MID-TERM EVALUATION OF

THE INSTITUTIONAL STRENGTHENING PROJECT

FOR

THE CENTRO PARAGUAYO DE ESTUDIOS DE POBLACION (CEPEP)

Award No 526 – A – 00 – 99 – 00008 – 00
SO 526 005 Use of voluntary reproductive health services increased

Produced by:

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The efforts and support of the USAID/ Paraguay office must also be acknowledged for their guidance before, during and after the evaluation.

Despite the best efforts of CEPEP and the project staff, factual errors may still persist in the report. They must be considered the responsibility of the principal author who tried to understand the complexity of the environment within a short period of time.

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1. EXECUTIVE SUMMARY

During August 2003, a mid-term evaluation was conducted of the *Centro Paraguayo de Estudios de Poblacion* (CEPEP), which is the International Planned Parenthood affiliate in Paraguay. Five years ago CEPEP underwent an organizational restructuring and began focusing on institutional sustainability through the development of self-financing strategies. In 1999 USAID/ Paraguay began supporting this sustainability effort through the 'CEPEP Institutional Strengthening Project.' In 2002 CEPEP was granted an extension of this project through 2006. The purpose of the project is to promote the USAID Mission's Strategic Objective of "Use of voluntary reproductive health services increased," and support Intermediate Result 1.1 "Decentralized community based health care provided" and I.R. 1.2 "Access to quality reproductive health services expanded. It was expected that these activities would be accomplished through CEPEP's network of clinics, by training provided to health clinic staff and the community health care system.

The expected results of the project include:

Result 1: CEPEP will be able to recover 80 percent of it's basic annual operating costs through it's own revenues.
Result 2: CEPEP will create new agreements with local governments (three per year) to provide FP/RH services, which will be evaluated in terms of use, quality and sustainability of said services. This result was amended to: Result 2: Decentralization: By 2004, 12 communities will have created programs that have agreements with local governments.
Result 3: CEPEP will implement three or more new services and products based on market studies and feasibility. The Research and Evaluation Department will offer research, evaluation and market study services.

The Mid-Term evaluation of CEPEP was conducted by a team composed of Dr. Romero from the CEPEP Board of Directors, Josceline Betancourt and Gabriela Frutos from the USAID Health and Population Unit and Sandra Wilcox, an external consultant. The evaluation took place in Paraguay between the 3rd to the 15th of August 2003. Sites visited included Ascuncion, Atyra, Coronel Bogado and San Miguel. In the San Miguel area sites visited included the city of San Miguel, Arazape and Ita Yuru.

The evaluation findings indicate that CEPEP is close to achieving its Result 1 objective of recovering 80 percent of its annual operating costs (COBA). Using the COBA calculation, in 1999 CEPEP recovered 58 percent of its basic annual operating costs (COBA). In 2000 it recovered 62 percent, in 2001, 64 percent, and in 2002 - 77 percent. Much of the dramatic gain in 2002 was attributed to improved systems and increases in sales of services and products. According to budget figures, the most cost effective activity comes from the community distribution program run by volunteer health promoters. During 2002, the cost of this program totaled 245,073,966 guaranis and the income generated from this program was 524,009,550 guaranis providing a 214 percent sustainability rate. Significant income was also generated through the Associated Professionals program (PAC) through which contraceptives and other products and services are sold. Both of these programs have the advantage of being able to sell services and products without having to pay personnel costs.

Impressive restructuring and improvements have been made in the administration and finance department and the services and projects department allowing the above improvements. In addition important advances were made by the information services department, which allowed CEPEP to upgrade its financial management structure, its personnel system, patient records and services statistics. It also significantly upgraded personnel computer skills through extensive training. The evaluation and research department is also bringing in business by selling its research products to other organizations needing surveys and studies. They are currently making preparations to conduct the 2004 DHS survey.

Regarding Result 3: New products and services: Each year CEPEP has set a goal to add at least five new products to the medicines and products being sold through its social pharmacy system and each year it has surpassed it. In 2001, CEPEP added 15 new products and in 2002 it added 21. Examples of new products include pregnancy kits, female condom, new medicines for the social pharmacy and new types of laboratory testing materials. In addition CEPEP had great success in selling videos, flipcharts and other IEC materials mainly related to family planning and reproductive health. They also received permission from the MOH to reproduce their Norms and Procedures manuals and has sold these as well as Contraceptive Technology manuals. In 2002, CEPEP has also negotiated a number of contracts with hospitals and organizations for specialized services at reduced cost for patient referral. CEPEP receives a small percentage of the fee for its services. So far, these services have included voluntary sterilization, mammography, dermatology, and urology.

As further support for its sustainability efforts, CEPEP has made use of its donated contraceptives from USAID by setting up rotating funds in its clinics and charging prices based on USAID's value calculations. By the end of 2002, CEPEP had met its 2004 contraceptive sales goals. CEPEP also sells contraceptives at low cost to the MOH and other agencies that have run out of their supply.

The biggest effort in the new services areas is that of the new clinic in Asuncion, which has been bought and is being remodeled by CEPEP. It is due to open in November of 2003. This clinic will strengthen financial stability and is large enough to accommodate the central office and expand services.

As part of its institutional strengthening cooperative agreement with USAID, CEPEP was included as a member of the Alliance for health Project, which is a consortium of three non-government agencies (NGOs). In addition to CEPEP there is the Centro de Informacion y Recursos para el Desarollo (CIRD) and the PRIME II Project run by Intra Health International (a USAID Cooperating Agency). The purpose of the Alliance is to strengthen the provision of reproductive health in accord with the decentralization of health services occurring at the local level. The local level work has been divided among the three partners who are operating in 12 communities. Indicator 2.1 of the Alliance cooperative agreement stipulates that "CEPEP's responsibility is the training of community health promoters in the design, implementation and evaluation of an RH health promoter system and in the provision

of contraceptives. By 2004 12 communities will have a community program, within an agreement with local governments."[1]

Since this agreement was signed, there have been several changes in the partnerships and roles of partners. According to the partners interviewed there is no updated agreement to this respect.[2] CEPEP is responsible for training community based health promoters but is not distributing contraceptives because CIRD is managing the social pharmacies in the communities.[3] Also, these promoters function differently from the CEPEP promoters in that they are not self-supporting and do not distribute and sell contraceptives and other products. Their function is to educate community members and promote the local MOH health services by working closely with the health services and the local councils who both supervise their work. CEPEP and the Alliance partners agreed that this different kind of promoter role was required to further the project's decentralization objectives. However, managing this Alliance project promotion activity has been challenging for CEPEP as it requires that the institution develop Alliance promoters that have a different set of skills in order to ~~they meet and develop~~ implement this ~~MOH related~~ social promotion agenda ~~objectives~~. At the same time CEPEP needs to continue supporting and developing the role of its own CBD promoters who are supporting its institutional objectives. It would be useful for these promoters to also develop more community empowerment and democracy skills to enhance community outreach effectiveness. . ~~as well as their above described institution strengthening objectives. In addition to these objectives being at odds with one another, it appears that~~ Thus, the Alliance activities are ~~also~~ requiring more and more institutional and staffing commitments ~~resources~~ from CEPEP, ~~thus sidetracking it from meeting it's sustainability goals~~. Presently there is no coordinating agency among the various organizations in the "Alliance," though there is a coordinating committee in which ~~only~~ the three main partners and USAID participate. Without an agency designated to manage the activity, CEPEP and the other partners indicated that USAID's role has become very important in facilitating the work coordination process between the partners. The other major issue here is that because the decentralization process has not yet been implemented in Paraguay, ~~so~~ the administrative structures and local funding mechanisms are not in place to really make it happen. This requires that the Alliance partners, including CEPEP, work diligently with local communities and health structures to create "democratic structures" and an enabling environment that will allow the decentralization of health services to occur. Since the August evaluation, CEPEP has discussed with USAID its interest in changing its role with the Alliance project. It has proposed to put more emphasis on working with the government (MOH) to mobilize public support for the new National Health Plan.

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[1] Ibid

[2] According to CIRD and CEPEP, CEPEP was originally going to sell contraceptives through promoters but once CIRD took over the pharmacies, this role changed. CIRD and CEPEP also had to adjust their work plans once PRIME was added as a partner. In addition CIRD's sub partners, CETEC and Promesa are also working with health promoters and IEC activities in the same communities where CEPEP is working and both expressed concern to the consultant about their overlapping roles with CEPEP's promotor activities.

[3] The Alliance partners decided consensually that the community based social pharmacies would be a good mechanism for facilitating access to contraceptives, given the tendency for stock-outs in many MOH services. CEPEP provides the contraceptives for these social pharmacies or dispensaries. The Local Health Councils have made a decision that the health promoters will not distribute or sell any products including contraceptives.

