru) and political interference in decision-making at the MOH (Honduras).

D. DECENTRALIZATION: DECISION SPACE (DDM) EVALUATION RESULTS

Results Analysis

1. The tool is in the development and testing process and can be assessed only on that basis. It is not possible to make a final evaluation of the degree of knowledge and application of this technical assistance based only on Honduras' data. There were a very small number of key informants which does not lend itself to general conclusions or trends.
2. The particular results indicate that this technical assistance is known and used in a limited way in Honduras (6 out of 13 respondents know it and 3 out of 13 use it). However, it appears to be demand-driven since they are promoting health system decentralization (12 out of 13 respondents acknowledge it). The guidelines for decentralization policy are perceived as useful and desirable (5 out of 6 respondents consider them necessary and pertinent). Decentralization is a central part of the reform agenda, albeit supported by other donors (Scandinavian countries).
3. The development, testing, and implementation of this activity have followed a different approach than the rest of the tools and methodologies. The approach so far has been more regional in focus than some others in that it is focused on academic targets and multilateral agencies, such as the World Bank and its Flagship course. It could be seen as an important factor facilitating the application of the research results to particular health system decentralization. This is because participation in WB Flagship courses by MHO staff and reform unit consultants is promoted and gives them the opportunity to learn and analyze the research findings on decentralization from various countries.

E. HEALTH POLICY PROCESS APPLIED RESEARCH (DDM) EVALUATION RESULTS

Results Analysis

1. As with the former activity, this tool is in the development and testing process and can be assessed only on that basis. It is not possible to make a final evaluation of the degree of knowledge and application of this technical assistance based only on Honduras' data. There were a very small number of key informants, which does not lend itself to general conclusions or trends.
2. The particular results indicate that this technical assistance is known and is in limited use in Honduras (only 4 out of 15 respondents know it and 5 out of 15 use it).[9]

[9] Nevertheless, during the field work, organizational development was identified as a key activity. The Ministry of Health of Honduras has had the benefit of technical assistance that helped set the vision and mission for the MOH. This is one of the processes, which needs to be followed up by the MOH as part of a second phase of the organizational development project and related directly to the need for a capable leader with authority to provide direction and stewardship to HSR in the country. Because of this, it seems particularly relevant to support the MOH with additional technical assistance on policy process. The results show that some factors would contribute to it. First, this topic is on the health reform agenda and the respondents identified the "lack of health reform leadership, political decision-making, and process management" as the main factor affecting health reform progress in the country. There is a PHR consultant with Terms of References related to this activity who is using some of the policy tools in the selection of key actors and clients for dissemination of methodologies, documents, and experience in HSR (Initiative and others).

3. As with the previous activity, the approach for dissemination so far has been more regional in focus than some others, given that it is focused on academic targets and multilateral agencies, such as the World Bank and its Flagship course. It can be seen as an important factor facilitating the application of the research results on policy process to promote specific health reform. This is because participation in the WB Flagship courses by MOH staff and reform unit consultants is promoted which gives them the opportunity to review and analyze the research findings on health policy process.

F. NGOS IN HSR (HEALTH POLICY) (PHR) EVALUATION RESULTS

Results analysis for NGOS in HSR and public sector contracting NGOS

1. These types of tools are in the development and testing process and can be assessed only on this basis.
2. Comparing the use and sharing of information of the two experiences between the Dominican and Peruvian participants, some important differences were identified. In the Dominican case, there is sharing of information with other workshop participants (based on the key stakeholder information) and also the workshop's results are been used to help the incorporation process of NGOs into the health system in the Dominican Republic.
3. In the Dominican Republic, although there were only 1–3 participants in the experience, 12/16 and 11/16 key informants, respectively acknowledge the utilization of the workshop conclusions for NGOs participation in HSR and for developing new forms of contracting NGOs in the health system. This probably means that the participants have circulated and disseminated the results of the workshop widely among key actors. From Peru, only 1 or 2 respondents participated and there is no evidence of dissemination of the workshop results. In this case, these specific topics are not now on the health sector reform agenda.
4. In the Dominican case, the workshops have come to support a country process and key informants see the experience as very useful for what they are trying to do ("acreditación y habilitación de las NGOs). In Peru, local participation is being promoted through the Centros locales de atención a la salud (CLAS), which is perceived differently from NGOs taking part in health provision.
5. An important issue that the Dominican Republic participant raised during the interview was the significance of having the private and public sectors together, participating and collaborating in the workshop.
6. It is important to mention that in both countries, there is a perception of a lack of institutional capacity on the part of both the MOH and NGOs and this limits MOH contracting NGOs for health delivery.
7. In the Dominican Republic, it was evident that there is an interest in having NGOs as a new partner in the health system. The evaluation process showed that there is a lack of partnership with respect to the development of a tool in this area. In fact, one of the partners (OPS) perceived it as a PHR/USAID Initiative.
8. Some of the lessons learned are based on the differences between the two countries with the same Initiative experience. The first is that it is useful to define the specific need for technical assistance consistent with the particular process in countries concerning NGO participation. The second is related to the institutional strategy of the Initiative to work with NGOs.

