



**USAID**  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMERICA

**PERU** | **POLITICAS  
EN SALUD**

**ANNUAL REPORT**  
**October 2012 – September 2013**

**USAID/Peru/Políticas en Salud**

**Contract No. GHS-I-10-07-00003-00**

October 7, 2013

*Prepared for:*

**Armando Cotrina, COTR**

USAID/Peru Health Office

Av. Encalada s.n.

Lima - Perú

*Submitted by:*

**Abt Associates Inc.**

Av. La Floresta 497 Ofic. 101

San Borja

Lima - Perú

**In Partnership with:**

Futures Group International

This document has been elaborated by USAID|PERU|Políticas en Salud, financed by the United States Agency for International Development (USAID) under contract No. GHS-I-10-07-00003-00.

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## Annual Report October 2012 – September 2013

### Table of Contents

<b>Acronyms .....</b>	<b>vi</b>
<b>Executive Summary .....</b>	<b>9</b>
<b>Section 1: Progress .....</b>	<b>12</b>
Health Sector Governance .....	15
1.1.1 Strengthen and Expand Decentralization of the Health Sector.....	15
1.1.2 Program for the control of chronic children malnutrition (PAIMNI).....	17
1.1.3 Development in Sentinel Micro-networks.....	18
1.1.4 Scaling Up of PAIMNI.....	19
1.1.5 Experience exchange visit to Huánuco as related to longitudinal follow-up.....	21
1.2 Develop and implement national and regional plan to monitor compliance with government regulations and standards in the health sector.....	22
1.2.1 Main findings of the qualification process .....	22
1.3 Health Sector Financing and Insurance .....	23
1.3.1 Improve health coverage of poor and vulnerable populations.....	23
1.3.2 Ensure Efficiency and Equity in Health Resource Allocation.....	28
1.3.3 Monitoring the volume, distribution and management of resources for health at the national and regional level.....	30
1.3.4 The MoH is in the process of improving investment management in 748 strategic health facilities .....	30
1.4 Health Information .....	32
1.4.1 Strengthen the capacity to collect, analyze and use data in the health sector....	32
1.5 Health Workforce .....	38
1.5.1 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.	38
1.6 Medical Products, Vaccines and Technologies .....	43

1.6.1 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 standards .....	43
<b>Section 2: Results reporting table .....</b>	<b>44</b>
Monitoring and evaluation indicators .....	44
Work plan executed .....	51
<b>Section 3: Planned Activities .....</b>	<b>70</b>
<b>Section 4: Problems encountered &amp; Solutions.....</b>	<b>85</b>
Problems centered in the project's internal organization .....	85
Resignation of the project's regional adviser in SMT .....	85
Problems related to the project's agenda with the regions.....	85
Difficulties in the implementation of PAIMNI in sentinel HMN, in SMT .....	85
Difficulties in the health regional planning process in SMT .....	86
Difficulties in the institutionalization of the TA provided in HHRR in San Martin and Ayacucho.....	86
Problems related to the project's agenda with the MoH .....	86
Difficulties in the implementation of the health insurance reform.....	86
Difficulties in the expansion process of GalenHos.....	87
<b>Section 5: Proposed Solutions.....</b>	<b>88</b>
<b>Section 6: Succes Stories .....</b>	<b>90</b>
Health governance component.....	90
Early positive results in chronic child malnutrition reduction and the implementation of PAIMNI in Lluylucucha health micro-network .....	90
Health information component .....	92
Implementation of GalenHos in first level of care facilities.....	92
Implementation of GalenHos in hospital facilities .....	95
<b>Section 7: Best Practices developed by the project.....</b>	<b>97</b>
<b>Section 8: List of Upcoming Events .....</b>	<b>104</b>

---

<b>Financial Reports January 2010 – September 2013</b> .....	<b>105</b>
<b>Supplementary information per component</b> .....	<b>107</b>
Health governance component.....	107
Health financing component .....	109
Health information component .....	110
Health workforce component.....	111
<b>Appendix 1: Carta San Martín – Entrega de documentos de gestión</b> .....	<b>120</b>
<b>Appendix 2: RE Implementación PAIMNI San Martín</b> .....	<b>121</b>
<b>Appendix 3A: RD Equipo Técnico PAIMNI</b> .....	<b>122</b>
<b>Appendix 3B: RD Equipo Facilitador PAIMNI</b> .....	<b>123</b>
<b>Appendix 3C: RD Responsables PAIMNI</b> .....	<b>124</b>
<b>Appendix 3D: RD Responsables PAIMNI Microrredes</b> .....	<b>125</b>
<b>Appendix 4: RD Monitoreo Seguimiento Longitudinal de Intervenciones Efectivas</b> .....	<b>126</b>
<b>Appendix 5: RD Metodología PAIMNI</b> .....	<b>127</b>
<b>Appendix 6: PAIMNI</b> .....	<b>128</b>
<b>Appendix 7: Elaboración POI MR 2014</b> .....	<b>129</b>
<b>Appendix 8: Ejecución Presupuesto Salud Región San Martín 2013</b> .....	<b>130</b>
<b>Appendix 9: Distribución Presupuestal Plan Diresas</b> .....	<b>131</b>
<b>Appendix 10: Reporte Técnico Galénhos VP</b> .....	<b>132</b>
<b>Appendix 11: Cajamarca Informe SGRH</b> .....	<b>133</b>
<b>Appendix 12: HRM Training Program</b> .....	<b>134</b>

