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Strengthening Health Outcomes
through the Private Sector

Paraguay Program Profile



PROFILE

Summary: The SHOPS project used the total market approach to prepare the main stakeholders of the Paraguayan family planning market for graduation from USAID funding. SHOPS strengthened the skills of CEPEP (the Paraguayan affiliate of the International Planned Parenthood Federation), the Paraguayan Social Security Institute, and the Paraguayan Contraceptive Security Committee, with the goal of sustaining the country's services and contraceptive security. The two-year program (October 2010 to July 2012) included active involvement of both the private and the public sectors. This profile presents the goals, components, results, and the following lessons learned from the SHOPS program in Paraguay:

- In the face of declining donor funds, NGOs must reexamine their roles in the marketplace and, in some cases, realign their business models.
- The Paraguayan Social Security Institute is an important part of the family planning market in Paraguay. However, it is critical to recapture beneficiaries who seek family planning services elsewhere.
- Contraceptive security committees can manage public sector commodity supply, stimulate public-private dialogue, and ensure a whole market approach.

Keywords: Behavior change communication, commercialization, contraceptives, demand generation, family planning, financial sustainability, graduation, intrauterine device, Latin America, long-acting permanent methods, market segmentation, NGO capacity building, NGO sustainability, Paraguay, performance improvement, private sector assessment, public-private dialogue, public-private partnerships, quality improvement, reproductive health, sustainability, total market initiative, whole market approach

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Cover photo: MCHIP NET

Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

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Paraguay Program Profile

CONTEXT

Paraguay is a landlocked country in South America with an estimated population of 6.6 million. It has experienced some economic growth since 2010, but the real per capita income has not grown significantly. Ranked number 111 out of 187 countries by the United Nations Human Development Index, Paraguay has experienced significant improvements in reproductive health care. According to the country's most recent Reproductive Health Survey, the rate of contraceptive prevalence among women in a union who are of reproductive age has increased from 73 percent in 2004 to 79 percent in 2008. This positive trend is primarily due to an increase in the use of modern family planning methods, which grew from 61 percent to 71 percent during the same period.

Access to convenient, affordable, and high quality reproductive health care is a key indicator in development and has implications across all United Nations Millennium Development Goals. Much of Paraguay's improvement results from dramatic increases in government support for family planning and robust investments from the United States Agency of International Development (USAID) to strengthen the family planning program at the Ministry of Health. Consequently, the public sector now plays a greater role in providing family planning services and products. Its share of the market increased from 36 percent in 2004 to 42 percent in 2008 for women in a union. Several factors explain the expansion of the public sector's family planning program, including ministerial commitment to national coverage under the family planning program, a protected line item in the national budget to procure contraceptives, and improvements in family planning logistics.



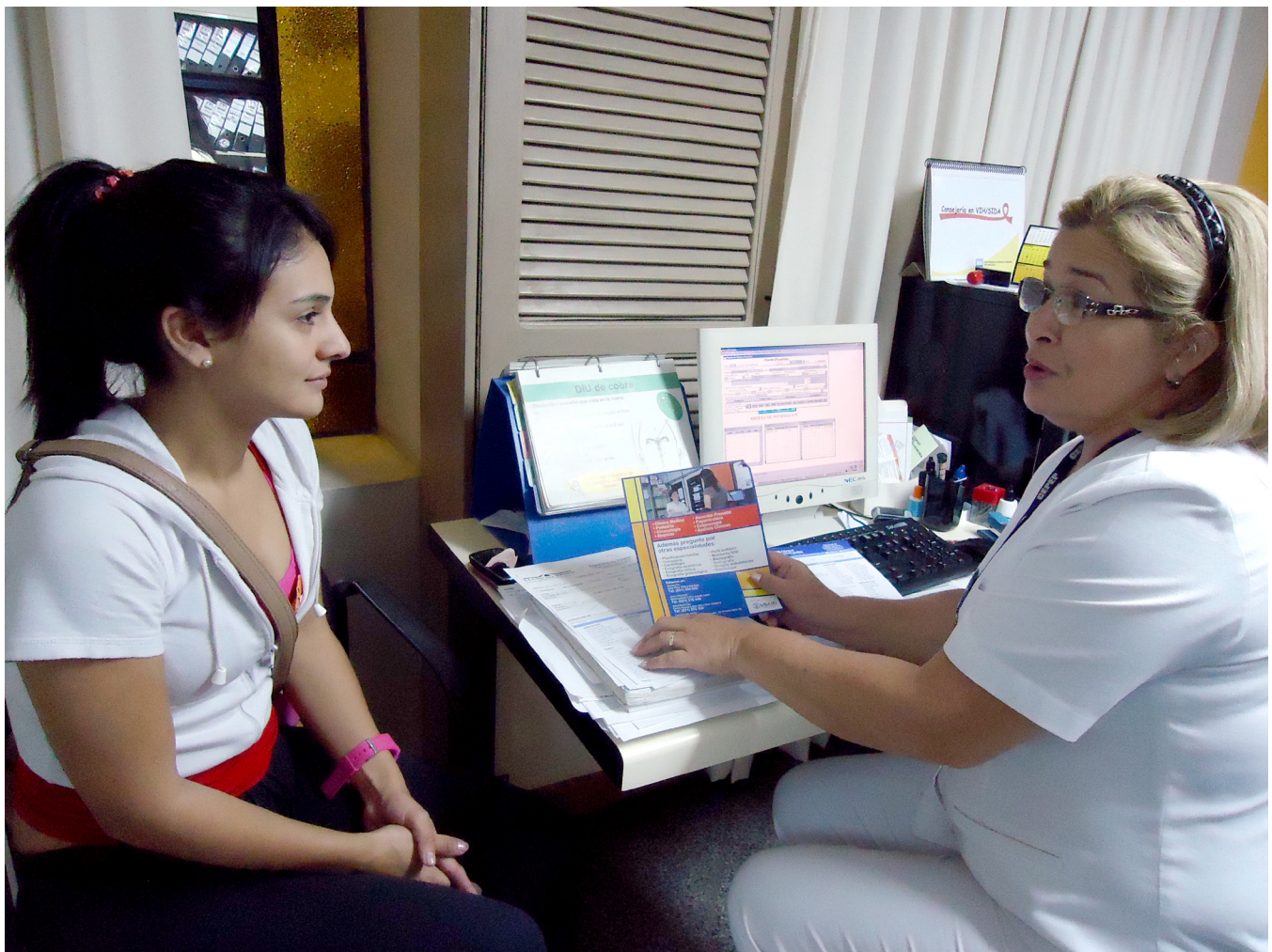
MCHIP NET

However, the private sector experienced less substantial growth, putting the existing equilibrium between sectors at risk. Rapid public sector growth can potentially affect long-term contraceptive security by crowding out the private sector or placing an unsustainable burden on the public sector as consumers shift from private to public services.