Conclusions and recommendations are included at the end of the report. CEPEP's response to the recommendations are included in Annex 4.

2. INTRODUCTION

During August 2003, a mid-term evaluation was conducted of the *Centro Paraguayo de Estudios de Poblacion* (CEPEP), which is the International Planned Parenthood affiliate in Paraguay. Five years ago CEPEP underwent an organizational restructuring and began focusing on institutional sustainability through the development of self-financing strategies. In 1999 USAID/ Paraguay began supporting this sustainability effort through the 'CEPEP Institutional Strengthening Project.' In 2002 CEPEP was granted an extension of this project through 2006. The purpose of the project is to promote the USAID Mission's Strategic Objective of "Use of voluntary reproductive health services increased," and support Intermediate Result 1.1 "Decentralized community based health care provided" and I.R. 1.2 "Access to quality reproductive health services expanded. It was expected that these activities would be accomplished through CEPEP's network of clinics, by training provided to health clinic staff and the community health care system.

The expected results of the project include:

Result 1: CEPEP will be able to recover 80 percent of it's basic annual operating costs through it's own revenues.
Result 2: CEPEP will create new agreements with local governments (three per year) to provide FP/RH services, which will be evaluated in terms of use, quality and sustainability of said services. This result was amended to: Result 2: Decentralization: By 2004, 12 communities will have created programs that have agreements with local governments
Result 3: CEPEP will implement three or more new services and products based on market studies and feasibility. The Research and Evaluation Department will offer research, evaluation and market study services.

CEPEP now operates its own central clinic in Asuncion as well as clinics in San Lorenzo, Encarnacion and Ciudad del Este. In addition it has more than 100 associated professionals (doctors, registered nurses, and nurse midwives) who sell contraceptives provided by CEPEP's visiting distributors or by the CEPEP clinics. In addition, CEPEP sells supplies and contraceptives at a reduced rate to numerous 'associated institutions' including the Red Cross, the National Hospital, the Salvation Army and others. CEPEP also supports a network of more than 400 Community distributors and conducts numerous training events with members of these different groups.

Through the Alianza Para La Salud project that CEPEP participates in together with two other organizations, CIRD (a local NGO) and PRIME (a USAID funded cooperating agency), CEPEP supports and trains health promoters in 12 communities in the four municipalities of Coronel Bogado, Ita, Atyra and San Miguel.

The purpose of the evaluation was to review progress to date in meeting these objectives and report on the findings. Please see Annex for a copy of the Scope of Work.

Methodology

The Mid-Term evaluation of CEPEP was conducted by a team composed of Dr. Romero from the CEPEP Board of Directors, Josceline Betancourt and Gabriela Frutos from the USAID Health and Population Unit and Sandra Wilcox, an external consultant. The evaluation took place in Paraguay between the 3rd to the 15th of August 2003. Sites visited included Ascuncion, Atyra, Coronel Bogado and San Miguel. In the San Miguel area sites visited included the city of San Miguel, Arazape and Ita Yuru.

In Asuncion interviews were conducted with Dra Cynthia Prieto, the executive director of CEPEP as well as with Ing. Raul Hoeckle and Dra. Raquel de Horvath the president and treasurer of the Board of Directors, respectively. In addition, the evaluators met with the staff and department heads of Health Programs, Research and Evaluation, Administration and Finances and Information Services. The consultant also visited the partner organizations participating in the Alliance project with CEPEP. These included the key staff of CIRD, Dr. Agustin Carrizosa, Lic. Ruben Gaete and Dra. Esperanza Martinez. In addition the consultant met with Gregorio Soriano from PRIME II, Sonia Marchewka from PROMESA and Rosa Martinez from CECTEC. In addition, the team met with the USAID director, Wayne Nilsestuen.

During the site visits to Atyra, Coronel Bogado and San Miguel, the evaluators met with the local municipal councils, the health promoter teams that are trained by and working directly with CEPEP, and the local health center and health post staffs involved with supervision of the promoters. (Please see annexes for more details on places visited and contacts).

As part of the CEPEP evaluation, the evaluators met with staff and directors of the clinics in Asuncion, San Lorenzo and Encarnacion. In addition the evaluators interviewed the CEPEP promoters at each of these clinics.

In addition documents and reports were reviewed (see Annex for a list of documents). Two debriefings were held at the end of the visit. One was with the USAID staff and members of CEPEP's executive and Board members. A second debriefing was held with the department heads and staff of CEPEP.

3. FINDINGS

A. Result 1: Sustainability

The objective is for CEPEP to recover 80 percent of it's basic annual operational costs using locally generated revenues.

Indicator 1.1: Operational cost recovery targets are: 60% the first year, 65% the second year, 70% the third year, 75% the fourth year and 80% the fifth year of agreement. Cost recovery is measured by the percentage of operational cost paid by revenues generated from services and products.

CEPEP uses a specific definition of basic annual operating costs (COBA), which is calculated every fiscal year. This cost is that which CEPEP needs to continue implementing all it's priority projects and maintain normal services, assuring quality care within a controlled rational budget system. This basic operating cost condition excludes investments in new equipment, infrastructure, research and training, though a basic percentage of necessary supplies and equipment is included. Supervision costs are reduced by half. The COBA calculation is based on the yearly operating and budget plan and is recalculated annually in accord with the plan.

Although contraceptives are donated, they are included as a cost in the basic budget calculations since CEPEP realizes that it will have to cover these costs once the donation period ends.

Only locally generated income is included from user fees/donations, exchange rate differentials and interest, in addition to other income generated from sales of research studies, IEC materials etc.

COBA does not include subsidies from international donors even though they may fund some regular costs.

The annual COBA costs include salaries of permanent personnel, though not personnel contracted for specific projects or other short-term activities. In 2002, 65 percent of personnel costs were included in the COBA calculation. Transportation and per diem costs are only calculated for essential supervision. In 2002, this was 50 percent of the annual amount budgeted for transport and per diem. 80 percent of the rent and public service costs were included in the calculation. This figure assumed a restricted use of public services and elimination of the library facility.

Using this system, in 1999 CEPEP recovered 58 percent of its basic annual operating costs (COBA). In 2000 it recovered 62 percent, in 2001, 64 percent, and in 2002 - 77 percent. Much of the dramatic gain in 2002 was attributed to improved systems and increases in sales of services and products. According to budget figures, the most cost effective activity comes from the community distribution program run by volunteer health promoters. During 2002, the cost of this program totaled 245,073,966 guaranis and the income generated from this program was 524,009,550 guaranis providing a 214 percent sustainability rate. Significant

income was also generated through the Associated Professionals program (PAC) through which contraceptives and other products and services are sold. Both of these programs have the advantage of being able to sell services and products without having to pay personnel costs.

Although CEPEP did not reach its sustainability goals each year, it was certainly on track for 2002. At this rate it would seem that it could easily reach it's 80 percent target for 2003. However, much will depend on how well the organization manages the move and change of services to its new clinic in Asuncion at the end of 2003. At the end of 2002, the Asuncion clinic had a 90% sustainability rate, San Lorenzo's was 95%, clinica del Este had 101% and Encarnacion was at 94%. According to the evaluation findings, each of these has space and time available that would allow it to increase its services volume and plans to do so in the coming year.

Part of the reason for such dramatic increases in sustainability levels is attributed to the improved efficiencies and systems implemented at CEPEP since the USAID funded institutional support project began in 1999.

In addition to all the efficiencies carried out by the Administration and Finance department discussed above, **the Information Services Department** has played an important role in sustainability. In a relatively short period of time, CEPEP has significantly upgraded its computer systems and equipment, acquiring 30 PCs, 12 printers, 13 monitors, 5 scanners 18 UPS systems among other things. In addition numerous software programs were acquired and installed including the purchase of 43 Corporate Norton Antivirus programs. All these systems are maintained monthly. In addition, after a lengthy unsatisfactory trial period with MSH technical assistance, CEPEP developed and installed its own financial systems. During the last year the information services department developed an automated receipt system and an automated salary and wage system. It also developed a system for tracking requests for equipment and services. In addition, the information department has trained each of the administrative secretaries in each of the four CEPEP clinics so as to assure that all accounting, services statistics and other reporting is managed correctly. The evaluators spoke with some of these secretaries and found that not only are they confidently managing these systems but also other staff have learned them in case the secretary is not available. The information department has also organized staff computer training courses, which the bulk of the staff completed during 2002 and 2003. This is a major accomplishment given how difficult it usually is to convince staff to learn new systems and skills. Staff that were interviewed seemed pleased and the majority of them had passed the internal computer exam given at the end of their training with high marks. All of these new systems, upgrades and training programs have greatly improved CEPEP's operating systems and efficiency in delivering services and products.