## List of tables

Table 1. Number of participants to technical and training activities per project component. FY 2013 .....	12
Table 2. Number of participants to technical and training activities per region. FY2013.....	12
Table 3: Comparison of monitoring results in the registration of clinical records showing effective interventions in sentinel micro-networks.....	19
Table 4: Evolution of chronic child malnutrition within sentinel micronetworks. ....	19
Table 5: PAIMNI Cohort Population under 1 year HMN .....	20
(to August 31st, 2013) .....	20
Table 6: Rate of chronic child malnutrition at the San Martín regional level and at the national level 2007-2012 (WHO-World Health Organization standard). ....	21
Table 7: General context of the PEAS 2012-2013 homologation process.....	24
Table 8: Insurance coverage 2012. ....	27
Table 9: Population groups to be progressively included in SIS by different criteria. ....	28
Table 10: San Martin region, capita annual budget, 2013 (second addendum). ....	29
Table 11: San Martin: Human resources requirements by health profession and by network, 2012.....	40
Table 12: Trained public managers by occupation, Lima 2013. ....	41
Table 13: Trained public managers by institution, Lima 2013. ....	42
Table 14: Trained public managers by region, Lima 2013. ....	42
Table 16. Execution of the work plan for HP project. FY 2013.....	51
Table 15: Evolution of chronic malnutrition in Lluyllucucha in 2013 for children under five years old and under one year old. ....	91

## List of figures

Figure 1. Number of participants to technical and training activities per gender. FY 2013. ...	13
Figure 2. Prevalence of CCM on under five children in San Martin. Years 2008 to 2012. ....	14
Figure 3: Process used in preparation of the HPR.....	17
Figure 4: Development by phases of PAIMNI in sentinel micro-networks. ....	18
Figure 5: Evolution of the qualification process.....	22
Figure 6: The process used to “qualify” health centers. ....	23

---

Figure 7: Insurance coverage 2008-2012 .....25

Figure 8: Distribution by region of percentage of SIS insured population.....26

Figure 9: Distribution by age groups of percentage SIS insured population.....26

Figure 10: Public health budget 2010-2013 (billions of soles).....30

Figure 11: Transforming data into evidence to strengthen decision making.....33

Figure 12: Population pyramid – Outpatient medicine Ayacucho regional hospital. ....38

Figure 13: San Martin: Health workforce to population ratio by network (health workers for every 10,000 inhabitants). ....39

## Acronyms

ASPEFAM	Asociación Peruana de Facultades de Medicina / Peruvian Association of Faculties of Medicine
AUS	Aseguramiento Universal en Salud / Health Universal Insurance
CAP	Cuadro de Asignación de Personal / Chart of Allotment of Personnel
CCM	Chronic Child Malnutrition
CIGS	Comisión Intergubernamental de Salud / Intergovernmental Health Committee
CNS	Consejo Nacional de Salud / National Health Council
CONADASI	Comité Nacional de Articulación, Docencia, Atención de Salud e Investigación del Ministerio de Salud
CONEAU	Consejo de Evaluación y Acreditación y Certificación de la Calidad de la Educación Superior Universitaria
CPT	Current Procedural Terminology
CRED	Growth and Development for children
CRIS	Comité Regional Intergubernamental de Inversiones en Salud / Intergovernmental Regional Committee of Health Investment
DGRH	Health Resources General Directorate
DIRESA	Dirección Regional de Salud / Regional Health Directorate
DCI	Desnutrición Crónica Infantil / Chronic Child Malnutrition
DGSP	Dirección General de Salud de las Personas del Ministerio de Salud / MoH Persons-Health General Directorate
DNI	Documento Nacional de Identidad / Identification Document
ENDES	Encuesta Demográfica y de Salud Familiar / Demographic and Health Survey
FISSAL	Fondo Intangible Solidario de Salud / Intangible Health Solidarity Fund
ENAHO	Encuesta Nacional de Hogares / National Housing Survey
FUA	Formato Único de Atención / Healthcare Sole Sheet
GD-HHR	Dirección General de Recursos Humanos de Salud / General Directorate of Human Resource Management

---

GORESAM	Gobierno Regional de San Martín / San Martín Regional Government
HIS	Health Information Systems
HN	Health Network
HHR	Health Human Resources
HMN	Health Micro Network
HL7	Health Level Seven (Principles of Healthcare Interoperability)
HP	Health Policy
HR	Human Resource
HRMS	Sistema de Gestión de Recursos Humanos del Ministerio de Salud / Human Resources Management System in Health Institutions - MoH
IT	Information Technology
MIDIS	Ministerio de Desarrollo e Inclusión Social / Ministry of Social Development and Inclusion
MoF	Ministry of Economics and Finance
MoH	Ministry of Health
NRUS	Nuevo Régimen Único Simplificado / Simplified Scheme for Paying Taxes
OGEI	Oficina General de Estadística e Informática del Ministerio de Salud / MoH Statistics and Informatics General Office
OD	MoH Decentralitation Office
OGTI	MoH IT General Office
OSCE	Organismo Superior de Contrataciones del Estado
PAIMNI	Programa de Acciones Integrales para el Mejoramiento de la Nutrición Infantil / Regional Program for the Reduction of Chronic Malnutrition
PARSALUD II	Programa de Apoyo a la Reforma II / Program for the Support to the Reform II
PEAS	Plan Escencial de Aseguramiento en Salud / Health Insurance Essential Plan
PMI	Plan Multianual de Inversiones / Health Investment Multiannual Plan
PNP	Policía Nacional del Perú
POI	Plan Operativo Institucional / Institutional Operating Plan