In 2010, to ensure the long-term sustainability of the private health sector and to prepare the country for its graduation from USAID assistance in 2012, USAID/Paraguay commissioned the Strengthening Health Outcomes through the Private Sector (SHOPS) project to conduct a private health sector assessment to gain a better understanding of family planning dynamics in Paraguay. The assessment found the following:

- Paraguay still enjoys a favorable public-private mix in the provision of family planning methods, although there has been a shift toward resupply methods and away from long-term methods. In general, public sector gains in family planning did not correlate to negative effects for private suppliers, but they achieved the goal of increasing access to contraceptives by underserved populations.

- Private sector clinical service providers are not emerging as a preferred source of family planning because many Paraguayans are managing their own contraceptive use through direct purchase. However, it is important to maintain the presence of private providers in the service industry because, as family planning counselors, private providers represent an opportunity to manage the balance between short-term and long-term methods and encourage the correct use of hormonal contraceptives. When consumers purchase contraceptives at a pharmacy, they forgo the opportunity for counseling.
- Over time, resupply methods are more expensive than long-acting and permanent methods. With the discontinuation of donations from USAID and the United Nations Population Fund, meeting the needs of a large new constituency and those of the next cohorts will require a long-term financial commitment and a sustainable procurement mechanism, which will create an unnecessary burden on the Ministry of Health.



Martha Merida

A nurse with the Paraguayan Center for Population Studies counsels a client in her family planning options.

GOALS

Based on the conclusions of the private health sector assessment, the SHOPS project designed a two-year technical assistance program aimed at: (1) maintaining the favorable relationship between the public and private sectors in Paraguay's family planning market and (2) supporting a balanced and sustainable family planning method mix in preparation for USAID's graduation in 2012. A successful graduation requires that the local government attain the political will and the technical skills to manage the complexity of a reproductive health program and that the essential entities involved are sustainable.

To sustain and improve the country's contraceptive security, the SHOPS project used a total market approach, emphasizing the importance of market segmentation and targeting, strengthening NGOs, improving family planning and reproductive health service delivery, and increasing dialogue between the sectors. A total market approach—sometimes called a whole market approach—is a coordinated effort incorporating the public and private sectors to increase access to family planning (or other health products/services) in a given country. The objective of a total market approach is to better use the comparative advantages of public and private sources of health goods to increase access to and sustainability of priority health products.¹

The program had three main goals:

- **Improve the positioning of the Paraguayan Center for Population Studies**, the Paraguayan affiliate of the International Planned Parenthood Federation (*Centro Paraguayo de Estudios de Población* or CEPEP), in the health marketplace and help it become self-sufficient.
- **Increase the provision of family planning services from the Paraguayan Social Security Institute** (*Instituto de Previsión Social* or IPS) by improving the supply of and demand for family planning services.
- **Assist Paraguay's Contraceptive Security Committee** (*Disponibilidad Asegurada de Insumos Anticonceptivos* or DAIA) to assume a sustainable leadership role in overseeing Paraguay's whole family planning marketplace.

Timeline

October 2010: Launch program.

July 2011: Train 12 IPS providers as trainers in postpartum IUD insertions and initiate a qualitative study of IPS client perceptions.

August 2011: CEPEP approves a new business strategy based on a SHOPS market analysis.

December 2011: SHOPS donates IUD kits and autoclaves to IPS facilities. The Ministry of Health elevates DAIA's stature and incorporates it into the ministry's administrative structure.

March 2012: Launch a multimedia campaign advertising CEPEP's services.

April 2012: Hold a workshop for DAIA, leading to the inclusion of seven new members from the public and private sectors.

¹ Crosby, D., B. O'Hanlon, F. Armand. 2010. *Paraguay Assessment Report*. Bethesda, MD: SHOPS Project, Abt Associates.

COMPONENTS

Improving the Paraguayan Center for Population Studies' Market Positioning

Established in 1966, CEPEP has been a pillar of family planning in Paraguay for more than four decades and continues to provide affordable counseling and family planning services as well as general clinical medicine. In 2012, after 10 years as a USAID grantee, CEPEP faced withdrawal of USAID support, and its ability to be financially solvent was tested.

As the Paraguayan contraceptive market moved toward resupply methods, CEPEP experienced a loss of its market share, decreasing from 3 percent of contraceptive sourcing in 1998 to 1 percent in 2008. Mindful of USAID's impending departure in April 2012, SHOPS designed a technical assistance program aimed at positioning CEPEP so it could capture enough revenue to cover its operating costs. The project's first step was to analyze the market in CEPEP's four lines of service and determine its internal operating capacity. The second step was to design and implement a repositioning strategy that would allow CEPEP to recuperate enough funds to cover its costs and maximize the opportunity to increase clinical services.

SHOPS designed the methodology to evaluate CEPEP's financial and operational health. This process included designing, monitoring, and implementing the results of market studies in:

- Clinical health services
- Laboratory and diagnostic services
- Reproductive health training and technical assistance services
- Survey and research services

SHOPS hired a local research organization to conduct a CEPEP-led productivity study and programmatic and financial data analysis. The studies for clinical services and labs (market-based services) ran from January to May 2011 and included surveys, focus groups, and in-depth interviews with current and potential CEPEP clients as well as mystery shoppers, who visited the four cities where CEPEP has clinics, as outlined in the following table.

