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Acronyms

ANGR	National Assembly of Regional Governments
APPS	Political Parties Health Agreement
CAS	Service Administration Contract
CIES	Social and Economic Research Consortium
CIGS	Intergovernmental Health Committee
DARES	MOH Procurement of Strategic Resources Directorate
DGSP	MOH Persons-Health General Directorate
DO	MOH Decentralization Office
FP/RH	Family Planning and Reproductive Health
HHR	Health Human Resources
HN	Health Network
IT	Information Technology
JNE	National Electoral Entity
MCH	Maternal and Child Health
MED	Evaluation Tool on Health Decentralization
MEF	Ministry of Economics and Finance
MIDIS	Ministry of Social Development and Inclusion
MOH	Ministry of Health
NDI	National Democratic Institute
OGEI	MOH Statistics and Informatics General Office
OGPP	MOH Planning and Budgeting General Office
OGRH	Human Resources General Office
PAHO	Pan American Health Organization
PAIMNI	Regional Program for the Reduction of Chronic Malnutrition
PAN	Results Based Budget Articulated Nutrition Program
PCM	Prime Minister's Office
PEAS	Health Insurance Essential Plan
PHC	First level of care
PMI	Health Investment Multiannual Plan
PpR	MEF Results Based Budget
RENIEC	National Agency for Identification and Marital Status Registration
RG	Regional Government
RHD	Regional Health Directorate
SERVIR	National Authority of Civil Service
SIGA	MEF Integrated System for Management
SIS	Public Health Insurance
SMN	Results Based Budget Maternal Health Program
USAID	United States of America Agency for International Development

Executive Summary

USAID/Peru, through the Health Policy Reform Project, seeks to strengthen five components of the health system: Governance, Financing, Health Information, Human Resources and Pharmaceutical Logistics, ensuring that the necessary policies and policy-related capacities to sustain health reform are in place by the end of this 5-year effort. The aim is to promote substantial improvements particularly within primary care.

During the last quarter of 2012, the Project implemented activities in four of the five components: Governance, Financing, Information and Human Resources, while evaluating the better approach that can be used to address the fifth component: Logistic of medicines and medical products.

Activities were focused in the implementation of the regional strategy of San Martin for the reduction of chronic malnutrition (PAIMNI), mainly in launching the second phase of the pilot program in three micro-networks: Soritor, Jepelacio and Lluylucucha. For the Project, this is an extraordinary experience where policy design is being implemented at the local level, in a joint work with the health facilities, the municipalities and the communities.

The Project office in Ayacucho was closed during this quarter, after reaching unexpected goals of expanding the information system to 35 health facilities heads of micro-networks, approving regional directives to improve human resources allocation and retention, and launching the multiannual planning methodology.

Activities during this quarter were adjusted to the new contract amendment issued by the end of November, which mandates a focus in San Martin region and activities that require an assessment and a new planning process.

1. Progress

During this quarter, the Project trained and/or provided technical assistance to 622 participants, in four technical components of the health system: Governance, Financing, Information and Human Resources. Most participants attended governance activities, mainly focused in San Martin's regional strategy for the reduction of chronic malnutrition. Financing and Human Resources activities addressed to one quarter of the total number of participants, each (Table 1).

Table1: Number of participants to technical and training activities per Project Component

Region	Number of participants			Percentage
	Women	Men	Total	
Governance – Malnutrition reduction	153	114	267	43%
Financing	80	82	162	26%
Information	7	28	35	6%
Human Resources	75	83	158	25%
Total	315	307	622	100%

Project activities were implemented in two prioritized regions, with 83% of the total number of participants (Table 2). The largest number of participants was concentrated in San Martin where the Project concentrated the activities of the four components, under the regional strategy for the reduction of chronic malnutrition.

Table2: Number of participants to technical and training activities per Region

Region	Number of participants			Percentage
	Women	Men	Total	
Lima	15	26	41	7%
Ayacucho	55	64	119	19%
San Martín	245	217	462	74%
Total	315	307	622	100%
Percentage	51%	49%	100%	

In the Project activities, the gender balance was quite good, with a 51% presence of women and 49% of men.

1.1 Health Sector Governance

Strengthen and expand decentralization of the health sector

1.1.1 Support the MOH and regions in adapting to their new roles under a decentralized health sector

The Project has held several technical meetings with officials of San Martín Regional Government (RG) and the staff of the Regional Health Directorate (DIRES) of about the need to strengthen the role of health networks and micronetworks in the provision of health services with quality, timeliness and continuity.

As background, in a workshop held in November, the health personnel of Soritor, Llullucucha and Jepelacio micro-networks presented to the General Manager of the RG, the Manager of Social Development and the Director of Moyobamba Health Network, the main restrictions to provide adequate health care:

- a. The goals of the 2013 program of activities of each micro network must be proposed by each health facility, on the basis of information obtained in the community census to be done,
- b. Health networks must fill gaps in human resources and renew staff contracts for 2013 according to the response capacity of the health facilities, using funds from the results-based budget,
- c. Health networks must provide to health facilities on timely medical supplies and medicines and health education,
- d. Reimbursements for the provision of health services from the Health Insurance (SIS) should be delivered directly to the health facility,
- e. The officials of the health networks should have permanent coordination meetings with the heads of health micro-networks to hear their concerns, the problems faced in the provision of health services and the proposed solutions,
- f. Health networks must coordinate with RENIEC to develop campaigns for issuing identity documents to children under one year and pregnant women that don't have this document,
- g. Health networks must summon the local government authorities, the Ministry of Health and the Ministry of Agriculture to ensure their participation in prevention, promotion and care of individual and collective health, particularly in the protection of children less than one year and environmental health,

The RG officials took note of these requests and promised to solve them starting January 2013; while the health personnel committed to developing health activities with total dedication, addressing remote populations and those in extreme poverty.

Also to strengthen the selected micro networks (Soritor, Jepelacio and Llullucucha) two Project components are providing technical assistance to the RG in inventorying current personnel at the health facilities, design of the competency profile, define the functions to be fulfilled by each staff and ultimately redefine the functions of the micro network. This

information shall be used to map health skills to formulate the Manual of Organization and Functions of the micro-networks. This is being developed in coordination with the Health Network of Moyobamba and should be completed in the first quarter of 2013.

1.1.2 Develop a regulatory framework for the MOH's new stewardship role

This activity will start the next quarter.

1.1.3 Improve capacity of regional and local authorities to effectively and efficiently manage their health systems and programs

San Martin RG declared as regional policy priority to improve child nutrition, by regional decree No. 869-2012-GRSM/PGR, setting a target to decrease chronic child malnutrition in 10 percentage points. In order to achieve the desired success, the Project in coordination with RG officials identified a set of internal and external constraints that currently impede the achievement of goals.

Based in these identified constraints, the DIRES and the RG are implementin concrete actions. Thus, in December, they convened for health professionals to fill places in hospitals and proceeded to purchase medicines and medical supplies, particularly in Moyobamba network.

1.1.4 Continue the decentralization process by extending responsibilities to even lower levels of the political structure.

During the first phase of the implementation of the Regional Strategy for the Improvement of Children Nutrition (PAIMNI), the Project supported a rapid diagnosis of the condition of the health centers to start the program, a estimation of the minimum staffing requirements in health centers within the program area and the equipment needs for the Regional Hospital of Tarapoto.

After having completed the qualification phase in September, the DIRES San Martin, the PAIMNI coordinator and USAID projects initiated the second phase of the plan which included the sectorization process, which started with two workshops on October 1 and 2 in Jepelacio and Soritor micro-networks. The objectives of the workshops were:

- a. To know the composition and organization of the micro-pnetwork and the health facilities within its influence, identifying and discussing the barriers to access to health services and establish mechanisms for the first contact with users,
- b. Determine the scope of the intervention within the micro-network and the towns that comprise it,
- c. Develop a map of sectorization and set an action plan to identify the target group (person by person) in Soritor and Jepelacio,

In both events the participants were the chiefs of the micro-networks, the health personnel from each of the health facilities and first aid posts, as well as community leaders. The General Manager of the RG, the Social Development Manager, the Health Network Director and the regional head of PAIMNI also attended the workshops.

A first part of the workshop focused on informing participants about the 14 effective interventions for the reduction of chronic malnutrition and PAIMNI objectives, target population and strategies. Meanwhile each of the heads of the micro-networks made their presentation on the organization of their health services as well as main health indicators.

A second part was to define the scope of intervention of the MR and identify locations within it, defining the urban and rural areas. Based on this information, the communities were sectorized and the MR, together with stakeholders of each sector, proceeded to assign responsibility for the care of each sector to the health personnel, to initiate the process of identifying children under one year and pregnant women.

In a second workshop held in late October the health staff of the MR Jepelacio and Soritor presented the first list of pregnant women and children less than one year, by geographic location by sector and health staff or community health agents responsible for monitoring.

Regional authorities recognized the efforts of workers in health facilities, assuming the commitment to continue supporting their work and provide them with the tools and resources needed to achieve the program's success.

The results that showed the leaders of the micro networks are: 473 pregnant women and 779 children less than one year identified.

Number of Children and Pregnant Women in Soritor MR – October 30

Localidad	Children less than one year	Pregnant Women
CS Soritor	281	162
PS Alto San Martin	18	16
CS Habana	41	17
PS Alto Peru	30	14
PS Jerico	68	44
PS San Marcos	87	41
TOTAL	615	294

Number of Children and Pregnant Women in Jepelacio MR – October 30

Localidad	Children less than one year	Pregnant Women
Jepelacio y Botiquines	86	59
Carrizal y Botiquines	49	27
Pacaypite y Botiquines	42	44

Nuevo San Miguel y Botiquines	35	20
Shucshuyacu	52	29
TOTAL	264	179

With these figures, the health staff of Soritor committed to start the assignment phase, consisting of the registration of pregnant mothers and children less than one year in Galenhos software (individual records) and opening of the medical records of 100% of the target population so that every child and pregnant woman should have their personal care plan. With these commitments, the first longitudinal follow-up evaluation took place on December 14 in Soritor. The Project team designed an evaluation format where the health personnel consolidated the medical records the have filled until that date.

The results were:

- a) 83% of all children less than one year had at least one health check. The reasons for not having a check were:
 - Migration
 - Distance and climatic factors
 - Rejection of the vaccine because of religious barriers.
- b) 85% of all pregnant women had an antenatal check. The reasons for not having the check fulfilled were:
 - Economic reasons
 - Climatic factors
 - Partners' believes
 - Health personnel are not used to neatly fill medical records;
 - Health care facilities continue to have an uder stock of medicines and supplies;
 - Health staff is concern about so many formats that are required to fill.

In the micro-network Lluyllucucha –also part of the pilot intervention- the launching of the intervention was delayed, as well as the beginning of the workshops and the sectorization. The identification of pregnant women and children less than one year started by the end of October. They registered 186 pregnant women and 392 children less than one year.

Number of Children and Pregnant Women in Lluyllucucha MR

Localidad	Children less than one year	Pregnant Women
CS Lluyllucucha	104	37
PS Tahushco	73	34

PS Marona	46	24
PS San Matero	10	5
PS Cordillera Andina	36	18
PS Quilluallpa	24	9
PS Sugllaqui	36	21
PS Flor de Primavera	24	12
CS Condor	40	26
TOTAL	392	186

The final numbers for the three micro-networks are shown below:

Number of Children and Pregnant Women in Three Pilot Health Micro-Networks

MICRO RED	Children less than one year	Pregnant Women
SORITOR	515	294
JEPELACIO	264	179
LLUYLLUCUCHA	392	186
TOTAL	1,171	659

The progress reached in the implementation of the PAIMNI strategy in the pilot micro-networks is being reported to the Ministry of Development and Social Inclusion (MIDIS).

1.1.5 Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health

Since the identification of the number of children less than one year and pregnant women - conducted by health personnel of the three micro networks in San Martin where the PAIMNI is being implemented- the data entry of the clinical records have just started. However the full use of this system will be effective in the first quarter of 2013, when we will obtain the first indicators to monitor gender role, culture and stigma and discrimination in the provision and use of health services.

1.1.6 Strengthen intergovernmental coordination mechanisms for health policy

In the last quarter of 2012, the Project provided technical assistance to the CIGS in two national meetings. The first meeting took place in September with an agreement between the Ministry of Health, Ministry of Labour / ESSALUD and the National Assembly of Regional Governments (ANGR) to implement the following health priorities:

- a. Primary care and improved health services
- b. Access to specialized services
- c. Improving hospital management
- d. Health Financing

Compliance with each of the aforementioned agreements took place in the XI Ordinary Meeting on December, 13-14, where the Project provided technical assistance, particularly in the planning of equipping health facilities of the 25 regional governments, gradually close the gap in human resources for primary care and the expansion of the response capacity of 747 strategic facilities of 25 regional governments by 2016.

Next year, PHR will provide technical support to the ANGR for the dissemination and implementation of specific strengthening programs.

1.1.7 Coordinate health providers and user groups' response to reduce gaps in coverage in approved regions

The identification of children under one year and pregnant women in each of the sectors of micro networks Jepelacio, Soritor and Lluyllucucha has been achieved with the cooperation of the members of the neighborhood councils and community workers who were trained by the USAID Project Healthy Municipalities and Communities.

The longitudinal follow-up process that is currently underway will have the expected success with the active participation of the members of the neighborhood councils and community workers. For this reason, the Project has been concerned to permanent include the regional manager of the aforementioned Project and the members of Neighborhood Committees in all workshops that have been organized to date. Even as part of the responsibilities of the staff of micro-networks is nominal identification for each sector stakeholders and awareness raising activities to achieve their ongoing participation.

1.1.8 Coordinate health providers and user groups' response to reduce gaps in coverage in approved regions

In the first quarter of 2012, the Project conducted a perception study of pregnant women and mothers of the regions of San Martin and Ucayali regarding health care received in health facilities by themselves or their minor children. This study was brought to the attention of health authorities who have used this material to organize training to improve the care of people who come to health facilities. Despite these actions, the Project will conduct during 2013 a qualitative study of the same nature in micro-networks where PAIMNI is being implemented.

Develop and implement regional plans to monitor compliance with regulations and standards governing the Health Sector

1.1.9 Increase monitoring and enforcement of governing regulations and standards in the Health Sector by regional authorities

The work being carried out to monitor longitudinal children under one year and pregnant women is allowing to a identify certain technical deficiencies of the health personnel to be corrected through training activities / updating or developing guides, practice and performance standards in the implementation of the 14 effective interventions.

These activities will be made in the course of next year.

