



# MANAGEMENT SCIENCES FOR HEALTH

*a nonprofit organization strengthening health programs worldwide*

## PROSALUD



The Fully Functional Service  
Delivery Point in Nicaragua  
and other Highlights



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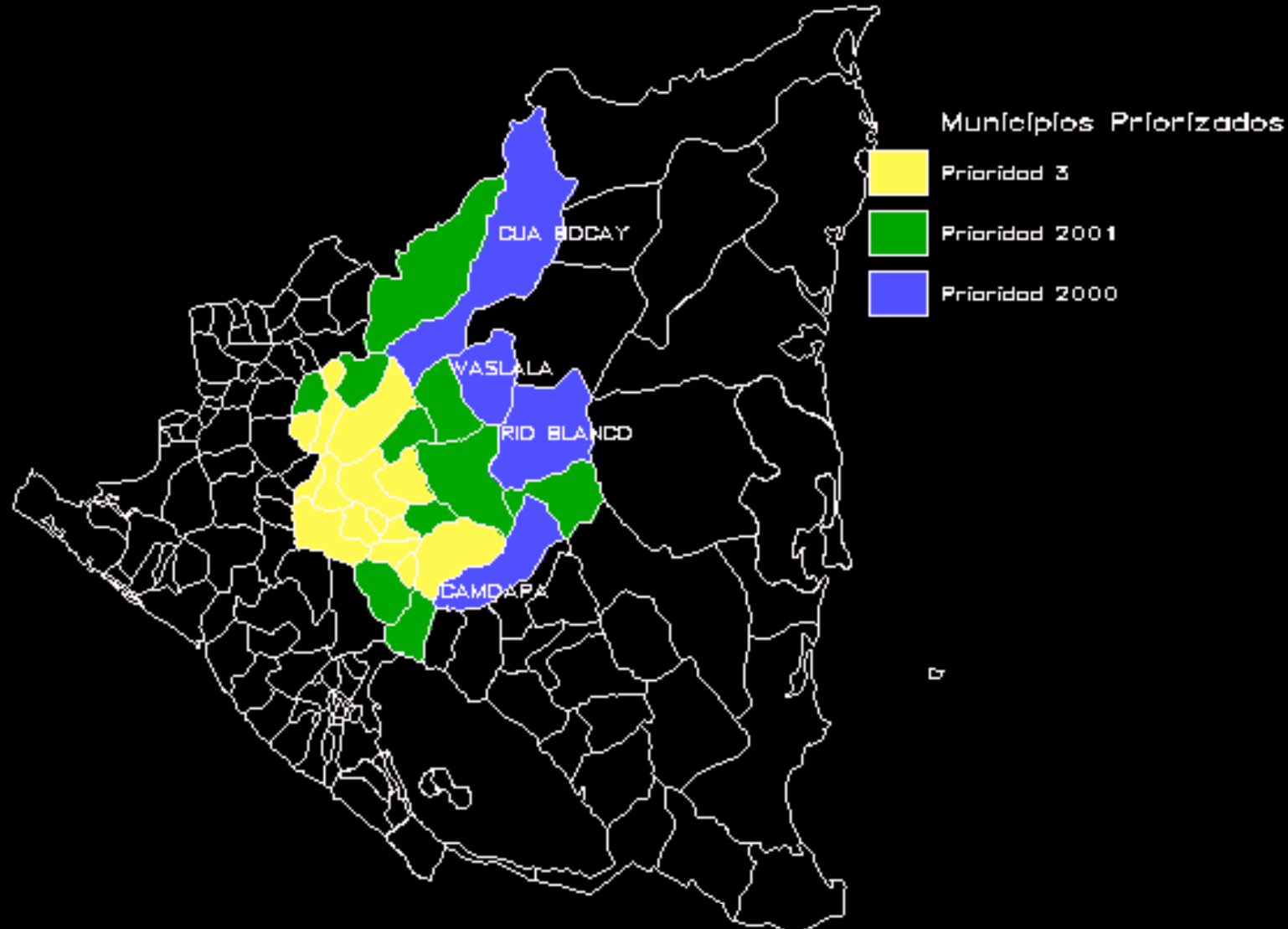