---

PPR	Plan Participativo Regional / Participative Regional Plan
RENIEC	Registro Nacional de Identificación y Estado Civil / Civil National Agency for Identification and Marital Status Registration
RG	Regional Government
RHD	Regional Health Directorate
RHP	Regional Health Plan
ROF	Reglamento de Organización y Funciones / Organization and Functions Regulations
SERUMS	Servicio Rural y Urbano Marginal de Salud / Rural Service and Marginal Urban Health program
SERVIR	Autoridad Nacional del Servicio Civil / National Authority of Civil Service
SIAF	Sistema Integrado de Administración Financiera / Integrated Financial Management System
SIGES	Health Facilities Management System / Sistema Integrado de Gestión del Establecimiento de Salud
SIS	Seguro Integral de Salud / Public Health Insurance
SUNASA	Supertintendencia Nacional de Aseguramiento en Salud / National Superintendency of Health Insurance
TA	Technical Assistance
UPCH	Universidad Peruana Cayetano Heredia
USAID	United States Agency for International Development
WHO	World Health Organization

## 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 FY 2013, the project implemented activities in four of the five components: Governance, Financing, Information and Human Resources. Activities of the fifth component -Logistic of medicines and medical products- have been programmed for the end of the year.

Activities during FY 2013 were executed according to the contract amendment which alternates the focus on the technical assistance provided to the MoH with that provided to San Martin region. Under this focus, main achievements for each component are presented:

Overall, the project has provided TA to the MoH for the preparation of the technical proposal of the health reform:

1. The project provided specialized orientation to the National Health Council (CNS) in order to advance the preparation of a proposal for the reform of the Peruvian Health System. The project provided its technical input and advice to the specialized committees of the CNS on the following issues: health governance, health financing, health insurance, health investments, health information systems, health human resources management. It also provided its guidance to the task group devoted to the general edition of the document before and after the International Seminar on Health Reform that the MoH organized.

Regarding the Health Governance component:

2. Expansion of PAIMNI to ten health networks located and in 37 priority districts with the highest prevalence of chronic child malnutrition. This process is being executed by the Regional Health Directorate, with the project's technical assistance. San Martin officers at the RHD have been trained by the project in sectorization and individual follow up of target populations for PAIMNI intervention. For this purpose the project has also prepared the methodology, tools, and training modules on operational aspects of PAIMNI implementation. This work has allowed the generation of a nominal list of under-one children and pregnant women to whom PAIMNI effective interventions are directed. It also highlighted the severe operational problems that prevent under-one children have their personal identifications (42.9% according to preliminary results).
3. Preparation of the Regional Health Plan (RHP). HP provided TA to design and execute a health citizen consultation for the identification of health priorities that are the main reference for the formulation of the Regional Coordinated Health Plan 2013-2018. Afterwards, the project provided TA to prepare the first draft of RHP, which is under revision by the Regional Health Council (CRS).
4. Reorganization of San Martin RHD. HP provided TA to update its Regulation of Organization and Functions (ROF); define functions of job positions within the RHD, health networks (HN), and offices of operations (OO); define RHD's Organization and Functions Manual (MOF). These documents help to define and implement administrative and financial flows between HN and OO.

5. The project prepared an evaluation of the organizational redesign in three selected RHDs: Cajamarca, La Libertad, and San Martin (deliverable already presented).

Regarding the Health Financing component:

6. TA to MIDIS for the definition of regional goals for the reduction of CCM, according to Spectrum estimations
7. Deliberation facilitation on the policies regarding health financing, and financial protection to the individual. Technical information that has been produced by the project was disseminated within the corresponding specialized committees of the CNS in order to guide their policy proposal making.
8. Improvement of budget management. The TA provided by the project served San Martin RHD to verify consistency between its budget programmed and health outputs at the regional level.
9. Monitoring the volume, distribution and management of resources for health at the national and regional level. The project prepared annual information, based on public sources, related to health budget execution for year 2013.
10. Toolbox for the formulation and evaluation of investment profiles. HP project contributed to defining and elaborating the toolbox to improve performance in the investment management cycle, including the formulation and evaluation of profiles stages. Simultaneously, HP project has been supporting a capacity building process within the MoH staff linked to investment management.
11. Approval by the MoH and the MoF of investment projects formulated by San Martin Regional Government with the project's technical assistance. This decision represents the first formal step within Peruvian Executive that sets the pave for advancing investments over US \$ 200 million (NS 560.5 million). Of these funds, over US \$ 37 million (NS 104.1 million) are being executed in the second half of 2013 through the MoH. From these funds, approximately 70% are oriented towards investments in San Martin.
12. Reduction of the time needed to advance the technical profile formulation. The time frame has been reduced from 18 months to 5 months at the most (72.2% time reduction). This reduction is related to the acceptance of PMI results in this stage.

Regarding the Health Information component:

13. Almost US \$ 9 million have been transferred to the Public Health Insurance Authority (SIS) to strengthen the health information infrastructure nationwide, through the execution of the "Plan for Expansion of GalenHos in MoH Facilities". The project has provided its technical assistance in order to define required funding for this task. SIS started the execution of these funds on Q4, which are oriented to implement GalenHos or similar integral health information systems at the point of delivery of care.
14. SUNASA has offered its institutional support for the rapid implementation of health information data standards across public and private facilities alongside Peru, with particular emphasis on the implementation the Current Procedural Terminology (CPT) as the standard for registering medical procedures.