1.2 Health Sector Financing and Insurance

Improve health coverage of poor and vulnerable populations

1.2.1 Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services

This trimester has intensified coordination and joint work with the MOH and SIS regarding the unification of the SIS Assurance Plan based on PEAS. While there has not been significant progress in the publication of the revised and updated PEAS, its institutionalization has been prioritized in practice through collaborative implementation of the unified assurance plan.

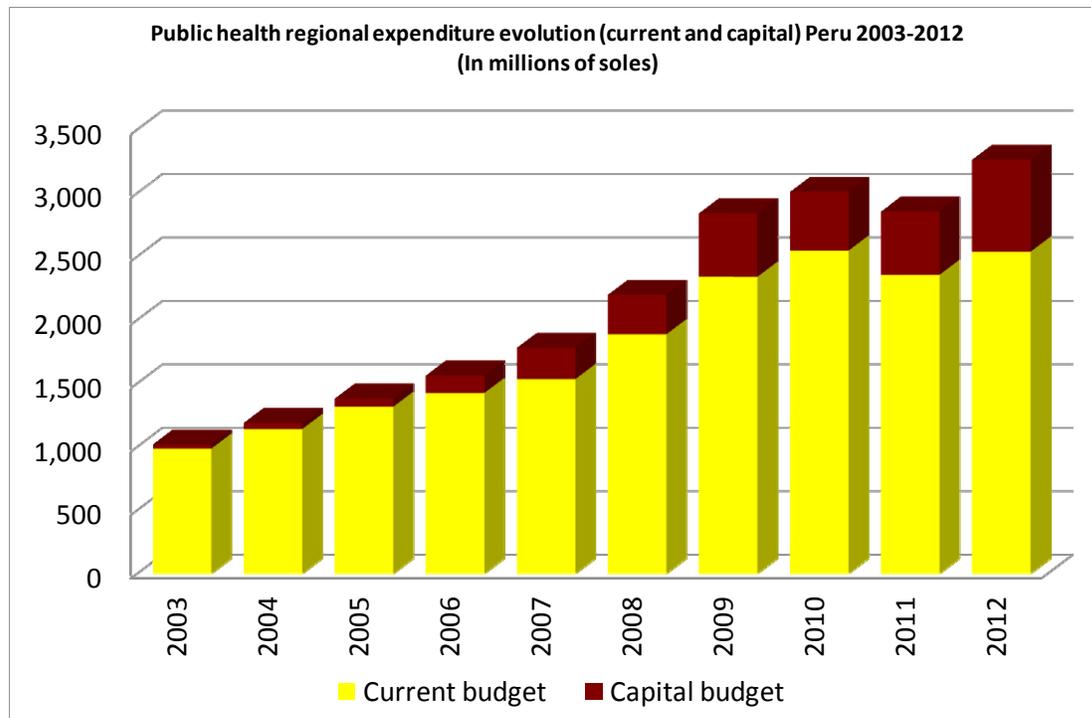
On the other hand, there has been attendance in meetings of presentation, discussion and consensus on the proposal for a regulation of the Rules of Law of public funding subsidized and semi-contributory regimes of universal health insurance.

An iterative point of the project staff participating in the meetings was advocating for the analytical development of sources and routes of funding based on the cost of a Premium, which is defined as the probability of an occurrence of sickness benefits within the PEAS package, including both subsidized and semi-contributory regimes. Less central aspects have been suggested such as the treatment of rare diseases and orphans within FISSAL given the unpredictable nature of any such events and immeasurable in terms of cost.

While the round of consultation has ended, the pending agenda will be monitoring progress to verify the incorporation of suggestions. In particular, explanations of the amount of funding, the insurable premium and the number of members per plan to verify that this mandate, so important in extending the insurance coverage in the country, has the corresponding funding.

1.2.2 Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package

Updating data on health expenditure trends at the regional level verifies the trend of increased spending both current and capital budgets. It is noteworthy that the growth in current expenditure is 157%, almost tripled from 2003 to 2012, increasing from 984 to 2537 million. This is somewhat comparable to an increase in investment spending which has increased 2032%, a multiple of 21 in the same period, from 34 million to 725 million. Current expense funds have been channeled mainly to increased personnel costs (both the number of workers and wages), while the investment budget has been focused at renovation and infrastructure improvements, as well as equipping establishments, and principally implementing prefeasibility and feasibility studies of strategic establishments.



It is noteworthy there remains a major constraint in further assurance on the quality of spending and the potential for its dilution without major changes in intergovernmental arrangements. These grant explicit management mechanisms to Regional Health Directorates who are actually limited in their actions because the channels of programming, budget formulation and execution require only current MEFs conferring with the executing units directly. The Regional Health Directorates have no explicit mechanisms to monitor the quality of health spending, much less to manage regional health resources. The Regional Government lacks the time and expertise to get involved beyond monitoring the overall implementation. This is a worrisome situation that has no solution unless one changes the current model of regional public funding and / or SIS deepens its role in the financing system.

1.2.3 Develop long-term plans for resources needed based on estimations of costs as insurance coverage expands and are based on the changing disease profile of the country (i.e. burden of disease).

This trimester includes better information regarding funding for an actuarial study based on the current burden of disease. The MOH has agreed with funding through the World Bank. The selection process has started assembling a consortium of sixteen international consulting firms and is in the final process of selecting six firms. The project will participate, as far as possible on the technical definitions of the study and the contribution of prior information such as burden of disease studies.

Ensure efficiency and equity in health resource allocation

1.2.4 Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities

This activity has been developed in two levels. At the central level the work was coordinated with both the MOH and the MIDIS under agreement with MIDIS San Martín Region. Central level coordination assessed the level of implementation of the 2012 budget. In general, there are problems in achieving the expected implementation rates for this period. This difficulties increase if considering the budget for capital goods. The regions face difficulties in preparing drafts of pre-feasibility and feasibility works and / or the logistics process for purchasing biomedical equipment.

At the regional level, this quarter also deepened the analysis of the draft budget law and in particular the initial budget Opening (PIA 2013). Note that this involves spending budget inertia, i.e. appointed staff obligations including social benefits, payment of utilities (water, electricity, communications, etc.) and the project feasibility investment budget coded in SNIP. In the case of San Martín region, workshops have been conducted regarding awareness in executing 2012 and the potential for increasing the rate of implementation.

One aspect of note is the framework of cooperation agreement with MIDIS has made significant progress in scaling PAIMNI nationwide. This is due to the junction of three forces: First is MIDIS's strategy for exercising their stewardship in endeavors towards the target of reducing malnutrition. Second, MIDIS key officials know the process of implementation of the program and were able to achieve results in San Martín region. Thirdly, because MIDIS took the initiative to ask for direct collaboration of one of the project members. In this context, PAIMNI developed documents facilitated the process, meetings were held with detailed explanations of the methodology, estimation procedures, review of files, etc.. Including the prioritization of districts, and using Spectrum to set targets for coverage of effective interventions. According to the technical assistance regional project plan, (see Annex 2.1: Aide Memoire of the AT to the San Martin region to reduce DCI), reliance was placed on each stage of methodological transfer including preparation of terms of reference for key staff and consultants to support specific national scaling. Finally, it has participated in the design and execution of the following macro-regional workshops (except those realized in Trujillo and Cusco) to define goals for reducing malnutrition based on the application of Spectrum baseline goals and effective interventions. The completed workshops had the following venues, dates and regions.

Lima	Tarapoto	Trujillo	Cusco
22-23/ NOV	28-29/NOV	5-6/DIC	12-13/DIC
Lima	San Martín	La Libertad	Cusco
Lima Metropolitana	Amazonas	Tumbes	Puno
Callao	Loreto	Piura	Arequipa
Junín	Ucayali	Lambayeque	Ayacucho
Pasco	Madre de Dios	Cajamarca	Apurímac
Ica	Huánuco	Ancash	Huancavelica
			Moquegua

			Tacna
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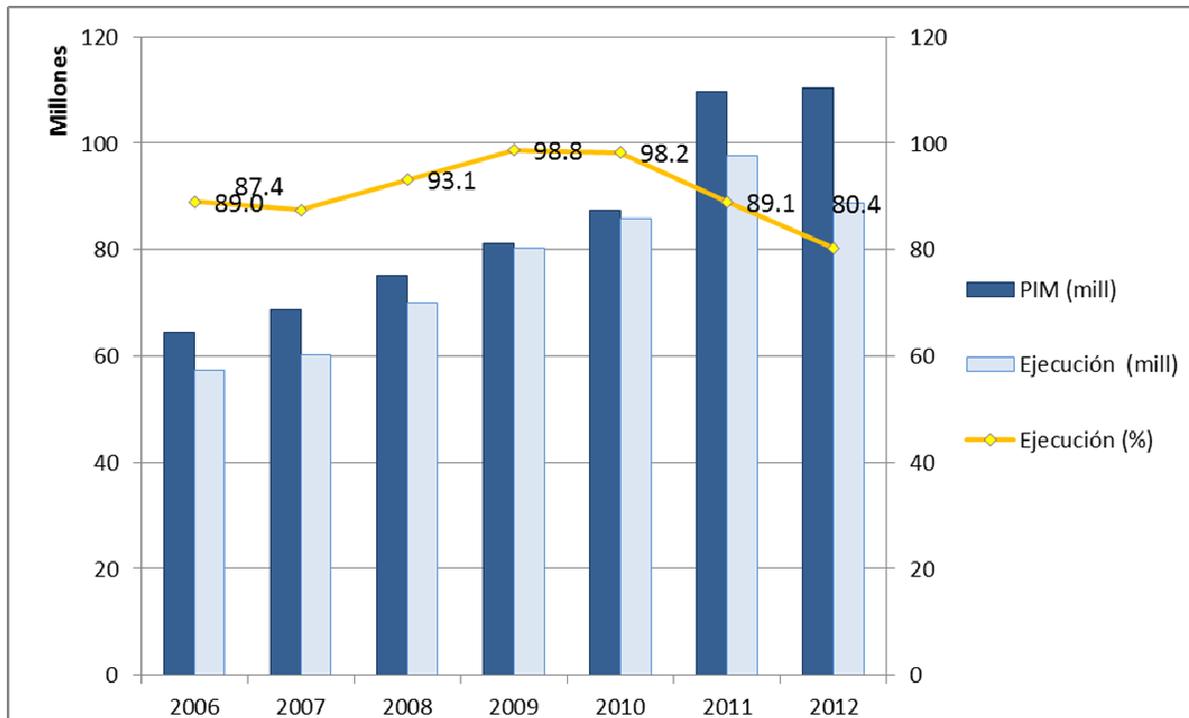
An important aspect of these workshops has been to instill the concept that reducing malnutrition comes from intersectoral and intergovernmental joint efforts such as increased coverage of water and sewer services. Whose implementation possibilities come from coordination between the Ministry Housing and Construction, the Regional Government and Local Governments; equally coordinated efforts in increasing coverage and quality of health services between the Ministry of Health, and the regional and local governments. In particular to increase prenatal care awareness to include supplies of ferrous sulfate and laboratory analyses to rule out anemia and / or timely treatment, increase institutional delivery care, CRED control and administration of vaccines,(primarily in children younger than 3 years), and the promotion of healthy practices at work in the community. Because participants were key officials of regional governments, particularly business leaders of social and housing sectors, education and especially health, these commitments have ample opportunities to become highly effective business processes with clear identification of the 2013 budget.

To perform implement this the workshops contributed to the preparation of baseline coverage information using as source the latest DHS and information budget 2012 and 2013 to see that these interventions have funding. This activity also utilized the technical assistance one of its members as requested by the MIDIS project.

The remaining activities are for generating feedback and information queries with MEF staff to see the possibilities of improving PPR instruments and the connection between systems programming and budget formulation (SIGA) and system budget execution (SIAF).

1.2.5 Assess the current system for financing health service provision under decentralization and universal health insurance

This quarter tracked the implementation of current expenditure particularly in the San Martin region. The trend is shown in the graph below. It can be concluded that, although increasing current expenditure budget has been sustained, it appears that the absorptive capacity of the region's spending is capped between 80 and 89 million, which corresponds to a full implementation rate 98.8% in 2010 and maximum budget amount executed in 2011.



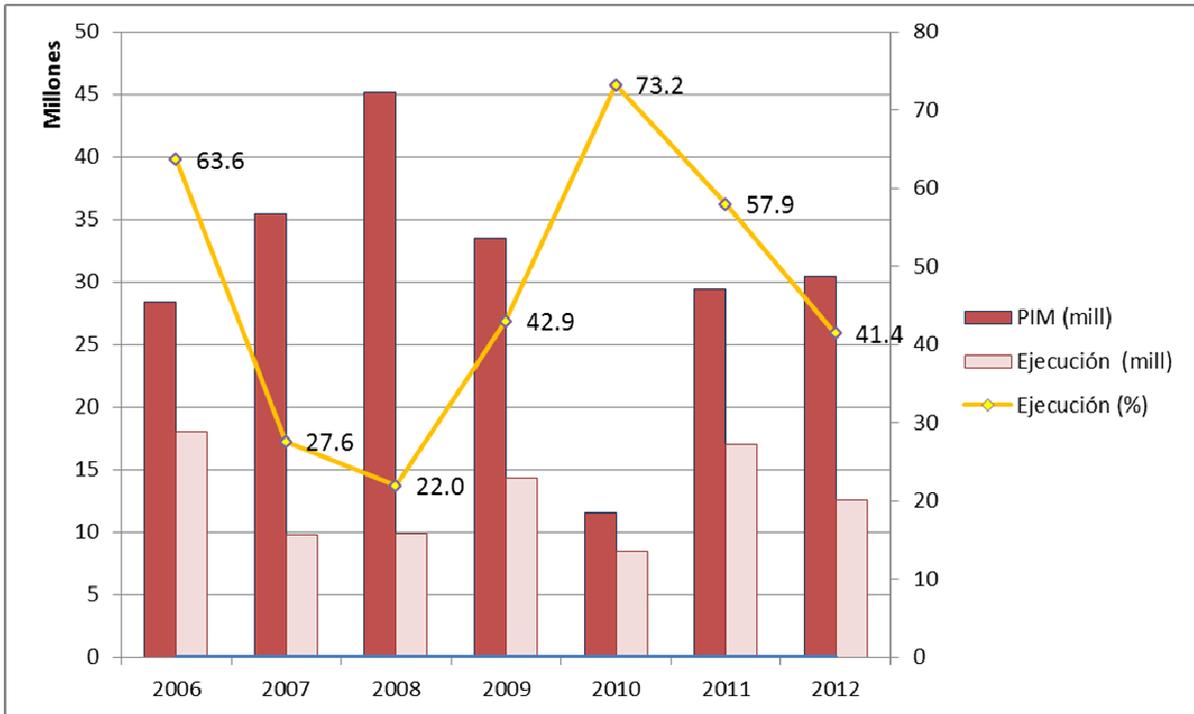
The evaluation of the implementation rate for October 2012 in the San Martín region in particular, identified ample opportunities for improvement. DIRESA San Martín has taken leadership in accelerating implementation and has significantly improved the use of budgeted resources to November as seen in the above graph and this process has continued through the month of December (which will be presented in the next report).