Studies for clinical services and labs, January to May 2011

Data Source	Clinical Services	Lab Services
Individuals surveyed	400	400
Number of mystery shoppers	40	40
Focus groups held	11	5
In-depth interviews conducted	6	6

Major findings from these studies revealed that CEPEP:

- Was perceived as providing high quality services by current clients: 82 to 94 percent described its services as “good” or “very good.”
- Was not well-known; only 2 percent of potential clients in Asunción named CEPEP or its refreshed identity, *Clínica de la Familia*, as a medical center—after mentioning two other medical centers. This was the best result among the four cities.
- Had prices that were markedly lower than other for-profit and nonprofit clinics, as well as the fee schedule as established by the national ob/gyn society. In one city, prices were lower than in the public sector at the municipal level.
- Was losing a large amount of potential income in point-of-service pharmaceutical sales because their doctors were prescribing brands

not carried at CEPEP. In 2010, CEPEP clients spent approximately \$200,000 at commercial pharmacies when filling prescriptions written for them at CEPEP.²

- Compared with local competition, offered a strong value-for-money proposition—mid-priced services that were centralized and comprehensive. Furthermore, CEPEP was the only provider of family planning consultations in the private sector, and it had a strong market share in providing information.
- Was perceived by some potential clients as part of the public sector.

² This amount exceeds what CEPEP normally received from USAID on an annual basis.



A CEPEP representative collects data for the 2008 Paraguay Reproductive Health Survey.

CEPEP

The Paraguayan Center for Population Studies conducted its own productivity study, analyzing 2010 service data at its four clinics and two labs. The organization calculated service production in comparison with potential maximum from three perspectives: doctors' and nurses' hours, actual hours of operation per consulting room (physical space), and the theoretical number of clients it could see if its facilities were open 24 hours a day. The study found that in some services and locations, CEPEP was reaching its full potential based on doctors' hours. However, productivity was potentially limited by not having more providers available to see patients. Some examples included:

- Gynecology and colposcopy in Ciudad del Este (209 percent)
- Pediatrics in Ciudad del Este (186 percent)
- Sonogram services in Encarnación (134 percent)
- Sonogram services in San Lorenzo (130 percent)
- Clinical analysis lab (106 percent)
- Colposcopy services in San Lorenzo (102 percent)
- Cytology lab (99 percent)
- Pediatric services in Asunción (91 percent productivity)

These results showed CEPEP the types of providers that were needed in its clinics, either through renegotiating contracts for more hours with non-CEPEP doctors or recruiting and hiring more doctors. SHOPS also proposed some task sharing and price differentiation, so that nurses could be better leveraged to increase service production.

Based on findings from the four market studies, CEPEP's productivity study, and the programmatic and financial data analysis, SHOPS collaborated with CEPEP to develop four strategic priorities: strengthen the corporate image, increase client volume, increase revenue per client, and reduce losses.

These priorities guided the following design of the SHOPS project's technical assistance to CEPEP. To strengthen the corporate image and attract more clients, the implementation phase included the following:

- A new and improved CEPEP logo with a new name: *Clínica de la Familia* (see Figure 1)
- A multimedia campaign to advertise CEPEP's clinical and diagnostic services in four cities
- Basic aesthetic renovations of clinics, including painting and new interior and exterior signage
- Branded linens and paper goods in CEPEP's clinic with the new logo

Figure 1. New logo signals modernity and quality



In 2012, with support from SHOPS, CEPEP underwent a rebranding and launched a multimedia campaign to introduce its refreshed identity as the *Clínica de la Familia*, which was previously registered but not recognized by the public at large. The goal was to position the organization as a modern, high quality medical service provider.

To increase client volume, SHOPS worked with CEPEP on an improved look and feel in the clinics, with new exterior and interior signage and branded sheets and uniforms.

To increase revenue per client, SHOPS helped CEPEP add an express laboratory service with higher margins, provided doctors with laminated cards listing pharmaceutical products stocked by CEPEP, revised the pricing list for CEPEP's services, and improved contractual arrangements for part-time doctors and specialists to meet current and projected client demand. SHOPS also donated a sonogram machine to the San Lorenzo clinic. Based on data from the market and capacity analyses, SHOPS worked with CEPEP to revise its pricing and operating hours to be more responsive to market trends.

To reduce financial losses, SHOPS shared its financial analysis with the management of CEPEP. This aided them in making difficult decisions, such as reducing and possibly eliminating the research department, which had become a large drain on revenue. Management established a minimum requirement for accepting projects, which consume high levels of staff time. Additionally, to make the clinics more productive, SHOPS developed and trained clinic managers on tools for scheduling staff according to client flow, establishing monthly service and revenue targets, and tracking progress in these areas.

Strengthening the Family Planning Program of the Paraguayan Social Security Institute

Prior to assistance from SHOPS, IPS delivered a modest level of family planning products and services. Between 1998 and 2008, the IPS share of the market within the family planning market rose from 1 percent to 3 percent of total contraceptive sourcing. The SHOPS assessment revealed that IPS is an underused family planning resource. According to the 2008 Reproductive Health Survey, it covers 20 percent of the Paraguayan population but serves only 3 percent of family planning users.

SHOPS assisted IPS with the following:

- Assessing client (beneficiary) needs in the area of family planning
- Strengthening institutional capacity to deliver quality family planning services
- Repositioning family planning services to capture beneficiaries seeking these services

This assistance, initiated in May 2011, marked the first time IPS received technical assistance from the U.S. government.

The market was shifting toward resupply methods such as condoms, pills, and injectables, which were readily available in commercial pharmacies throughout the country. The 2008 Reproductive Health Survey revealed a healthy method mix, with five modern methods at or above 10 percent prevalence. However, the trend away from long-acting methods—such as IUDs, tubectomies, and vasectomies—raised the question of whether Paraguay would continue to have a balanced mix of methods. SHOPS viewed IPS as a strategic actor in the sustainable provision of quality family planning services because of its nationwide network of 98 clinics. The project focused on services rather than on contraceptive products and relied on its partner Jhpiego, which developed a state-of-the-art methodology in postpartum IUD insertions.