15. HP project is providing TA (remote) to the Health Directorate of the National Police of Peru to implement GalenHos across all their health facilities. Three hospitals have signed agreements for the implementation of GalenHos: Rezzola Hospital in Cañete, Honorio Delgado/Hideyo Noguchi Mental Health Institute, and Casimiro Ulloa Emergency Hospital. These advances show that GalenHos is going through the process of becoming a *de facto* health information standard for public facilities across the Peruvian health system.
16. HP project developed activities to promote the use of information for decision making. As part of this initiative, the project provided TA to the National Committee of Sector Information within CNS to prepare the *Statistical Yearbook of Health Information* (2011-2012)

Regarding the Health Human Resources:

17. TA to the MoH in the definition of four health human resources policies at the sector level, approved by the National Health Council, as part of a health reform process.
18. Methodology to estimate health human resources needs and gaps at the first level of care, designed and validated by the project (in Ucayali, Ayacucho and San Martin), has been assumed by the MoH to be applied nationwide.
19. Job profiles designed for RHD, HN, OO and HMN. Job profiles at HMN level will be used in recruitment and selection processes; and HN job profiles will be used in performance assessment process.
20. HR information system proposal, that is complementary to current personnel information systems. HP project is a member of the HR committee created under the Intergovernmental Committee on Health (CIGS) and worked with the MoH in the design and validation of this proposal.
21. HP provided TA to San Martin and Ayacucho RHD to prepare a methodology to define salary scales to hire staff for the first level of care. Salary scales have already been officially approved by these two RHDs.
22. HP provided training in human resources management to 75 health professionals that attended SERVIR's first training program within the National School of Public Administration. This activity helped to expand the application of the project's TA nationwide in a way that is aligns institutional needs with health system policies.

## Section 1: Progress

During FY 2013, the project trained and/or provided TA to 1,995 participants in four technical components of the health system: health governance, health financing, health information, and health workforce. Most participants attended governance activities, mainly focused in San Martin PAIMNI project for the reduction of chronic child malnutrition (CCM). Financing and human resources activities addressed 35% of the total of participants (table 1).

**Table 1. Number of participants to technical and training activities per project component. FY 2013**

	Q1	Q2	Q3	Q4	Total	Percentage
Health governance	267	140	419	191	1017	51.0%
Health financing	162	46	67	80	355	17.8%
Health information	35	168	58	18	279	14.0%
Health workforce	158	45	71	70	344	17.2%

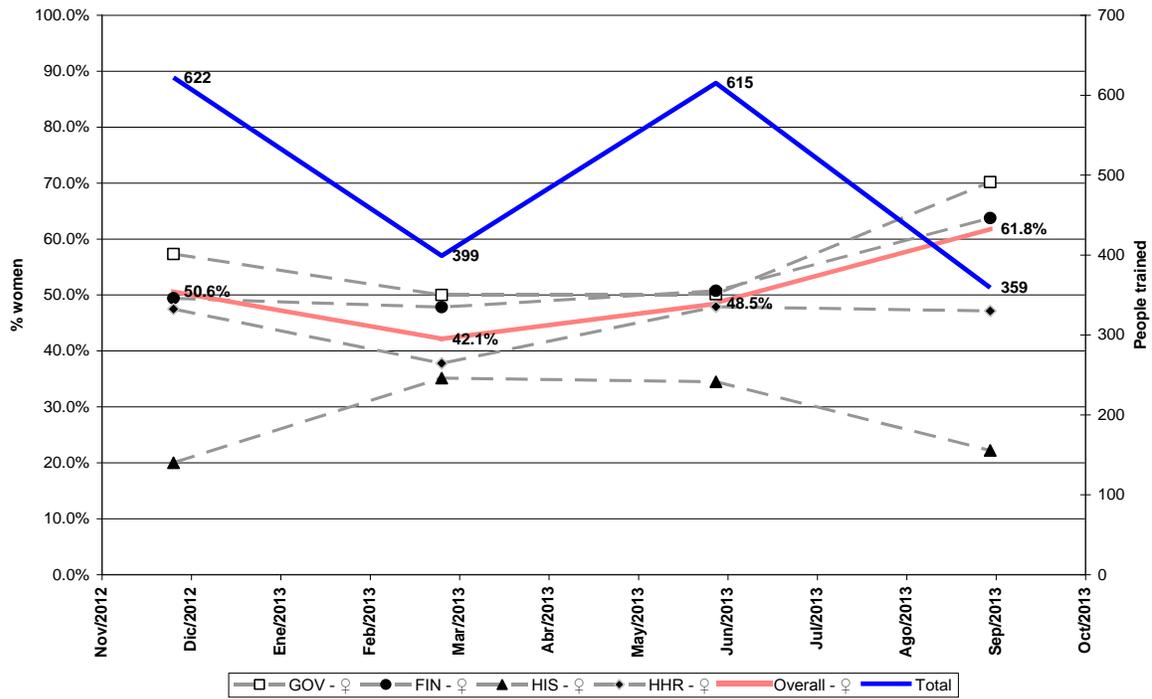
During FY 2013 project activities were implemented in two prioritized regions, with 84.3% of the total number of participants (table 2). It has to be noted that the largest number of participants was concentrated in San Martin, where the project maintains activities in its four components, for the execution of PAIMNI. Ayacucho office was closed in Q1.

**Table 2. Number of participants to technical and training activities per region. FY2013.**

	Q1	Q2	Q3	Q4	Total	Percentage
Lima	41	167	58	48	314	15.7%
Ayacucho	119				119	6.0%
San Martin	462	232	557	311	1562	78.3%
Total	622	399	615	359	1995	100.0%

In the project activities and sub activities, gender balance is quite good, with mild predominance of women (50.2%), as compared to men (49.8% %). This is attained despite to the consistent effect of the male composition (67.7%) in the health information systems component, where training activities were mainly addressed to informatic technicians, most of them men (see figure 1).