An additional element to the hypothesis of limited regional absorption capacity, are the central acts that SIS and MINSA budget transfers were made between October and November, which left little room for regional implementation. In particular, with the funds transferred by the MOH and regular resources which are susceptible to be returned if not executed on time (unlike the funds transferred by the SIS matching grants and transfers to the region which are lost if not executed in the year 2012).

Furthermore, the level of investment expenditure execution has its own complexity and presents an even smaller percentage of execution prior to the evaluation date. Similarly, it is reiterated that the month of December has been a month of feverish amounts of execution and these percentages have been improved. Anyway, one element to improve not only execution but also regarding how or what is executed.

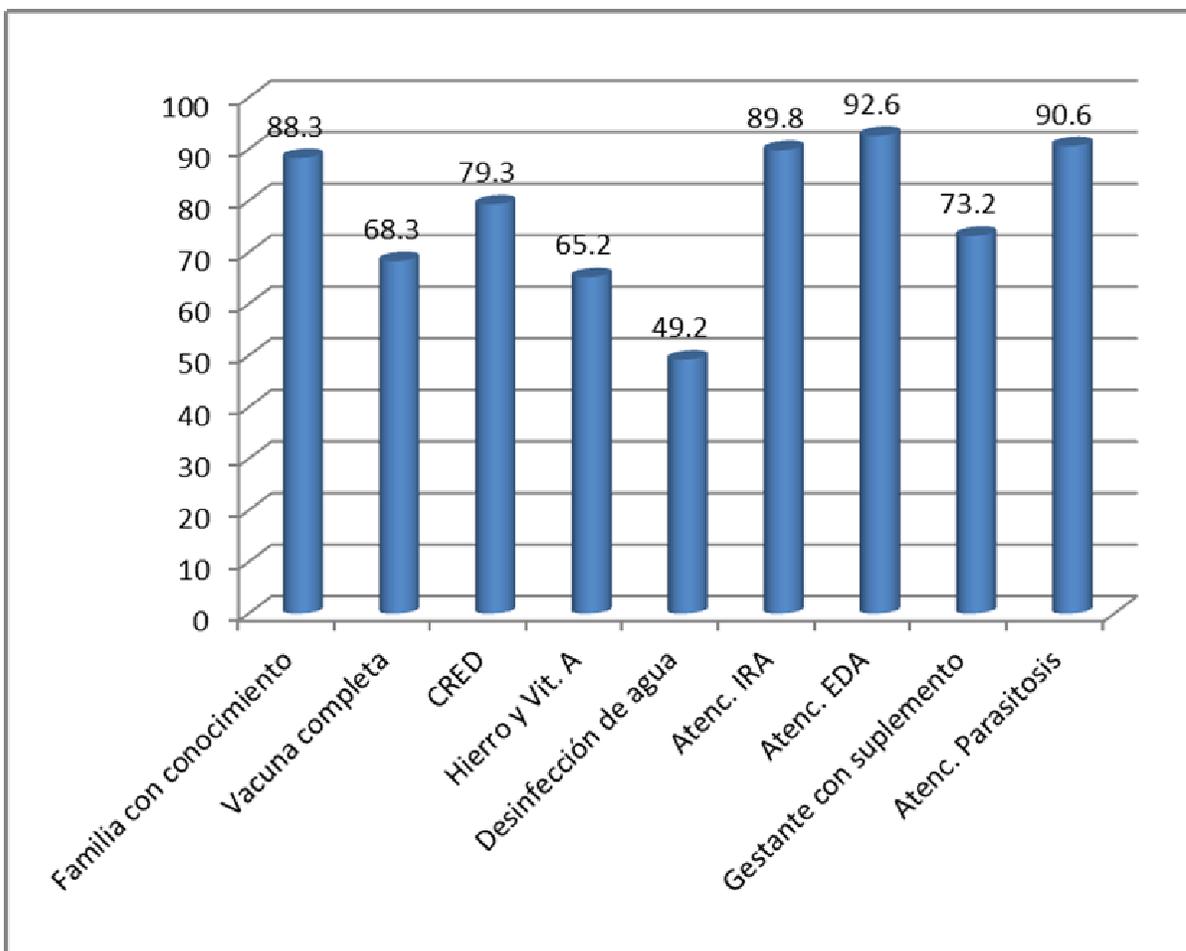
Trend of Capital Expenditure on Health Function. San Martín Region 2006 - 2012

(PIM=Modified Initial Budget)



Regarding the amount invested in programs related to effective interventions to reduce malnutrition, is presented as an example the following graph, which shows different levels of performance, with improved margins in key areas such as administration of micronutrients such as iron and vitamin A, care of pregnant women, vaccination of children, water disinfection.

Percentage of expenditure executed (PIM) of the most relevant PAN products regarding effective interventions to reduce the DCI.San Martin Region, Nov. 2012.



Annex: Budget Analysis 2012, San Martín Region, includes a detailed analysis of the implementation process of regular resources budgeted for San Martín and budget programs Articulated Nutrition (PAN) and Maternal and Neonatal Health (SMN) via PAIMNI financing.

Furthermore, according to the initial budget Opening 2013 (PIA 2013), it is estimated that the San Martín region will receive 127 soles per person (PIA 2013/total region population). It will be a challenge for the region to management well the full use of these resources as it is a higher figure than in previous years.

1.2.6 Develop payment methods and resource allocation models based on the health needs in different regions, corresponding to healthcare provided (in terms of the nature, quantity and quality of care), and to appropriate improvements in infrastructure and equipment

The trimester October-December 2014 has been by far the most advanced period regarding signs for changing payment mechanisms between the SIS and the device provider. This is consistent with the policy decision to reiterate the role of the SIS as the financial arm of the subsidized public health system. Therefore, the SIS has realized the signing of 20 regional agreements, and is in the process of signing the remaining five regions of the country (see Annex: Arrangement Act Regular Meeting of the CIGS). The interesting aspect regarding these agreements is that additional funding to the regions (which until last year received 380

million via transfer from MINSA) this year will be receiving through SIS to the signatory regions. So in perspective, SIS will be channeling 1.500 million soles of 4,500 million soles which in orders of magnitude manage the health sector.

A capitalized payment forms the basis of the agreement signed by regions. For the moment, a "capita" is defined as the mean value of historic production of the region among the number of its members. There still remains to progress to a better operationalization of this concept.

In the case of the San Martín Region this average value is 95 soles to 127 soles by regular means. (Discussed above) By 2013 with the population group affiliated to SIS the average values are 222 soles. Again, although this amount is significantly higher than previous years and faces a major challenge for regional absorption it still is far from sufficient. As a reference, the cost of the equivalent PEAS package is 380 soles.

The pending agenda is very interesting, as such; it is a healthy political signal of the transformation of SIS from a simple budget program to the systems effective financial arm. It has transformed in the intense technical work involving key professional staff to develop a rigorous definition of the capitalized payment mechanism for primary care. This mechanism reflects the cost of an insurance premium (as in private) and a hospital payment could modify the current payment mechanisms for reimbursement of actual production on which there is evidence of its potential cost escalation. The hospital payment mechanism is a diagnostic grouping that corrects this incentive to unnecessary increase in the use of hospital health resources.

In this period the project continued with the technical assistance to the MOH in implementing PMI methodology for identifying investment needs of 179 strategic establishments in seven regions (Cusco, Apurímac, Loreto, Junín, Tumbes, Tacna and Moquegua). To this end, the project assisted in the formation of 16 regional facilitators and regional governments and DISAs of Metropolitan Lima. Regional workshops have been completed with this second regional group which identified the investment needs of 16 regional governments in total.

In addition, the project has assisted in the development of new rules for the formulation of pre-investment studies of strategic establishments. This references the portfolio of services for network facilities and new infrastructure and equipment parameters. This will be approved by health technical standards. We have also participated in the negotiation process between the MOH and MEF of new parameters for the formulation of pre-investment studies. It is expected that these new parameters will reduce the preparation time of studies from 9-12 months to 3-5 months.

Finally, the project provided assistance to the MOH OGPP-IPO to develop guidelines for investment projects in the health sector to reduce chronic malnutrition, which were approved by RM 938-2012/MINSA. This, it is hoped that future projects focus on improving the physical and human capacity of the system to provide health benefits that are considered effective and to ensure longitudinal cohort follow-up and to improve the coverage of the benefits to each individual.

1.3 Health Information

Strengthen the capacity to collect, analyze and use data in the health sector

1.3.1 Promote the use of information in decision making at national, regional and local levels, especially with respect to health service provision, policy making and oversight of new initiatives

As part of the annual process of examining the health of Peru (Peru Health Yearbook) under a standardized analytical perspective, the previous quarter project forwarded to the specialist information committee of the National Health Council, an initial set of reports to be used in the publication.

These initial reports were based on the assumption that all data necessary for their generation would be readily available in all health institutions. During this quarter, these reports were validated by a consultant hired by the same committee. Who after visiting each institution, found the original proposal should be adjusted (trimmed), because, among other reasons, there were methodological differences between apparently similar reports but generated using different conceptualizations. The revised proposal narrows to a subset of reports where all sector institutions provide information. These will provide an institutional comparative analysis as well as sector consolidations. Other complementary and independent reports would also be added depending on the availability of information in each institution.

1.3.2 Improve data collection methods

During this quarter the Project continued the strategy of improving data collection methods by implementing GalenHos in primary care establishments both in Ayacucho and San Martin; the former having made the most progress in implementing their Information Systems.

In this manner, Ayacucho, where the Project closed its regional office during November, has a positive workflow. It has been implementing a mass deployment GalenHos plan at local hospitals and approximately 15 micro-network. These comprise approximately 35 health facilities of which 29% of them are utilizing GalenHos in their computer networks and are either at the stage of producing clinical records or programming and appointments. Also 45% of these establishments used GalenHos as a single user system towards creating affiliated phases and clinical files.

During the current quarter in San Martin there has continued GalenHos implementation as part of a strategy to combat chronic malnutrition. To date there are 46 health facilities working on implementing GalenHos. Of these, 32% of have completed the affiliated phase, 50% have started this phase and some health facilities (Lluyucucha, Jepelacio and Soritor) have completed production phase of accounting services indicating advanced functionality of GalenHos.

Additionally, during December, the Project provided training (to trainers) in San Martin to continue the 2013 GalenHos expansion strategy and other regional primary care establishments. (PAIMNI EESS) The Project continues to provide technical assistance to the San Martin Regional Government in preparing plans required by that process.

Regarding improvements in data collection methods such as data integration between different applications that may require common data entry, the project has developed an information export interface to the SIP2000. This is identical to the one currently being evaluated prior to implementation and currently is operational in integrating GalenHos to insurance systems (SIS-GalenHos interface) and for statistical reporting (HIS-GalenHos interface).

1.3.3 Monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region.

The use of standardized data sets selected according to relevant information needs is a prerequisite to expand the monitoring and evaluation of the quality of health services. To accomplish the above in the previous quarter coordination was resumed with SUNASA for the purpose of determining a data set of interest that GalenHos could provide. Equally, in the present quarter there is continued coordination with SIS and FISSAL for the purposes of including their operational data and corresponding control. Additionally, MINSA raised the need to develop a GalenHos expansion plan in the country's hospitals, which will implement, among other goals, new functional requirements for monitoring and evaluation. During the present quarter the requirement was assumed to expand GalenHos further as per one of the goals of IGC Health (CIGS) to improve hospital management. In this form the Project has been providing technical assistance for developing a proposed plan implementing expansion of GalenHos (2013) to support a management strategy for health information. The plan will also improve methods of monitoring and evaluating health services and programs.

The proposal would apply to hospitals that do not have adequate information systems and also those who have requested assistance. A tentative goal is in place to have 34 hospitals under implementation by mid-2013. The original proposal is being coordinated with OGEI-MINSA and OGTI-SIS and is expected to present its final version at the next meeting of CIGS and should be validated in advance by the relevant working group of CIGS during January 2013.

1.3.4 Streamline and improve the HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently.

Among the prerequisites for achieving the goal of organizing various sources of information to improve health management are those related to standardizing information systems to be integrated or inter-operably. If these conditions are achieved, information will be available that will yield consistent efficient decision-making at different levels of action.

In 2005 the Ministry of Health developed a technical rule relative to standards (adopted as DS-024-2005-SA Identification of Health Data Standard) in which different identifiers were mentioned including users, procedures, drug, health professionals, etc.. However, not all sector institutions currently use them and some who do use them employ different versions of these catalogs.

This situation impedes the health integration project with information coming from sources that do not have standardized data. As a result, coordination has begun with: The MOH

General Office of Statistics and Information; The MOH Directorate General of Health of the People; The MINSA Directorate General of Medicines, Supplies and Drugs; and SIS in order to update and standardize criteria and procedures for managing and generating health data and to eliminate existing problems notwithstanding seven years after the publication of the respective standards policy.

On the other hand, one of the options for integrating information has consisted in adapting GalenHos to communicate with parallel information systems such as HIS, SIS, FISSAL, SISMED, SEM and SIP2000.

There currently existing routines that allow GalenHos to export information to SEM and HIS. Additionally a routine has been prepared that allows exporting information to SIP2000. It is currently in a review and improvement process for later presentation and approval.

In the previous quarter was reported the progression in adapting GalenHos to transmit information required by SIS. During this quarter we continued technical coordination with SIS so GalenHos can replace the need to use proprietary SIS report applications. An example being the ARF-SIS, for which GalenHos SIGN uses a single registration process. In this sense GalenHos was adapted to identify active SIS users who require performance. The system can print and export electronic information in the Unique Format Care (FUA) which is sent to SIS to process the respective reimbursements. The project is currently working on the implementation of respective pre- controls (SIS consistency rules) that should also be part of the GalenHos internal validation process.

Finally, during this period there have been meetings with FISSAL enabling us to gauge future integration requirements. These are similar to the requirements of SIS. This greatly facilitates the adaptation learning process of SIS-GalenHos and the adaptation process with GalenHos-FISSAL which will follow.

