



20

**STRENGTHENING NGO CAPACITY TO SUPPORT  
HEALTH SECTOR REFORM:**

**SHARING TOOLS AND METHODOLOGIES**

Report of Two Regional Working Groups:  
MOST – Quito, Ecuador, September 1998  
CORE – Managua, Nicaragua, October 1998

Gerry Rosenthal, PhD, MS  
Sarah Johnson, MSW, MPH  
July 1999



This publication was produced as part of the LAC Health Sector Reform Initiative by the Family Planning Management Development Project (FPMD), a project of Management Sciences for Health (MSH) in Boston Massachusetts.

Funding for this publication was provided by the U.S. Agency for International Development under cooperative agreement number: CCP-A-00-95-00000-02.

The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.





# TABLE OF CONTENTS

---

ABSTRACT.....	iii
ACRONYMS.....	v
ACKNOWLEDGEMENTS.....	vii
1. INTRODUCTION.....	1
1.1. THE LATIN AMERICA AND CARIBBEAN HEALTH SECTOR REFORM INITIATIVE.....	1
1.2. PUBLIC/NGO PARTNERSHIPS.....	1
1.3. GENERAL BACKGROUND.....	2
2. THE TOOLS.....	3
2.1. THE MANAGEMENT AND ORGANIZATIONAL SUSTAINABILITY TOOL (MOST).....	3
2.1.1. <i>Description and Purpose</i> .....	3
2.1.2. <i>Application</i> .....	4
2.1.3. <i>The MOST Package</i> .....	4
2.2. THE COST REVENUE (CORE) ANALYSIS TOOL.....	5
2.2.1. <i>Description and Purpose</i> .....	5
2.2.2. <i>Application</i> .....	6
2.2.3. <i>The CORE Package</i> .....	7
3. THE GENERAL STRATEGY.....	9
3.1. REGIONAL WORKING GROUP MEETING ON MOST.....	9
3.1.1. <i>The Agenda</i> .....	10
3.1.2. <i>Participants' Response to MOST and to the Regional                 Workshop</i> .....	11
3.2. THE CORE WORKING GROUP MEETING.....	12
3.2.1. <i>The Agenda</i> .....	12
3.2.2. <i>Participants' Response to CORE and to the Regional                 Workshop</i> .....	13
4. RESULTS AND RECOMMENDATIONS.....	15

4.1.	THE MOST WORKSHOP.....	15
4.2.	THE CORE WORKSHOP.....	16
	APPENDIX A.....	17
	TABLE 1: MOST PARTICIPANTS.....	17
	APPENDIX B.....	19
	TABLE 2: CORE PARTICIPANTS.....	19

## ABSTRACT

---

This document reports on two Latin America and the Caribbean (LAC) Regional NGO workshops carried out as part of the LAC Health Sector Reform Initiative (LAC HSR Initiative). The meetings were organized to assist LAC NGOs to explore challenges to effective management generated by health sector reform policies and to share experiences in utilizing key tools for addressing these challenges. The tools, MOST, a management self-assessment tool, and CORE, a tool for analysis of costs and revenues, have been developed and field tested by Management Sciences for Health. They, and other tools and methodologies for strengthening the capacity of NGOs to participate in Health Sector Reform are being disseminated in the LAC region as part of the LAC HSR Initiative.

Each meeting was hosted by a local organization and brought together NGOs from the region that had experience in using a tool with other organizations interested in doing so. The CORE meeting, held in Nicaragua in August 1998, brought together NGOs from Honduras and Guatemala that had used the CORE tool with NGOs from Nicaragua and Ecuador who were interested in applying the tool in their own settings. The MOST meeting in Ecuador brought together organizations from Haiti and Paraguay who had used MOST with organizations from Ecuador and Peru. The major objectives for these meetings was to reinforce South-South learning and sharing and to develop ways for making these and other tools more readily accessible to organizations throughout the LAC region.

This document describes the content of the meetings and major themes and strategies identified by the participants.



## ACRONYMS

---

<b>APROFAM</b>	Asociación Pro-bienestar de la Familia
<b>ASHONPLAFA</b>	Asociación Hondureña de Planificación Familiar
<b>CBD</b>	Community-based distribution
<b>CEMOPLAF</b>	Centro Médico de Orientación y Planificación Familiar
<b>CEPEP</b>	Centro Paraguayo de Estudios de Población
<b>COF</b>	Centro Obstétrico Familiar
<b>CORE</b>	Cost Revenue Tool
<b>DDM</b>	Data for Decision Making (Harvard School of Public Health)
<b>ERC</b>	Electronic Resource Center
<b>FPMD</b>	Family Planning Management Development
<b>HSR</b>	Health sector reform
<b>INPARRES</b>	Instituto Peruano de Paternidad Responsable
<b>LAC</b>	Latin America and the Caribbean
<b>MOH</b>	Ministry of Health
<b>MOST</b>	Management and Organizational Sustainability Tool
<b>MSH</b>	Management Sciences for Health
<b>NGO</b>	Non-governmental organization
<b>PAHO</b>	Pan American Health Organization
<b>PHR</b>	Partnerships for Health Reform (Abt Associates)
<b>USAID</b>	United States Agency for International Development



## **ACKNOWLEDGEMENTS**

---

FPMD would like to acknowledge all of the organizations that participated in these working groups for their contributions and insights. (See Annexes A and B.)