The Services and Projects department has also made substantial changes and contributions to CEPEP's sustainability. According to its objective, the services department was to strengthen the network of providers between its own clinics, associated clinics, health professionals and community promoters. In addition CEPEP was to strengthen the management and quality of services in its four clinics.

As noted above, the management systems at each of the clinics has been strengthened through the upgrading of computer systems, hardware and software as well as training of clinic personnel to operate the systems. The clinics are now able to administer services, produce receipts and document services provided much more efficiently than in the past. In addition, the Services department has encouraged COPE training and each of the four clinics conducts regular COPE meetings with its staff to review clinic issues and other factors affecting quality of service. The central staff has also conducted regular supervisory visits with all the clinics (at least 4 per year per clinic) and clinic staff reported that they were very satisfied with the visits and feedback received, informing evaluators that their issues are generally addressed promptly. Regarding associated clinics and health professionals, the Services Department has conducted regular family planning update training and promotion of CEPEP products with these groups in their four clinic areas. In 2002, CEPEP conducted 2 courses and in 5 in 2001, thus meeting or exceeding its planned targets.. The training has obviously contributed to increased sales of contraceptives, medicines and other products. In addition the project has exceeded its planned targets for clinic staff training in reproductive health and management in the four cities.

The services department also completed the planned training of new and old promoters during the 2000 – 2002 period. In 2001, they held 8 training courses, training 178 promoters and had two supervisor training courses. In 2002, they conducted 7 promoter training courses for a total of 126 promoters and held one supervisor training course. The promoters interviewed seemed happy with the training but expressed a desire for more, particularly in the area of counseling skills since many of them find themselves providing contraceptive counseling in their neighborhoods. The promoter group in San Lorenzo expressed dissatisfaction with the price increase for pills. Apparently the clinic has decided to increase the price of pills it sells to the promoter to 3000 guaranis per packet while maintaining a price of 2500 guaranis to be sold directly to patients at the clinic. When asked about this the clinic director indicated that she thought this was a decision taken by CEPEP to encourage sales at the clinics. However, the evaluators did not find this kind of price difference at the other CEPEP clinics visited. If this is the case, then CEPEP needs to reevaluate this strategy as it could endanger the continuity of the promoter program there and according to clinic data, this program generates more income than any other.

The clinic directors interviewed also indicated they would like more management training. Given the importance of the clinics for sustainability, this appears a justifiable request. Most of the training they've received so far appears to be in the clinical area. The director in Encarnacion has also experimented with some successful marketing techniques such as radio promotions and offering classes in neighboring communities. The clinics were recently given new signs which are larger than what they had before.

The objectives for **The Evaluation and Research Department** indicated that they would incorporate new professionals and by receiving technical assistance and upgrades computer systems, offer and market new types of research studies.

As noted above the evaluation and research department assisted in improving the information system on services statistics which included upgrading the registry forms, training clinic staff and reworking the clinical registers to include IEC services and other consultations, developing an instruction manual for collecting information. The department is continuing to work on the master survey tool for the Demographic and Health Survey to be conducted in 2004 by CEPEP. The department also hired two new staff to work on research and evaluation and provided them with additional training in 2002.

Overall, from the evaluation interviews, there is evidence of improved teamwork among CEPEP staff during the period of the USAID agreement and under the leadership of the executive director. The staff also exhibits a strong work ethic and real commitment to improving CEPEP's sustainability. The director had joined CEPEP one year prior to the initiation of the project. She was hired as a result of CEPEP's reorganization and was actively involved in seeking USAID support for the institutional strengthening project.

Needs and Challenges

- CEPEP is at a consolidation phase[4] in its organizational development. The strategy at this phase is to consolidate gains and deal with more complex internal and external management issues. The organizations' critical tasks are to develop capacity to produce/deliver quality services/products through cost containment/recovery, quality control, diversification of funding sources and marketing. As discussed, CEPEP is engaged in all these activities, and is continuing to develop them. Eventually when consolidation is complete CEPEP will move on to the "sustainability" stage. At this stage the focus is on matching organizational competence with it's present needs and future possibilities. The critical tasks are to maintain a strong, local, diversified financial base; respond to market needs; stay competitive and maintain a strategic mind-set.

  At this stage the strategic thinking is directed at consolidating and strengthening the organization's operations so that it can sustain itself and much of the focus is at the operational level. Also much of the strategic thinking is done by the executive director and some of the Board members. In the future it will be necessary to cultivate a group of 'strategic thinkers' within the organization, including department heads, who can think in terms of Paraguay's future needs and CEPEP's role in meeting them.

- Although the organization has made some efforts to promote services through the design and placement of larger signs in locale's close to their target populations (markets, bus stations, business areas etc.), there is more that could be done to promote services. Through her own initiative, the clinic director in Encarnacion developed a radio promotion activity, which greatly increased the volume of users during a few months of 2002. With the new clinic opening in Asuncion and the additional services it will be offering, there is a need to develop an active promotion

[4]S. Vriesendorp, L. Cobb, S. Helfenbein, J. Levint, J. Wolff. "Framework for Management Development of Family Program Managers" APHA paper presentation. 117th meeting. October 1989.

strategy so as not to lose existing patients as well as attract new ones from the new locale.

- According to CEPEP's 2002 financial documentation and administrative staff, the most productive programs that CEPEP has are the health promoter programs and the associated professionals programs. This is largely because the institution does not pay personnel costs for the services it delivers through these programs. Given the importance of these programs it would seem necessary for CEPEP to really focus on strengthening the health promoter program. The evaluators were unable to determine the promoter retention rate, although it was estimated by clinic staffs that it was about 60-70 percent. In addition during the past two years initial training has been given to a large number of new promoters. Many of these expressed a desire for more training. The promoters only distribute two methods, pills and condoms but they do refer to the clinics for other methods, including depo provera and IUDs as well as for other services. It would behoove the institution to consider programs that provide incentives for referrals (either material or non material) but this would require a better system for keeping track of referrals. One method for this might be the use of referral tickets that have a duplicate stub that is kept by the promoter and can be compared with clinic records and then receive some compensation. This sort of system would also encourage the promoters to do more promotion of clinic services.

  It would also be important to assure that the clinics sell contraceptives to promoters at the same price or lower than the price that they sell to clients. The situation in San Lorenzo where the clinic is selling to the public at a lower price than it is selling to the promoters is not a useful strategy and risks alienating the promoters and causing them to drop out of the program, which will not help promote the clinic's services. If the clinic is unhappy with its level of sales it needs to rethink its promotion strategies.

- One of the concerns voiced by donors and some of the staff concerns the institution's salary levels and their competitiveness and ability to attract professionals of sufficiently high caliber. Given CEPEP's sustainability concerns, there is an obvious incentive to control salaries. However this issue will need to be reassessed regularly particularly given the institution's growing needs to attract and hang on to qualified professionals.

- In it's original proposal, CEPEEP planned to develop its training capacity as a sustainable activity. However, in the final version, this was omitted. Given CEPEP's strengths and on-going training capacity and activities that involve training its own staff as well as staffs from associated clinics and associated professionals, it would seem worth reconsidering this strategy. Independently, the clinic directors are being asked to provide training and education to local groups in their regions. Given CEPEP's prominent role as a reproductive health provider and its need to maintain this role, it would be advantageous to develop and market a training strategy.

B. Result 3: New Projects Services and Products

Each year CEPEP has set a goal to add at least five new products to the medicines and products being sold through its social pharmacy system and each year it has surpassed it. In 2001, CEPEP added 15 new products and in 2002 it added 21. Examples of new products include pregnancy kits, female condom, new medicines for the social pharmacy and new types of laboratory testing materials.

CEPEP also had an objective to develop new packages of educational materials to market to the public and other institutions. During 2001, it used technical assistance to design and validate materials (flipcharts, flyers, brochures etc.). During 2002 the services department set an objective to produce two packets of IEC materials and sell five of each of them. It turned out that groups and individuals were not interested in IEC packets but rather in purchasing individual items. CEPEP had great success in selling videos, flipcharts and other IEC materials mainly related to family planning and reproductive health. They also received permission from the MOH to reproduce their Norms and Procedures manuals and has sold these as well as Contraceptive Technology manuals. Over time ~~As time goes on~~ there has been an increasing demand for these manuals, as there ~~which~~ are never a sufficient number available to reach all the service providers. However, this is also something that CEPEP could promote more.