1.3.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS

During this quarter, the project continues to provide technical assistance to the regions reported in the previous quarter based on demand and availability of project resources. There have also been added new technical requirements which have led to the new signed agreements with hospitals that have approached the project requesting support for the improvement of their health information systems. These include the Hospital of Santa Rosa de Piura and Support Hospital at Sullana Piura. Additionally during the previous quarter an agreement signed with the Dos de Mayo Hospital in Lima to implement GalenHos.

The technical assistance referred to was executed via a one-week workshop for Piura Hospital and Dos de Mayo Hospital with a view to developing their action plans for the implementation of GalenHos and operational assistance in the first phases of the process. This process also involved the Institute of Neurological Sciences, who has no agreement with the project. Although they are interested in a pre-assessment strategy prior to extending a formal request to implement GalenHos.

During the first quarter of 2013, the Project is expected to provide training to the technical programming staff of hospitals that have signed agreements. These training sessions are complimentary to those contractually obligated via Project as a counterpart to receive GalenHos.

Finally, during the quarter we continued to receive requests from health facilities who want to know and / or use GalenHos, such as the hospitals Sergio Bernales de Collique and the Regional de Ica. Plus a network of health facilities in Abancay who have been sent information and are scheduled for a demonstrative presentation.

1.3.6 Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels

During this quarter and referring to the promotion of interoperability standards for health information systems that meet unrelated pre-existing information quality criteria information, coordination has been made with the current management of MINSA OGEI in order to resume actions for the implementation of HL7 interoperability standard in Peru. Although since 2011 there exist rules for Electronic Health Record registration developed by the MOH OGEI. (RM 576-2011-SA on Specifications for Standardization of the Registry of Health Record) Which among others adopted HL7, DICOM and XML as standards for the electronic exchange of health data and images; efforts supported by the previous administration of OGEI now seemed to have stopped under the current one. So it is necessary to initiate short-term complementary actions to promote the formation of the Peruvian HL7 chapter. Which will enable the adoption of standardized interoperability modules, if interoperability standards are not implemented, would repeat the integration processes that have worked for GalenHos with SIS, HIS, SIP2000, etc., but on a one-by-one basis with a multitude of pre-existing information systems which is an inefficient processes and costly to health systems as a whole.

Additionally, coordination has been effected with Pontifical Catholic University of Peru to form a proposal to develop an image interoperability module using HL7 and DICOM standards. Currently there is reliance on a PUCP technical and economic proposal which serves to seek funding among the base of Hospitals that may have the need and financial ability to utilize it.

Also during this quarter has continued the process for the exchange of GalenHos electronic information with FISSAL and SIS. (Although it is necessary to explain that such processes will be based on proprietary interoperability modules- specific interfaces – which are not based on a specific standard.)

1.3.7 Ensure public availability of timely, accurate data

To date the project relies on a specialized data warehouse design (datamart) which relies on information generated by GalenHos - but does not exclude the inclusion of additional related sources. On this basis, during this quarter, is planned a review of the initially planned indicators and conditions to satisfy GalenHos. With a view to how initial application of indicators is able to meet the needs associated with DCI longitudinal follow-up analysis in the region San Martín (GORESAM PAIMNI Program).

1.4 Health Workforce

Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.

1.4.1 Build consensus regarding health civil service reform.

In year 1, the project worked closely with the Ministry of Health-Ministerio de Salud (hereafter MOH) to evaluate current policies and procedures regarding human resources health management. The Health Policy Reform (hereafter HPR) Team promoted opportunities for MOH dialogue with the National Civil Service Authority (hereafter SERVIR) and Regional Governments to provide a forum to discuss policy alternatives for improved staffing of health services and identifying and building consensus on specific technical and politically viable options. This continuing dialogue will result in a document which summarizes initial consensus points reached by key actors on the Career Path for Health Services.

Within the framework of the Career Path for Health Services, the HPR Project will encourage the extension of this discussion to policies and strategies to define a career path for health workers in primary healthcare facilities. This activity will address one of the main problems in the Peruvian health system, i.e., the lack of incentives to retain health workers at the first level of care, particularly in health networks that are remote and provide services to excluded populations. The HPR project team will participate in technical meetings convened by the MOH and provide technical assistance in defining strategies to decrease staff turnover.

During this quarter, in November 8th the MOH developed a Technical meeting regarding "Career Path for Health in Perú", the objectives were i) Inform key actors on the experiences and developments at Regional and National levels in the construction of the Health Career, and ii) Sensitize the active participation of stakeholders in the construction of a Health Career Path in the country. The project was invited to give a lecture on "Background of Health Career for Health in Perú". This presentation focused on the progress made, especially in defining the principles of a health career path in the country and the need to work on career paths for the primary care level. One of the agreements of this meeting was to prioritize remunerative scales for health personnel working in remote areas, as a component of the health career path. The project will continue participating in discussions and technical meetings convened by the MOH.

1.4.2 Develop long-term plans for Human Resources, including development of the appropriate set of job functions at different professional levels and responsibilities in the health system and forecasting needs with respect to these functions

ASEGURA, a tool developed utilizing the USAID funded PRAES Project, forecasts staffing requirements for health workers based on the volume of PEAS -related services that are required to meet universal insurance coverage goals. To improve the accuracy of these projections, The HPR Team have coordinated with the MOH and Regional Health Directors (hereafter RHDs) and adapted the WHO Workload Indicators of Staffing Need (WISN) methodology to estimate HR requirements in primary health care. The HPR Project will validate the methodology in one Region and will estimate HR needs and design strategies to fill the HR gap in the short, medium and long term. In year 4 the HPR Project will develop a proposal for a bottom-up HR planning system for the first level of care in one region that will provide accurate and timely information from networks and micro networks to the RHDs. In

years 4 and 5 the project will: 1) facilitate workshops at the regional level to refine and institutionalize this HR planning system, including long term needs; 2) carry out technical assistance meetings to train regional and local teams on the new HR planning system, and; 3) present the projected needs for local HR, based on the forecasting results.

The HR gap to be identified will not only contain quantitative elements, the project also will define competency profiles for primary health care (PHC) staff consistent with the

comprehensive catalogue of competencies for primary care which was defined by the MOH with the technical assistance of USAID funded HPI Project. A basic team is comprised of a general practitioner, a nurse and a midwife. The definition of job profiles for PHC will take into account general and specific competencies defined by the MOH, using the MOH's "Functional Analysis" approach adopted from the International Labor Organization (ILO).

Functional Analysis, is a methodology proposed originally by the ILO, which is based on the disaggregation of functions of a determined unit of analysis (see Box 4 for more detail). In addition, in year 4, these competencies will

be part of the job profiles which will be defined with HPR support in at least 2 Regions in order to develop recruitment and selection processes to fill the gap with new hires. This set of competencies enables the measurement of the HR gap in competencies through a performance evaluation process. In year 4, the HPR project will provide technical assistance to develop a proposal for performance evaluation in managerial competencies, taking into account the methodology developed by the Quality of Care Project for the evaluation of clinical competencies.

During this quarter, **at the Central level**, the project worked closely with the MOH in the design and validation of a methodology to estimate HR requirements and gaps for PHC, for national implementation, especially for "strategic facilities" which infrastructure and equipment will be strengthened. This methodology has been formulated taking into account the methodology developed by the project in Ucayali, San Martin and Ayacucho. This methodology has been validated in three meetings with regional experts.

This methodology has considered the contributions of the project in relation to:

- Portfolio of PEAS procedures
- Available working time for the provision of PEAS

Box 4. Functional Analysis

"Functional Analysis is a technique used to identify the labor competencies inherent in a productive function. Such function may be defined at the level of an occupational sector, an enterprise, a group of enterprises or a whole sector of production or services. It is thus evident the flexibility of functional analysis. Although it was designed as a wide-scale analysis tool, it may also be useful to analyze occupations in certain subsectors or even at specific organizations.

Functional analysis is not an exact method whatsoever. It is a working approach to the required competencies by means of a deductive strategy. It begins by establishing the main purpose of the productive function or service under study and then questions are asked to find out what functions need to be performed in order for the previous function to be achieved.

Ideally, this is carried out on a group of workers who are familiar with the function object of the analysis. Its worth as a tool comes directly from its representative quality."

Vargas Zuñiga, F. 40 Questions on Labour Competency.

- Level of dispersion of the population assigned to each micro network.
- Times of each procedure, established in ASEGURA software
- Number of procedures, established in ASEGURA.

In **Ayacucho**, during this quarter, a new organization of health facilities was approved. The human resources requirements and gap defined during the last quarter, responded to a pool of facilities that are different from those adopted recently. Since the term of the project activities in Ayacucho was set for November, technical assistance focused on training a team of professionals at HRDs, network and micro-networks in all the methodological steps from designing spreadsheets for each health facility to the analysis of the results obtained by applying the spreadsheet designed for this purpose.

The selected team was very proactive, interested, and responsive to learn in the workshop each of the steps in the methodology.

At the end of the workshop it was concluded that the trained team can carry out the training to other networks, but they asked for the accompaniment of the project in implementing the pending workshops.

One concern of Ayacucho HRD is the recruitment and selection of qualified personnel for the primary care level, with ability to develop preventive care and health promotion activities that have proven effective in improving the health of the population.

To ensure that these processes are transparent and rational, it is necessary to have the respective job profiles that describe the characteristics of the post and the requirements for candidates for the position.

In relation to the design of the job profiles for the primary care level, the project provided technical assistance to complete the design of all job profiles to basic health care team of the first level of care, for all categories of health facilities. In addition, at the request of the HRD, the project supported the design of the profiles of other professionals in the primary care level, including: Dentist; Psychologist care; Head of Laboratory; Head of Pharmacy Department; Responsible of Nutrition Service; Head of Social Service.

With the gaps identified, job profiles defined and a salary scale approved for primary care level, the Ayacucho HRD would be able to select and retain competent staff in areas where required.

*Ayacucho HRD will approve job profiles for PHC through a Executive Resolution. The document that will serve as technical support for the approval of the Resolution is shown in **Annex 4.1**.*

In **San Martín**, similar to Ayacucho region, in this quarter the San Martin Regional Directorate of Health (HRD) reorganized all health facilities in the region as indicated in the Directorial Resolution N° 684-2012-DIRES-SM/DESI.

Due to this new distribution of networks and micro networks, San Martin HRD Representatives requested technical assistance from the HPR Project in the form of holding workshops in the region.

These workshops were attended by: 1. The San Martin HRD technical team. 2. Representatives from the network and micro network. These workshops applied the methodology for calculating human resource shortages in primary care health as proposed by HRD Project.

The workshops included teaching participants basics, such as utilizing MS Excel spreadsheets and arrays for tabulating data for each facility to demonstrating how these various databases are joined creating a master database from input by all locations in San Martin HRD. These demonstrated the importance in having an HR management tool to properly analyze metrics such as technical and health staff requirements, distribution, shortages, etc at the network and micro levels within HRD San Martin.

At the end of the workshop the San Martin HRD representatives sought to support the development of a technical paper which will report on the current status of primary health care staffing throughout the region. The intention is to serve as a model to develop strategies to solve the problems encountered. Also to improve the delivery of health services in primary care facilities to benefit the population of San Martin region. Especially the disadvantaged located in rural and remote areas

Attached Annex 4.2 "Calculating Human Resource Shortages and Proposed Staffing allocation in Primary Care San Martin HRD, 2013-2015".

1.4.3 Develop competency profiles for health managers at the regional and health network levels

In year 1, the HPR project supported one region in the design of competency profiles for health managers at the regional level that were related to the new functions assumed by regional governments in the framework of the decentralization process. These competencies have been placed in a dictionary of competencies and this document will help to define managerial competencies for networks and micro networks. In year 2 the HPR project worked with the Ayacucho RHD in the definition of competencies for human resources management based on functions and responsibilities typically defined in an HHR management system. In year 3, jointly with SERVIR, and taking into account human resources management competencies, the project designed job profiles for each of the positions of the Directorate of Human Resource Development of Ayacucho RHD, networks and micro networks. In year 4, working with the MOH and National Civil Service Authority, the project will develop the key job functions for health managers at the network level.

During this quarter, in **Ayacucho**, the project provided technical assistance to the Human Resources Department of Ayacucho RHD in designing competency profiles for human resource management and based on this, the job profiles for the positions of HR Management were designed.

The project supported the technical team in the definition of the main posts of this unit and the key functions of each position. Then we used the methodology of SERVIR, which

coincided with the methodology that the project was developed in Ayacucho. A SERVIR civil servant participated in the presentation of these job profiles, and then SERVIR prepared a spot with the key stakeholders in Ayacucho RHD. This spot was launched in the SERVIR Macro-regional Workshop held in Arequipa and now is displayed on the SERVIR website.

Currently, the team trained by the project in the design of job profiles, is receiving technical assistance requests of those responsible for human resources from other sectors.

The technical team designed job profiles for the following posts:

- Executive Director for Human Resource Management and Development in Health
- Head of the HR Planning Unit
- Head of Employment management Unit (Recruitment, Placement, retention, contractual arrangements, displacement)
- Head of Job design and Performance Management Unit
- Head of Pensions and other benefits Unit.
- Responsible for Social Welfare and Incentives
- Responsible for Payroll and Salary Scale
- Head of Occupational Health and Organizational Climate Unit
- Responsible for Personnel Data and Record Keeping
- Responsible for Attendance control
- Responsible for "SERUMS" (Rural Service in Health)

Ayacucho HRD will approve job profiles for HR management units through a Executive Resolution. The document that will serve as technical support for the approval of the Resolution is shown in **Annex 4.3**.

1.4.4 Develop, implement and monitor regional and local strategies for human resources recruitment and retention;

A critical obstacle in the provision of quality health services is the lack of trained health personnel. Despite the increased budget to hire additional staff, the quality of care does not improve, especially at the primary care level. So, it is important to recruit qualified personnel to work at the first level of care, as well as retain competent staff by providing fair and equitable wages to compensate for work in remote and undeveloped areas. In year 3, besides job profiles for managerial positions, the HPR project has defined job profiles for the basic teams working in primary health care (PHC), including support personnel such as technicians and other health professionals outside of the basic team (ie. psychologists). In year 4, based on job profiles for PHC, the project will work at the regional level to develop recruitment and selection processes for doctors, nurses and midwives in primary health care. In year 5, the project will provide technical assistance at the regional level in

implementing new salary scales on new contracts in order to recruit and retain competent staff.

During this quarter, the HPR project team ascertained from the regional workshops that motivation and retention of health workers in the PHC facilities, particularly in rural and remote areas is one of the main issues facing San Martin HRD.