**Figure 1. Number of participants to technical and training activities per gender. FY 2013.**



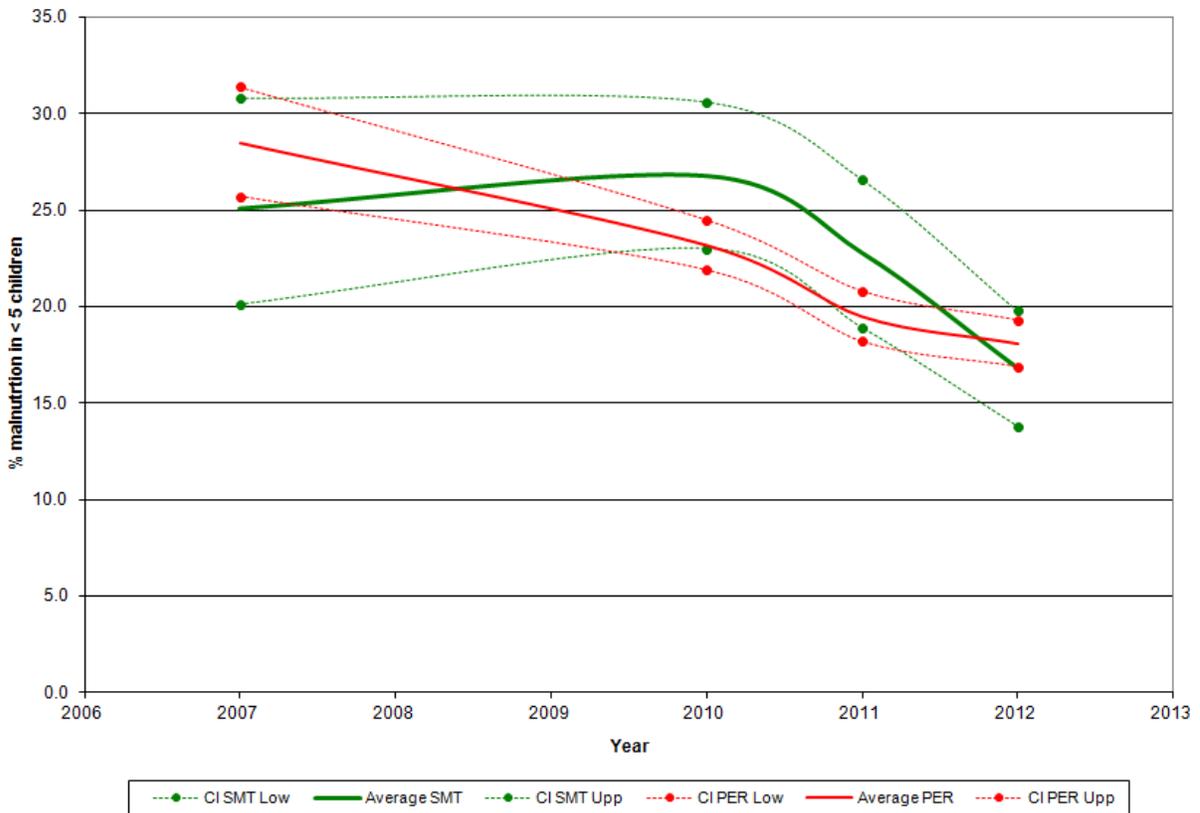
During FY 2013, the project activities were focused in San Martin, after slowing down the TA provided to Ayacucho RHD. In this region, remote TA is still provided for the health information and human workforce components, for the implementation of GalenHos in selected public health facilities, and for consolidating a regional health human resources management system, respectively. In addition, TA about the multi-year investment plan is still on going, in fact, the next quarter will be finished the final document (included the prioritization) of PMI in Ayacucho region.

In San Martin, HP project’s TA has been centered on the implementation of PAIMNI project. It is noteworthy to mention that during FY 2013, SMT RG accomplished its target in the reduction of CCM. Results from ENDES 2012 reveal that CCM has been reduced to 14.3% in under-five children for the period 2010-2012. This represents a reduction of 12.5 points to the level at which the current administration found CCM in San Martin. This advance has been recognized as outstanding by the Ministry of Inclusion and Social Development (MIDIS), and has set a benchmark to which other regions in the country can look as a reference to replicate. Figure 2 shows the trend on the malnutrition prevalence over the past 5 years.

Another relevant issue of the project’s regional agenda in San Martin for FY 2013 is the progression made in the preparation of the regional health plan (RHP). After a successful consultation process reported in Q3, health priorities have been identified, and the HP project has continued its TA to advance the preparation the official document that sets the regional policies, and strategies to be executed for the period 2013-2018. The project considers that the preparation of this document is critical to positively influence the sustainability of the interventions that are being advanced through PAIMNI implementation. Since the first priority of the regional health plan is CCM, the preparation of the RHP represents a unique opportunity to extend PAIMNI execution beyond the current administration term.

Regarding the TA that HP project deployed at the MoH, it is noteworthy to mention that the project made important contributions to the proposal for the reform on the Peruvian Health System in the following issues: health governance, health financing, health insurance, health investments, health information systems, and human resources management. As mentioned in a previous project report, the TA provided has the highest impact potential in terms of health policy changes that can be introduced, since the technical inputs that the project reached are a careful combination of theory, experience, and evidence taken from the field. This complex contribution is the product of twenty years of TA that USAID has facilitated regarding health systems strengthening. Viability of these reforms seems to be within realistic expectancies, since the Peruvian Congress has provided the Peruvian Executive legislation faculties to pass required health reform laws.

**Figure 2. Prevalence of CCM on under five children in San Martin. Years 2008 to 2012.**



SOURCE: ENDES 2008 – 2012.