## Overview of PROSALUD

# Basic Project Data

- **Financing:** US\$10.2 million (USAID)
- **Duration:** 1999 – 2003 (50 months)
- **Location:** North Central Nicaragua
- **Target Population:** Approx. 1 million
- **Partners:** MOH, CARE, HOPE, POA
- **Sub-contractor:** JHU CCP for the IEC component
- **Staff:** 15-20 Nicaraguan professionals

# MUNICIPIOS ATENDIDOS POR PROSALUD



# Some Project Characteristics

- ☞ Focused on the municipal level
- ☞ Aimed at strengthening the bases for decentralization
- ☞ Strong community and IEC components
- ☞ Fully Functional Service Delivery Point as main institutional focus

# Characteristics of the Target Population

## From 2001 Household Survey

- Mothers:
  - 66% functionally illiterate
  - 19% single
  - 17 years average age of first pregnancy
- Households
  - 56% no piped water in home or on premises
  - 32% no sanitary disposal of human waste
- Municipalities
  - 6 of 12 are extreme poverty
  - The remainder are high poverty

# Expected Results

1. Improved maternal and infant nutrition.
2. Improved child survival practices and services.
3. Improved reproductive health practices and services.



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## PROSALUD AND THE FFSDP



# Challenges faced

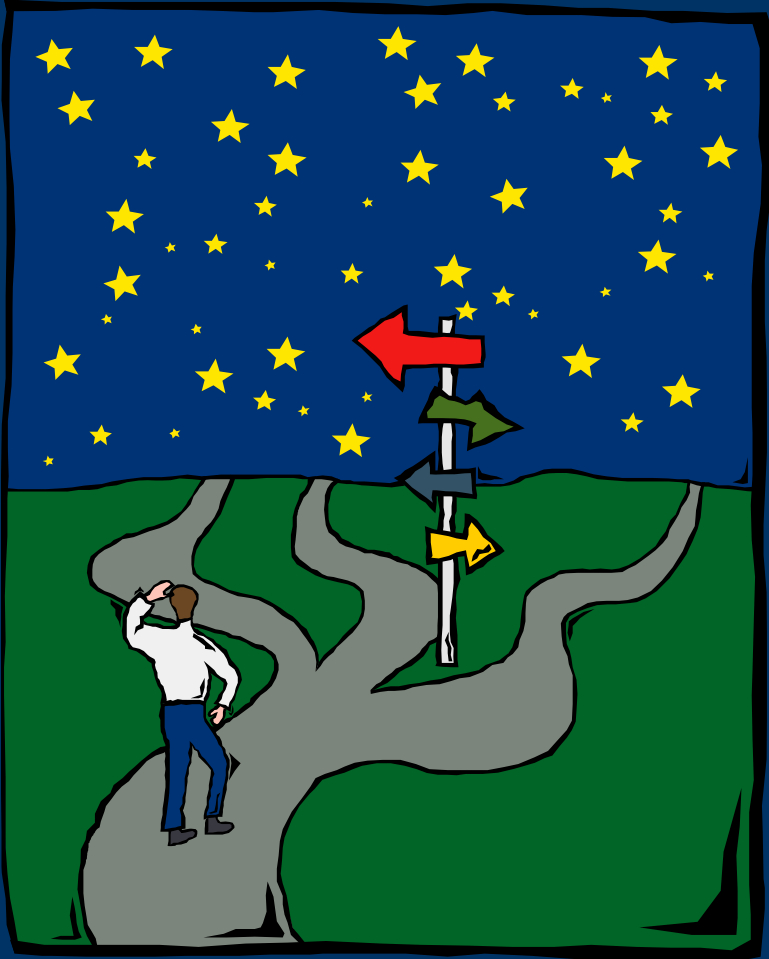
1. Operationally defining FFSDP
2. Measuring advances in FFSDP
3. Using results of measurement of advances for decision-making
4. Adjusting the operational framework as we learned
5. Causally linking advances in FFSDP with improved results
6. Institutionalizing the FFSDP

# I. Operationally defining FFSDP

## or What is a FFSDP?

- We didn't know what it meant operationally.
- Boston didn't know or wouldn't confess.
- So we:
  - adapted it to mean fully functional MOH health units.
  - developed specific criteria for each of the 10 criteria
  - and developed standards for each specific criterion