Workshop participants advised HPR teams that shortages and distribution inefficiencies of primary care professionals in PHC facilities is the main challenge to improving regional health standards. The greatest shortage is General Practitioner staffing. This is a national level problem, but it is a more pronounced issue in San Martin. Currently San Martin PHC facilities resort to utilizing technical staff to remedy the shortage so as to be able to provide a measure of health care to the public.

Most of the doctors working in San Martin prefer to do so in hospitals which provide more challenges. Curative work in hospitals is seen as having more immediate and recognized impact. The duties expected in the rural facilities consist of preventive work which is seen as less skilled and therefore less respected. Through the workshop, the HRP project has identified the principle factors which affect recruitment and retention of doctors in rural and remote areas: (1) Salary. One of the challenges for the HPR project was to propose salary scale(s) for PHC staff, providing incentives for those who work at the most rural and remote areas. (2) Working Conditions. These are less satisfactory in rural and remote areas. Equipment is less sophisticated or lacking. There is less opportunity to practice and extend skill sets. There is less opportunity for intellectual stimulation via mentoring or interaction with more experienced colleagues. Patients are poor(er) which leads to lower utilization of facilities in general. (3) Training Opportunities are difficult to obtain in rural areas (4) Career Development. The above factors link together such that professional advancement opportunities are extremely limited for primary health care practitioners even after several years of service.

HRP Project research into the challenges ascertained from the San Martin workshops has led to analyzing the experiences of similar underserved rural networks in other countries that also experienced similar manning issues and their resolution. Concurrently, PHR Project has initiated a survey among officials responsible for conducting the recruitment and selection process to identify weaknesses in the process as well as means to optimize the process and achieve transparency and efficiency so uniform standards are established and recruiting can attract staff who are both qualified and motivated regarding their duty and postings.

Research findings confirm the key importance of clear and comprehensive communications in the recruiting process towards securing candidates who will serve for the long term without declension in performance. A key aspect is the importance of detailed job (or position) profiles for each duty station. These are instrumental in ensuring candidates are fully versed in the extent of duties and responsibilities and any additional KSAs (knowledge, abilities and skills) required for the specific location. The intention is to educate a prospective candidate and eliminate possible issues arising from unspecified tasks. The next level of attention delves into the vetting process which requires transparency and objectiveness to confirm credentials and eliminate factors of undue influence. We can state the clear dissemination of information will educate candidates regarding the attributes,

responsibilities, and credentials required for a vacancy. The inclusion of a transparent – objective process will ensure candidates are scrutinized by an appropriate board of peers. An added benefit is a forecast diminishment in staff attrition and lessened internal administrative burden.

1.4.5 Develop policies and tools for ensuring continued staffing of health services

SERVIR defined the HR management system as “the set of rules, principles, resources, methods, procedures and techniques used by public sector entities in the management of human resources”. In years 1 and 2, the project provided technical assistance to the MOH in defining the general framework of the competency-based HR management system, considering processes related to (i) recruitment and selection; (ii) incentives and salary guidelines; and (iii) supervision and performance evaluation. This HHR Management System includes Objectives, Processes and Functions for each one of its Sub-Systems. In addition, SERVIR has defined a proposal of organizational structure for HR units with functions and responsibilities for HR management. The project will consider all of these technical documents to provide technical assistance for the strengthening of HR units. The project also provided technical assistance to define competency profiles for health managers at the regional level. In year 3, the project has worked with two Regions in the definition of a methodology to design salary scales for staff in primary health care facilities. In years 4 and 5, based on priority human resource issues at the micro network level, the project will define processes, tools, instruments and operation manuals required at each level to put the respective HR subsystem in place, and will facilitate workshops at the regional level to define and institutionalize selected subsystems of the HR management system. Taking into account the defined job profiles for managerial positions and primary health care staff, the project team will provide technical assistance to the RHD in one region to develop competency-based recruitment and selection processes; supervision and performance evaluation procedures to retain critical talent and to ensure continued staffing of health services.

During This Quarter, HPR project initiated the development of the technical document “ Guidelines for Institutional Management of Health Human Resources ”, to be utilized by San Martin HRD. The document will function as a framework for the region office in establishing procedures and serve as a database for frequently encountered operational issues pertaining to the department.

The document stems from the point of view that managing human resources is a key role in national health strategies and has become a challenge because it has to be in accordance with: decentralization of health service functions, universal health insurance, and strengthening primary care areas.

Experiences in San Martin region demonstrate the need to strengthen regulatory capacities and techniques for the management of strategic information. These will enable a timely and efficient management of health administration human resources within the region.

The proposed technical document “Guidelines for Institutional Management of Health Human Resources”, is a tool within the strategic framework for human resource policy. The

goal is to improve the performance of health systems in the region of San Martin and to obtain the desired health outcomes for the populace.

1.4.6 Develop and implement workforce management policies with incentives and salary guidelines in collaboration with the civil service reform process

The HPR project has defined a methodology to establish salary scales according to criteria that support health worker retention for at least 2 years. This methodology will be implemented in a minimum of two regions. In years 4 and 5, the HPR project will assess the impact of this methodology and will propose guidelines to be used at the national level.

One of the main problems in HHR area is the disparity in determining salaries for personnel under CAS contract. Each budget executive unit has autonomy to define selection process and to determine salaries; this issue causes internal inequity and increase dissatisfaction.

During this quarter, in **San Martin**, a salary scale for primary care was defined. San Martin RHD requested technical assistance to design a differentiated pay scale for medical, non-medical health professional and technicians, for each facility. For San Martin, a salary scale at micro-network level does not reflect the variability among all health facilities within each micro-network.

In this sense, we identified a set of criteria and their respective weights. These criteria are:

- Level of development (Rurality): If the facility is located in a district of greater rurality, is assigned the highest score
- Accessibility (Distance from health facility to Tarapoto): The more distant is the facility with respect to the location of Tarapoto city, highest score is assigned.
- Poverty Quintile: If the facility is located in a high-poverty district, is assigned the highest score
- Time travel to remote communities in their jurisdiction (extramural work): The longer route from the health facility to remote communities has been assigned the highest rating.
- Strategic Facility: If the facility is considered in RM No. 632-2012 approving the national list of strategic facilities, is granted the corresponding score.

San Martin HRD approved this salary scale through the Executive Resolution N° 1136-2012-GRSM/DIRES-SMT/DG. The Resolution and the technical report are shown in **Annex 4.4**.

Ensure Competency of Workers in the Health Sector

1.4.7 Strengthen policies for continuous education and on the job training to improve quality of care; establish and ensure compliance with minimum competency requirements for meeting quality standards.

Competency-based Human Resource Management involves a transition from the traditional way of managing human resources based on what people have (e.g. qualifications) to what

people can do (performance). A competency is the combination of knowledge, skills, and ability to perform a job function, which can be measured against standards and can be improved by training and staff development. In years 1 and 2, the HPR Team defined job profiles and job competencies for HR management at the regional level and for a basic primary health care team. In years 3 and 4, the HPR Team will develop a system for the evaluation and supervision of competencies for health managers in order to establish and ensure compliance with minimum competency requirements for meeting quality standards. These systems, policies and tools will be tested and implemented in one region, in close consultation with the MOH and the respective RHD. In year 5, the project will conduct an assessment of the competency based model.

During this quarter, at the **Central level**, the MOH and SERVIR have identified a set of managerial posts nationwide; these posts are related to Head of Networks and Head of health facilities. The project is participating as part of the team in charge of the assessment center in the selection process.

Based on this experience, the project with the MOH and SERVIR will define, more accurately, the job profiles for managers at network and micro-network level.

1.4.8 Assess current staffing patterns at health facilities and work with local and regional authorities to develop policies, as appropriate, to organize and build capacities of health human resources in collaboration with professional associations and training institutions.

Professional associations in Peru are in the process of defining managerial competencies which cut across all health professions. The HPR Team will include those professional competencies in job profiles and will coordinate with training institutions to incorporate job competency profiles into their curricula. In year 4, these competencies will also be incorporated into the system for the evaluation and supervision of competencies for health managers that HPR will develop with regional authorities in one region.

In April 2012, the Normalization National Committee of professional competencies of CONEAU and Professional Associations, through its Managerial Commission, prepared a technical report regarding managerial competencies. After this report the Committee has not met again. The project will consider this information in the definition of managerial competencies and job profiles for managerial posts.

*The Technical Report is shown in **Annex 4.5**.*

1.4.9 Establish and ensure compliance with minimum competency requirements for meeting quality standards.

In year 1, the HPR project provided technical assistance at the regional level on the definition of managerial competencies for the San Martín RHD. In year 3, the project has supported the Ayacucho RHD to define competencies for human resource management. In Year 4, the HPR project will support the RHD in San Martín to define managerial competencies for networks and micro networks. In years 4 and 5, the HPR project will provide technical assistance to San Martín RHD in the utilization of these managerial

competencies as part of the performance evaluation system to ensure compliance with minimum competency requirements for the management of health services.

During this quarter, a review of existing legislation was conducted as well as a review of national and international experiences for health sector managerial performance evaluation based on competencies. The objective is to: 1. Benchmark existing and establish policy and procedures governing managing staff performance, 2. Define performance evaluation methodology.

1.5 Medical Products, Vaccines and Technologies

Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics

Activities under this component are going to start next quarter, after evaluating the main constraints for service provision in San Martin's micro-network where the pilot PAIMNi is being implemented.

2. Results Reporting Table

HEALTH SECTOR GOVERNANCE: Strengthen and expand decentralization of the health sector

Objective	Activity	Sub-Activity/Task	QR IV-2012
Objetivo A.1: Support the MOH and regions in adapting to their new roles under a decentralized health sector (1.1.1)			
	Actividad de Primer Nivel A.1.1: implementacion de la reorganizacion de redes y micro-redes de salud		
		Estudio de análisis vigente de la organización de la Red Moyobamba	postponed
		Estudio de análisis vigente de la organización de las microredes: Soritor, Jepelacion y Llullucucha.	postponed
		Elaboración de propuesta de plan implementación de la organización de red Moyobamba	postponed
		Elaboración de propuesta de plan implementación de la organización de microredes: Soritor, Jepelacion y Llullucucha.	postponed
		AT en la implementación de la organización de red Moyobamba	postponed
		AT en la implementación de la organización de microredes: Soritor, Jepelacion y Llullucucha.	initial
		Monitoreo y evaluación de la implementación de la organización de red Moyobamba y microredes (S,J,LI)	initial
Actividad de Primer Nivel A.1.2: Evaluación del avance de la reorganización de DIRESAs			
		Elaborar el Reporte Técnico de la evaluación de la reorganización de las DIRESAs.	advanced
Actividad de Primer Nivel A.1.4: Diseño e implementación del modelo de trabajo extramural para la promoción y prevención			
		Elaborar el modelo de trabajo extramural para la promoción y prevención	postponed
Objetivo A.2: Develop a regulatory framework for the MOH's new stewardship role (1.1.2)			
Objetivo A.3: Improve capacity of regional and local authorities to effectively and efficiently manage their health systems and programs (1.1.3)			
Objetivo A.4: Continue the decentralization process by extending responsibilities to even lower levels of the political structure (1.1.4)			
	Actividad de Primer Nivel A.4.1: Diseño del piloto de gestión articulada		
		Estudio de procesos críticos en la gestión articulada.	postponed
		Diseño preliminar del piloto: componente de salud.	postponed

		Diseño final de la gestión articulada y territorial.	postponed
		Elaborar el Plan de implementación y evaluación del Diseño propuesto.	postponed
Actividad de Primer Nivel A.4.2: Implementación del seguimiento longitudinal - 3 pilotos			
		Documento Técnico de Diseño de Seguimiento Logitudinal	advanced
		AT para el desarrollo del Taller de Sectorización la MR de Llullucucha	completed
		Presentacion de Listado de gestantes y menores de 1 año de MR de Soritor y Jepelacio	completed
		Ingreso de datos al galenhos	advanced
		Monitoreo del proceso de sectorización a MR de distritos priorizados	completed
		Preparacion de material para taller en seguimiento longitudinal por parte del personal de de salud de los EESS	advanced
Actividad de Primer Nivel A.4.4: Escalamiento de la experiencia piloto de seguimiento longitudinal			
		Preparacion de material para apoyar a facilitadores de PAIMNI en la sectorización por parte del personal de de salud de los EESS	advanced
		Monitoreo del seguimiento longitudinal a MR de distritos priorizados	completed
Objetivo A.5: Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health (1.1.5)			
Objetivo A.6: Strengthen intergovernmental coordination mechanisms for health policy (1.1.6)			
Actividad de Primer Nivel A.6.1: CIGS			
		Asistencia técnica a los comités técnicos de financiamiento, información y recursos humanos	completed
		Recursos humanos: propuesta de escala salarial y dotación de recursos humanos	completed
Objetivo A.7: Create mechanisms through which local authorities encourage and receive civil society input into the processes of health care planning, budgeting, management, service provision and oversight (1.1.7)			
Actividad de Primer Nivel A.7.1: Involucramiento de sociedad civil en la implementación del seguimiento longitudinal			
		Captación de Agentes Comunales en Salud (ACS) y alianza con Juntas Vecinales(JV), de las MR de Llullucucha, Soritor y Jepelacio	postponed
		Preparacion de material en seguimiento longitudinal para capacitar a los ACS y JV	postponed

Objetivo A.8: Coordinate health providers and user groups` response to reduce gaps in coverage in approved regions (1.1.8)			
	Actividad de Primer Nivel A.8.1: Estudio cualitativo de percepcion de los servicios de salud.		

HEALTH GOVERNANCE: Develop and implement regional plans to monitor compliance with regulations and standards governing the health sector.