Respondents believed that it would be better to have a combination of public official administrators with NGOs managers together in workshops. Finally, and perhaps as important if not more important, is that it is necessary that the partners agree on private sector and, specifically, NGO participation in health system and health sector reform.

G. FORUM ON PROVIDER PAYMENT MECHANISMS (PAHO) EVALUATION RESULTS

Results analysis

The payment mechanisms forum did not achieve the midterm evaluation indicators in the two countries that participated.

The following observations help in understanding this finding:

1. Key stakeholders interviewed in Peru and the Dominican Republic (Honduras did not participate) related that no steps had been taken after this forum. In the Dominican Republic, only two informants recognized the actual implementation of new payment mechanisms in the health system. In Peru, even though 11 informants recognized the implementation of new payment mechanisms, only one informant recognized the forum as having provided information for the implementation of these mechanisms.
2. The findings show that the same key factors analyzed in Peru and the Dominican Republic were responsible for similar results regarding this activity: "no steps taken based on the forum or using forum experience as input." In addition,

   - this was not a demand-driven issue,
   - there was only a regional approach,
   - there was no institutional strategy by partners,
   - there was no communication or dissemination strategy at the national level,
   - the experience was not adapted to national conditions,
   - headquarters and country partners were not aligned, and
   - there was a lack of institutional capacity and/or legal framework for the implementation of new payment mechanisms.

The findings show a different outcome for the same key factors analyzed in Peru and the Dominican Republic that may help explain the different results. Peru is implementing new payment mechanisms (11 out of 16 informants recognize that implementation is occurring in Peru) and the Dominican Republic has not yet initiated any action. Reasons that help explain this are that

- there is an Initiative partnership at the national level in Peru regarding payment mechanisms (Proyecto 2000/USAID, OPS, and PHR),
- there is a political decision in Peru supporting payment mechanisms,
- the topic is on the health sector reform agenda in Peru, and
- there is a national consensus regarding the need for new payment mechanisms in the health system.

H. COLOMBIA STUDY TOUR (PHR) EVALUATION RESULTS

Result Analysis

There is a perception of the key informants from the Dominican Republic and Honduras that they are promoting hospital autonomy. However, only the respondents of the Dominican Republic acknowledge the study tour to Colombia as providing input into the implementation of steps in hospital autonomy and modernization.

Factors that help in understanding this finding are:

1. In the Dominican Republic, key informants recognize the use of the study tour input to the implementation experience and in Honduras while the experience of the study was used, it was not used by those who participated in the Colombia study tour. There are some important differences among the three countries that need to be analyzed in order to explain the different progress towards hospital modernization and autonomy.
2. In the Dominican Republic and Honduras there is a perception that they are promoting hospital autonomy (8 out of 12 and 9 out of 13 informants), but in Peru only 3 out of 14 respondents recognize that they are working on hospital modernization and autonomy.
3. In the Dominican Republic, key informants recognized the use of the study tour as providing inputs into the implementation of steps in hospital modernization and autonomy. Curiously, the key actors perception is that steps have been taken in Honduras but not as a result of the study tour experience. Accordingly, none of the two participants report taking steps based on lessons learned in the study tour. There are some important differences among the three countries that require further analysis in order to explain the different in progress towards hospital modernization and autonomy. Some of the possible explanations are:

    - common factors among the three countries: there was no communication and dissemination strategy perceived at the national level and the experience was not adapted to national needs for implementation purposes.
    - There are different factors that must be considered between the Dominican Republic on the one hand and Honduras and Peru on the other:
    - The study tour to Colombia is used as an input for hospital autonomy promotion in the Dominican Republic.
    - The study tour was perceived as pertinent and applicable in the Dominican Republic.
    - The perception of quality of the study tours varies among the three countries. In the Dominican Republic and Peru informants perceived it as being of high quality, while in Honduras the informant perceived its quality to be between fair and good.
    - Study tour participants from the Dominican Republic were not only from the MOH but some were also hospital directors, as was the MOH official from Honduras. The participant from Peru was a consultant to USAID project.
    - There is an Initiative partnership at the national level regarding hospital autonomy in the Dominican Republic.
    - Key informants of the Dominican Republic perceived that a political decision and policy promoting hospital autonomy exists and is helping in taking steps.