In addition, FPMD would like to acknowledge the host organization for each working group, Profamilia in Managua, Nicaragua and CEMOPLAF in Quito, Ecuador. Their logistical support and management of these events was key to the success of each working group.

# 1. INTRODUCTION

---

---

## 1.1. THE LATIN AMERICA AND CARIBBEAN HEALTH SECTOR REFORM INITIATIVE

The Latin American and Caribbean Health Sector Reform Initiative (LAC HSR Initiative) supports national reform processes to promote more effective basic health services. Using a participatory approach, the Initiative works in partnership with key decision-makers in the region to build capacity to assess health sector problems and design, implement, and monitor health sector reforms. The Initiative assists health sector reform (HSR) teams by:

- **Developing methodologies and tools** to aid in the analysis, design, implementation, and monitoring of national health sector reforms in order to enhance public, private, and NGO-sector interaction, strengthen health finance decisions, and improve policy analysis and planning.
- **Gathering and disseminating information** on national health reform efforts, including an electronic resource center, a series of topical bulletins, a clearinghouse house on health reform papers, and an electronic network to link people and ideas across the region.
- **Monitoring reform processes and outcomes** by developing and implementing tools and providing feedback to countries, donors, and other partners.
- **Helping countries to share experiences and advice** through regional conferences and workshops, links among institutions, a regional forum for researchers, and study tours.

The work of the Initiative is carried out by a group of partners consisting of: the Pan American Health Organization (PAHO), USAID, Abt Associates (PHR), Management Sciences for Health (FPMD) and Harvard School of Public Health (DDM).

## 1.2. PUBLIC/NGO PARTNERSHIPS

Within the Initiative, there is specific focus on public/NGO partnerships as an essential element of health sector reform. The goal is “to broaden the form and dimension and improve the quality of public/NGO partnerships in health sector reform with the aim of improving sector efficiency, equity, quality, financial sustainability and/or social participation.” To achieve this goal, “the LAC Health Sector Reform Initiative (HSR) will work to develop and strengthen the dynamic partnership between the public and private (particularly non-profit) sectors as a means of promoting successful reform efforts in the region. This effort has three objectives:

- To promote greater understanding among MOHs and other relevant public sector entities of NGOs’ potential roles in health sector reform.
- To promote greater understanding among NGOs of the changing role of MOHs and its impact on NGOs and the health sector in general.

- To strengthen the capacity of NGOs to contribute to the effectiveness of health sector reform.

These objectives will be served by strategies that seek:

- To facilitate increased dialogue among public entities and NGOs on their respective roles and contributions to health sector reform.
- To draw lessons from public/NGO interactions that can support the goals of health sector reform in the region.

The working group activities described in this document were organized and implemented by FPMD/MSH in collaboration with regional NGOs in support of the above objectives.

### **1.3. GENERAL BACKGROUND**

Since its establishment in 1972, Management Sciences for Health has been assisting organizations and agencies in the health sector to improve the management of operations and programs. Through training, technical assistance, and the development and dissemination of tools and methodologies, MSH has sought to improve health outcomes and the effectiveness and efficiency of health system operations. This commitment has been well demonstrated in the experience of MSH's Family Planning Management Development (FPMD) Project. Established initially as the Family Planning Management Training Project, it sought to improve management through training and other human resource development strategies. That experience demonstrated the need, in addition to training, for direct technical support for managers and policy makers to obtain the impacts from improved management.

This awareness led to the development of the FPMD Project, which focused on a broader range of management development activities directed at health and family planning institutions and programs. The project emphasized, in addition to training and direct technical assistance, the production and dissemination of materials, including tools and methodologies, case studies, and technical guides, designed to help organizations and program managers improve the effectiveness of their operations through better management. Since that time, FPMD has developed an extensive program of publications distributed by mail, electronic mail, and the Internet, has organized The Health Manager's Electronic Tool Kit, which make tools produced by many organizations available for direct internet and e-mail access, and developed a number of tools specifically designed to support improved organizational management.

The opportunity to participate in the LAC HSR Initiative draws on this experience. Working with our partners, the Initiative provides a context for more focused regional efforts to support health sector reforms, which can improve the quality and effectiveness of health services and promote equity and expanded access. The two meetings described in this document were organized and carried out with this overall objective in mind. Although each focused on a specific management tool, the experience of the meetings reinforces the central idea of the initiative that generating opportunities for organizations and individuals in the region to share experiences is a critically important step toward achieving this result.