Objective	Activity	Sub-Activity/Task	QR IV-2012
Objetivo A.9: Increase monitoring and enforcement of governing regulations and standards in the health sector by regional authorities (1.3.1)			
	Actividad de Primer Nivel A.9.1: Diseñar e implementar un sistema de monitoreo del avance en la CALIFICACION de EESS a nivel de Microred		
	Consolidar los informes de monitoreo de objetivos y reportes de actividades		Advanced

HEALTH FINANCING: Improve health coverage of poor and vulnerable populations

Objective	Activity	Sub-Activity/Task	QR IV-2012
Objetivo D.5: Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services (2.1.1)			
	Actividad de Primer Nivel D.5.1: Participación en la discusión del reglamento de la ley de financiamiento de aseguramiento		
	Reuniones técnicas con la comisión encargada de la elaboración de reglamento para revisar la propuesta de reglamento		Advanced
Objetivo D.6: Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package (2.1.2)			
	Actividad de Primer Nivel D.6.1: Evaluación rápida del piloto de pago capitado en 4 regiones		
	Reuniones técnicas con el MINSA-SIS para elaborar la propuesta metodológica de evaluación de las 4 experiencias de mecanismos de pago capitado		Initial
	Aplicación de instrumentos de evaluación		Postponed
	Análisis de la información		Postponed
	Preparación de reporte		Postponed
Objetivo D.7: Design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises (2.1.3)			
	Actividad de Primer Nivel D.7.1: Diseño de prima referencial del plan oncológico		
	Propuesta metodológica para el diseño y estimación de prima referencial		Avanced
	Estimación de la prima		Avanced

		Reporte de resultados	Avanced
Objetivo D.8: Develop long-term plans for resources needed based on estimations of costs as insurance coverage expands and are based on the changing disease profile of the country (i.e. burden of disease). (2.1.4)			
		Actividad de Primer Nivel D.8.1: Participación en grupo de trabajo para gestionar la actualización de estudio de carga-enfermedad	
		Definir contraparte de trabajo con el MINSA	Initial

HEALTH FINANCING: Improve health coverage of poor and vulnerable populations

Objective	Activity	Sub-Activity/Task	QR IV-2012
Objetivo D.9: Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities (2.2.1)			
		Actividad de Primer Nivel D.9.1: Participación en la comisión MIDIS-MINSA-MEF para el diseño e implementación de piloto de articulación en el componente presupuestal	
		Reuniones de trabajo con representantes de MIDIS, MINSA, MEF y MVCS	Advanced
		Seguimiento a los acuerdos en la Reunión de Instalación del Piloto de Articulación en la Región San Martín en el marco del Convenio MIDIS-GR	Advanced
		Talleres regionales (SMT) para la ejecución de componente presupuestal del Piloto de Articulación en el marco del convenio MIDIS-Gobierno Regional	Initial
		Discusión metodológica y consenso sobre la unidad de meta física en el SIAF	Advanced
		Propuesta a MEF para modificación de meta física en SIAF como meta física poblacional	Initial
Actividad de Primer Nivel D.9.2: Asistencia técnica para la identificación y levantamiento de restricciones en el proceso presupuestal 2013 y 2014			
		Taller para la identificación de restricciones en el proceso presupuestal 2013	Postponed
		Reporte de restricciones e identificación de cursos de acción para su levantamiento	Postponed
		Buscar propuesta de consenso en la propuesta de Directiva de Programación, Formulación y Ejecución presupuestal 2013 en la región San Martín	Initial
		Difundir la norma de los procesos de mejora para la ejecución presupuestal 2013	Initial
		Taller para la elaboración de un Plan de Mejora de la Ejecución de Gasto 2013	Advanced
Objetivo D10: Assess the current system for financing health service provision under decentralization and universal health insurance (2.2.2)			

	Actividad de Primer Nivel D.10.2: Evaluación del escalamiento de la experiencia de pago capitado (SMT está incluido)		
		Reuniones de trabajo MINSA-SIS	Advanced
		Talleres para la revisión y ajustes en las metas físicas PPR y SIS	Advanced
		Actualización de la información relevante	Advanced
		Análisis de la información	initial
		Preparación de reporte	Initial
Objetivo D.11: Develop payment methods and resource allocation models based on the health needs in different regions, corresponding to health care provided (in terms of the nature, quantity and quality of care) and to appropriate improvements in infrastructure and equipment (2.2.3)			
	Actividad de Primer Nivel D.11.1: Asistencia técnica a MINSA (OGPP-DGSP-OD) y SIS para la puesta en marcha de mecanismos de pago y modelos de asignación de recursos		
		AT al MNSA para la revisión de la Guia Metodologica del PMI (cartera de servicios, cartera UPSS y servicios generales, coeficientes de uso, estandares de producción, criterios de distribución de UPSS y servicios generales, y costos).	Intermediate
	Actividad de Primer Nivel D.11.2: Seguimiento a los acuerdos con regiones sobre la implementación de mecanismos de pago y modelos de asignación de recursos		
	Actividad de Primer Nivel D.11.3: Institucionalización de la metodología de planeamiento multianual de inversiones a nivel regional (SMT) y nacional (MINSA-MEF)		
		AT a MINSA para revisión y aprobación de la cartera de servicios de la red de servicios de salud	Completed
		AT a MINSA para revisión y aprobación de la cartera de ambientes de UPSS de la red de servicios de salud	Completed
		AT a MINSA para revisión y aprobación de criterios de distribución de ambientes de UPSS de la red de servicios de salud	Completed
		Talleres de revisión y validación de ajustes a la metodología de planeamiento multianual basada en parámetros aprobados por MINSA	Advanced
		Formación de facilitadores nacionales para la aplicación de la metodología de planeamiento multianual	Completed
		Formación de facilitadores regionales para la aplicación de la metodología de planeamiento multianual	Intermediate
	Actividad de Primer Nivel D.11.4: Asistencia técnica a SMT para formulación de estudios de pre-inversión basados en PMI		
		AT a MINSA para diseño de documentos técnicos para la formulación de los estudios de preinversión de establecimientos estratégicos	Completed

		AT a MINSA para diseño de nuevos contenidos mínimos para la formulación de los estudios de preinversión de establecimientos estratégicos	Completed
		AT a MINSA para definición de modelo de términos de referencia de contratos de establecimientos estratégicos en regiones	Completed
		AT a MINSA para diseño de modelo de proceso de contratación y ejecución de estudios de preinversión de establecimientos estratégicos	Completed
		AT a GR SMT para la contratación y ejecución de estudios de preinversión de establecimientos estratégicos	Completed
		AT a GR SMT para el diagnóstico de las capacidades físicas de los establecimientos de salud de 37 distritos priorizados	Completed
		AT a GR SMT para el diagnóstico de los establecimientos estratégicos	Intermediate
		Actividad de Primer Nivel D.11.5: Asistencia técnica a SMT para levantar restricciones en el proceso de gestión de la inversión	
		AT a GR SMT para identificar y levantar restricciones del proceso de formulación de estudios de preinversión	Initial

HEALTH INFORMATION: Strengthen the capacity to collect, analyze and use data in the health sector

Objetivo	Actividad	Sub-Actividad/Tarea	QR IV-2012
Objetivo C.1: Promote the use of information in decision making at national, regional and local levels, specially with respect to health service provision, policy making and oversight of new initiatives (3.1.1)			
		Actividad de Primer Nivel C.1.1: Diseño Datamart para seguimiento longitudinal	
		Desarrollo de Prototipo de Seguimiento Longitudinal	initial
		Desarrollo de Datamart para la consolidación de información y gestión de prioridades sanitarias DCI para la gestión estratégica de servicios	initial
		Actividad de Primer Nivel C.1.2: Guía de usuario	
		Diseño de instrumento para seguimiento de las IE en Salud y de la reducción de la DCI en cohortes según grupos etareos incluyendo gestantes	initial
		Elaboración de Guía Metodológica a ser empleada en DIRESA, REDES y Micro Redes para implementar y usar el seguimiento longitudinal.	initial
Objetivo C.2: Improve data collection methods (3.1.2)			
		Actividad de Primer Nivel C.2.1: Desarrollo de modulos GalenHos y AT para seguimiento longitudinal	
		Desarrollo de Módulo de Salud Materna	initial
		Desarrollo de Módulo de Reportes para gestión local (MR) de la desnutrición infantil y salud materna	postponed

		AT para el monitoreo del proceso de fortalecimiento de la infraestructura informática en distritos PAIMNI	advanced
Objetivo C.3: Monitor and Evaluate of quality health services and programs as guaranteed under universal health insurance law in no less than one priority region (3.1.3)			
	Actividad de Primer Nivel C.3.1: Desarrollo de modulos para monitorear cumplimiento de la calidad en salud		
Objetivo C.4: Streamline and improve the HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently (3.1.4)			
	Actividad de Primer Nivel C.4.1: Desarrollo de modulos para requerimientos SIS, FISSAL		
		Actualización de GalenHos según nuevos requerimientos de información determinados por el SIS	advanced
		Desarrollo de Trama de Datos para viabilizar reembolso regular en pacientes SIS	completed
		Desarrollo de Trama de Datos para viabilizar reembolso de enfermedades de alto costo por FISSAL	advanced
Objetivo C.5: Support the implementation of regional action plans for the improvement of the performance of the regional HIS (3.1.5)			
	Actividad de Primer Nivel C.5.1: Desarrollo de rutinas de importación y exportación de datos claves		
		Desarrollo de Módulo Citas / Consulta Externa en Versión Web	advanced
	Actividad de Primer Nivel C.5.2: Expansión de la implementación de GalenHos a nivel nacional		
		Merchandising GalenHos	initial
		AT al MINSA para elaboración del plan del proceso de expansión	advanced
		Monitoreo de Funcionamiento de GalenHos y Mantenimiento	completed
Objetivo C.6: Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels (3.1.6)			
	Actividad de Primer Nivel C.6.1: Diseño e implementación de estándares de interoperatividad		

HEALTH WORKFORCE: Support the design and implementation of a regional system for planning and managing the health workforce

Objetivo	Actividad	Sub-Actividad/Tarea	QR IV-2012
Objetivo A.10: Build consensus regarding health civil service reform (4.1.1)			
	Actividad de Primer Nivel A.10.1: Participar en las reuniones técnicas convocadas por el MINSA		

		Reuniones técnicas sobre carrera sanitaria	completed
Objetivo D.1: Develop long-term plans for Human Resources, including development of the appropriate set of job functions at different professional levels and responsibilities in the health system and forecasting needs with respect to these functions (4.1.2)			
	Actividad de Primer Nivel D.1.1: Desarrollo y validación de la metodología para determinar requerimientos de recursos humanos en el mediano y largo plazo para el primer nivel de atención		
		Validación de la metodología de estimación de brecha de RRHH desde la MR, en la DIRESA Ayacucho	completed
		Estimación de requerimientos y brecha de RRHH en las MR, y propuesta de distribución de RRHH de acuerdo a los requerimientos identificados en la DIRESA Ayacucho	completed
		Validación de la metodología de estimación de brecha de RRHH desde la MR, en la DIRESA SMT	completed
		Estimación de requerimientos y brecha de RRHH en las MR, y propuesta de distribución de RRHH de acuerdo a los requerimientos identificados	completed
		Reuniones técnicas con el MINSa para revisar avances regionales y definir una metodología nacional de estimación de RRHH para los establecimientos estratégicos en el I Nivel	completed
		Reuniones técnicas con el MINSa para revisar avances regionales y definir una metodología nacional de estimación de RRHH para el I Nivel de atención, desde una MR (de abajo hacia arriba)	completed
	Actividad de Primer Nivel D.1.4: Sistematización del proceso		
		Diseño del plan de sistematización de las experiencias regionales de estimación de brecha de RRHH	initial
	Actividad de Primer Nivel D.1.5: Diseño de perfiles de puesto para el primer nivel de atención		
		Revisión y aprobación de los perfiles para el EBS del I Nivel de atención en la DIRESA Ayacucho	completed
		Diseño, validación y aprobación de los perfiles de otros profesionales de salud del equipo multidisciplinario del I Nivel en la DIRESA Ayacucho.	completed
		Diseño de los perfiles de puesto del EBS del I Nivel en la DIRES SMT	postponed
		Reuniones técnicas con el MINSa para revisar de manera conjunta los avances regionales en la definición de los perfiles del EBS del I Nivel	postponed
Objetivo D.2: Develop competency profiles for health managers at the regional and health network levels (4.1.3)			
	Actividad de Primer Nivel D.2.1: Definición de perfiles del puesto para la oficina de recursos humanos y los puestos gerenciales de redes y micro-redes		

		Aprobación del perfil de competencias para la gestión de recursos humanos en salud en la DIRESA Ayacucho	completed
		Aprobación del perfil de puestos de la oficina de gestión de recursos humanos en salud en la DIRESA Ayacucho	completed
Objective B.1: Develop, implement and monitor regional and local strategies for human resources recruitment and retention (4.1.4)			
	Actividad B.1.1: Desarrollo de procesos de reclutamiento y selección para el equipo básico del primer nivel de atención		
		Revisión de la normatividad vigente y de experiencias nacionales e internacionales de selección en base a perfiles, en instituciones de salud.	initial
Objetivo D.3: Develop policies and tools for ensuring continued staffing in health services (4.1.5)			
	Actividad de Primer Nivel D.3.1: Institucionalización de los procesos de reclutamiento, selección, evaluación del desempeño y compensación		
		Diseño de metodología e instrumentos para el diagnóstico situacional de la gestión de recursos humanos en la DIRES SMT	advanced
Objective B.2: Develop and implement workforce management policies with incentives and salary guidelines in collaboration with the civil service reform process (4.1.6)			
	Actividad B.2.1: Diseño e implementación de una escala salarial para el primer nivel de atención		
		Reuniones técnicas para la definición de puestos, criterios para definir una escala salarial y la valoración de los puestos de trabajo.	completed
		Reunión técnica con expertos para presentar propuestas metodológicas de escala salarial	completed
		Diseño de la directiva que aprueba la escala salarial en SMT	completed
		Reuniones técnicas para la implementación de la escala salarial (estimación del presupuesto)	advanced
	Actividad B.2.2: Evaluación del impacto de la metodología y escalamiento a nivel nacional		
		Reuniones técnicas con el MINSa para analizar experiencias regionales en escala salarial	completed
		Reuniones técnicas con el MINSa para definir una metodología nacional para definir escala salarial	initial

HEALTH WORKFORCE: Ensure competency of health workers in the healths sector

Objective B.3: Strengthen policies for continuous education and on the job training to improve quality of care; establish and ensure compliance with minimum competency requirements for meeting quality standards (4.2.1)			
	Actividad B.3.1: Desarrollo de metodología e instrumentos para medir competencias para gerentes en salud		

		Reuniones técnicas con el MINSA para revisar de manera conjunta la metodología para definir competencias gerenciales en redes y realizar seguimiento a experiencia regional		initial
Objetivo D.4: Assess current staffing patterns at health facilities and work with local and regional authorities to develop policies, as appropriate, to organize and build capacities of health human resources in collaboration with professional associations and training institutions (4.2.2)				
Objetivo B.4: Establish and ensure compliance with minimum competency requirements for meeting quality standards (4.2.3)				
		Actividad B.4.1: Desarrollo de metodología e instrumentos para evaluar desempeño de puestos gerenciales		
		Revisión de la normatividad vigente y de experiencias nacionales e internacionales para la evaluación del desempeño gerencial en base a competencias, en instituciones de salud.		initial