# Operationalizing the FFSDP



**General Criteria (10)**



**Specific Criteria (40)**



**Expected Results (40)**



**Standards (208)**



**Verification Guide**

# Example

## CRITERION 6

## SPECIFIC CRITERIA

Adequate Management

Motivated personnel working as a team

Organization of health services

Planning

Information system with timely and quality data

Monitoring and evaluation system functioning

Financial analysis

## 2. Measuring advances

- We developed standards for each specific criterion that aimed to be:
  - Objective
    - Replicable
    - Verifiable
  - Sensitive to change
- Verification Guide
  - Specific instructions for application
  - Applied on quarterly or trimester basis
  - Has a total of 100 points for each specific criterion

# Example

**SPECIFIC CRITERION**

**STANDARDS**

**PLANNING (HEALTH  
CENTERS)**

**Has an Annual Operational Plan**

**20**

**Director has a monthly activity plan**

**15**

**Program service goals by year and month exist**

**20**

**Shows evidence of having carried out some of the programmed activities**

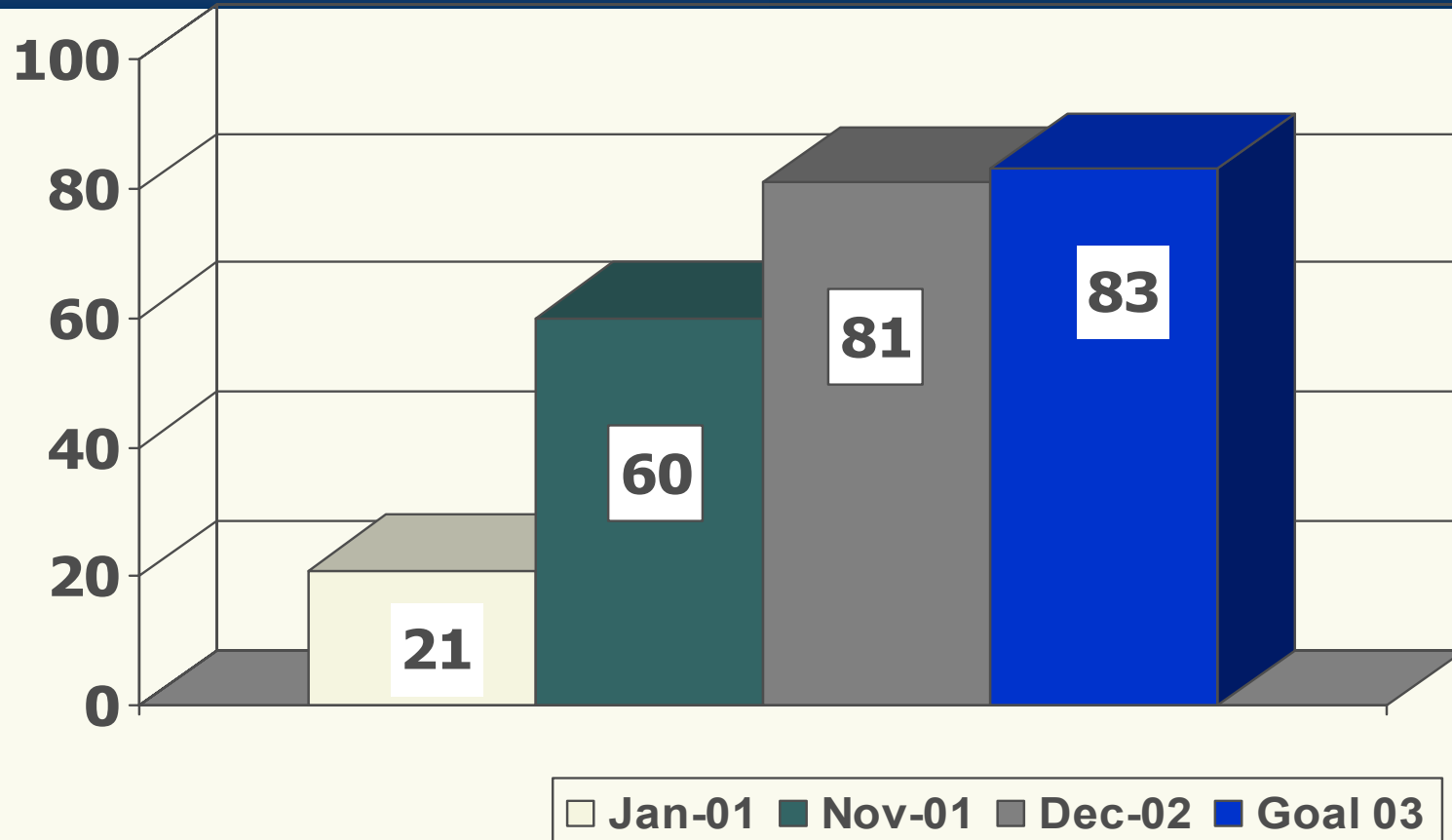
**30**

**Has a Disaster Plan**

**15**

# Process Results

Criteria 1-9 Average Results for 55 health units



### 3. What do we do with the information?

- The application of the Verification Guide solved one problem: We could report to USAID advances on FFSDP but...
- It was a lot of information to analyze:
  - 55 health units x 208 standards = 11,440 data points
- How do we analyze the results?
  - We tried various schemes settling finally on the “Methodology of Exclusion”



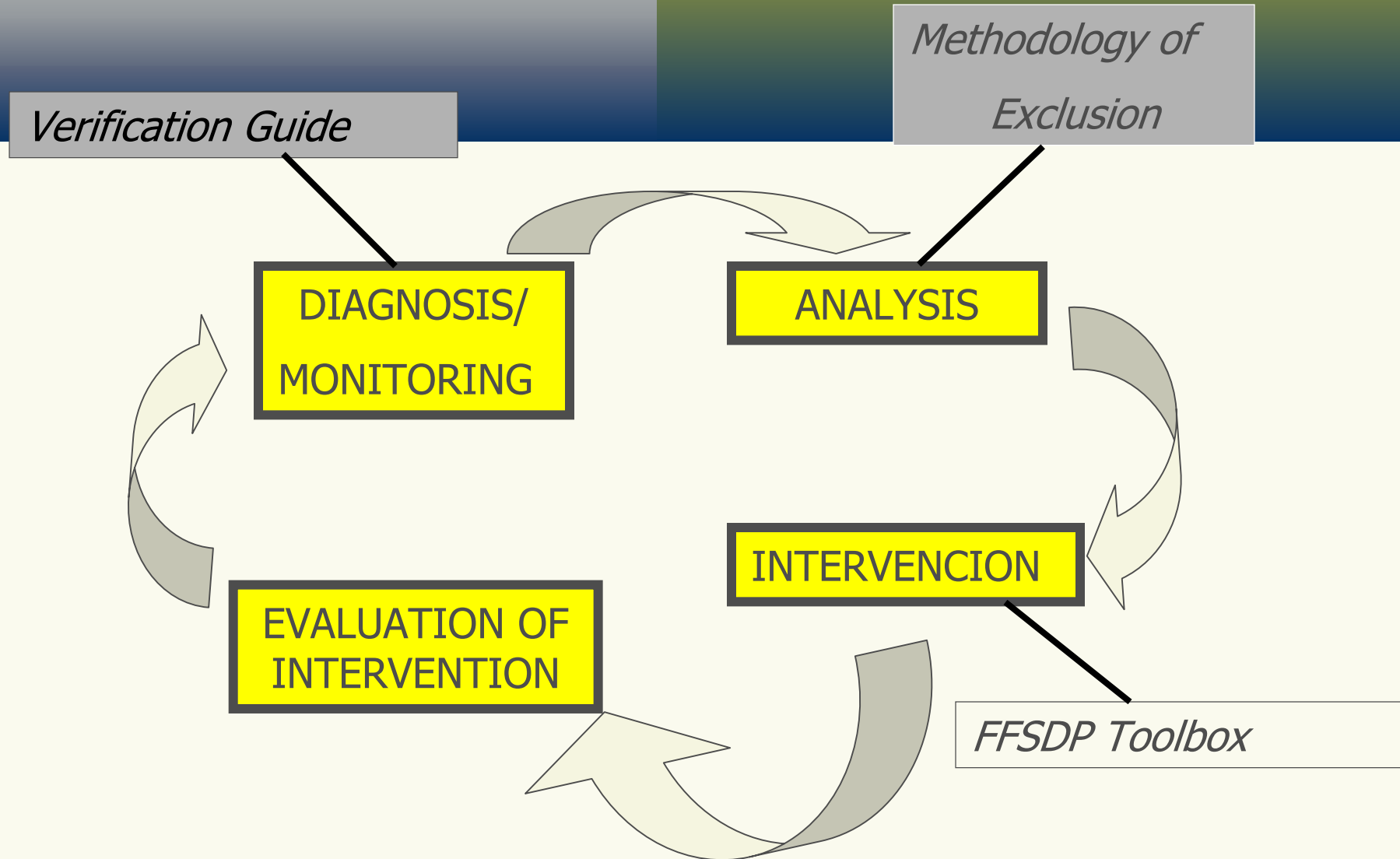
# The Methodology of Exclusion (I)