## 2. THE TOOLS

---

---

Although the activities of the partners in the Initiative include the development of new tools and methodologies specifically focused on reform related policy and operational issues, two tools, already developed and field tested by FPMD/MSH, were selected for wider regional dissemination. Both of these tools, the Management and Organizational Sustainability Tool (MOST) and the Cost Revenue Tool (CORE), address aspects of organizational operations essential for effective NGO participation in regional health reform. Both of these tools had been used by organizations in the region. This gave the opportunity to develop dissemination strategies that could start with direct sharing among regional institutions. In the process of this sharing, we could also explore ways to make these tools more readily accessible to a wider group of organizations. This section of the report provides a general overview of the tools and how they are used.<sup>1</sup>

### 2.1. THE MANAGEMENT AND ORGANIZATIONAL SUSTAINABILITY TOOL (MOST)

MOST was initially developed as part of an effort to design an instrument for assessing the level of organizational sustainability achieved by donor supported health and family planning organizations. Because sustainability is a future goal, the FPMD/MSH development team focused on developing a set of current indicators that would be systematically associated with increased likelihood of future effective performance. Although some indicators would reflect aspects of long-term financing, our experience indicated that financing alone was no guarantee of continuity of critical service delivery and support functions, particularly those related to equity and access. Rather, it was the overall quality of management of the organization that linked to sustainability of performance.

The instrument that evolved was based on the Institutional Development Framework, developed earlier by FPMD to assist in identifying critical areas of management that could benefit from technical assistance and training. Since its inception in 1989, this framework, based on the general organizational development literature, has been adapted to many different settings and purposes. All versions of the framework are based on a set of key components of management applicable to all organizations and the identification of characteristics that mark each component at different stages along a continuum of improving performance. In its MOST application, the instrument describes a general set of characteristics associated with each stage, leaving it to the users to determine specific indicators on which to focus actions for improvement. This process of collaborative indicator development is one of the many strengths of the tool. The overall MOST exercise is described below.

#### 2.1.1. *Description and Purpose*

The Management and Organizational Sustainability Tool (MOST) is a self-assessment process whose components enable an organization to:

- Assess its current status with respect to a basic set of management components.

---

<sup>1</sup> Information about these tools and others can be found on the Internet in the MSH Electronic Resource Center as part of the Manager's Tool Kit at <http://erc.msh.org/toolkit/>.

- Identify changes that can be made to move forward to more effective management.
- Identify actions, which can be taken to implement these changes.

MOST is designed so that a cross-section of staff and board members representing all levels of the organization can carry out a highly participatory process which starts with individual perceptions of the level of management performance and compares and consolidates these individual assessments into a common organizational assessment and plan for development.

### **2.1.2.    *Application***

MOST is applied through a structured facilitated workshop in which a cross-section of the organization's staff and board participate. Over a period of between 23 days, the facilitator helps participants pool their individual and collective experience and knowledge to achieve the products of the workshop: a better picture of the current management status of their organization and a plan for moving further along the management development continuum in each management category.

The objectives of the workshop are for the participants to:

- Use the MOST self-assessment instrument to understand the essential management components and their stages of development.
- Carry out a collaborative analysis of the present status of development of management components in their organization.
- Identify target indicators to serve as measures of progress toward a higher stage of development.
- Identify strategies and activities to support this progress, and develop an action plan for their implementation.

### **2.1.3.    *The MOST Package***

The MOST package contains everything an organization needs to carry out this self-assessment:

- Descriptions of the process, potential users, and purpose of MOST, and of the instrument that focuses the initial individual assessments and structures the consensus.
- An explanation of the role of the facilitator.
- A rationale for linking effective management and sustainability.
- A discussion of the management components that are used in the MOST assessment.
- Suggested agendas, objectives, and summary descriptions of the three workshop modules.
- More detailed module plans for facilitators to use in planning the workshop.
- Standard for consensus development exercises, summary of assessments, and final workshop products.

- A glossary.

The preliminary version of MOST in English is available in the MSH Manager's Tool Kit. Versions are also available in Spanish, and Portuguese while a French version is in process.

## **2.2. THE COST REVENUE TOOL (CORE)**

The CORE tool was created in response to increasing pressure on non-governmental organizations (NGOs) to become more financially sustainable through improved management of factors related to both costs and revenues. It originated from mechanisms developed by MSH/FPMD in Zimbabwe to compare costs under different service delivery models (static clinics, mobile clinics, and community-based distribution-CBDs). It was later adapted for use in NGOs in Mexico and Guatemala to help make urban clinic networks self-financing. After further modifications it was field tested and used successfully by NGOs in Bangladesh, Guatemala, Honduras, Haiti, Jordan, Mexico, Nepal, Tanzania, and the United States. An elaborate users manual was developed and has been translated to Spanish.