4. There are some common factors between the Dominican Republic and Honduras: there is headquarters and local hospital alignment in the hospital autonomy effort and the hospital autonomy issue is on the health reform agenda.

I. PANAMA STUDY TOUR (PAHO) EVALUATION RESULTS

Results Analysis

The Dominican Republic and Honduras perceive themselves as promoting and taking actions to increase hospital autonomy and in both cases the key informants recognized the use of the study tour as providing input into the implementation of steps in hospital modernization and autonomy.

The hospital autonomy issue is on the health reform agenda of both countries and both of the countries are promoting hospital autonomy. There are a number of factors that help explain why the study tour was apparently successful:

- Key informants perceived the study tour experience as providing them with inputs for hospital autonomy.
- The tours were perceived as being of high quality.
- The study tour is perceived as pertinent and applicable in both countries. In the Dominican Republic, the MOH and reform unit officials recognized the applicability and pertinence of the study tour but the hospital director did not. In Honduras, there is a perception of greater applicability of the Panama experience.
- Study tour participants were from both the MOH and the hospital directorate organization.
- In both cases, modernization and hospital autonomy are on the health sector reform agenda.
- The experience was not prepared for adaptation to the two countries.
- There is no communication and dissemination strategy at the national level with respect to hospital modernization and autonomy.

APPENDIX J

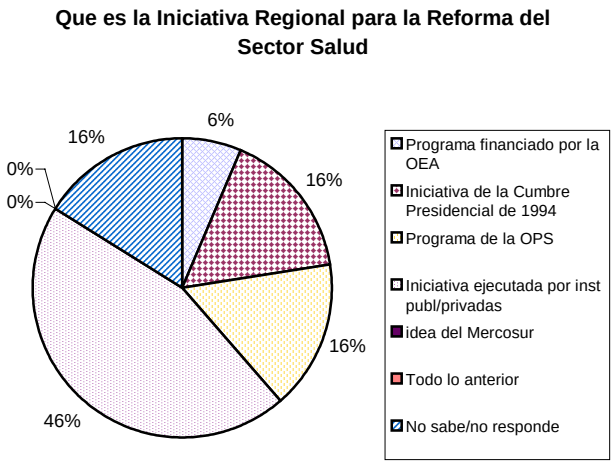
RESULTS ON DISSEMINATION STRATEGY

CONFIDENTIAL DATA–PLEASE CONTACT MEDS FOR INFORMATION

APPENDIX K

HSR LAC NEWSLETTER CONCEPT PAPER

Background



The Latin America and Caribbean Regional Health Sector Reform Initiative has identified four groups of activities as strategies for capacity building. One group of activities focuses on gathering information on health reform efforts and experiences and making them widely available to interested parties in the Americas as well as health sector donors. A newsletter that is published periodically has been proposed as a means of disseminating both general information and special reports on health sector reform in printed format.

There is widespread and growing interest in Latin American and Caribbean countries about health sector reform policies, instruments, and results. Although electronic communication systems are rapidly developing, many technological barriers to information on health reform still exist in the region. In some situations, print formats may be more appropriate for dealing with particular materials and for reaching specific audiences. The newsletter is meant to complement electronic dissemination methods and help facilitate access to information.

Rationale and Purpose

The newsletter remains a popular mass media tool because it possesses certain advantages when used strategically. It is an effective communication instrument for niche audiences interested in information that is not easily found elsewhere and for stakeholders who want to know about different perspectives and significant developments in defined areas. The use of newsletters allows the publishing organization(s) to exercise greater control over the choice of subject matter, timing and mode of presentation.

The original proponents of this component of the Initiative saw the newsletter as a vehicle for actively disseminating information about health sector reform and the development of the project. The newsletter was expected to be comprehensive in scope,

containing general information as well as special reports on health sector reform and covering a variety of topics and activities taking place in the countries. Through the newsletter, the partners of the Initiative could communicate findings of studies supported by the project, summaries or highlights of developments in important issues, and interesting reports on people and events associated with health reform.