SHOPS implemented the following activities:

- Provider training on insertion and removal of postpartum and interval IUDs for IPS doctors and nurse midwives from 38 IPS facilities, using a cascade training process with 12 “master trainers”
- IUD equipment donation to 41 IPS facilities
- A qualitative study of IPS beneficiaries who used family planning methods, at IPS facilities and elsewhere, to determine factors for use and non-use of the IPS family planning program (The aim was to determine strengths and weakness in the eyes of the consumer.) Key findings that emerged from this study include:
 - A significant number of IPS members and beneficiaries used other services but were unaware of the IPS family planning program (low visibility).
 - Consumers perceived the quality of IPS services to be poor.
 - Consumers believed that IPS had stockout issues.

SHOPS presented IPS with the findings of this study in November 2011 and used the results to help inform the design of demand generation and communications strategies for the IPS family planning program. In January 2012, SHOPS began supporting IPS with the design and implementation of these activities, which included the development of and training on a supportive supervision tool for IPS’ family planning program.

Strengthening and Reorienting the Contraceptive Security Committee toward a Total Market Approach

The SHOPS team assisted DAIA in assuming a sustainable leadership role in monitoring the public-private mix of family planning services and products. In order to achieve this goal, the SHOPS project set out to:

- Expand and diversify its membership, broadening its agenda to incorporate the interests of all sectors
- Identify or design a legal framework and membership structure to ensure that the committee endured after USAID graduation while maintaining an unbiased whole market orientation

The project’s technical assistance program with the DAIA included the following: participating in the five-year strategic planning process; conducting a workshop for DAIA members in 2011 to help set the course for the project’s work with the committee and obtain buy-in from existing members, including prior one-on-one interviews with 20 key DAIA stakeholders; developing committee operational guidelines; shepherding a ministerial decree to formally recognize DAIA as a multisectoral committee under the National Health Council; and facilitating a membership expansion workshop in April 2012.

Results



RESULTS

The Paraguayan Center for Population Studies: Improved Revenue Flows and Positive Customer Feedback

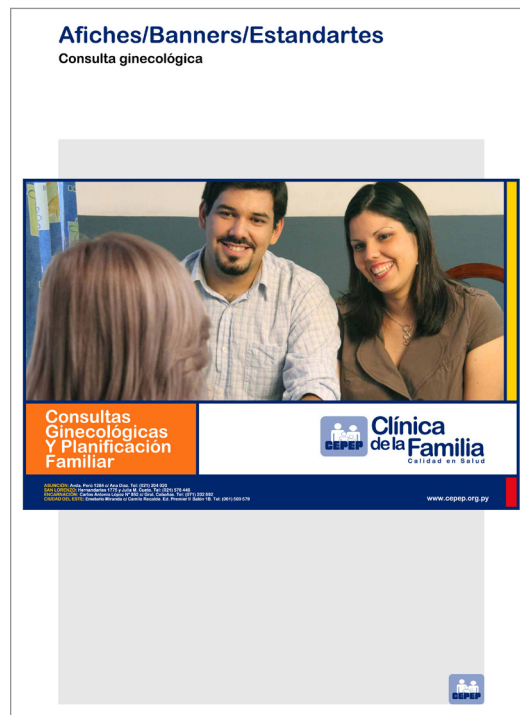
To improve the market positioning of CEPEP so that it could become more self-sufficient, SHOPS contracted a local publicity firm to lead the design and implementation of a multimedia campaign for CEPEP's *Clínica de la Familia* brand. Key results included a refreshed CEPEP logo with the tagline, "Quality in Health," and a corporate identity manual for internal use (see Figure 2).

SHOPS helped produce and distribute an array of promotional materials through CEPEP's clinics and conducted three consecutive multimedia campaigns from March to July 2012 in four cities: Asunción, Ciudad del Este, Encarnación, and San Lorenzo. The campaign included television and radio spots, brochures, street signs, banners, and signs within the clinics. It generated 220 television airings, 438 radio airings, 24 print runs, and rental of a LED screen for messages at a traffic circle in Ciudad del Este.

After implementing the second phase of the campaign, SHOPS conducted a client survey to monitor responses to messages and evaluate the effectiveness of the different media channels. SHOPS surveyed 225 clients, and found that the overwhelming majority (87 percent) saw the spots on television. Only 4 percent of clients heard the spots on the radio, and 4 percent saw the campaign messages in print. Based on these findings, the SHOPS team tailored the final phase of the campaign to include only television.

In addition to the multimedia campaign, SHOPS supported CEPEP in implementing several activities geared toward improving services that would increase client volume. In July 2012, SHOPS donated a multipurpose Doppler sonogram to CEPEP's San Lorenzo clinic, based on a prior assessment that indicated it would be a valuable asset to the clinic's service offering. With this equipment, CEPEP's clinics attracted more clients for ultrasound services. This represented a new opportunity for CEPEP because the organization previously referred clients to other facilities and did not realize the revenue from this service.

Figure 2. New visual identity



To accommodate the increased number of clients in the clinics, the project helped CEPEP increase revenue per client. SHOPS coached CEPEP in adding a higher margin, express laboratory where clients could pay a premium price for guaranteed lab results within two hours. CEPEP initiated this service in December 2011. From the project's baseline in 2010 through the end of calendar year 2012, CEPEP experienced an 11 percent increase in laboratory revenue and a 19 percent increase in the number of tests performed annually (see Figure 3).