## Health Sector Governance

### 1.1.1 Strengthen and Expand Decentralization of the Health Sector

The San Martín Regional Government carried out an organizational redesign of all sectors, including all units, programs and projects<sup>1</sup>, and approved a new Regulation of Organization and Functions (Reglamento de Organización y Funciones - ROF) that affected the aforementioned sectors. The project provided technical assistance (TA) to the San Martín RHD to update its ROF<sup>2</sup>, define positions within each organizational unit, and support the development of a technical document entitled “Chart for the Appointment of Personnel” (Cuadro para Asignación de Personal-CAP).

Additionally, HP project provided TA to define the specific functions of job positions within the RHD, health networks (HN), and offices of operations. The project's work was then incorporated into the Organization and Functions Manuals (Manuales de Organización y Funciones - MOF), which will be used as a comprehensive reference material.

In terms of redesigning the organizational structure, the project took into consideration appropriate roles for each organization, as explained in detail below:

- a. The RHD's role is to act as the regional health authority to direct, regulate, coordinate, promote, supervise, monitor and evaluate the sanitary and administrative management of the San Martín region. The Collective Health Unit (Unidad de Salud Colectiva) will be in charge of promoting the participation of the community in health, health education and the pursuit of healthy lifestyles.
- b. The health networks (HN) will act as intermediate entities within the regional sanitary organization and will be responsible for health care at the province level, constituting an interface between the RHD and the health micro-networks (HMN). HN will principally pursue a cooperative relationship with local governments to achieve a partnership for the execution of health prevention and promotion activities.
- c. The offices of operations are de-concentrated bodies whose role is to provide administrative and financial support to the health provision function which are the responsibility of HNs.

Seven workshops were convened to carry out this work with the participation of individuals from each RHD department. The final product was forwarded to the RHD by means of official note<sup>3</sup>.

The approval of these management documents is expected to achieve the following results:

- a. Define and establish the roles and limits for each of the departments in the RHD.

---

<sup>1</sup> Regional Ordinance N° 003-2013-GRSM/CR; March 4, 2013.

<sup>2</sup> The ROF provides detailed information on the general functions set by the SMT RG that should be adapted and applied by the SMT-RHD. It also defines the organization of units that are part of the SMT-RHD up to the second organizational level.

<sup>3</sup> Letter, September 23<sup>rd</sup> 2013 - [Annex 1](#).

- b. Grant priority to preventive and promotional activities in alliance with local governments and community social actors.
- c. Define and implement administrative and financial flows between networks and offices of operations.
- d. Guarantee the efficiency of health service networks.

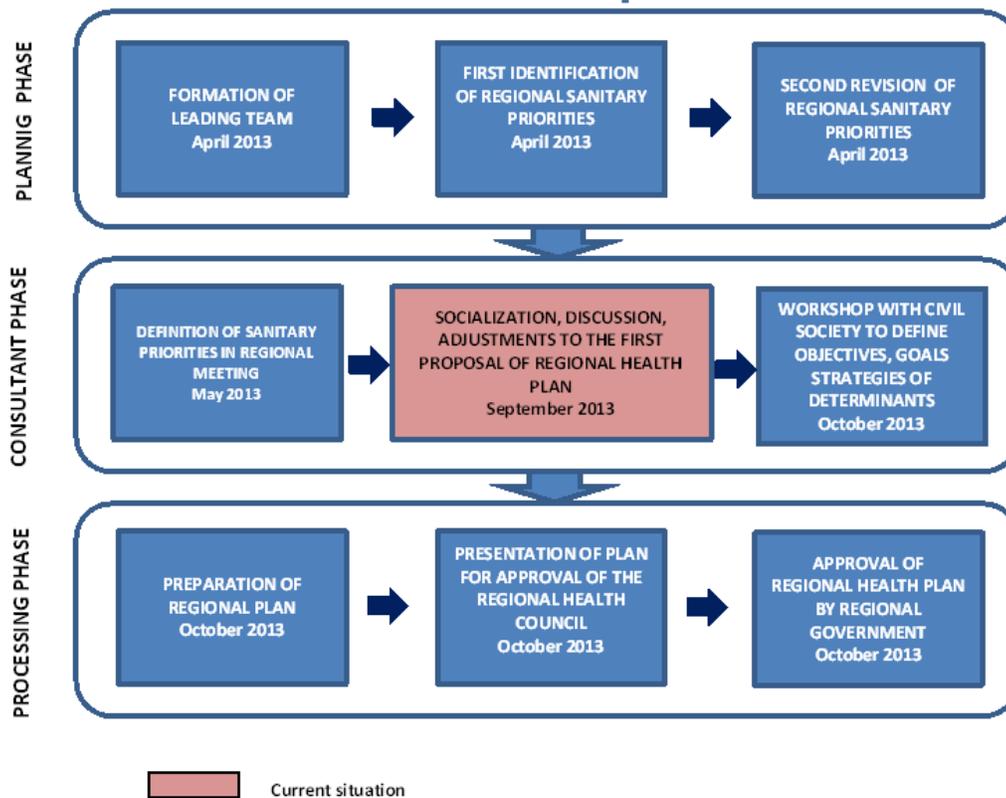
Over the next quarter, HP project will focus on providing TA to HNs; defining the organization process for HMNs; supporting the creation of a more complex referral system for health care involving the community and health facilities center. This process will involve HMNs Soritor, Jepelacio, and Lluylucucha within Moyobamba HN; HMNs Nueva Cajamarca within Rioja HN; HMN Cuñumbuque within Lamas HN; HMNs Banda de Shilcayo and Bellavista within the Bellavista HN.

The project prepared a technical report to evaluate the organizational redesign process by RHDs Cajamarca, La Libertad and San Martin. The aim of the technical report was to summarize the progress of competency and function transfer within the framework of decentralization. This report was given to USAID in January 2013.