### **2.2.1. *Description and Purpose***

CORE is an analytical, spreadsheet-based tool for determining cost and revenues for current situations and under different scenarios down to the level of individual services. It can be used to analyze existing clinics or to determine feasibility of new clinics or new services. It is designed to be used at different levels – by clinic managers, network managers, or TA providers; and to provide a general picture with clear indication of problem areas. CORE is not a cost accounting system or a routine report (neither of which are usually feasible at the level of individual service costs). Rather, it is a tool that can be periodically applied to monitor financial performance and to explore opportunities for improving efficiency and revenue generation.

The CORE tool is flexible and can be useful for a variety of purposes. The following are examples of some questions clinic managers can use CORE to help answer.

- What is our current level of financial self-sufficiency?
- What are our most and least-profitable services?
- What level of prices for each service will allow us to break even?
- What is an appropriate mix and volume of service for our clinic?
- What is the best use of human resources (i.e., staffing pattern)?
- What level of fixed costs – rent, electricity etc. – can we afford?
- Where should we focus our marketing?
- How many of the poor can we serve and how much should be charged?
- If we are not charging, how many clients can we serve with our existing grant?

### **2.2.2. Application**

CORE is built around a set of Excel spreadsheets that can be modified by staff to fit an individual clinic's situation, including current and planned services. It uses data that are usually available or can be easily calculated or estimated. A team of organization staff familiar with financial and clinical aspects of the organization collects the data. The following nine steps describe this data collection process.

**Step 1: Develop a list of services provided.** For Step 1, the data collection team must develop a list of the services that the facility provides.

**Step 2: Establish the categories of services (optional).** For this step, the data collection team should use the list of services from Step 1 to establish the categories of services provided. Establishing categories makes it easier to compare the costs and revenues associated with different categories of services.

**Step 3: Determine the volume of each service.** For this step, the data collection team must specify the time period being analyzed and determine the volume of each service to be provided by the facility during that time period.

**Step 4: Identify all facility personnel and collect compensation data.** For this step, the data collection team needs to create a list of the names of all personnel who work at the facility, determine their salaries, benefits, and the percent of time they work, and group them by type of personnel.

**Step 5: Determine how personnel spend their time.** Using the personnel/ compensation list developed in Step 4, the data collection team needs to apportion each person's time between direct service delivery and administration and calculate the annual compensation for each person listed. The data collection team should work closely with the facility's management personnel and should observe services as they are provided in order to determine the most appropriate time allocations for each individual.

**Step 6: Determine the personnel time and materials used in each service and complete the Service Practices Worksheets.** For this step, the data collection team must complete the Service Practices Worksheets (one worksheet for each service listed in Step 1) by listing the type of personnel and the time spent providing direct services, and the costs of the medicines, contraceptives, and clinical supplies used in providing each service.

**Step 7: Determine other fixed operating costs and regional/central support costs.** For this step, the data collection team must collect data on fixed operating costs. These include salary information drawn from Step 5, as well as the cost of special equipment that should be depreciated, estimates for other fixed operating costs, and the facility's share of central/regional support costs.

**Step 8: Determine fees charged for each service.** For this step, the data collection team will create a list of fees charged for each service to be analyzed in the Facility Spreadsheet.

**Step 9: Determine factors that reduce gross revenue.** For this step, the data collection team will collect data on three factors that reduce gross revenue: waivers, discounts, and cash differences.

Based on this information, CORE calculates unit costs based on standard inputs (i.e., supplies and staff time), which can be determined by the organization's or individual clinic's managers and staff. It has the capacity to adapt to different staff payment systems (i.e., salary, commission, fee for service, fee for session) and will incorporate and allocate other fixed costs across services. The CORE analyses can also be reconciled with accounting reports for validity check.

### **2.2.3. *The CORE Package***

The CORE package is available at a nominal charge and consists of the following:

- A manual describing fully how to apply the tool;
- A diskette with six files – three blank worksheets for information acquisition and analysis, and three completed worksheets containing the information used in the examples provided in the manual.



### **3. THE GENERAL STRATEGY**

---

---

The Regional Working Group Meetings were both organized around a similar general structure, process, and focus. The overall purpose was to bring together representatives of a selected group of NGOs to share experiences in using the tools, share general experiences with health sector reform in their respective countries, and explore strategies for making the tools more widely accessible to organizations in the region. Participants in each meeting included a group of representatives of NGOs who were interested in the application of the tools, representatives of the partner organizations in the region who had used them, and other interested persons in the host country. Additionally, representatives of the partners were invited to participate and, where feasible, to provide an overview of health sector reform activities from their perspective. The format was deliberately informal, with all participants fully incorporated in the meeting activities and contributing their experiences and perspectives.