In 2002, CEPEP through its Services Department has also negotiated a number of contracts with hospitals and organizations for specialized services at reduced cost for patient referral. CEPEP charges a small percentage of the fee for its services. So far, these services have included ~~voluntary sterilization~~, mammography, dermatology, and urology. CEPEP also has a contract with the National Hospital to refer patients for voluntary sterilization that will be provided to CEPEP's patients at minimum cost. In turn, CEPEP lends the hospital instruments and sells them low cost medical supplies.

The biggest effort in the new services areas is that of the new clinic in Asuncion, which has been bought and is being remodeled by CEPEP. It is due to open in November of 2003. This investment will allow for more financial stability and will avoid having to move (as they have had to do in the past). In addition, it is much larger and will include space for the central office staff in addition to a larger pediatric area and a dental clinic (another new service).

Needs and Challenges

- CEPEP will need to pay attention to its Asuncion clinic move in November in order to minimize disruption of services and loss of revenue, which could adversely affect its sustainability rate. This another reason to have a strong clinic promotion/ marketing strategy in place at the time of the move.

- As a requirement of its USAID agreement, CEPEP has developed a number of new services and products and it would be useful to analyze the effectiveness of these

different strategies, whether they could be improved or expanded, if they should be continued in addition to deciding whether new services are needed.

C. Result 2: Support for Decentralization: The Health Alliance Project

In its institutional strengthening cooperative agreement with USAID, CEPEP was included as a member of the Alliance for health Project, which is a consortium of three non-government agencies (NGOs). In addition to CEPEP there is the Centor de Informacion y Recursos para el Desarollo (CIRD) and the PRIME II Project run by Intra Health International (a USAID Cooperating Agency). The purpose of the Alliance was to strengthen the provision of reproductive health in accord with the decentralization of health services occurring at the local level.

The original agreement stipulated that "CIRD will develop a technical assistance package for selected health centers and health posts in four targeted departments. CEPEP will provide training to improve the quality of services in these facilities and will develop a system of community-based health care that includes community health agents who provide training and supervision to a system of community health promoters. The cooperation between CEPEP, PROMESA and CIRD within the Alliance framework will have a focus in the design, implementation and evaluation of this community health program in which promoters will then be able to offer basic reproductive health services and make referral to health clinics for specific services. CEPEP will also establish a logistics system that will allow local health councils and health promoters to distribute contraceptives and other projects."[5]

The specific Indicator 2.1 that applies to CEPEP is as follows: "A Reproductive Health community program based on health promoters functioning in at least one health center and two health posts in four departments. CEPEP's responsibility will be the training of health promoters in the design, implementation and evaluation of this health promoter system in reproductive health and in the provision of contraceptives. By 2004 12 communities will have a community program, within an agreement with local governments."[6]

Since this modification, there have been several changes in the partnerships and roles of partners. According to the partners interviewed there is no updated agreement to this respect. Since this time, PRIME II has joined the alliance as one of the three key partners, the other two being CEPEP and CIRD. CECTEC and PROMESA are subcontractors to CIRD and work in the community IEC area. They report directly to CIRD and have no direct contact with the other key partners. The three partners have carved out their roles as follows: CIRD is responsible for working with and developing administrative management skills of the local councils including management of community social pharmacies, PRIME is responsible for strengthening the administrative and technical skills of the local MOH health services, and CEPEP is responsible for training community based health promoters. However, these

[5] Attachment A. Modificatoin No 5. CEPEP Cooperative Agreement#526-A-00-99-00008-00
[6] Ibid

promoters function differently from the CEPEP promoters in that they are not self-supporting and do not distribute and sell contraceptives and other products. Their function is to educate community members and promote use of the local health services working closely with the health services and the local councils who both supervise their work. Because the promoters do not distribute contraceptives and because the social pharmacies are implemented through the CIRD work with the local councils, the cooperative agreement role of CEPEP to establish a contraceptive logistics system is not really happening. Each of the three key agencies have separate agreements with USAID to carry out their assigned tasks, though as noted, some of the tasks have changed since the agreements were written. Also there is no coordinating agency among the various organizations in the alliance, though there is a coordinating committee in which ~~only~~ the three main partners and USAID participate. Without an agency designated to manage the activity, CEPEP and the other partners indicated that USAID's role has become critical in facilitating the work coordination process between the partners. According to interviews, CIRD believes that they should have been the lead agency and everyone else their subcontractors for this activity. They clearly have the most support for this activity (from both the Health and Democracy offices of USAID) and have been doing it the longest. The other major issue here is that the decentralization process has not yet been implemented in Paraguay so the administrative structures and local funding mechanisms are not in place to really make it happen.

Given this somewhat confusing status of the Alliance project, this report will now outline the strengths and weaknesses of the CEPEP Result 2 activities that they were able to determine.

Strengths

The evaluators found that the promoters were very committed to their work and very motivated by their mission. They all expressed strong commitments to their respective communities and noted that their promotion work made them feel like important community contributors. The training they received made them feel like they had something important to offer and it obviously enhanced their self-esteem.

It was also clear that the local councils were very enthusiastic about the work being conducted with the promoters although in one community (Arazape) there appeared to be some difficulty in establishing strong linkages with the council. There was also evidence of good coordination with the local health centers and health posts. The health staffs at the facilities who supervised the promoters were enthusiastic about what they were accomplishing with the promoters and believed that their work had increased use of local services.

Although there was evidence of continuing training needs that will be discussed below, the quality of the initial reproductive health training appeared to be good. The promoter manual and other training materials have the requisite technical information and are written at a basic enough level to serve as a reference.

Challenges and Weaknesses

As mentioned above, perhaps the greatest weakness of the project is the lack of management coordination between the different project partners, which has created confusion regarding each one's responsibilities and roles and led to gaps and overlaps in implementation. For example, both of CIRD's partners, Promesa and CETEC as well as CEPEP are involved in IEC and work with health promoters in the project communities. The responsibilities of the different organizations are not clearly delineated and as a result there are overlaps in activities being performed. Because CETEC and Promesa do not participate in the regular Alliance partner meetings, they do not have an opportunity to discuss and clarify these issues with the project management and are often left out of the loop when decisions are made. Since CETEC and Promesa work under CIRD, CEPEP does not believe they should be the ones to tell the other two what their role should be. According to Promesa, CIRD is not fulfilling it's role of coordinating IEC activities with the two subcontractors and coordinating activities with CEPEP. USAID seems to believe that because this is a democracy promotion project, that this is something that the groups can and should work out "democratically" among themselves. Unfortunately, none of the Alliance partners that the evaluator spoke with believe that this is possible due to the competitive positions that these organizations occupy for USAID funding and due to past histories that engendered mistrust. Most of these agencies believe that one agency should be coordinating the project and that the logical organization to do this is CIRD but they also indicated that they would be reluctant to work under CIRD's direction.

Another weakness identified by the evaluators was that there was insufficient training being given to the promoters for the activities that they are expected to complete. They are given one session on community organization by CIRD and then four on technical health areas by CEPEP. From interviews it was clear that many of them needed refresher training or on-going supervision as their grasp of reproductive health messages was weak. Also because of the nature of their work which is more concerned with reaching community members through various IEC strategies than it is about selling contraceptive methods and products, there needs to be more training on communication, public speaking, community organization, activity planning, promotion strategy development etc. In fact because most of the work involves promotion and developing innovative ways to reach people about health needs instead of service delivery, it would be appropriate to rethink the training program and focus the bulk of the time on these areas and spend less time on technical health areas, since those service related issues would be addressed at the health center.

When discussing the training issues with the supervisors at the health clinics and health posts, it was evident that many of them did not have a good understanding of their role as trainers and supervisors of the promoters. They need specialized training to help them plan and organize the community work to be carried out by the promoters. It would be helpful for them to develop short range strategic and operational plans for the community activities that need to be completed with the promoters in their respective areas. There also seemed to be some confusion about the difference in roles/ profiles for the supervisors versus the promoters. For example in Coronel Bogado, they indicated that the clinic nurses who were supervisors were also going to function as promoters in their communities.