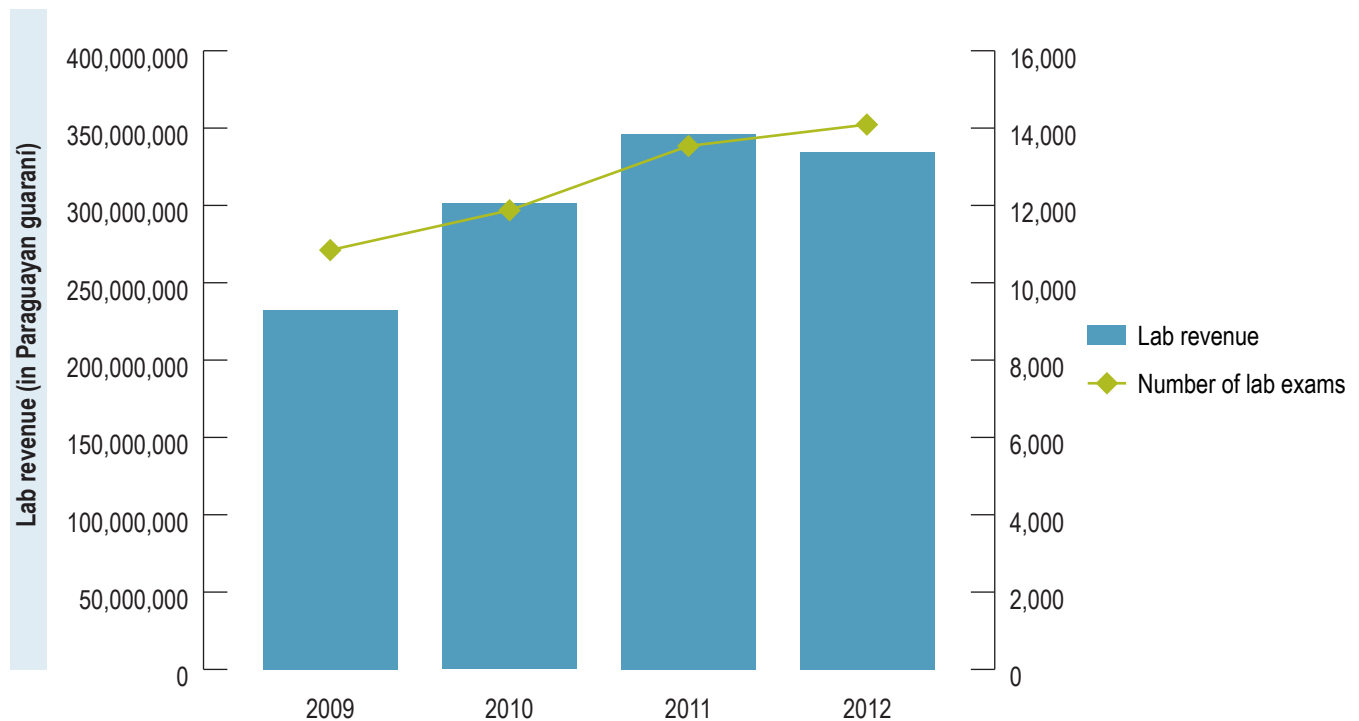
Although the total number of lab clients was up by only 2 percent from 2010 to 2012, CEPEP achieved the revenue increase primarily by raising the average number of tests per client from 4.08 to 4.75.

In 2011, CEPEP instituted price increases for consultations in three of its four clinics (Asunción, Ciudad del Este, and Encarnación) by an average of

56 percent. In a client survey conducted by SHOPS after the prices were increased, only 4 percent of 225 clients surveyed felt CEPEP's prices were expensive or very expensive; the other 96 percent thought the prices were fair, inexpensive, or very inexpensive. End-of-year financial numbers demonstrated that CEPEP's price increases for consultations were effective in generating more revenue for the organization.

Overall, CEPEP's self-generated revenue across their facilities increased by 16 percent. The revenue it generated easily surpassed the annual amount CEPEP was receiving from USAID in recent years. However, CEPEP's total revenue remained stable due to decreases in donor funding, which CEPEP absorbed without any reduction in total revenue. CEPEP even saw a slight increase of 3 percent, because it was able to generate significantly more revenue through its services.

Figure 3. Increase in lab revenue and exams



The Paraguayan Social Security Institute: Increased Service Offering and Improved Quality

SHOPS invested heavily in improvements to IPS' postpartum and interval IUD services to strengthen its family planning program. Jhpiego led SHOPS in implementing a two-part training of trainers in June and July 2011 for 12 IPS physicians located at the institution's central hospital in Asunción. The 12 master trainers subsequently trained 118 colleagues. By the end of 2011, 130 IPS providers had been trained (62 doctors and 68 nurse midwives) in Jhpiego's state-of-the-art clinical methodology, including the following procedures: postpartum IUD insertion using Kelly forceps, informed-choice family planning counseling, interval IUD insertions, "no-touch" infection prevention technique, and IUD removals. SHOPS also supported revision of the IPS clinical protocol for follow-up visits after IUD insertions as a complementary effort to the training.

Following the initiation of the 2011 training, SHOPS started tracking how many IUD insertions were performed on a monthly basis. Although the project hoped to capture data across all facilities that received new equipment and trained physicians, constraints in IPS' health management information system did not allow for data collection beyond the Central Hospital in Asunción. The average number of IUD insertions (postpartum and interval) per month at IPS' Central Hospital doubled after the SHOPS training commenced. In the five months prior to the SHOPS training, the Central Hospital conducted an average of 42 IUD insertions per month. During the six-month training period, insertions increased to 97 per month, and then settled to 78 per month in the 13-month period after training was completed.

SHOPS invested in a large-scale procurement of postpartum and interval IUD kits and sterilization autoclaves for IPS service delivery points that offered these services. In November 2011, SHOPS



A training of trainers class on IUDs.