3. Planned Activities

HEALTH SECTOR GOVERNANCE: Strengthen and expand decentralization of the health sector

Objective	Activity	Sub-Activity/Task	QR I-2013	
Objetivo A.1: Support the MOH and regions in adapting to their new roles under a decentralized health sector (1.1.1)				
	Actividad de Primer Nivel A.1.1: implementación de la reorganización de redes y micro-redes de salud			
		Estudio de análisis vigente de la organización de la Red Moyobamba		
		Estudio de análisis vigente de la organización de las microredes: Soritor, Jepelacion y Llullucucha.		
		Elaboración de propuesta de plan implementación de la organización de red Moyobamba		
		Elaboración de propuesta de plan implementación de la organización de microredes: Soritor, Jepelacion y Llullucucha.		
		AT en la implementación de la organización de red Moyobamba		
		AT en la implementación de la organización de microredes: Soritor, Jepelacion y Llullucucha.		
		Monitoreo y evaluación de la implementación de la organización de red Moyobamba y microredes (S,J,LI)		
	Actividad de Primer Nivel A.1.3: Diseño e implementación del sistema de referencias y contrareferencias en el primer nivel de atención			
		Revisión y análisis del Plan del SRCR de DIRESA San Martín		
		Actualización del Plan del SRCR de DIRESA San Martín		
		AT para la Implementación del Plan del SRCR de DIRESA San Martín		
		Expansión de la Implementación del Plan del SRCR de DIRESA San Martín		
		Monitoreo y evaluación de la implementación de Plan del SRCR de DIRESA San Martín		
	Actividad de Primer Nivel A.1.4: Diseño e implementación del modelo de trabajo extramural para la promoción y prevención			
		Elaborar el modelo de trabajo extramural para la promoción y prevención		
		Elaborar el Plan de Implementación del modelo de trabajo extramural para la promoción y prevención		

		Implementación de modelo de trabajo extramural para la promoción y prevención en MR pilotos		
		Expansión de la Implementación del modelo de trabajo extramural para la promoción y prevención		
Objetivo A.2: Develop a regulatory framework for the MOH's new stewardship role (1.1.2)				
	Actividad de Primer Nivel A.2.1:			
Objetivo A.3: Improve capacity of regional and local authorities to effectively and efficiently manage their health systems and programs (1.1.3)				
	Actividad de Primer Nivel A.3.1: Completar el análisis e informe de restricciones en el marco del piloto de gestión articulada MIDIS			
		Revisión del análisis e informe de restricciones		
		Coordinación con autoridades de GORESAM Y DIRESA, para validar la revisión y actualizar.		
	Actividad de Primer Nivel A.3.2: Expandir el análisis de restricciones como estrategia para abordar una prioridad sanitaria a través de la ANGR			
		Elaboración de Guía Metodológica para el análisis de restricciones para abordar una prioridad sanitaria		
		Presentación de los resultados del análisis de restricciones del piloto a la ANGR		
Objetivo A.4: Continue the decentralization process by extending responsibilities to even lower levels of the political structure (1.1.4)				
	Actividad de Primer Nivel A.4.1: Diseño del piloto de gestión articulada			
		Estudio de procesos críticos en la gestión articulada.		
		Diseño preliminar del piloto: componente de salud.		
		Diseño final de la gestión articulada y territorial.		
		Elaborar el Plan de implementación y evaluación del Diseño propuesto.		
	Actividad de Primer Nivel A.4.2: Implementación del seguimiento longitudinal - 3 pilotos			
		Documento Técnico de Diseño de Seguimiento Logitudinal		
		Monitoreo del proceso de sectorización a MR de distritos priorizados		
		Preparación de material para taller en seguimiento longitudinal por parte del personal de salud de los EESS		
		AT para el desarrollo del Taller de capacitación en seguimiento longitudinal al personal de salud de las MR de Lullucucha, Soritor y Jepelacio		
	Actividad de Primer Nivel A.4.3: Sistematización de la experiencia de			

	seguimiento longitudinal			
		Elaborar sistematización de experiencia de Seguimiento Longitudinal en los pilotos		
		Elaborar sistematización de experiencia de seguimiento Longitudinal en los distritos priorizados		
	Actividad de Primer Nivel A.4.4: Escalamiento de la experiencia piloto de seguimiento longitudinal			
		Preparación de material para apoyar a facilitadores de PAIMNI en la sectorización por parte del personal de salud de los EESS		
		AT para el desarrollo del Taller de capacitación de PAIMNI en la sectorización a facilitadores de las redes de los distritos priorizados		
		Presentación de Listado de gestantes y menores de 1 año de MR de los distritos priorizados		
		Monitoreo del proceso de sectorización a MR de distritos priorizados		
		AT para el desarrollo del Taller de capacitación en seguimiento longitudinal a facilitadores de las redes de los distritos priorizados		
		Monitoreo del seguimiento longitudinal a MR de distritos priorizados		
Objetivo A.5: Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health (1.1.5)				
	Actividad de Primer Nivel A.5.1:			
Objetivo A.6: Strengthen intergovernmental coordination mechanisms for health policy (1.1.6)				
	Actividad de Primer Nivel A.6.1: CIGS			
		Asistencia técnica a los comités técnicos de financiamiento, información y recursos humanos		
Objetivo A.7: Create mechanisms through which local authorities encourage and receive civil society input into the processes of health care planning, budgeting, management, service provision and oversight (1.1.7)				
	Actividad de Primer Nivel A.7.1: Involucramiento de sociedad civil en la implementación del seguimiento longitudinal			
		Captación de Agentes Comunes en Salud (ACS) y alianza con Juntas Vecinales (JV), de las MR de Lullucucha, Soritor y Jepelacio		
		Preparación de material en seguimiento longitudinal para capacitar a los ACS y JV		

		AT para el desarrollo del Taller de capacitación en "seguimiento longitudinal" a los ACS y JV de las MR de Llullucucha, Soritor y Jepelacio		
		Taller de capacitación en "seguimiento longitudinal a los ACS y JV" a facilitadores de las redes de los ditritos priorizados		
		AT para el desarrollo del Taller de intercambio de experiencias		
		Monitoreo de la capacitación en seguimiento longitudinal de ACS y JV a MR de distritos priorizados.		
Objetivo A.8: Coordinate health providers and user groups` response to reduce gaps in coverage in approved regions (1.1.8)				
	Actividad de Primer Nivel A.8.1: Estudio cualitativo de percepcion de los servicios de salud.			

HEALTH GOVERNANCE: Develop and implement regional plans to monitor compliance with regulations and standards governing the health sector.

Objective	Activity	Sub-Activity/Task	QR I-2013
Objetivo A.9: Increase monitoring and enforcement of governing regulations and standards in the health sector by regional authorities (1.3.1)			
	Actividad de Primer Nivel A.9.1: Diseñar e implementar un sistema de monitoreo del avance en la CALIFICACION de EESS a nivel de Microred		
		Consolidar los informes de monitoreo de objetivos y reportes de actividades	

HEALTH FINANCING: Improve health coverage of poor and vulnerable populations

Objective	Activity	Sub-Activity/Task	QR I-2013
Objetivo D.5: Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services (2.1.1)			
	Actividad de Primer Nivel D.5.1: Participación en la discusión del reglamento de la ley de financiamiento de aseguramiento		
		Reuniones técnicas con la comisión encargada de la elaboración de reglamento para revisar la propuesta de reglamento	
		Propiciar una evaluación rápida de la viabilidad financiera de la propuesta de financiamiento implícita en el reglamento (evaluación del espacio fiscal)	
Objetivo D.6: Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care			

package (2.1.2)			
	Actividad de Primer Nivel D.6.1: Evaluación rápida del piloto de pago capitado en 4 regiones		
Objetivo D.7: Design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises (2.1.3)			
	Actividad de Primer Nivel D.7.1: Diseño de prima referencial del plan oncológico		
Objetivo D.8: Develop long-term plans for resources needed based on estimations of costs as insurance coverage expands and are based on the changing disease profile of the country (i.e. burden of disease). (2.1.4)			
	Actividad de Primer Nivel D.8.1: Participación en grupo de trabajo para gestionar la actualización de estudio de carga-enfermedad		
		Conformar el Grupo de trabajo para gestionar el estudio	

HEALTH FINANCING: Improve health coverage of poor and vulnerable populations

Objective	Activity	Sub-Activity/Task	QR I-2013
Objetivo D.9: Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities (2.2.1)			
	Actividad de Primer Nivel D.9.1: Participación en la comisión MIDIS-MINSA-MEF para el diseño e implementación de piloto de articulación en el componente presupuestal		
		Seguimiento a los acuerdos en la Reunión de Instalación del Piloto de Articulación en la Región San Martín en el marco del Convenio MIDIS-GR	
		Talleres regionales (SMT) para la ejecución de componente presupuestal del Piloto de Articulación en el marco del convenio MIDIS-Gobierno Regional	
		Propuesta a MEF para modificación de meta física en SIAF como meta física poblacional	
	Actividad de Primer Nivel D.9.2: Asistencia técnica para la identificación y levantamiento de restricciones en el proceso presupuestal 2013 y 2014		
		Difundir la norma de los procesos de mejora para la ejecución presupuestal 2013	
Objetivo D10: Assess the current system for financing health service provision under decentralization and universal health insurance (2.2.2)			
	Actividad de Primer Nivel D.10.2: Evaluación del escalamiento de la experiencia de pago capitado (SMT está incluido)		

		Talleres para la revisión y ajustes en las metas físicas PPR y SIS		
		Actualización de la información relevante		
Objetivo D.11: Develop payment methods and resource allocation models based on the health needs in different regions, corresponding to health care provided (in terms of the nature, quantity and quality of care) and to appropriate improvements in infrastructure and equipment (2.2.3)				
	Actividad de Primer Nivel D.11.1: Asistencia técnica a MINSA (OGPP-DGSP-OD) y SIS para la puesta en marcha de mecanismos de pago y modelos de asignación de recursos			
		Reuniones de trabajo MINSA-SIS		
		Evaluación de flujos financieros y de inversión 2013		
	Actividad de Primer Nivel D.11.2: Seguimiento a los acuerdos con regiones sobre la implementación de mecanismos de pago y modelos de asignación de recursos			
		Seguimiento de los acuerdos con las regiones sobre la implementación de mecanismos de pago y modelos de asignación de recursos		
	Actividad de Primer Nivel D.11.3: Institucionalización de la metodología de planeamiento multianual de inversiones a nivel regional (SMT) y nacional (MINSA-MEF)			
		Desarrollo de módulo de saneamiento físico legal y de reportes del aplicativo IDEA para uso de información nacional		
		Talleres de revisión y validación de ajustes a la metodología de planeamiento multianual basada en parámetros aprobados por MINSA		
		Actualización y aprobación de metodología ajustada y consensuada entre MINSA y MEF de planeamiento multianual de inversiones según nuevos parámetros aprobados		
	Actividad de Primer Nivel D.11.4: Asistencia técnica a SMT para formulación de estudios de pre-inversión basados en PMI			
		AT a GR SMT para el diagnóstico de los establecimientos estratégicos		
		AT a GR SMT para el análisis de oferta/demanda de los establecimientos estratégicos basado en el PMI		
	Actividad de Primer Nivel D.11.5: Asistencia técnica a SMT para levantar restricciones en el proceso de gestión de la inversión			
		AT a GR SMT para identificar y levantar restricciones del proceso de formulación de estudios de preinversión		
		AT a GR SMT para identificar y levantar restricciones del proceso logístico de la ejecución de las inversiones		

HEALTH INFORMATION: Strengthen the capacity to collect, analyze and use data in the health sector

Objetivo	Actividad	Sub-Actividad/Tarea	QR I-2013	
Objetivo C.1: Promote the use of information in decision making at national, regional and local levels, specially with respect to health service provision, policy making and oversight of new initiatives (3.1.1)				
	Actividad de Primer Nivel C.1.1: Diseño Datamart para seguimiento longitudinal			
		Desarrollo de Prototipo de Seguimiento Longitudinal		
		Desarrollo de Datamart para la consolidación de información y gestión de prioridades sanitarias DCI para la gestión estratégica de servicios		
	Actividad de Primer Nivel C.1.2: Guia de usuario			
		Diseño de instrumento para seguimiento de las IE en Salud y de la reducción de la DCI en cohortes según grupos etareos incluyendo gestantes		
		Elaboración de Guía Metodológica a ser empleada en DIRESA, REDES y Micro Redes para implementar y usar el seguimiento longitudinal.		
Objetivo C.2: Improve data collection methods (3.1.2)				
	Actividad de Primer Nivel C.2.1: Desarrollo de modulos GalenHos y AT para seguimiento longitudinal			
		Desarrollo de Módulo de Salud Materna		
		Desarrollo de Módulo de Reportes para gestión local (MR) de la desnutrición infantil y salud materna		
		AT para el monitoreo del proceso de fortalecimiento de la infraestructura informática en distritos PAIMNI		
		AT para el monitoreo del proceso de fortalecimiento de la conectividad del Primer Nivel en distritos PAIMNI		
	Actividad de Primer Nivel C.2.2: Desarrollo de otros módulos y aplicativos de GalenHos			
		Desarrollo de módulo de referencia contra-referencia		
		Desarrollo y Validación de módulo de envío de datos (de MR a Redes y DIRESA)		
		AT para el uso de información de la producción para la toma de decisiones locales		
Objetivo C.3: Monitor and Evaluate of quality health services and programs as guarented under universal health insurance law in no less than one priority region (3.1.3)				
	Actividad de Primer Nivel C.3.1: Desarrollo de modulos para monitorear cumplimiento de la calidad en salud			

Objetivo C.4: Streamline and improve the HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently (3.1.4)			
	Actividad de Primer Nivel C.4.1: Desarrollo de modulos para requerimientos SIS, FISSAL		
	Actualización de GalenHos según nuevos requerimientos de información determinados por el SIS		
	Actualización de GalenHos según nuevos requerimientos de información determinados por FISSAL		
	Diseño y desarrollo de módulos de reportes referidos al aseguramiento SIS para usuario DIRESA		
Objetivo C.5: Support the implementation of regional action plans for the improvement of the performance of the regional HIS (3.1.5)			
	Actividad de Primer Nivel C.5.1: Desarrollo de rutinas de importación y exportación de datos claves		
	Desarrollo de Módulo de FISSAL		
	Desarrollo de Módulo Citas / Consulta Externa en Versión Web		
	Desarrollo de rutinas de importación y exportación de datos clave (RENIEC, SUNASA, Referencia)		
	Actividad de Primer Nivel C.5.2: Expansión de la implementación de GalenHos a nivel nacional		
	Capacitación a Capacitadores de Usuarios Finales de GalenHos		
	Migración de Bases de Datos Pre-existentes a GalenHos		
	Monitoreo de Funcionamiento de GalenHos y Mantenimiento		
Objetivo C.6: Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels (3.1.6)			
	Actividad de Primer Nivel C.6.1: Diseño e implementación de estándares de interoperatividad		