1. Use 6 indicators to identify problem municipalities.
  1. BCG coverage in < 1 y at least 80%
  2. DPT coverage in < 1 y at least 80%
  3. IMCI coverage at least 70%
  4. Prenatal care coverage at least 70%
  5. Prenatal visits > 2.5 per pregnancy
  6. FP coverage >40% WFA
2. For the municipalities with most failures to meet indicator goals (Criterion 10), identify in which specific criteria they are falling short of specific criterion goals (Criteria 1-9).

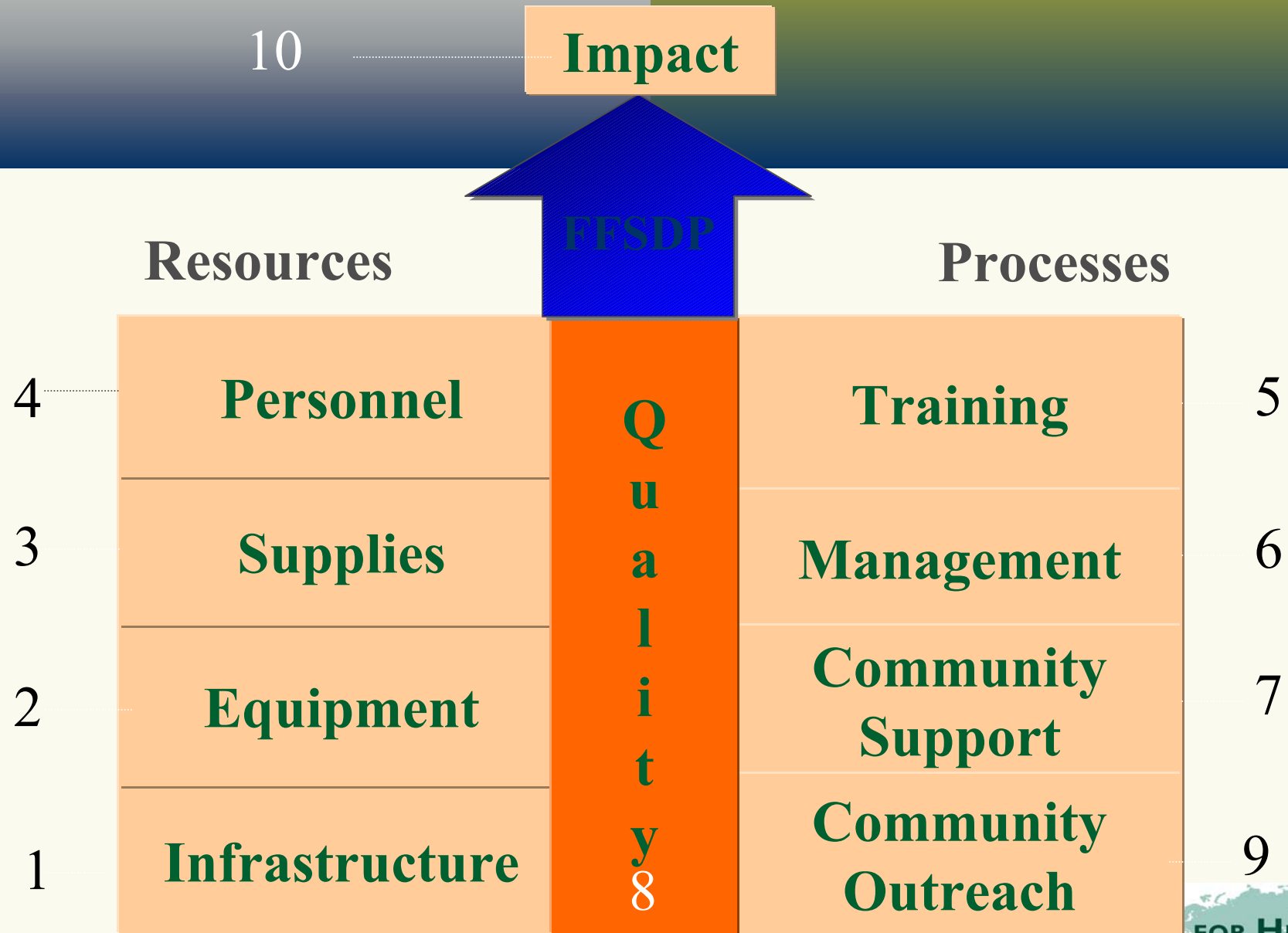
# The Methodology of Exclusion (2)