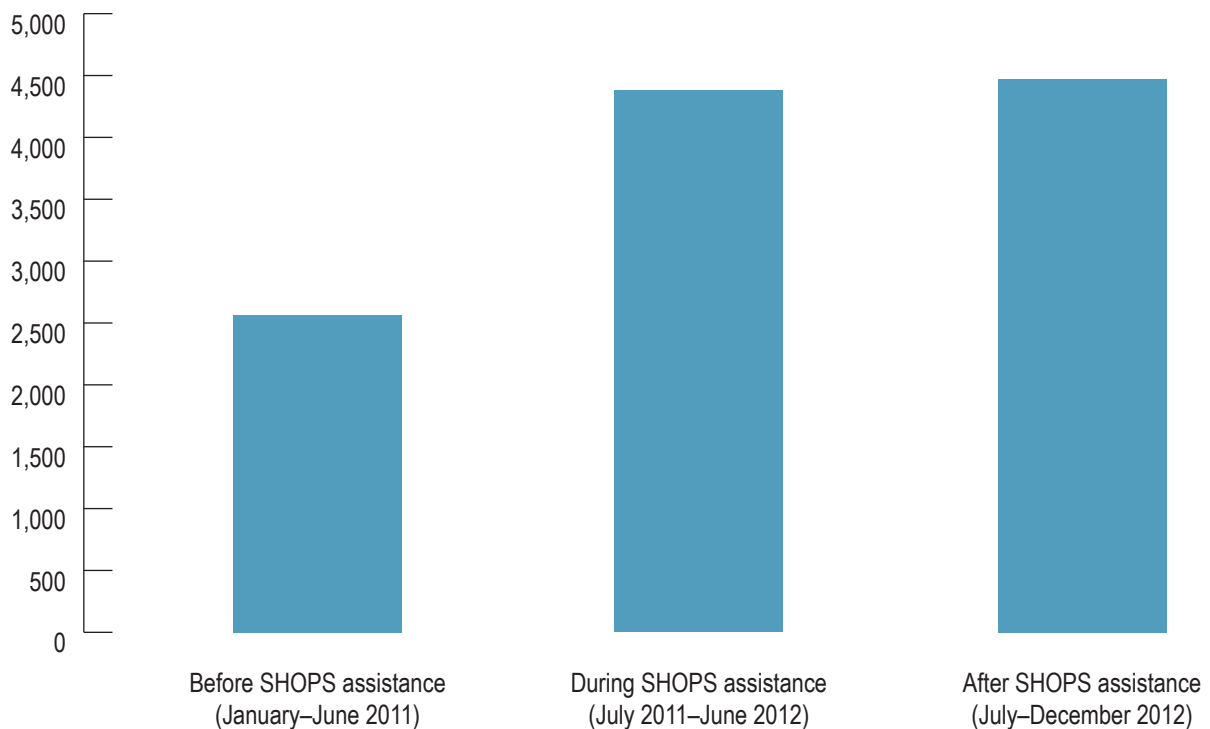
donated 41 sterilization autoclaves, 40 postpartum IUD kits, and 78 interval IUD kits to 41 IPS service delivery points.

The couple-years of protection (CYP) rate also improved during the SHOPS project's technical assistance to IPS, which reported a baseline figure of 1,422 CYP from January through March 2011, and a growing number in CYP during and after the assistance. As shown in Figure 4, the IPS average of CYP for the two quarters prior to the start of the assistance in June 2011 was 2,567. This increased to 4,380 during the course of the assistance and ultimately reached 4,473 per quarter for the two quarters after it ended, representing an approximate 74 percent increase in CYP from the baseline.

Using findings from the qualitative study, SHOPS convened a meeting with the management of IPS' family planning program and supported their design of an action plan for communication and demand generation. Outcomes of this workshop included the following strategies and supporting activities:

1. Ensure availability of all six family planning methods offered by IPS in all IPS facilities.
2. Improve the quality of family planning services at IPS through training and a system to monitor quality.
3. Promote IPS' family planning service to members and beneficiaries.

Figure 4. Average couple-years of protection



SHOPS designed and trained IPS on a set of supportive supervision protocols and tools for various departments within IPS to improve the institution's capability to monitor and evaluate service delivery and communications activities.

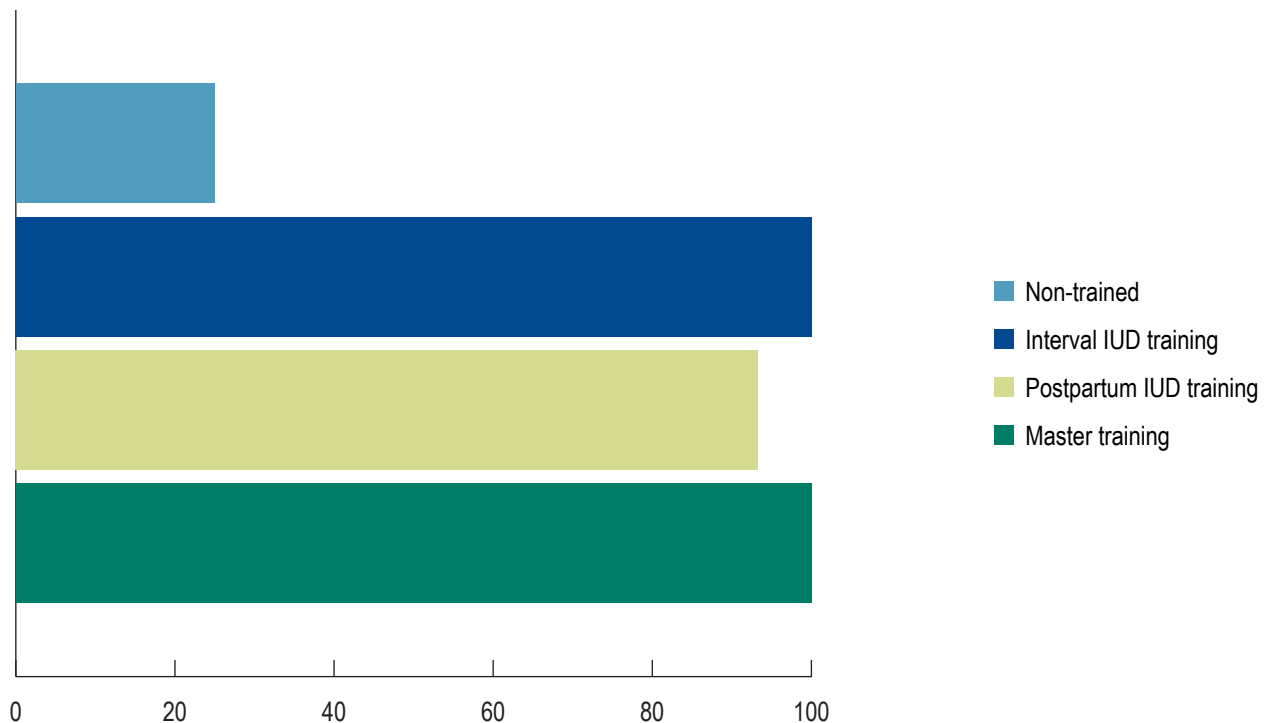
In 2012, SHOPS designed and implemented an evaluation of their work with IPS. The evaluation documents the experiences and perspectives of IPS providers and beneficiaries regarding IUD services specifically and family planning generally. The team conducted mixed method interviews with 44 IPS providers (35 trained and 9 not trained) and 72 beneficiaries who had received an IUD insertion between February 2011 and December 2012. The evaluation also analyzed contraceptive distribution data across the IPS network and service statistics from IPS' Central Hospital.