The meetings were organized and hosted by an in-country institution and the participation of other NGOs in the country was encouraged. Each meeting included general discussion of the tool, primarily in the form of presentations by the organizations with experience using the tool. The presenters usually placed the application of the tool in the operating context of the organization and discussed their expectations and outcomes. The emphasis was on the place of the tool in the overall development of the organization's management rather than on technical issues of application, etc.

At each meeting, considerable time was also devoted to general sharing of the history, organizational development, and management experience of each of the participating organizations. The working groups also reviewed their experiences with health sector reform and shared observations about the impacts, risks, and opportunities. Other meeting participants, representing USAID, Ministry of Health representatives, and/or other organizations shared fully in these discussions.

One important objective was to use the working group meeting as a means for supporting the development of direct collaboration and sharing among regional organizations and individuals. The process was designed to encourage the development of personal relationships and opening more regular communications among groups with similar interests. The generation of structured, but informal, opportunities for all participants to talk about their institutions and problems with an interested group of colleagues, was a critical element in the meeting design.

#### **3.1. REGIONAL WORKING GROUP MEETING ON MOST**

In September 1998, the Family Planning Management Development Project (FPMD) of Management Sciences For Health (MSH) conducted a three day technical exchange meeting in Quito, Ecuador September 21-23, 1998, which brought together executive directors and other senior staff from different health and family planning NGOs in Ecuador, Paraguay, and Peru, in addition to MSH staff from Boston and Haiti. The purpose of this regional working group meeting was to share information on the organizational sustainability of NGOs and discuss management tools and methodologies available to strengthen the management capacity of these organizations. In particular, the goal of the meeting was to present the MOST tool, an organizational management tool developed by MSH to assist NGO staff and board members to assess the mission, organizational strategies, organizational structure, and management systems of their organizations and to develop a management action plan to address the problems identified.

The workshop – “*A Technical Exchange on NGO Sustainability and Health Sector Reform: Introduction to the MOST Management Tool*” (Intercambio Técnico Sobre Sustentabilidad de ONGs y Reforma en el Sector Salud: Introducción a la Herramienta Gerencial de MOST”) – was an active, lively exchange on these issues and a rare opportunity for busy NGO directors and staff to sit in the same room in a small group for three days, talking and learning from each other. The highlight of the meeting was the discussions among colleagues from Paraguay and MSH staff in Boston and Haiti, all of whom had experience using MOST in the field and the workshop participants from Peru and Ecuador who were learning about the tool for the first time and considering its application in their organizations and other sister NGOs.

Twenty people (20) attended the meeting from seven (7) NGOs in Paraguay, Peru, and Ecuador, in addition to a representative from the Ecuadorian Health Ministry and representatives from USAID Ecuador and MSH Boston and Haiti. A list of the participants is attached as Appendix A.

### **3.1.1. *The Agenda***

The agenda for the meeting included the following topics:

- Overview of the Latin American and Caribbean Health Sector Reform Initiative: background of the Initiative, the partners in the Initiative, the goals and planned activities of the Initiative. Introduction to MSH. FPMD/MSH activities in the LAC HSR Initiative in strengthening NGO management capacity to support health sector reform.
- Presentation of the MSH Electronic Resource Center and the Health Manager’s Toolkit in order to acquaint participants with these resources available on the MSH Internet site.
- Concept and importance of sustainability. Strategies and efforts to improve NGO sustainability.
- Introduction to the MOST Tool. The importance of good management. Essential management components. Key components of the MOST tool (management components, stages of development, reference criteria and indicators). The MOST process: individual scoring of the management development status of the organization’s mission, strategies, structure and systems, group discussion and consensus on the management diagnosis and development of a management improvement plan.
- Simulating the MOST experience – applying MOST to your own organization-individual diagnosis exercise.
- Presentations and sharing by Dr. Cynthia Prieto from CEPEP in Paraguay and Lic. Bernateau Desmangles from Haiti on their experiences using MOST.
- Review of the MOST manual.
- Relationship between improved NGO management capacity to health sector reform.
- Presentation of Health Sector Reform in Ecuador.
- Sharing Organizational Sustainability Strategies and Actions: Lessons from CEMOPLAF in Ecuador.

- Visit to a CEMOPLAF clinic.
- Sharing Organizational Sustainability Strategies and Actions: Lessons from INPPARES in Peru and COF in Ecuador.
- Simulating elements of a MOST workshop: role playing of a subgroup trying to reach consensus on the organizational assessment.
- Review and discussion of next steps in the MOST process: full group consensus, establishment of indicators, development of a management action plan to address problems identified in the organization's management development.
- Additional discussion on MOST: the MOST manual, role of the facilitator, use of MOST as part of overall management capacity building, etc.
- Group Discussion on a Dissemination Strategy for MOST and other management tools to NGOs in Latin America and the Caribbean.
- Conclusions, workshop evaluation, and closing.