HEALTH WORKFORCE: Support the design and implementation of a regional systema for planning and managing the health workforce

Objetivo	Actividad	Sub-Actividad/Tarea	QR I-2013
Objetivo A.10: Build consensus regarding health civil service reform (4.1.1)			
	Actividad de Primer Nivel A.10.1: Participar en las reuniones técnicas convocadas por el MINSA		
	Reuniones técnicas sobre carrera sanitaria		

Objetivo D.1: Develop long-term plans for Human Resources, including development of the appropriate set of job functions at different professional levels and responsibilities in the health system and forecasting needs with respect to these functions (4.1.2)				
	Actividad de Primer Nivel D.1.1: Desarrollo y validación de la metodología para determinar requerimientos de recursos humanos en el mediano y largo plazo para el primer nivel de atención			
		Reuniones técnicas con el MINSa para revisar avances regionales y definir una metodología nacional de estimación de RRHH para los establecimientos estratégicos en el I Nivel		
		Reuniones técnicas con el MINSa para revisar avances regionales y definir una metodología nacional de estimación de RRHH para el I Nivel de atención, desde una MR (de abajo hacia arriba)		
	Actividad de Primer Nivel D.1.2: Desarrollar un sistema regional de planeamiento de recursos humanos en salud			
		Diseñar una propuesta de sub-sistema de planificación de recursos humanos en el marco del Sistema Regional de Recursos Humanos en Salud (incluye insumos, proceso, resultados) para la DIRES SMT.		
	Actividad de Primer Nivel D.1.3: Desarrollar planes para cubrir la brecha a nivel de microred			
		Reuniones técnicas con la DIRES SMT para definir estrategias para cubrir la brecha de RRHH en el primer nivel		
	Actividad de Primer Nivel D.1.4: Sistematización del proceso			
		Diseño del plan de sistematización de las experiencias regionales de estimación de brecha de RRHH		
		Diseño de instrumentos para recoger información en las regiones y en el MINSa		
	Actividad de Primer Nivel D.1.5: Diseño de perfiles de puesto para el primer nivel de atención			
		Diseño de los perfiles de puesto del EBS del I Nivel en la DIRES SMT		
		Reuniones técnicas con el MINSa para revisar de manera conjunta los avances regionales en la definición de los perfiles del EBS del I Nivel		
Objetivo D.2: Develop competency profiles for health managers at the regional and health network levels (4.1.3)				
	Actividad de Primer Nivel D.2.1: Definición de perfiles del puesto para la oficina de recursos humanos y los puestos gerenciales de redes y micro-redes			

		Reuniones técnicas con el MINSA para revisar de manera conjunta los avances regionales en la definición de los perfiles de puesto en SMT		
Objetivo B.1: Develop, implement and monitor regional and local strategies for human resources recruitment and retention (4.1.4)				
	Actividad B.1.1: Desarrollo de procesos de reclutamiento y selección para el equipo básico del primer nivel de atención			
		Reuniones técnicas con equipos regionales y locales para el diseño de la metodología e instrumentos de reclutamiento y selección		
		Reuniones técnicas con el MINSA para revisar de manera conjunta la metodología e instrumentos de reclutamiento y selección y realizar seguimiento a la experiencia regional		
		Reuniones técnicas para el diseño de la directiva que aprueba el proceso de reclutamiento y selección en base a perfiles		
Objetivo D.3: Develop policies and tools for ensuring continued staffing in health services (4.1.5)				
	Actividad de Primer Nivel D.3.1: Institucionalización de los procesos de reclutamiento, selección, evaluación del desempeño y compensación			
		Diseño de metodología e instrumentos para el diagnóstico situacional de la gestión de recursos humanos en la DIRES SMT		
		Reuniones técnicas para el diagnóstico situacional de la gestión de recursos humanos en la DIRES SMT		
Objective B.2: Develop and implement workforce management policies with incentives and salary guidelines in collaboration with the civil service reform process (4.1.6)				
	Actividad B.2.1: Diseño e implementación de una escala salarial para el primer nivel de atención			
		Reuniones técnicas de monitoreo de la implementación de la escala salarial para el primer nivel de atención		
	Actividad B.2.2: Evaluación del impacto de la metodología y escalamiento a nivel nacional			
		Reuniones técnicas con el MINSA para definir una metodología nacional para definir escala salarial		
		Diseño de propuesta de monitoreo de la implementación de escala salarial en regiones tipo		

HEALTH WORKFORCE: Ensure competency of health workers in the healths sector

Objective B.3: Strengthen policies for continuous education and on the job training to improve quality of care; establish and ensure compliance with minimum competency requirements for meeting quality standards (4.2.1)				
	Actividad B.3.1: Desarrollo de metodología e instrumentos para medir competencias para gerentes en salud			
		Reuniones técnicas con el equipo de la DIRESA SMT para definir una propuesta de perfil de competencias para gerentes de redes y MR.		
		Reuniones técnicas con el MINSA para revisar de manera conjunta la metodología para definir competencias gerenciales en redes y realizar seguimiento a experiencia regional		
Objetivo D.4: Assess current staffing patterns at health facilities and work with local and regional authorities to develop policies, as appropriate, to organize and build capacities of health human resources in collaboration with professional associations and training institutions (4.2.1)				
	Actividad de Primer Nivel D.4.1: Incorporación de las competencias gerenciales diseñadas por los colegios profesionales y las universidades, en la evaluación del desempeño de los gerentes de redes y MR.			
		Reuniones técnicas con el CONEAU para revisar los avances en la definición de las competencias transversales (gerenciales) para el procesos de certificación profesional		
Objetivo B.4: Establish and ensure compliance with minimum competency requirements for meeting quality standards (4.2.3)				
	Actividad B.4.1: Desarrollo de metodología e instrumentos para evaluar desempeño de puestos gerenciales			
		Revisión de la normatividad vigente y de experiencias nacionales e internacionales para la evaluación del desempeño gerencial en base a competencias, en instituciones de salud.		
		Diseño de propuesta de evaluación de desempeño gerencial en base a competencias y en el marco de SERVIR		
		Reuniones técnicas con el MINSA y SERVIR para revisar de manera conjunta la metodología e instrumentos de evaluación de desempeño gerencial y realizar seguimiento a la experiencia regional en SMT		

4. Problems encountered

The technical assistance to San Martin RG in the implementation of PAIMNI pilots in three micro-networks has faced some difficulties that are listed below:

- a. The health personnel has economic restrictions to reach the target population in most remote villages in the province of Moyobamba, which problem can be overcome if the Health Network provides the funds for their travel and per diem.
- b. The lack of support from the Health Network to cover the financial and personnel gaps identified in the process of sectorization and registration of the target population.
- c. The need to strengthen coordination between the RG and RENIEC to issue identity documents to the target population so they can benefit from the health insurance (SIS).
- d. The need to allocate budget resources to health micro-networks so they can afford per diem and materials, which are not provided on time by the Health Network.
- e. The frequent mobility of health personnel, particularly medical professionals.
- f. The lack of economic incentives to health workers.

The implementation of the health insurance reform, which is one of the Project intervention areas, faces some political level constraints which are mentioned below:

- While there is a proposal bylaw of the Public Finance Law addressing the subsidized and semi-contributory universal health insurance, the specification contains no funding sources and specific formula to define the requirements for implementing semi-subsidized health insurance.
- While there has been an extension of the health insurance using as an indicator the signed agreements between the RG and the SIS, the agreement is based on historic per-capita reimbursement by region rather than the concept of capitated payment. While not a problem, the project should anticipate that this means a long process to change payment mechanisms.
- While the scenario is incomparable to work in the extension of health insurance to micro and small entrepreneurs, the Project funds are limited, to take on a venture on this topic.
- No further progress has been made on the need to simplify the process of programming and budget formulation with SIGA PPR. Given the political priority in the approach, the process and instruments are issues that call into question the policy approach of budgeting.

5. Proposed Solutions

Related with PAIMNI implementation:

- a. Regional government officials pledged to hold a coordination meeting with the DIRES Director in order have the permanent support of the health authorities to the longitudinal follow-up process
- b. Coordinate with RENIEC to reach people who have limited access to identity.
- c. The preparation of communications tools to health personnel on the 14 effective interventions to reduce chronic malnutrition.

Related with the Financial Issues:

- Continue to the highest standard AT MOH for the formation of a Technical Committee to lead the space study update done by the Project Fiscal 2010 and supplemented with information actuarial study will be conducted with IDB financing.
- Promote opportunities for technical discussion capitated payment mechanisms for primary care and most convenient payment mechanisms for hospitals. These areas should usually signals even clearer for the SIS initiate a process of transition to rigorous implementation of capitated payment mechanism and the current transit reimbursement to hospitals to pay another diagnostic groups. Given the operational agenda of the SIS, this process requires clear external incentives to be a starting point.
- Promote opportunities for technical discussion in which policy and approach differs from the way things are done now: the process (subtract the DIRESA steering role involves micro mass), the instrument (data entry software) and relevance the result (until you follow ppr not connect to SIAF prioritization with explicit rules such that the programmed budget required is equal to the approved budget, ultimately becomes irrelevant).

List of Upcoming Events

- First evaluation of longitudinal tracking of Jepelacio micro-network.
- First evaluation of longitudinal tracking of Llluyllucucha micro-network.
- Training of health network coordinators of PAIMNI in San Martin in the process of sectorization and longitudinal tracking.

Appendix 1:

Anexo N° 01

PUNTO DE CONTACTO	PROCESO	N°	ACTIVIDAD	HCL 01		HCL 02		HCL 04		HCL 05	
				G(),<6M(),>6M()		G(),<6M(),>6M()		G(),<6M(),>6M()		G(),<6M(),>6M()	
				Si	No	Si	No	Si	No	Si	No
Atención de la gestante	Vigilancia de IMC y control de ganancia de peso	1	Medición de Talla y Peso de gestante								
		2	Determinación del IMC y ganancia de peso para edad gestacional								
	Incremento de ingesta de vitaminas y minerales en gestantes	3	Se indica sulfato ferroso y Ac Fólico si más de 16 sem de gestación								
		4	Se indica Acido fólico en el 1° trimestre de gestación								
		5	Se indica calcio esencial si tienen más de 20 sem de gestación								
		6	Se hace entrega de Sulfato Ferroso (Hierro)								
		7	Se indica suplemento de Zinc								
		8	Se indica antiparasitario: Albendazol (2° y 3° Trimestre)								
	Detección de anemia	9	Se ha solicitado Hb/Hcto								
		10	Se evalúa clínicamente la anemia: palmas, mucosas.								
	Alimentación adecuada	11	Orientación nutricional.								
		12	Se ha informado sobre efectos secundarios de Hierro.								
		13	Consejería en hábitos de higiene. Lavado de Manos								
	Preparación para Lactancia Materna	14	Consejería de lactancia materna.								
		15	Se examina mamas, identifica y trata pezones umbilicados.								
	Otros	16	Afiliación de la gestante al Seguro Integral de Salud								
		17	Elaboración de plan de parto.								
		18	Consejería sobre planificación familiar.								
Atención del Parto y Post Parto	Prevención de Anemia	19	Clampaje tardío de cordón umbilical								
		20	Contacto piel a piel inmediatamente despues del parto								
	Inicio de Lactancia Materna	21	Consejería en técnica de lactancia materna								
		22	Detección de anemia grave								
		23	Se indica sulfato ferroso y acido folico								
		24	Prescripcion de método de Planificación Familiar post parto								
	25	Consejería sobre signos de peligro del recién nacido									
Otros	26	Afiliación del recién nacido al Seguro Integral de Salud (SIS)									
	27	Elaboración de plan de atención integral del niño									
Atención de Puerperio	Signos de Alarma y lactancia	28	Evaluación del estado de LME, tecnica de amamantamiento								

		29	Consejería y revisión de dificultades en manejo clínico de LME											
		30	Consejería de lavado de manos en 5 momentos críticos											
		31	Refuerza la vigilancia de signos de peligro											
		32	En RN < 2500gr, programar visitas c/15 días hasta 2 meses de nacido											
Atención del niño sano (< 6m)	Lactancia Materna Exclusiva (LME)	33	Evaluación de Lactancia Materna Exclusiva											
		34	Consejería en hábitos de higiene. Lavado de Manos											
		35	Clasificación del estado nutricional.											
		36	Evaluación de crecimiento y desarrollo											
		37	Consejería sobre signos de peligro del menor de 6 meses											
		38	Seguimiento y vigilancia de riesgo de desnutrición en < 6m											
Atención del niño sano (> 6m)	Alimentación complementaria y prevención de anemia	39	Mantenimiento de Lactancia Materna											
		40	Mensajes claves de alimentación complementaria											
		41	Sesiones demostrativas de alimentación complementaria											
		42	Consejería en hábitos de higiene. Lavado de Manos											
		43	Se indica sulfato ferroso											
		44	Se indica micronutrientes (chispitas)											
		45	Se indica vitamina A											
		46	Evaluación de crecimiento y desarrollo											
		47	Consejería sobre signos de peligro del mayor de 6 meses											
		48	Seguimiento y vigilancia de riesgo de desnutrición en > 6m											
Inmunización	Vacunas	49	Esquema de vacunación básica											
Atención del niño enfermo	Atención a niño/a con IRA y/o EDA	50	Se verifica estado nutricional de niños enfermos											
		51	Se indica sulfato ferroso											
		52	Se indica sulfato zinc											
		53	Evaluación de crecimiento y desarrollo											
		54	Evaluación y referencia casos de edema/emaciación/palidez											

Establecimiento Evaluado:

Establecimiento Evaluador:

Appendix 2.1: Activities in San Martin

Appendix 2.2: MOH Technical Directive for Iron Supplementation

Appendix 2.2: Analysis of San Martin Budget

Appendix 2.4: CIGS Ordinary Meeting Minutes

Appendix 2.5: Multiannual Plan Minimum Contents

Appendix 2.6:

Appendix 4.1: Ayacucho Job Profiles

Appendix 4.2: Estimation of Human Resources Gap in San Martin

Appendix 4.3: Ayacucho Job Profiles for Human Resources Unites

Appendix 4.4: SMT Salary Scale – Regional Directiv

Appendix 4.5: Professional Association's Managerial Competencies