USAID has expressed concern that CEPEP as an institution has not developed the required community empowerment/ development skills and focus required by the Alliance project. This weakness is demonstrated by two factors: on the one hand CEPEP's Alliance team lacks community mobilization skills that promote democratic practices and two, they are used to functioning in a more directive, vertical role when working with communities rather than a facilitative one. This has lead to a training style that does not encourage horizontal relationships and participation between promoters. The training technologies also need strengthening so that they not only increase knowledge transfer but also encourage attitude changes that lead to behaviors supportive of reproductive rights. For these reasons USAID believes that CEPEP needs to change its role and the methodologies it employs in the Alliance project to one that promotes community generated interventions through democratic processes that support decentralization. CEPEP's reponse to this is that they have recently been making significant efforts to improve their training of health promoters and supervisors. They have taken several steps including the recruitment of new trainers and use of new materials including participative techniques. According to service reports from MOH facilities where the promoters are working, there has been a significant increase in services utilization. Regarding the need to recruit more skilled staff with higher salary requirements, CEPEP states that it pays salaries that are consistent with what the market will bear and at the same time are within the institution's sustainability goals.

Although CEPEP has developed community census forms and trained the promoters on how to fill out the forms, the promoters and supervisors do not appear to understand that the census tracking system is a tool for them to keep and use to conduct community follow-up by regularly monitoring families' health status and health center activities in their respective neighborhoods. Ultimately this can be useful tool for documenting community health status and activity monitoring.

One concern expressed by CEPEP and others is the sustainability of the community health promoters. To date, there has been close to a 50 percent turnover rate among promoters that have been trained. This may be because the majority of promoters have been youth who have needed to move on from their communities for jobs or to continue their educations. However, this has important implications for building a stable cadre of volunteers to say nothing of the poor cost-benefit ratio. Because they are not distributing services or products in the way the CEPEP promoters do, they do not generate any income from their promotion activities. When asked about how they planned to sustain the promoters, the local councils indicated that once the government goes through with the decentralization process and they have local resources, they will be able to provide on-going support for promoter activities. However, it is expected that the promoters will always be volunteers. There is good coordination with the health service providers who obviously see the promoters as their community extension agents and this has positive implications for their sustainability as part of the health system. However, this will have to be carefully crafted into the new decentralized health system, when it happens.

Clearly more thinking regarding the promoters' role and related training requirements as well as long-term sustainability issues is required for this program to function as intended.

5. Conclusions and Recommendations

- In keeping with the challenges noted under Result 1, as CEPEP as an institution moves forward in its Consolidation phase of development into its Sustainability phase, it will be of increasing importance to cultivate a leadership group composed of selected Board members and the executive staff. This group should include individuals from departments within the organization, who can bring their operational experience to guide strategic thinking and planning for future directions of the institution.

  Given current trends in the institution and the experience of similar institutions, it is likely that CEPEP will achieve sustainability at the clinic level, particularly if they continue to increase volume and diversity of services offered. The challenge will be sustaining the costs of the central office. Some of the departments will sustain themselves through sales of services and products, such as the Research and Evaluation Department and the IEC interventions. However, the institution will need to come up with other strategies for covering the costs of the central staff. Some family planning and primary health care agencies in similar situations have come up with mechanisms for contracting out the services of some of their senior staff, among other things. This strategy has the advantage of not only covering their costs and adding income to the institution through overhead fees, but also gives the senior staff opportunities to grow and challenge themselves.

  As CEPEP contemplates this current and next phase of institutional development, it is recommended that senior staff visit other institutions that have been through this kind of growth experience and interact with them about the opportunities and challenges they faced and how they managed them. An example might be the IPPF affiliate in Bolivia, CIES, and/or Prosalud, which is a private Bolivian primary care organization with over thirty clinics throughout the country. Both of these organizations target lower middle income audiences and have addressed similar issues as those facing CEPEP.

- As CEPEP continues through its growth process, it will be important to hone in on its primary strategic mission as an institution. Through this USAID-funded project, it is addressing two strategic areas: 1) as a private organization that focuses on delivery of cost-effective high quality FP/RH services ~~delivery~~ and 2) as an organization that promotes reproductive rights-based public policy specifically through the CNSSR (MOH) backed health committees in 12 Alliance communities, and that trains health promoters to promote the MOH services in these communities. ~~a social promotion agency that is helping the country, specifically the MOH, address its decentralization mandate.~~ While both of these areas are important, they do require different skills and institutional strategies. At the time of the evaluation, discussions with CEPEP's staff and Board members confirmed that they were feeling pulled between these two

competing activities and strategies. ~~Strengthening public sector services is outside CEPEP's institutional sustainability goals and detracts from its central mandate.~~ Since the evaluation visit and debriefing in August, CEPEP has discussed with USAID the possibility of reorienting this project's Result 2 Activities in two areas: a) consistent with it's institutional mission, it will focus solely on reproductive and sexual health, and to the extent possible, work with the new National Sexual and Reproductive Health Plan, and b) work in close coordination with the Ministry of Health at all levels, including the central level, on this national plan. However, so far CEPEP has not been able to acquire funding for this proposed activity. Given that the Alliance community health promoter activity with it's corresponding budget would be assigned to another agency by USAID, CEPEP will look for financing for this National Plan support activity from other donors. In the meantime, in accord with its agreement with USAID, CEPEP will focus on the 2004 Demographic and Health Survey, the community youth project directed towards adolescents, and continue its institutional sustainability activities. CEPEP has been careful to note that USAID's support of it's diverse institutional sustainability activities and restructuring has been invaluable.

It is recommended that CEPEP conduct a self-analysis or strategic planning exercise that assesses the viability of these two strategic directions for the institution. If after careful analysis, CEPEP decides that either one or both of these areas are consistent with its mission then it needs to develop strategies that allow it to complete each area without compromising the institution. ~~CEPEP is currently planning to strengthen the management staff working on the Alliance project. It will also need to think through the management role it will play with the Alliance project.~~ ~~If, on the other hand, it decides that it cannot continue in both directions if it is to survive as a viable institution, then the donors need to respect this decision and work with CEPEP in the context of its stated mission. This is because the primary objective of the USAID project is to strengthen CEPEP's institutional capacity and sustainability.~~

~~If CEPEP decides to continue working in the decentralization area through the Alliance Project, it is recommended that USAID work carefully with the Alliance partners to develop a viable management structure. The partners interviewed seemed to agree that CIRD would be the logical choice for a lead agency, but it is unclear whether PRIME and CEPEP will agree to work with CIRD in this context. Therefore, USAID will have to play a key role in organizing this structure and in getting all partners to agree on their roles.~~

- Given the importance of the CEPEP health promotion program in generating income for the organization, it is recommended that CEPEP seriously consider strengthening its support to this area. More training activities for promoters and supervisors in technical areas and in the area of counseling and education would be beneficial. CEPEP could also explore other methods and/or products that the promoters could distribute (such as ORS packets, vitamins, etc.), as well as specific incentives for referrals. Also if the promoters received more training on community mobilization and democratic processes, they could be more effective as change agents and increase

demand for services. Some of the experienced promoters that have been with CEPEP for 4-5 years could become powerful change agents with a minimum of additional training. This additional training would empower them and provide further incentive for them to become influential community leaders.

- ~~In accordance with the discussion of the challenges facing the Alliance project,~~ If CEPEP continues with the Alliance activities then, in addition to strengthening the health promoters democracy and SRH skills, it is recommended that CEPEP work together with USAID, and the other Alliance partners to come up with a more satisfactory project management structure that reduces the gaps and overlaps between partners in the project design and allows for better coordination. (See discussion above). Along with this CEPEP should reorganize its training for health promoters so that they are better prepared to meet the demands of their community promotion roles. Since the evaluation visit, CEPEP has undertaken a process to revise the training modules and materials that will include a more participatory approach (see above discussion). Better coordination among partners should also strengthen their support and integration with the local counsels and the MOH health delivery system.

ANNEXES

1. **Questionnaires Used**
2. **Field visits and Contacts**
3. **Agenda**
4. **CEPEP's Response to recommendations**

ANNEX 1

Interview Questionnaires

INSTRUMENTO # 1

PERSONAL DEL PROYECTO

Nombre de la persona entrevistada o posicion: .....

Nombre del entrevistador: .....

1. Por cuanto tiempo ha trabajado Ud con el proyecto?

2. Que son sus responsibilidades a dentro del proyecto/

A. DISENO DEL PROYECTO

1. De qué manera las intervenciones suyas ha contribuido al desarrollo de las intervenciones para este proyecto?

- Al finalizar este proyecto usted tiene cabal conocimiento y entendimiento del proyecto?

Si, porqué? .....

.....

No, porqué? .....

.....

- Se diseñó apropiadamente el proyecto?

Si, porqué? .....

.....

No, porqué? .....

.....

B. PROCESO

1. Cómo se ejecuta sus responsibilidades del proyecto?

2. Se ejecuta tal como se diseñó? Porqué?

3. Qué actividades realiza dentro de sus funciones?

4. Cuales fueron sus interacciones en el proyecto, en la participación de actividades conjuntas en salud comunitaria, con socios, y otros?