### **3.1.2. *Participants' Response to MOST and to the Regional Workshop***

Participants found MOST to be a useful, appropriate tool for assessing NGO management capacity in a participatory, facilitated fashion.

According to discussions and written workshop evaluations, participants particularly appreciated the following at the three day workshop:

- Face-to-face contact and exchange with NGO colleagues in a learning environment.
- The capacity of the facilitators at the workshop to make clear, illustrative, experience-based presentations on MOST and foster a high level of participation in the group.
- A rich opportunity to share experiences among countries and institutions on the topic of NGO organizational sustainability.
- The thorough review of the MOST process and document.
- The exchange between MOST users and non-users.

In addition they made the following more general comments.

- More information is needed on how to develop and implement a management improvement plan.
- Participants want to be fully trained as MOST facilitators for MOST and other management tools.
- Participants suggest incorporating their suggestions for edits, offered during the workshop, in the next edition of the Spanish language MOST tool and manual.

- Follow-up and continuity on the topic of management methodologies and tools is needed. Participants wanted more exposure to management concepts and practices and management tools through regional and local courses and workshops, distance learning, Internet web sites, etc.

Finally, they expressed appreciation for the coordination between MSH and CEMOPLAF and the hospitality of CEMOPLAF and Ecuador.

### **3.2. THE CORE WORKING GROUP MEETING**

There were two objectives of the workshop. First, the workshop was designed to share the experiences of CORE and to extend that experience to one or more organizations that had expressed interest in tools or methodologies for improving financial sustainability. Two organizations with successful, but different, experiences in implementing the CORE tool, APROFAM from Guatemala and ASHONPLAFA from Honduras, were invited to participate in the workshop and present summaries of their experiences. In addition, two organizations, which had expressed interest in implementing CORE, were included as participants. One of these, ProFamilia in Nicaragua, actually hosted the event, but the other, ProFamilia from Dominican Republic, had to cancel at the last minute due to the effects of hurricane George.

Secondly, the workshop was also designed to bring together a sample of organizations from Latin America to explore strategies for making management tools more widely available. In addition to the organizations mentioned above, the workshop was attended by a representative from CARE in Ecuador, various persons from the USAID/Ministry of Health Decentralization of Health Services Project, and by the PAHO representative in charge of the Health Sector Reform Initiative. Appendix B contains a list of workshop participants.

#### **3.2.1. *The Agenda***

In addition to the standard activities of welcome, introductions, conclusions, evaluations, and closing ceremony, the workshop was made up of two types of activities – presentations of information and experiences, and brainstorming and discussion groups.

The initial presentations consisted of introductory information about the LAC HSR Initiative and some of MSH's activities related to the Initiative. These were followed by detailed descriptions of the experiences of APROFAM and ASHONPLAFA in implementing CORE, which were very well received by the other participants and advanced the understanding of a variety of issues. The CARE representative also offered a presentation on work they have done on monitoring and controlling service delivery costs. MSH gave additional presentations on the basic concepts and benefits of CORE and a presentation on The Health Manager's Toolkit available through the Electronic Resource Center on the World Wide Web.

In many respects the discussion and brainstorming sessions were the most well received elements of the workshop. These included discussions of the APROFAM and ASHONPLAFA experiences in their implementation of CORE, and related topics such as the need for better accounting systems capable of providing financial information by cost centers. Also there were discussions around the general topic of sustainability for NGOs, future demand and utilization of CORE, and next steps to be taken for advancing the objectives of the Health Sector Initiative.

### 3.2.2. *Participants' responses to CORE and the Regional Workshop*

According to discussions and written workshop evaluations, participants particularly appreciated the following at the three-day workshop:

- The presentation of the Guatemala experience.
- The exchange among various colleagues from the region.
- To listen to the application experience of CORE and the future possibilities of CORE applications.
- The importance of CORE in the analysis to recover costs and the exchange of experiences.
- To be given the opportunity to present individual experiences, share ideas and provide information about our given areas.
- The CORE tool is very USEFUL!

These same evaluations, expressed some areas which could be improved or provided suggestions for future follow up:

- CORE manual in Spanish isn't ready yet.
- We were unable to see CORE in use as a concrete example.

Participants had many suggestions for future activities, which were:

- Organize an electronic forum to maintain the active exchange of experiences.
- Publish an informative bulletin with news regarding the evolution and new users of the tool.
- Identify times for tool demonstrations.
- Communicate to participants via e-mail. Conduct a new meeting with the same participants to follow up.
- Prepare suggestions regarding accounting software.
- Encourage the continuation of dynamic participation and exchange through follow up communications and opportunities.



---

---

## 4. RESULTS AND RECOMMENDATIONS

---

---

### 4.1. MOST WORKSHOP

In order to work more efficiently and effectively with the public sector in national health sector reform efforts, NGOs, like public sector institutions, must first be well managed and informed of management methodologies, approaches, and tools available to help them strengthen their organizations.