HP project is currently providing TA to support the preparation of the Regional Health Plan (RHP) 2013-2018. This process began in April 2013 with the formation of an executive team of RHD officials. This team prepared an extended list of health priorities for consideration by HN directors and members of the Regional Health Council (Consejo Regional de Salud - CRS). Subsequently, this group put together a short list of sanitary priorities for consideration by local government representatives, social organizations, universities and community leaders. At the regional "health conclave" held in the city of Lamas, this last group defined regional health priorities.

Participants at this meeting critically examined each priority and proceeded to identify health priorities. After the prioritization, subsequent steps were oriented towards the definition of the objectives; goals to be achieved by 2018; and strategies to be implemented for promotion, organization of services, community participation and financing.

The RHD technical team with the project's TA presented a draft proposal to the San Martín CRS. CRS' members agreed to organize two workshops to strengthen the RHP preparation process: one workshop centered on maternal mortality and teenage pregnancy; another workshop centered on family violence.

**Figure 3: Process used in preparation of the HPR.**

### 1.1.2 Program for the control of chronic children malnutrition (PAIMNI)

San Martin RG has issued a regional resolution<sup>4</sup> stating that improved child nutrition is a regional policy priority and has set a target to reduce chronic child malnutrition by 10% in 2014.

Infant chronic malnutrition is being tackled in an integrated manner by San Martin RHD through the implementation of the PAIMNI program in San Martin, including 37 priority-districts, 915 localities and 142 native communities.

San Martin RG formally appointed a technical team to implement PAIMNI. The team is in charge of leading<sup>5</sup> and coordinating interventions that comprise the health, education and agriculture sectors; the Ministry of Development and Social Inclusion (Ministerio de Desarrollo e Inclusión Social - MIDIS); and local governments to promote the execution of activities focused on the reduction of chronic child malnutrition in San Martin.

<sup>4</sup> No. 869-2012-GRSM/PGR, see [Annex 2](#).

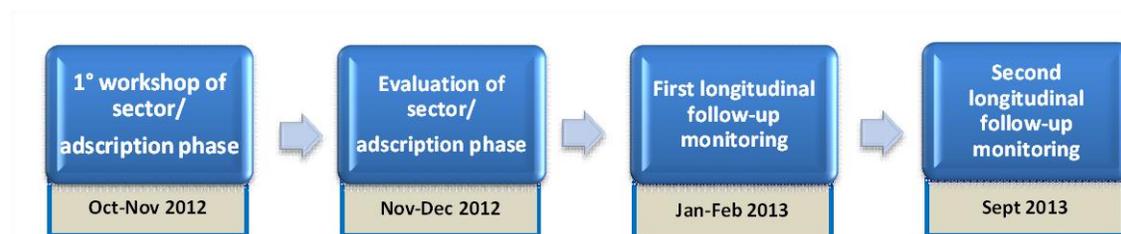
<sup>5</sup> RD San Martin. [Annex 3A](#).

San Martin RHD appointed a responsible for PAIMNI<sup>6</sup>, in each one of the HNs<sup>7</sup>, and in three sentinel HMNs<sup>8</sup>. The project provided training to these officials in processes and activities related to sectorization, affiliation and longitudinal follow-up.

### 1.1.3 Development in Sentinel Micro-networks

This program has been initiated in the micro-networks of Soritor, Jepelacio and Lluyllucucha as sentinels. Figure 4 describes the work undertaken, including sectorization, affiliation of target populations, and longitudinal follow up within each HMN. As a consequence of the work executed, there is a detailed registry of children under one year and pregnant women. This attainment was achieved through cooperation with neighborhood councils and community workers who were trained by the USAID project Healthy Municipalities and Communities. Personal information of the target population has been entered into GalenPlus System.

**Figure 4: Development by phases of PAIMNI in sentinel micro-networks.**



First and second longitudinal follow-up monitoring processes subsequently took place. This activity consisted in the application of cross assessments by each health center to assess if health personnel were providing effective interventions for PAIMNI<sup>9</sup>. A first milestone consisted in the correct provision and registration of effective interventions for malnutrition within clinical records. This is shown in table 4, where there is a 20-30% improvement in the provision of effective interventions in children below one year of age and pregnant mothers. As mentioned before, this improvement has two components: the first is linked on the provision of effective interventions for chronic child malnutrition; the second is the correct registration of those activities within the clinical files.

One important measure that helped advance the successful implementation of effective interventions was the approval of the Effective Interventions-Operational Guidelines of Procedure<sup>10</sup>. A second measure was practical training, focused on four areas: antenatal care to pregnant woman; delivery and care to the newborn; care to infants under six months; and care to infants between six and 12 months. A didactic version was also developed for the Operational Guidelines of Procedure<sup>11</sup>.

<sup>6</sup> [Annex 3B.](#)

<sup>7</sup> [Annex 3C.](#)

<sup>8</sup> [Annex 3D.](#)

<sup>9</sup> Matrix of cross monitoring, [Annex 4.](#)

<sup>10</sup> [Annex 5.](#)

<sup>11</sup> [Annex 6.](#)

In Soritor health micro-network, lower levels of compliance and improvement were measured. To remedy this, a training session was scheduled for September 21, 2013 to teach the correct way to fill in clinical records to document the provision of effective interventions. An evaluation will take place within 30 days to assess improvement.