C.PRODUCTO

1. Cuáles fueron los mejores resultados del proyecto bajo su percepción?

2. Podría identificar resultados negativos en el proyecto? Qué hicieron para resolver?

D.ANALISIS DEL COSTO – BENEFICIO

1. Cree que los costos del proyecto justifican los beneficios? Porque?

2. Los beneficios son sostenibles? Porque?

3. Que opina sobre el plan o enfoque de auto-suficiencia y sostentabilidad que tiene CEPEP?

4. Que es la estrategia de Cepep para sostenerse a largo plazo? Que son los niches del mercado? Criteria?

E. GENERAL

1. Quién le supervisa a usted?
2. Cada cuánto tiempo lo hace?
3. Se siente satisfecha con este tipo de supervisión?
   Si ..... No .....

   Porqué?

4. Ha recibido algun tipo de capacitacion desde que se ha trabajabo con el proyecto? (si contesta que si) que, cuando, duracion?

3. Piensa Ud. que la capacitacion recibido es suficiente para realizar sus trabajos?

4. Que otro tipo de capacitacion le gustaria recibir?

INSTRUMENTO #2

PV ___ Mujer comunitario____ Hombre comunitario_____

Nombre del Entrevistador:_____ Fecha:_____

Nombre de la zona:_____

Explique el propósito de la entrevista, luego empiece hacer las siguientes preguntas:

1.Porque decidia ser promotor de salud?

Que ventajas hay para Usted de ser promotor?

3. Hace cuanto tiempo participa en actividades junto al proyecto?

4. En que actividades puntuales ha intervenido hasta ahora?

-

-

-

-

5. Explique que actividades le ha gustado desarrollar más? Y diga porque?

6. Cuál de las actividades desarrolladas por usted ha beneficiado a la comunidad, explique por favor como? (O si esta todavia capacitandose – Piensa Ud que estes actividades beneficiara la comunidad? Porque?

7. Que capacitaciones ha recibido hasta ahorra? podría nombrar los temas de capacitación?

5.a. Si no recuerda, preguntar tema por tema.

Planificación familiar/anticonceptivos .....

ITS .....

Salud materna .....

Liderazgo .....

AIEPI comunitario .....

EDA .....

Infección respiratoria aguda .....

8. Sobre el tema ….....…….., podría nombrar tres mensajes claves?

9. Qué tipo de supervisión/acompañamiento ha recibido? De quien? Cuando?

Que actividades ha realizado el supervisor?

- reviso los registros — reviso su plan de trabajo
- apoyo directo — entrego suministros
- preguntaba sobre problemas — observo visitas domiciliarias

10. Ha cambiado usted por el trabajo comunitario en relación a sí misma? Cómo?

11. Esta cambiando su comunidad a raiz del trabajo?
Si ..... No .....

Cómo?

(SI ESTAN TRABAJANDO)

12. Cuantos clientes ha visto durante el ultimo mes?

13. Cuantas referencias? Y para que?

14. De las referencias conoce Ud si el paciente ha ido al servicio? Como?

15. Que son los problemas mas graves que se encuentra en su trabajo de promotor?

Que sera la mejor manera para resolverlos?

16. Puedes mostrarme tu cuaderno de campo?

INSTRUMENTO #3

ENTREVISTA A INSTITUCIONES Y OTRAS AUTORIDADES

Nombre del Entrevistado/a:_____ Institución: .....

Nombre del entrevistador: .....

Fecha:_____

1. Ha realizado actividades conjuntas con CEPEP?

2. Qué actividades?

3. Estan satisfechos con la colaboracion que reciben de CEPEP?

BOLETA DE OPINIÓN DE CLIENTES CEPEP

Nos interesa su opinión para mejorar nuestros servicios.
Le agradecemos el llenado de la presente boleta. Por favor marque en el lugar que corresponda a su respuesta.

1. Está es su primera consulta en el Centro CEPEP? Si ..... No ..... 1a. De qué zona viene?	2. Cómo se animó a venir a CEPEP? a) Por un amigo/a (nombre de la persona) (Promotor?) ..... b) Por la radio ..... c) Por un volante ..... d) En una feria ..... e) Por los letreros de la calle ..... f) Otro .....
3. Cuánto tiempo esperó para su atención desde que llegó al Centro? a. De 15 a 30 minutos ..... b. Más de 30 minutos ..... c. Más de 1 hora ..... d. No sé	4. Cómo fue el trato que recibió del personal de CEPEP? Bueno Malo No tuvo contacto 1. Médico .... 2. Enfermera .... 3. Orientadora .... 4. Secret/cajera ....
5. Le dieron alguna charla sobre el cuidado de la salud? Si ..... No	6. Si le dieron, en qué temas a) Planificación familiar o anticonceptivos ..... b) Derechos sexuales y reproductivos ..... c) Salud materna ..... d) Infecciones de transmisión sexual ..... e) Cáncer y prueba de Papanicolaou ..... f) Otros ..... 6.a. Qué le pareció? B M R
7. Si ha optado por un método anticonceptivo, Ud ha decido por: a) Libre voluntad ..... b) Se ha sentido obligada ..... c) El personal de CEPEP ha decidido por Ud. ..... si b ó c Porqué?	8. Está contento/a con los servicios recibidos en CEPEP? Si ..... No .....
9. Qué le gustó más?	10. Qué no le gustó?

INSTRUMENTO 5

Personal de las Clinicas, Centros y Puestos

Nombre or Posicion del Entrevistado_____

C. Capacitacion

1. Ha recibido algun tipo de capacitacion desde que se ha trabajabo con el proyecto? (si contesta que si) que?cuando? duracion?

2. Piensa Ud. que la capacitacion recibido le ha aydado para realizar sus trabajos?

3. Que otro tipo de capacitacion le gustaria recibir?

D.

E. Supervision

4. Quién le supervisa a usted?

5. Cada cuánto tiempo lo hace?

6. Se siente satisfecha con este tipo de supervisión?
   Si ..... No .....

   Porqué?

7. Que actividades realizaban durante la ultima visita?

   - reviso los registros/informes reviso suministros
   - reviso su plan de trabajo reviso equipos
   - supervision acompananda entrego suministros
   - preguntaba sobre problemas observo entrega de servicios

7. Que retroalimentacion recibia de la visita?

8. Cuantas visitas ha recibido durante el ano?

A. Informes

9. Guarde copias de los informes que se manda al CEPEP? MOH? Otro?

10. Ud. Utiliza los informes?

11. Que retroalimentacion recibia de su ultimo informe?

F. Servicios

12. Sabe Ud cuales de sus clientes ha dejado de usar PF? Como?

13. Como se hace referencias para otros servicios?

14. Sabe si el cliente se ha ido al servicio? Como?

15. Cada cuanto se ve los Promotoras en su zona? Donde?

16. Conoce que clientes estuvieron referidos por un Promotor?

    Cuantos clientes estuvieron referidos aqui durante el mes?

17. Cuales fueron los problemas de PF mas importantes que Ud ha visto?

18. como pretende resolverlos?

19. Con quien consultas sobre estes problemas?

Director de la Clinica

1. Que apoyo recibieron Uds del proyecto de USAID?

2. Cuantos de su personal recibian capacitaciones?

3. Ud tiene reuniones regulares con el personal? Cada cuanto?

4. Tiene Ud metas para servicios de PF? Otros servicios? (que son?)

5. Tienen estandards, normas para calidad de servicios? Que son? Como los miden?

D.ANALISIS DEL COSTO – BENEFICIO

1. Cree que los costos del proyecto justifican los beneficios? Porque?

2. Los beneficios son sostenibles? Porque?

3. Que opina sobre el plan o enfoque de auto-suficiencia y sostentabilidad que tiene CEPEP?

4. Que es la estrategia de Cepep para sostenerse a largo plazo? Que son los niches del mercado? Criteria?

ANNEX II

Field Visits and Persons Contacted

EVALUACIÓN PROYECTO CEPEP – USAID

Entrevistas:

Viernes 8 de Agosto

ATYRÁ
13:00hs a 17:00hs

Atyrá - Candia

- **Presidente del Sub Consejo Local de Salud: Sr. Elias Torales**
- **Promotor: Sr. Derlis Gaona**

Atyrá – Centro

- **Intendente Municipal: Sr. Juan Francisco Ferreira**
- **Presidente del Consejo Local de Salud: Sr. Isabelino Ferreira**
- **Coordinadora Distrital: Sra. Amalia Saldivar de Duarte**
- **Tesorera del Consejo Local de Salud: Sra. Crisnilda de Ferreira.**

Promotores:

- **Sra. Salvadora Saldivar**
- **Sra. Nélida de Ferreira**
- **Sra. Isabel Alarcón**
- **Sra. Corina Rotela**
- **Sr. Marcelino Maldonado**
- **Sra. Mirta de Maldonado**

Representantes del Servicio de Salud

- **Dir. del Centro de Salud de Atyrá: Dr. Félix Carosini**
- **Enfermera jefe del Centro de Salud de Atyrá: Lic. Olga Páez de Gayozo.**

Obs.: No se realizo entrevista individual, hubo una reunión general donde se realizaron varias preguntas a los presentes.