In discussing strategies for dissemination, workshop participants felt that the best way to disseminate management tools and methodologies is to conduct local and regional information training workshops across the region with staff who have practical experience with MOST. They also felt that select NGO staff throughout the region should be fully trained as facilitators in the use of MOST. Quito was suggested as a site for a regional MOST facilitator's workshop.

In addition, NGOs expressed an interest in MSH facilitating MOST workshops at their own organizations, as they recognized the importance of an outside facilitator in the MOST workshops. The consensus was that MSH should pursue these three strategies under the umbrella of the LAC Health Sector Reform Initiative, that is –

- Direct management assistance to targeted NGOs;
- Information sessions and trains on management tools such as MOST; and
- Training workshops for facilitators in management tools and methodologies.

These suggested activities require resources that the NGOs often do not have. Participants furthermore suggested that organizations that use MOST maintain contact with MSH in order to provide feedback on their experiences, thus contributing to the information that already exists about the use of MOST. Participants also felt that MOST can and should be used to strengthen the management capacity of public sector institutions.

Participants suggested that in a five-day training, two or more management tools could be presented, for example, MOST and CORE. They reiterated that the richness of the meeting in Quito was the opportunity to share and exchange information face-to-face in a small group, with participants from other countries and institutions.

Other dissemination strategies recommended by the group include:

- Management tools and methodologies workshops financed by the LAC HSR Initiative and tagged on to already established regional or national conferences.
- The creation of NGO networks and training workshops in management methodologies and tools for these networks.
- Long distance training and other information via the MSH electronic resource center.
- An electronic forum that periodically proposes topics of debate in management as well as strengthening management capacity in different areas.

- A CD-ROM with information on management methodologies and tools and.
- Written publications on these tools. In all cases, participants want material and workshops in Spanish.

The participants at the workshop said that they look forward to the development of a cohesive, multi-pronged strategy for disseminating management methodologies and tools over the life of the LAC HSR Initiative, particularly one that allows for people to interact and exchange directly, as they were able to do during the Quito Regional Working Group Meeting.

## **4.2. CORE WORKSHOP**

It was clear that the workshop was greatly valued by most, if not all of the participants, and what was most valued was the opportunity to meet and share ideas with colleagues from organizations in different countries. It should be noted that practically all of the participants were mid-level managers from their organizations, and not the executive level directors more accustomed to international meetings. In general the participants are the people that deal with the operational aspects of issues such as sustainability, cost-recovery and the day-to-day decisions of efficiency and effectiveness. It became immediately clear to most participants that just as they have had successes, their colleagues have faced many of the same challenges. The important realization was that where one organization had overcome certain problems that another organization was still struggling with, that another organization had found solutions to some of their problems.

The above point is demonstrated by considering what were perhaps the two most enthusiastically discussed topics. One was the discussion of the ERC, the Toolkit and the prospects for developing an electronic conference for the group to continue discussing the issues that they had begun to explore during the workshop. It was clear they were anxious to continue the dialogue they had begun. The other topic was an issue that had grown out of “ad hoc” discussions about their similar needs for a new and improved accounting system for controlling costs by cost center. As they recognized that many of them were struggling with the same issues, but at different stages with different lessons learned, it occurred to them that they could benefit from another workshop similar to this one. Such a workshop would allow them to share these experiences and lessons learned, but might also allow them to develop a common strategy for contracting or procuring an accounting system that met their specialized needs.

From these results or realizations it is not difficult to come up with two specific recommendations for follow-on activities for the Health Sector Reform Initiative. First, MSH has the technology and experience to establish and manage an internet-based electronic conference to continue the dialog and sharing of experiences which were begun with this workshop. This could be done with a fairly modest level of resources and would likely yield very positive results. Second, another workshop with a similar format, but with a focus on cost accounting programs, would be beneficial to the NGOs in attendance at the CORE workshop, and it would be a natural follow on the focus on reform, sustainability, and cost control.

## APPENDIX A

**TABLE 1: MOST PARTICIPANTS**

NAME	ORGANIZATION/ COUNTRY
Alicia Perez	APROFE/ Ecuador
Rita Passos	BEMFAM/ Brazil
Ivan Palacios	CARE-Ecuador/ Ecuador
Hernan Redrovan	CARE/ Ecuador
Teresa de Vargas	CEMOPLAF/ Ecuador
Carmen de Pozo	CEMOPLAF/ Ecuador
Nelson Oviedo	CEPAR/ Ecuador
Luis Revelo	CEPAR/ Ecuador
Cynthia Prieto	CEPEP/ Paraguay
Orlando Batallas M.	COF/ Ecuador
Ernesto Batallas T.	COF/ Ecuador
Celina de Choussy	FUSAL/ El Salvador
Daniel Aspilcueta	INPPARES/ Peru
Oscar Córdón	INSALUD/ Dominican Republic
Pablo Palacios	Johns Hopkins University
Dr. Patricio Jácome	Ministerio de Salud/ Ecuador
Bernateau Desmangle,	Proyecto HS2004
Kenneth Farr	USAID/ Ecuador
Jack Galloway	USAID/ Ecuador
Aida Lafebre	USAID/ Ecuador
Patricia Rodriguez F.	USAID/ Ecuador
Sarah Johnson	MSH, FPMD
Stacey Irwin Downey	MSH, FPMD
Gerald Rosenthal	MSH, Health Financing