The evaluation revealed that providers retained a fair amount of knowledge one year or more after completing the IUD training. Thirty-five of the original

130 trained IPS providers scored an average of 68 percent in November 2012 on the same test given pre- and immediately post-training. The master trainers had the highest level of knowledge retention, scoring an average of 81 percent (7 of the 12 master trainers were interviewed and tested). Non-trained providers had an average score of 52 percent on the same test (nine non-trained providers were tested).

SHOPS also looked into providers' confidence and capacity to provide IUD services. Figure 5 shows that providers who participated in the SHOPS training on IUD insertions, removals, and informed choice family planning counseling felt more confident than providers who did not participate in the workshop on infection prevention during an interval IUD insertion procedure. As the chart illustrates, confidence level rose from 25 percent before training to nearly 100 percent after training.

Figure 5. Providers' level of confidence (%)

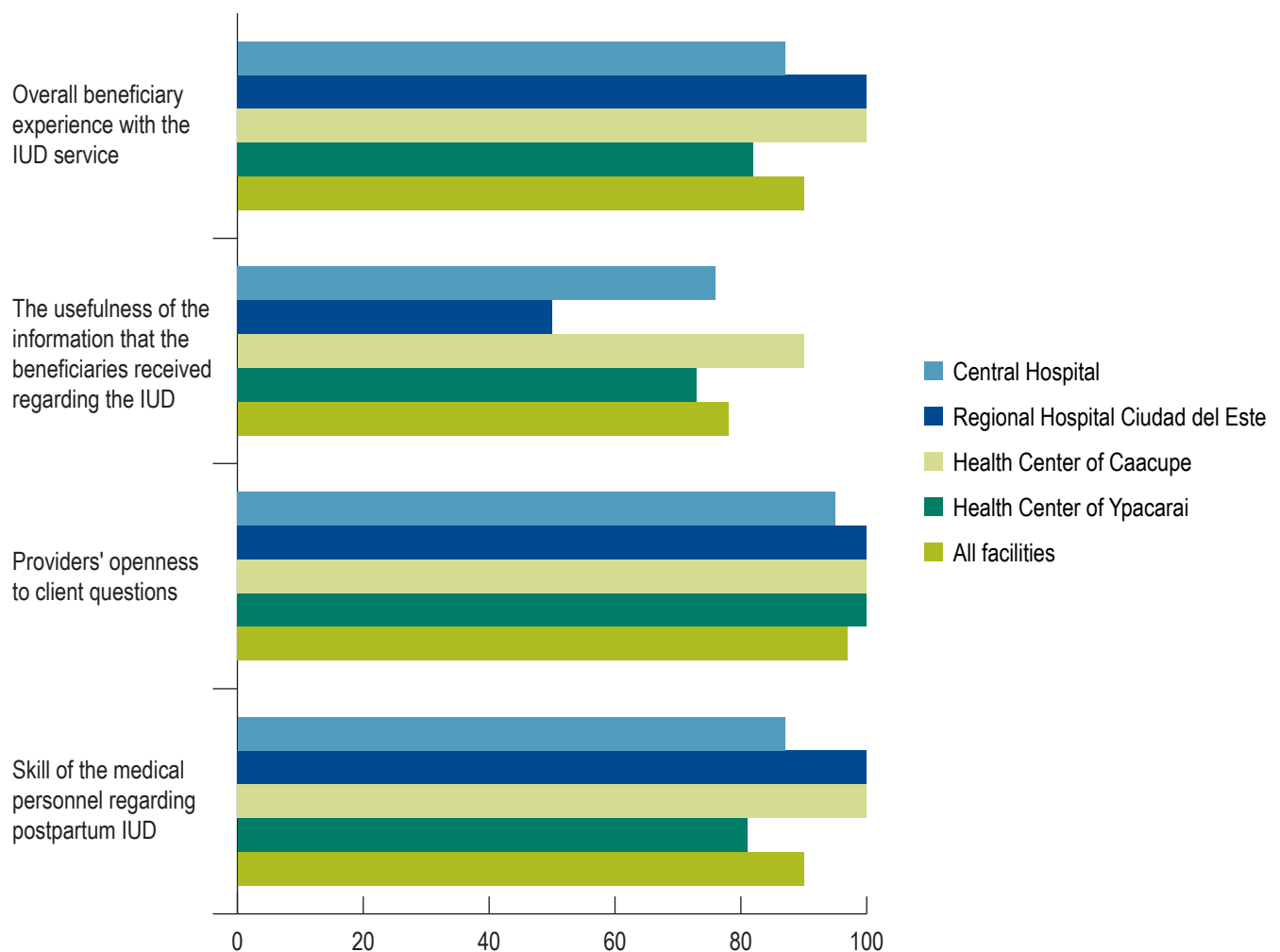


The evaluation also looked at beneficiaries' perceptions of their IUD experiences at IPS and their overall experience with IPS. SHOPS found that there were generally high levels of client satisfaction with IPS. As Figure 6 shows, about 90 percent of the 72 clients felt that their overall experience with the IUD service at IPS was "very good" or "excellent." Of the interviewees, 97 percent felt that the IPS providers' openness to client questions was "very good" or "excellent." This shows possible improvement in provider interpersonal skills over the 2011 qualitative study with IPS beneficiaries, which revealed higher levels of dissatisfaction with IPS provider attitudes. A few of the clients interviewed in 2012 felt that

the personnel at IPS were not customer service-oriented, but a large majority of beneficiaries felt that IPS had competent and professional doctors and nurses and that the quality of care at IPS was satisfactory.

The evaluation revealed that the most common source of client dissatisfaction—or barrier to going to IPS—was scheduling an appointment. Almost 40 percent of the beneficiaries interviewed (28 out of 72) cited dissatisfaction or difficulty with IPS' scheduling structure. This response provides a tangible and concrete area for IPS to focus on to improve client satisfaction.