B.
C. Lunes 11 de Agosto

CLÍNICA DE LA FAMILIA CEPEP SAN LORENZO.

- **Directora Dra. Ana Avalos**

- **Enfermera Srta. Nilda Britez, con sus promotoras:**
    - **Florentina de Duarte**
    - **Juliana Ovelar**
    - **Amada Pino**
    - **Jenny de Romero**
    - **Mario Benitez**
    - **Porfirio Giménez**
    - **Malvis Galeano**
    - **Norma Morales**
    - **Mirta Benítez**
    - **Fidelina de Pertile**
    - **Ma Magdalena de Velásquez**
    - **Librada Ruiz de Duarte**

CLÍNICA DE LA FAMILIA ASUNCIÓN

Entrevistas con pacientes de la clínica:

- **Amancia Estigarribia**
- **Sofía Duarte**
- **Catalino Rojas**
- **Elisa Grance**

Martes 12 de Agosto

1° ARAZAPÉ 10:30 hs

- **Presidente del Consejo Local de Salud: Daniel Medina**
- **Secretaria de relaciones del Consejo Local de Salud: Ana Zorrilla de Ortiz**
- Encargada del Puesto de Salud: Antonia Bernal de Rojas G.

Supervisores
- **Emigdia de Cuellar**
- **Segundo Ortiz**

PROMOTORES
- **Julio Ramírez**
- **Lourdes Rolón**
- **Alejandro Fernández**
- **Catalina de Portillo**
- **Ma. Nidia Cristaldo**
- **Matilde Fernández**
- **Juan Guzmán Cristaldo**

3° ITA YURÚ 14:00 HS.

- **Presidenta del Consejo Local de Salud: Secundina Caballero**
- **Vicepresidenta del Consejo Local de Salud: Claudia de Fernández**
- **Servicios de Salud Alberta de Rodas**

Promotores
Liz González
Rosalba Rolón
Norma Rolón
Amalia Fernández

4° San Miguel Urbano 16:00 hs.

SAN MIGUEL URBANO

Autoridad:
Intendente Municipal: Prof. Efrén Gonzalez

Servicios de Salud
Dir. del Centro de Salud: Carmen Zorrilla

H. Supervisores
- **Dr. Ramón Ramírez**
- **Prof. Gladys de Jacquet**
- **Aida Luz Jacquet**

I. Promotores
- **Lilian Latorres**
- **Ma. Pabla Azar**
- **Irma Gonzalez**
- **Asunción Benitez**
- **Dominga Carolina Latorre**

Miércoles 13 de Agosto 2003

CLÍNICA DE LA FAMILIA ENCARNACIÓN
- **Directora de la Clínica: Dra. Maria Teresa Barán**
- **Enfermera y Encargada de PCSR: Lic. Lucia Acosta**
- **Secretaría Administrativa: Lic. Alba R. Agüero**
- **Encargada de Limpieza: Sra. Natalia González**

Promotoras Comunitarias:
- **Sra. Ramona Castillo de Zayas (B° Mbo´i Ca´e - Enc)**
- **Sra. María Edelina Vda. de Terwindt (Jesús – Pueblo)**
- **Carmen Delgado (Encarnación – Centro)**

CNEL BOGADO (11:30 HS.)
- **Prof. Félix Ayala**
- **Dr. Marcelino Rodríguez**
- **Enfermera Jefe Hermelinda Arguello**
- **Mario Aquino**
- **Nidia Lamarra**
- **Enfermera del Hospital Magdalena Matta**

ANNEX III

Agenda

	agosto	agosto	MIERCOLES 6 agosto		VIERNES 8 agosto	9 agos
Semana 2 Eval. Trabajo de campo: visita al Paraguay. Llegada domingo 3 de agosto	8:00a 10:00hs. Reunión de inicio con Equipo Evaluación, presentación de metodología, herramientas y calendario definitivo evaluación. 10 a 12 hs. Reunión con Dir. Ejecutiva y gerentes: presentación del proyecto. Realización de citas para entrevistas de la evaluadora 13:00 a 18 hs Trabajo de oficina: revisión de documentos, fotocopias, diseño e impresión de herramientas de evaluación, etc.	8:00 a 10 hs. Reunión Equipo Eval: aprobación final de herramientas y metodología. 10 hs. Entrevistas con Dir. Ejec, (resultados 1, 2 y 3) con Dir y personal de Investigación y Evaluación, resultado 1 (fortalecimiento DIE), 2 (reg. familiar y eval Alianza) y 3 (venta de investig.). 14 hs. Viaje a Atyra, con M. Centurión: Consejo de Salud, Resultado 2.	8 a 10:30 hs. COBA y sustentabilidad, Resultado 1, con Dir. Administrativa. resultado 1 y 3 (FS). Informe financiero Farmacia Social, resultado 3. 10:30 a 11:30 hs. 11:30 Visita a Edificio CEPEP con Dir. Administrativo 14:00hs Rosa Martínez de CECTEC (Dir. Manuel Dominguez 1048 entre EEUU Y Brasil) 15:30 hs Entrevista con Alianza, Marín Estigarribia.	9:00 hs Entrevista con Dep de Informática (CEPEP) 11:00 hs Entrevista con Rubén Gaete, Agustín Carrizosa, Esperanza Martínez (CIRD). 13:30 Entrevista con Director de USAID. 14:30 hs Sonia Marchewka (PROMESA).	9:00 hs Entrevista con Gregorio Soriano (PRIME) 13 hs. Viaje a Atyra: curso en Candia, Resultado 2.	11:00 hs viaje a Atyra (12) domingo 10 agosto
	(13) LUNES 11 agosto	(14) MARTES 12 agosto	(15) MIÉRCOLES 13 agosto	(16) JUEVES 14 agosto	(17) VIERNES 15 ag	(18) SAB 16 ag
Semana 3 Eval	8 a 11 hs. visita a Clínica de San Lorenzo, resultado 1 y 3 (entrevistas a personal, promotores y usuarias). 13 a 14:30 hs entrevistas con Directora de UPS y personal de IEC. 14:30 hs. Visita clínica ASU (entrevistas a usuarias y personal), Resultados 1 y 3. 17:00 hs. Reunión con miembros del Consejo Directivo	Viaje a San Miguel con M Estigarribia:Salida 10:30 hs.,Reunión en Arazapé 14:00 hs. en Itayurú 16:00 hs. San Miguel Urbano (entrevistas a autoridades, Consejo, servicio salud, encarg. local del CEPEP y de la Alianza, supervisores y promotores), Resultado 2. Luego pernocte en Encarnación.	8:30 a 10:30 Visita a clínica de Encarnación (entrevistas a personal y usuarias), Resultado 1 y 3. Reunión con promotores CEPEP y regreso. De regreso entrevistas en 11:30 hs Cnel. Bogado con gente de la Alianza y del Consejo Local de Salud, resultado 2. Pernocte en	D. 8:30 a 11 hs. Reunión de cierre de trabajo operativo con Equipo Eval en CEPEP: presentación de hallazgos y recomendaciones mas importantes. 11:30 a 12:00 hs. Reunión de cierre con staff CEPEP. 13 hs. Traslado al aeropuerto.	FERIADO Llegada a Atlanta	Inicio borrador de informe de valuacion

ANNEX IV

CEPEP's Response to Recommendations

RESPUESTA DEL CEPEP A LAS RECOMENDACIONES DE LA EVALUADORA DE MEDIO TERMINO SANDRA WILCOX

El Consejo Directivo del CEPEP ha analizado profundamente las conclusiones y recomendaciones de la evaluadora S. Wilcox, concordando con sus recomendaciones, muchas de las cuales ya están en ejecución. Seguidamente presentamos las respuestas del CEPEP a las recomendaciones de la evaluadora.