Audiences

Dissemination targets referred to in the proposed work plan are widely inclusive. They include institutions and individuals engaged in implementing reform activities, health sector donors, as well as other interested parties. These categories of potential audiences typically comprise policymakers, health care managers/providers, researchers, international cooperative agencies and nongovernmental organizations. In addition to sharing a common interest in health sector reform matters, different subgroups are also likely to favor varying emphasis on the technical, policy, academic, or other aspect of information delivery. To enhance its appeal to this diverse readership, the newsletter could combine instructional elements and activity- or event-based articles with a public relations–oriented approach.

Contents, Structure and Other Specifications

In an effort to capture the spirit behind the goal of publishing a newsletter (or periodic bulletin) as articulated in the original proposal, the contents will be characterized and organized in the following manner:

PROPOSED ORGANIZATION OF CONTENTS					
SECTIONS	**SECTION A**	**SECTION B**	**SECTION C**	**SECTION D**	**SECTION E**
TITLES	FEATURE PRESENTATIONS	**INITIATIVE TOOLBOX**	**REFORM JOURNAL**	**RESOURCES AND SERVICES**	**PREVIEWS AND REVIEWS**
GENERAL DESCRIPTION OF CONTENTS	Features pertinent to the thematic focus of a particular issue; articles on topics of special interest	Updates on the development and application of tools and methodologies	Write-ups on significant issues in HSR in LAC, using actual events to anchor the who, what, where, and when	Marketing information on resources and services offered through the Initiative web site	Bulletins on selected regional activities, abstracts of Initiative publications.
EXAMPLES OF ITEMS SELECTED [*Based on proposed thematic focus for first issue:* ***Raising Awareness of HSR in LAC by highlighting accomplish-ments of the regional Initiative in the 1st year***]	Item A-1 Welcome or Introduction Article Item A-2 Article highlighting utilization of the Clearinghouse	Item B-1 COST tool Item B-2 Decentralization Item B-3 Health sector analysis Item B-4 Implementation and investment plans Item B-5 MOST tool Item B-6 Monitoring equitable access Item B-7 Monitoring HSR Item B-8 National Health Accounts Item B-9 Policy process	Item C-1 Steering role of ministries of health in HSR Item C-2 Monitoring HSR Item C-3 National Health Accounts Item C-4 Provider payment mechanisms	Item D-1 Thesaurus on Health Sector Reform and Grey Literature Database Item D-2 Network of Key Actors in Health Sector Reform	Item E-1 4th National Health Accounts' Meeting in El Salvador Item E-2 Subregional Andean Forum on HSR, Bolivia Item E-3 Study Tours: Hospital Reform, Colombia Hospital Autonomy, Panama Item E-4 LAC HSR Publications [Titles and Abstracts]

Other proposed specifications include:

- Title: ***REFORMATICS***, a combination of the two words reform and informatics
- Frequency of publication: twice a year
- Length of newsletter: 8 pages
- Page size and column width: standard 81/2 x 11", 3 columns
- Use of color: 2 colors

TAG 's views on the Newsletter

Format: the articles within the newsletter will be short extracts to generate demand for reports

Authors: Each partner will be responsible for authoring extracts for those activities in which it is involved. Topics for the newsletter will correspond to recent events. Each extract should provide a short synthesis of the event itself and highlight its broader significance in terms of health sector reform and educational value. The newsletter (and all of the extracts) needs to be technically reviewed prior to publication. The partners need to schedule a follow-up meeting to discuss in further detail comments and suggestions on the concept paper and the overall objective/strategy of the newsletter.

APPENDIX L

HITS RECORDED ON THE LAC/RSS WEB SITE

February 23, 1998–Friday November 26, 1999

Total page hits: 534,027
Total bytes sent: 4,380,613,342
Number of pages summarized: 2392
Number of days spanned: 616

November 27, 1999–December 12, 1999

Total page hits: 25,500*

*Estimated average hits for the 17 days that the statistics administrator was offline (based on an estimate that the average daily hits were at 1,500 per day).

December 13, 1999–Thursday, March 2, 2000

Total page hits: 216,651
Total bytes sent: 2,092,813,258
Number of pages summarized: 2315
Number of days spanned: 97

Grand total for 730 days (February 23, 1998–March 2, 2000): **776,178 hits**

(Figures provided by PAHO)

APPENDIX M

OFFICIAL DOCUMENTATION OF THE STRATEGY
(MESSAGES DEFINED BY THE STRATEGY)

According to the official internal documents from the Initiative, the audiences are defined as follows:

"HRI publications and communications materials will reach a wide range of audiences. Some publications will be developed for only one or two specific audiences, while others will be developed to reach multiple audiences. Design of materials and decisions about dissemination mechanisms, including, electronic tools will take into account the audiences and their access to different technologies. These audiences include:

- senior Ministry of Health policymakers and officials,
- senior NGO managers,
- midlevel managers in NGOs and government agencies, and
- national and regional researchers.