Figure 6. Beneficiaries who described IPS' IUD services as "very good" or "excellent" (%)



The Contraceptive Security Committee: Taking a Total Market Approach

In accordance with agreements made at the SHOPS-facilitated workshop in March 2011, DAIA embraced a total market approach. The committee:

- Moved to the newly reactivated National Health Council of the Ministry of Health to be sustainable
- Established operational regulations to guide its activities
- Pursued the recruitment of two types of new members: plenary and issue-specific, the latter to form a collaborative network to advise the committee

A noteworthy success for DAIA came on December 2, 2011. Paraguay's Ministry of Health passed Resolution 1392, which recognized DAIA as a multisector entity that supports sexual and reproductive health activities in the country. The Ministry of Health formally incorporated DAIA as an independent committee, giving it a new, elevated, and permanent platform.



Dawn Crosby

DAIA formally incorporated new members, representing organizations from the public and private sectors, at a special meeting.

To address the need for a formal set of guidelines to govern the new committee, a small subset of DAIA members—including from the SHOPS and USAID | DELIVER projects—circulated a set of draft guidelines for operational regulations and received comments in the fall of 2011. Subsequent to that review, DAIA finalized and agreed on the committee’s operational guidelines, setting into place a foundation for decisionmaking and activity planning.

The next priority was to expand DAIA’s membership to include representatives from a broader range of organizations from the public and private sectors. SHOPS led a meeting to facilitate the new members’ formal incorporation into the committee. The seven new members included two from the private sector, one from the Ministry of Health, and four from public sector entities outside the Ministry.

Paraguay Women’s Group Sharpens Its Strategy

One of Paraguay’s leading women’s organizations benefited from volunteers from other countries who applied their business acumen to the organization’s finances. The SHOPS project orchestrated the effort as an economically smart way to improve the efficiency of Kuña Aty’s business model.

Kuña Aty, which means “women together” in Guarani, has provided critical services to Paraguayan families for 20 years. The organization’s mission is to assist women in addressing family, relationship, and health-related issues. Specifically, the organization offers low-cost psychological, reproductive health, and legal services to women and children directly affected by domestic violence. Kuña Aty provides reproductive health services including pap smears, consultations, and contraceptives. It also acts as an advocacy group for women’s rights issues, particularly regarding domestic and sexual violence.

In response to significant changes in Kuña Aty’s donor landscape, SHOPS sought to improve Kuña Aty’s sustainability. SHOPS worked to diversify the organization’s funding streams, improve efficiencies, and offer complementary legal services to clients. Atmore Baggot, a Mexican volunteer from MBAs Without Borders, led the effort. A Peace Corps volunteer spearheaded Kuña Aty’s funding diversification efforts and helped implement other SHOPS recommendations, such as updating financial and data collection systems, grant writing, and creating an income-generating microenterprise.



Lessons Learned



LESSONS LEARNED

In the face of declining donor funds, NGOs must reexamine their roles in the marketplace and, in some cases, realign their business models.

When SHOPS technical assistance began with CEPEP, the organization viewed itself as a family planning organization serving low-income women, which was true to its mission. However, with the Ministry of Health's growth and effective targeting of rural and underserved populations, including the poor, CEPEP's role has changed. Both the Demographic and Health Survey and CEPEP's own service data demonstrate that CEPEP has evolved into a more integrated women's and primary health care organization serving the Paraguayan middle class. In addition, CEPEP, with its long history of conducting research on reproductive health indicators—mainly for the USAID-funded Demographic and Health Survey—viewed its research department as the core of the organization. However, because of the graduation of USAID

health programs in the country, CEPEP's capacity in research and large-scale household surveys may no longer be relevant. Paraguay has many competent commercial survey and research firms, and the government itself has a sophisticated statistics body to oversee demographic and health surveys on a national scale. SHOPS helped CEPEP identify its new role as a market competitor in quality, affordable primary and reproductive health services and helped the organization realign its service offerings to maximize efficiencies and revenue. However, CEPEP had one significant setback since SHOPS's technical assistance ended—a licensing issue that required closing the minor surgery center in San Lorenzo. In response, CEPEP reworked the space for consultations, pediatrics, sonograms, and other services in its highest volume clinic. Overall, CEPEP has successfully shifted from a donor-reactive organization to a market-based organization that is capable of generating its own revenue through service delivery.



Martha Merida

The Paraguayan Social Security Institute is an important part of the family planning market in Paraguay. However, it is critical to recapture beneficiaries who seek family planning services elsewhere.

Given Paraguayans' preference for resupply methods, establishing a balanced method mix required engaging a partner with the ability to play a strategic role in sustaining the delivery of long-acting and permanent methods. Because of investments made in 2009 to the Sexual and Reproductive Health Program, IPS is in a position of great opportunity. With supportive leadership and a network of 98 clinics throughout the country, the program provided the internal support necessary for SHOPS's technical assistance to run smoothly and achieve results within a fairly short period of time. Looking forward, IPS needs to focus on improving its health management and information system so that program managers can monitor the progress of investments and make decisions based on data. Additionally, IPS needs to take ownership of the communications and demand generation action plan developed with SHOPS and continue to reduce the number of beneficiaries who seek services outside the IPS system. Increasing its share of the family planning market to match the percent of the population it covers can ensure that IPS remains an important actor in the national family planning marketplace.

Contraceptive security committees can manage public sector commodity supply, stimulate public-private dialogue, and ensure a whole market approach.

Committees that address contraceptive security are especially important and can be leaders of the family planning market in countries like Paraguay. In these countries, the provision of reproductive health and family planning is divided among the public sector, NGOs, social security, and private commercial enterprises.

Before the arrival of SHOPS in the fall of 2010, DAIA was heavily supported by USAID/Paraguay through the USAID | DELIVER project. Private sector involvement was very weak, mostly due to poor participation of the *Asociación de Propietarios de Farmacias* (Private Pharmacists Association). In light of USAID's planned departure in 2012, SHOPS was tasked with helping create a more independent and sustainable policy mechanism with a multisectorial perspective. By 2012, DAIA demonstrated a much stronger commitment to Paraguay's contraceptive security and, as seen in the results, achieved much of what it had set out to do a year earlier.

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For more information about the SHOPS project, visit: www.shopsproject.org



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