## APPENDIX B

**TABLE 2: CORE PARTICIPANTS**

<b>NAME</b>	<b>ORGANIZATION/ COUNTRY</b>
Jorge Luis Cabrera	APROFAM/ Guatemala
Elena Bosek G.	ASHONPLAFA/ Honduras
German Cerrado	ASHONPLAFA/ Honduras
Hernán Redroban	CARE- Ecuador/ Ecuador
Manuel Rodríguez Rojas	Ministry of Health/ Nicaragua
Jeanette Aguirre	OPS/OMS
Armando Guehres	OPS/OMS
Peter Boddy	MSH/ Nicaragua
Mary Luz Dussan Márquez	MSH/ Nicaragua
James (Kip) Eckroad	MSH
Freddy E. Flores	MSH
Maria Pia Sánchez	MSH
Alba Luz Solórzano G.	MSH/ Nicaragua

PUBLICATIONS OF THE  
LATIN AMERICA AND THE CARIBBEAN HEALTH SECTOR REFORM INITIATIVE

---

- 1- Methodology for Monitoring and Evaluation of Health Sector Reform in Latin America and the Caribbean (English/Spanish)
- 2- BASE LINE FOR MONITORING AND EVALUATION OF HEALTH SECTOR REFORM IN LATIN AMERICA AND THE CARIBBEAN (ENGLISH/SPANISH)
- 3- ANÁLISIS DEL SECTOR SALUD EN PARAGUAY (*PRELIMINARY VERSION*)
- 4- CLEARINGHOUSE ON HEALTH SECTOR REFORM (ENGLISH/SPANISH)
- 5- FINAL REPORT – REGIONAL FORUM ON PROVIDER PAYMENT MECHANISMS (LIMA, PERU, 16-17 NOVEMBER, 1998) (ENGLISH/SPANISH)
- 6- INDICADORES DE MEDICIÓN DEL DESEMPEÑO DEL SISTEMA DE SALUD
- 7- MECANISMOS DE PAGO A PRESTADORES EN EL SISTEMA DE SALUD: INCENTIVOS, RESULTADOS E IMPACTO ORGANIZACIONAL EN PAÍSES EN DESARROLLO
- 8- CUENTAS NACIONALES DE SALUD: BOLIVIA
- 9- CUENTAS NACIONALES DE SALUD: ECUADOR
- 10- CUENTAS NACIONALES DE SALUD: GUATEMALA
- 11- CUENTAS NACIONALES DE SALUD: MÉXICO
- 12- CUENTAS NACIONALES DE SALUD: PERÚ
- 13- CUENTAS NACIONALES DE SALUD: REPÚBLICA DOMINICANA (*PRELIMINARY VERSION*)
- 14- CUENTAS NACIONALES DE SALUD: NICARAGUA
- 15- CUENTAS NACIONALES DE SALUD: EL SALVADOR (*PRELIMINARY VERSION*)
- 16- HEALTH CARE FINANCING IN EIGHT LATIN AMERICAN AND CARIBBEAN NATIONS: THE FIRST REGIONAL NATIONAL HEALTH ACCOUNTS NETWORK
- 17- DECENTRALIZATION OF HEALTH SYSTEMS: DECISION SPACE, INNOVATION, AND PERFORMANCE
- 18- COMPARATIVE ANALYSIS OF POLICY PROCESSES: ENHANCING THE POLITICAL FEASIBILITY OF HEALTH REFORM
- 19- LINEAMIENTOS PARA LA REALIZACIÓN DE ANÁLISIS ESTRATÉGICOS DE LOS ACTORES DE LA REFORMA SECTORIAL EN SALUD
- 20- STRENGTHENING NGO CAPACITY TO SUPPORT HEALTH SECTOR REFORM: SHARING TOOLS AND METHODOLOGIES

**SPECIAL EDITION**

- 1- CUENTAS NACIONALES DE SALUD: RESÚMENES DE OCHO ESTUDIOS NACIONALES EN AMÉRICA LATINA Y EL CARIBE

TO VIEW OR DOWNLOAD ANY PUBLICATIONS PLEASE GO THE INITIATIVE WEB PAGE AT:

<http://www.americas.health-sector-reform.org>

AND SELECT "LACHSR INITIATIVE PRODUCT INVENTORY".