4. Identify in which of these specific criteria there has been little or no progress since the last monitoring.
5. Develop an intervention plan for these municipalities oriented at those specific criteria.

# Analysis of Results



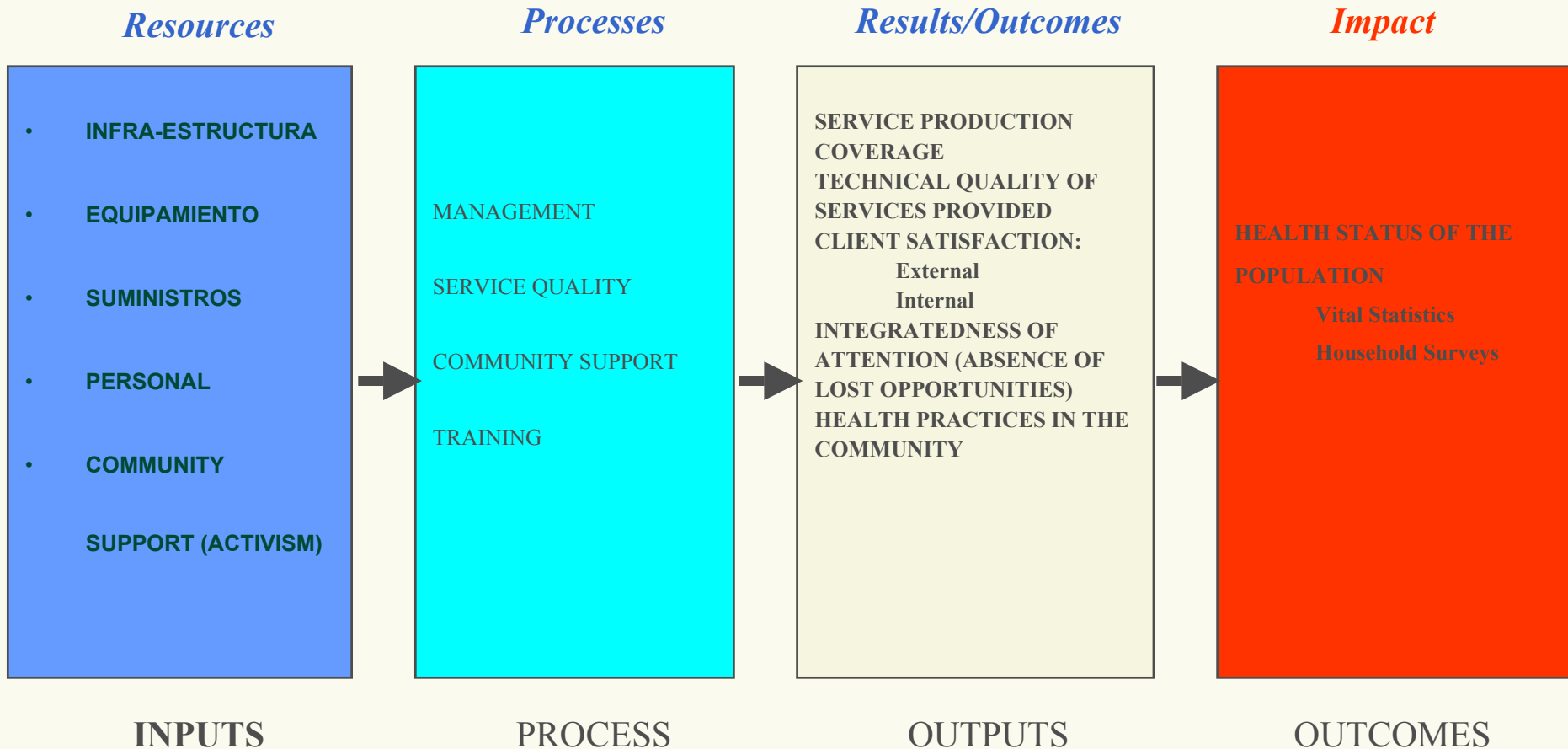
# 4. Our initial operational framework



# Why adjust our Conceptual Framework?

- Health unit personnel complained that they received “low” scores on things that were out of their control:
  - Infrastructure
  - Equipment
  - Assignment of adequate personnel
  - Supplies
- Quality is more of an outcome than an input.
- Confusion between “impact” and “results” or “outcomes”.

# A systems approach to FFSDP



# How do we try to causally link FFSDP to improved outcomes?

- Compare PROSALUD municipalities to non-PROSALUD in terms of outcomes
  - Household survey
    - DHS vs. PROSALUD
    - 1 control municipality in the final survey
  - MINSA data
    - PROSALUD vs. non-PROSALUD municipalities
  - Regression analysis

# PROSALUD M & E Processes

Purpose	Level	Instrument	Periodicity
Evaluate Impact and Results	Impact Results	Household surveys	Baseline (2001) Midline (2002) End Line (2003)
Monitor Results	Results	MOH Statistics	Quarterly
Monitor advance towards FFSDP	Processes Resources	FFSDP Verification Guide	Trimester
Quality of Integrated MCH Health Care	Results	IMCI and IWC Monitoring and Supervision Guides	Quarterly Semiannually
Client Satisfaction	Results	Exit interviews	Semiannually



# PROSALUD Household Survey Comparison with DHS

<b>Indicator</b>	<b>Change DHS</b>	<b>Change PROSALUD</b>
<b>BCG in children &lt; 1 year</b>	<b>+ 0.2</b>	<b>+1.3</b>
<b>DPT in children &lt; 1 year</b>	<b>+3.7</b>	<b>+19.8</b>