1- Recomendación de Sandra Wilcox: Para que el CEPEP avance a la etapa de consolidación de la sustentabilidad debe desarrollar un equipo de liderazgo compuesto por selectos miembros del Consejo Directivo y de su staff gerencial que puedan planear estratégicamente el futuro de la institución.
Respuesta del CEPEP: El Consejo Directivo conformará un equipo de trabajo como el propuesto, con participación de gerentes del CEPEP y de miembros del Consejo, el que tendrá como objetivo analizar desde el punto de vista estratégico el rumbo futuro de la asociación, definiendo el plan estratégico 2004- 2008 del CEPEP y las acciones necesarias para fortalecer la institución y su sustentabilidad.

2- Recomendación de Sandra Wilcox: Teniendo en cuenta que el desafío es lograr la sustentabilidad de la oficina central, el CEPEP necesita desarrollar estrategias que le permitan financiar estos gastos. Otras entidades similares venden los servicios de consultoría de su staff gerencial. Será útil visitar entidades que han tenido éxito en esta clase de experiencias, como CIES o Prosalud, en Bolivia.
Respuesta del CEPEP: el equipo de trabajo deberá definir, en el marco de la planeación estratégica, nuevas acciones que permitan mejorar los niveles de sustentabilidad del CEPEP. Estas acciones se incorporaran a los planes anuales del CEPEP, para su ejecución.

3- Recomendación de Sandra Wilcox: Es necesario continuar con el entrenamiento gerencial de los directores de las clínicas.
Respuesta del CEPEP: se intensificará el entrenamiento gerencial de los directores y gerentes teniendo en cuenta el desafío de la sustentabilidad que requiere de habilidades gerenciales de excelencia. Futuras capacitaciones en gerenciamiento a realizarse incluirán también al staff de gerentes y a mandos medios de la institución.

4- Recomendación de Sandra Wilcox: dado el rol del CEPEP como proveedor de SR seria ventajoso desarrollar y poner en el mercado una estrategia de entrenamiento que pueda generar ingresos a la institución para su sutentabilidad.
Respuesta del CEPEP: dentro de las actividades que serán desarrolladas luego de la habilitación de la clínica central esta contemplado convertir esa clínica en un lugar de entrenamiento en servicio en calidad de atención en salud reproductiva, con énfasis en planificación familiar: esto se denominara “Proyecto Calidad”. Se gestionará que esta

actividad de capacitación sea apoyada financieramente por donantes generando ingresos para la sustentabilidad del CEPEP.

5- Recomendación de Sandra Wilcox: sería conveniente promover la elaboración de mas materiales de IEC para su venta.
Respuesta del CEPEP: el CEPEP realizará la impresión de mas materiales, mas variados, en cantidad y calidad adecuadas, para dar satisfacción a la creciente demanda de materiales de IEC de los proveedores de salud. También se ofrecen a costos accesibles actividades de IEC como ser charlas en colegios, etc.

6- Recomendación de Sandra Wilcox: En el proceso de crecimiento, será importante que CEPEP tenga redefinida claramente su misión. En el proyecto USAID el CEPEP desarrolla dos áreas estratégicas: a) Como una organización privada que se focaliza en la prestación de servicios de Salud Reproductiva de alta calidad. b) Actúa como una entidad de promoción en apoyo del proceso de descentralización del país, específicamente de los servicios del Ministerio de Salud. Si bien las dos áreas son importantes requieren del CEPEP diferentes habilidades y estrategias. En conversación con miembros del Consejo y del staff del CEPEP ellos han expresado que se sienten divididos y presionados entre estas dos estrategias y actividades que compiten. El fortalecimiento de los servicios del sector público esta fuera de los objetivos de sustentabilidad y no responde a ese mandato central. Es recomendable que el CEPEP realice un análisis interno o una planeación estratégica para analizar la viabilidad de estas dos estrategias. Si después de un análisis cuidadoso el CEPEP decide que ambas áreas son consistentes con su misión, entonces necesitara desarrollar estrategias que permitan desarrollar ambas áreas sin perjudicar a la institución. Por otro lado, si decide que no puede continuar en ambas direcciones si desea sobrevivir como institución viable, entonces los donantes deben respetar esta decisión y trabajar con el CEPEP en el marco de la misión establecida, considerando que el objetivo primario del proyecto es el fortalecimiento de la capacidad institucional y de la sustentabilidad del CEPEP.
Respuesta del CEPEP: la situación planteada ya fue analizada a nivel del Consejo y se encomendó a su presidente, el ing. Raul Hoeckle negociar con USAID una adecuación del resultado 2, buscando la implementación de un nuevo proyecto, con una orientación hacia la salud reproductiva, en consonancia con la misión del CEPEP y con actividades mas relacionadas con el accionar del CEPEP. Se incluye al final de este documento la propuesta de adecuación del resultado dos planteada a USAID. Este planteamiento, realizado al USAID recientemente, no ha podido concretarse por falta de financiamiento y el USAID asignará los fondos y la responsabilidad del resultado dos del acuerdo a otra entidad, a fin de que continúe con la implementación de los programas comunitarios de la Alianza.

7- Recomendación de Sandra Wilcox: Teniendo en cuenta la importancia que el programa comunitario tiene como generador de ingresos se recomienda que el CEPEP fortalezca esa área. Será beneficioso realizar mas capacitación a promotores y supervisoras. CEPEP debe explorar otros métodos y productos que los promotores puedan distribuir así como incentivos para las referencias.
Respuesta del CEPEP: Estamos totalmente de acuerdo en la importancia de ampliar y extender el programa comunitario del CEPEP, y este es uno de los componentes desarrollados en el marco del resultado esperado 1, con éxito. El CEPEP incentiva cada fin

de año, con premios, a las promotoras que realicen mas referencias a los servicios de salud y analizará la posibilidad de incluir nuevos productos en el programa (multivitaminas).

8- Recomendación de Sandra Wilcox: Teniendo en cuenta la discusión sobre los desafíos de la Alianza se recomienda que el CEPEP, trabajando junto con USAID y los otros miembros de la Alianza acuerden diseñar una mejor estructura de gerenciamiento para el proyecto que reduzca las diferencias y las superposiciones entre miembros para una mejor coordinación. Al mismo tiempo CEPEP debe reorganizar la capacitación de los promotores de salud para que ellos estén mejor preparados para responder a las necesidades propias de su rol de promotores. Una mejor coordinación entre miembros de la Alianza también va a mejorar y fortalecer su integración con la comunidad local y con los servicios del Ministerio de Salud. Respuesta del CEPEP: ver comentario del punto 6. En cuanto a la capacitación de los promotores, el CEPEP ya ha iniciado un proceso nuevo con diferentes metodologías, capacitadores y materiales, que incluye también la realización de repasos para los promotores activos y para supervisores. Estos repasos ya se están realizando en el municipio de San Miguel. También se continúa con la realización de la capacitación de nuevos promotores y de nuevos supervisores en C. Bogado, Atyra y Candia.

PROPUESTA DEL CEPEP
PARA ADECUACION DEL RESULTADO DOS
PRESENTADA A USAID

El CEPEP prestará asistencia técnica al Consejo Local de Salud y a los servicios de salud de las comunidades seleccionadas en el nuevo proyecto, en coordinación con la Región Sanitaria y el nivel central del Ministerio de Salud, a fin de apoyar la implementación operativa del Plan Nacional de Salud Sexual y Reproductiva, incluyendo mecanismos de monitoreo y evaluación. Se apoyarán las siguientes áreas:

1. Incorporación del componente de salud sexual y reproductiva en el Plan Local de Salud.
2. Capacitación en aspectos de salud sexual y reproductiva a los miembros del Consejo Local de Salud, a proveedores del servicio de salud y a personal de la Región Sanitaria, que faciliten el diseño y la operativizacion del Plan Nacional de Salud Sexual y Reproductiva en las comunidades seleccionadas, así como su evaluación y monitoreo.
3. Implementación de farmacias o dispensarios sociales que favorezcan el acceso de la población a insumos de salud sexual y reproductiva (anticonceptivos, medicamentos básicos, kit de parto, etc.).
4. Capacitación a promotores o distribuidores comunitarios y a parteras empíricas, conforme a necesidades detectadas y a programación establecida a nivel local.
5. Capacitación al personal de los dispensarios en aspectos relacionados a la operativizacion del Plan Local de Salud Sexual y Reproductiva, a fin de mejorar el acceso a los servicios e insumos de salud reproductiva.
6. Apoyo y seguimiento a la implementación del Sistema de Vigilancia Epidemiológica de la Salud y de la Mortalidad Materna en cada comunidad, conforme a normas.
7. Mecanismo de logística de anticonceptivos establecido en cada comunidad, ya sea por medio de los dispensarios sociales, de distribuidores comunitarios o de otra modalidad definida en el Plan Local.

Asunción, 3 de diciembre de 2003.