In a later document. the audiences were almost defined in the same way, with the addition of some internal customers and other governmental institutions.

Intended Audiences

"USAID Missions, PAHO field offices, multilateral development banks, bilateral development agencies, multilateral development institutions, ministries of health, health sector reform researchers, Social Security institutes, private sector health representatives, ministries of finance, ministries of planning, decentralized health authorities, NGO representatives, health sector reform teams"

— The goals and strategies of the Initiative are well founded and respond to important concerns of these audiences. The implementation process is horizontal, not topdown.

— AID and PAHO are committing substantial resources to the Initiative so that it can make a difference.

— The Initiative works in partnership with the target countries; reform groups work in countries with a collaborating team of support agencies (the partners).

— The Initiative is a team effort which draws on the complementary skills and expertise of the partner agencies. Who are the partners? Emphasize their nature as USAID projects first and as agencies second. The partners can offer high-caliber assistance in very relevant areas. [There is no separate information on the firms.]

- The process of implementing the Initiative is participatory. The Initiative welcomes the ideas of colleagues active in the field of health sector reform in Latin America and the Caribbean.
- Objective: to raise the profile of the Initiative and generate demand.

APPENDIX N

TRADITIONAL COMMUNICATIONS APPROACHES

Table N-1

Social Marketing	Public Relations	Media Advocacy
▪ Developing messages to increase knowledge and model behaviors ▪ Enhancing image of sponsoring organizations	▪ Developing messages and cultivating relationships in order to enhance the organization's associations with key publics	▪ Setting the agenda ▪ Shaping the debate ▪ Advancing the policy
A) Target ▪ Individuals with risk factors ▪ General public	**B) Target** ▪ Customers, clients, shareholders and current funders ▪ Potential supporters and funders ▪ General public	**C) Target** ▪ Power holders and policymakers ▪ Producers and marketers of health-affecting products ▪ Other advocates ▪ General public
D) Impact ▪ Knowledge and behavior	**E) Impact** ▪ Knowledge, familiarity, name recognition	**F) Impact** ▪ Power and resources
G) Actions ▪ Reduce the target audience's perceived barriers to accepting the product while simultaneously making the product as appealing as possible ▪ ▪ Can be used in isolation, or as part of larger efforts	**H) Actions** ▪ Cultivate relationships and project desired image; maintain visible community involvement to promote favorable associations with key publics ▪ Use earned news media and paid advertising to gain exposure for organization ▪ Can be used alone, or as part of integrated communication efforts	**I) Actions** ▪ Use earned news media and paid advertising in conjunction with community organization strategies to put pressure on policymakers and to reframe public debate on an issue ▪ Used in combination with other community organization and advocacy efforts

Source: Advancing Public Health Goals through the Mass Media by L. Winnett and L. Wallack, in Journal of Health Communication, Vol 1, pp173-196, 1996

APPENDIX O

PARTNERS' OPINIONS ON AUDIENCES AND MEDIA
(OPINION DE SOCIOS SOBRE AUDIENCIAS Y MEDIOS)

Audiencias a ser Tomadas en Cuenta por Estrategía de Comunicación Segun PHR y DDM

Audiencias	**Socios de la Iniciativa**
Tomadores de decisión Ministerio de Salud	DDM, PHR
Tomadores de decisión sector privado	DDM, PHR
Quienes dirigen las ONG	DDM, PHR
Tomadores de decisión BM, BID, otros	DDM, PHR
Los periodistas encargados de salud	DDM, PHR
Los parlamentarios de comisión salud	DDM, PHR
Opinión pública en general	PHR
Los medicos	PHR
Todos los grupos anteriores	

Nuevos Medios de Comunicacion a ser Usados segun los Socios

Medios	**Socios**
Artículos en paginas de Opinión	MSH, PAHO, USAID
Teleconferencias	MSH, USAID,
Videos de Corta Duración	PAHO, PHR,
Llegar a programas de radio y televisión	USAID, PAHO, PHR

APPENDIX P

THE DEVELOPMENT COMMUNICATION STRATEGIC CYCLE

THE DEVELOPMENT COMMUNICATIONS STRATEGIC CYCLE

Steps For Designing, Implementing, Monitoring And Evaluating A Communications Strategy