<b>Children 12-23 months with complete vaccination for age</b>	<b>-9.5</b>	<b>+3.9</b>
<b>% use of modern contraceptives in women in union</b>	<b>+8.6</b>	<b>+5.0</b>
<b>% coverage with professional prenatal care</b>	<b>+4.0</b>	<b>+18.7</b>

# Comparison between PROSALUD & non-PROSALUD municipalities

	# of FP services provided		# of prenatal visits		# of visits by children < 1 y	
	With Prosalud	Without Prosalud	With Prosalud	Without Prosalud	With Prosalud	Without Prosalud
<b>Matagalpa</b>	<b>+ 4.95</b>	+3.18	<b>+0.12</b>	- 5.17	<b>-0.31</b>	-7.60
<b>Jinotega</b>	<b>+16.28</b>	+ 6.17	<b>- 1.60</b>	- 3.86	<b>+7.57</b>	-9.57
<b>Boaco</b>	+12.10	<b>+22.30</b>	<b>+1.28</b>	-10.97	<b>+8.16</b>	+0.31

# Regression Analysis

- Looked for correlation between higher scores in criteria 1-9 (independent variables) and a more robust criteria 10.
  - More robust in that some additional outcome indicators were added.

# Results of Regression Analysis

# Institutionalizing FFSDP – How?

- Successful marketing to PVO partners.
- Need to let MOH know about expansion.
- New MOH authorities wanted to evaluate health services but didn't have a means.
- They asked us to work with others in evaluating existing instruments and adapting them to MINSA.

# Institutionalizing-How?

- Assignment of counterparts
- Involvement of other stakeholders
- Persistent collaboration of PROSALUD staff, talented counterparts and 8 months or work.
- MINSA FFSDP Verification Guide being validated now in 18 municipalities.

# Institutionalizing-What?

- Presently
  - The Verification Guide
- Pending, but implicit in the above:
  - Toolbox for interventions
- Hopefully
  - The underlying concept
  - The tool for analysis



# Muchas Gracias