**Table 3: Comparison of monitoring results in the registration of clinical records showing effective interventions in sentinel micro-networks.**

MICRO- NETWORK	Clinical Record: Children under one year of age			Clinical Record: Pregnant women		
	1° Follow-up monitoring	2° Follow-up monitoring	% Improvement	1° Follow-up monitoring	2° Follow-up Monitoring	% Improvement
LLUYLLUCUCHA	62%	88%	26%	58%	87%	29%
JEPELACIO	48%	74%	26%	55%	76%	21%
SORITOR	47%	71%	24%	50%	60%	10%

Reasons that explain a low performance in baseline measurements on the correct registration of clinical information are: high turnover of health staff leading to lack of expertise in the use of clinical records; an excessive number of forms that discourage the multiple registration of clinical data; interventions that are not executed because they are not identified as effective (for example, albendazol administration to pregnant women); and lack of key pharmaceuticals (micronutrient, zinc, calcium). In spite of this, the three sentinel micro-networks have made real progress against chronic child malnutrition, as shown in the chart below:

**Table 4: Evolution of chronic child malnutrition within sentinel micronetworks.**

MICRO-NETWORK	% of children suffering from DCI-Chronic Child Malnutrition, December 2012	% suffering from DCI- Chronic Child Malnutrition, September 2013
Llullucucha	1.7	0.5
Jepelacio	3.6	2.6
Soritor	2.3	0.4

#### 1.1.4 Scaling Up of PAIMNI

In April 2013, the PAIMNI expansion process started, targeting ten HN, 43 HMN and 237 health facilities in 37 prioritized districts. This process was included within the Regional Expansion Plan for PAIMNI, which was submitted to San Martin RHD. The project prepared training modules on basic PAIMNI concepts, including how to proceed through the sector/adscription phase and perform follow-up monitoring of children under one year and pregnant women. The project also organized a

workshop with the regional government and PAIMNI officials at the RHD to develop training tools and the methodology to be used in subsequent workshops with HMNs.

To date, the project has carried out the first workshop dealing with the sector/adscription phase in nine out of ten HNs in San Martín; a workshop for the Moyobamba HN will be held shortly. Evaluations of the sector/adscription phase were developed in eight out of ten HN; evaluations from Moyobamba and Tocache were missing. The sector/adscription regional meeting has been scheduled for October 2013; the meeting will feature a regional competition to award prizes for the best sector/adscription maps as well as the most complete regional list of children under one year and pregnant women.

Based on the work carried out in sectorization and adscription, San Martín HNs have generated the following information:

**Table 5: PAIMNI Cohort Population under 1 year HMN  
(to August 31st, 2013)**

Health Micronetwork	Total children under 1 year	Children with chronic malnutrition	%	Children without DNI
Campanilla HMN	205	4	1.95	100
Costa Rica HMN	150	1	0.67	80
Huicungo HMN	235	1	0.43	124
Leroy HMN	106	1	0.94	60
Huallaga HMN	170	4	2.35	166
Alto Biavo HMN	104	21	20.19	0
Bajo Biavo HMN	85	10	11.76	0
Bellavista HMN	22	3	13.64	0S
San Pablo HMN	56	6	10.71	0
Lluyllucucha HMN	680	4	0.59	383
Jepelacio HMN	229	1	0.44	120
Soritor HMN	584	15	2.57	104
Pongo de Caynarachi HMN	223	0	0.00	82
Cuñumbuque HMN	155	15	9.68	42
Pacayzapa HMN	270	4	1.48	128
Bajo Naranjillo HMN	537	0	0.00	147
Yuraqyacu HMN	50	0	0.00	25
Nuevo Cajamarca HMN	452	9	1.99	291

It is important to note the high percentage of children and pregnant mothers, who do not have identity documents. The regional government must coordinate with the RENIEC to develop a new campaign to resolve this problem.

Recently, the regional government of San Martín received recognition from MIDIS and from the President of the Republic for significantly reducing chronic child malnutrition in the region, as shown in the table below.

**Table 6: Rate of chronic child malnutrition at the San Martín regional level and at the national level 2007-2012 (WHO-World Health Organization standard).**

Year	San Martín	Perú
2007-2008	23,0	27,8
2009	28,2	23,8
2010	26,8	23,2
2011	19,8	19,5
2012	14,3	18,1
<b>Difference (%) 2012-2007</b>	-8,7	-9,7
<b>Difference (%) 2012-2010</b>	-12,5	-5,1

SOURCE: ENDES 2007-2012.

The reasons for this reduction, according to the president of the regional government, include the following:

- a. Political decision: During his second term in office, San Martín RG administration prioritized the reduction of chronic malnutrition among children less than five years. It is important to note that during his first term in office San Martín RG administration prioritized increasing the regional gross domestic product.
- b. Technical knowledge: Recognizing time and expertise limitations, San Martín RG requested USAID its TA for designing and implementing a program for reducing malnutrition.
- c. Synergy and alignment of decisions made at local, regional and national levels: This generated support and created a favorable institutional environment for advancing the regional work agenda. Also, it should be noted that with the creation of MIDIS came the prioritization of reducing child malnutrition.

### **1.1.5 Experience exchange visit to Huánuco as related to longitudinal follow-up**

HP project organized a visit to Huanuco in order to learn on the experience that some facilities had regarding the execution of follow up activities for the control of chronic child malnutrition. The visit involved the participation of HN officials from Rioja and Tocache and from San Martín RHD. These officials visited the Acomayo Center of Competence in Growth and Development for Children (Crecimiento y Desarrollo - CRED). This visit took place on July 4- 6, 2013. As a result of this visit, the Rioja and Tocache HNs decided to start centers of competence similar to that observed in Huánuco. It is likely that similar initiatives arise within sentinel HMNs for the Implementation of centers of competences in CRED and in maternal health, respectively. Regarding the community

based longitudinal follow-up, HP project confirmed with Municipalities and Healthy Communities Project their leading role in this aspect.

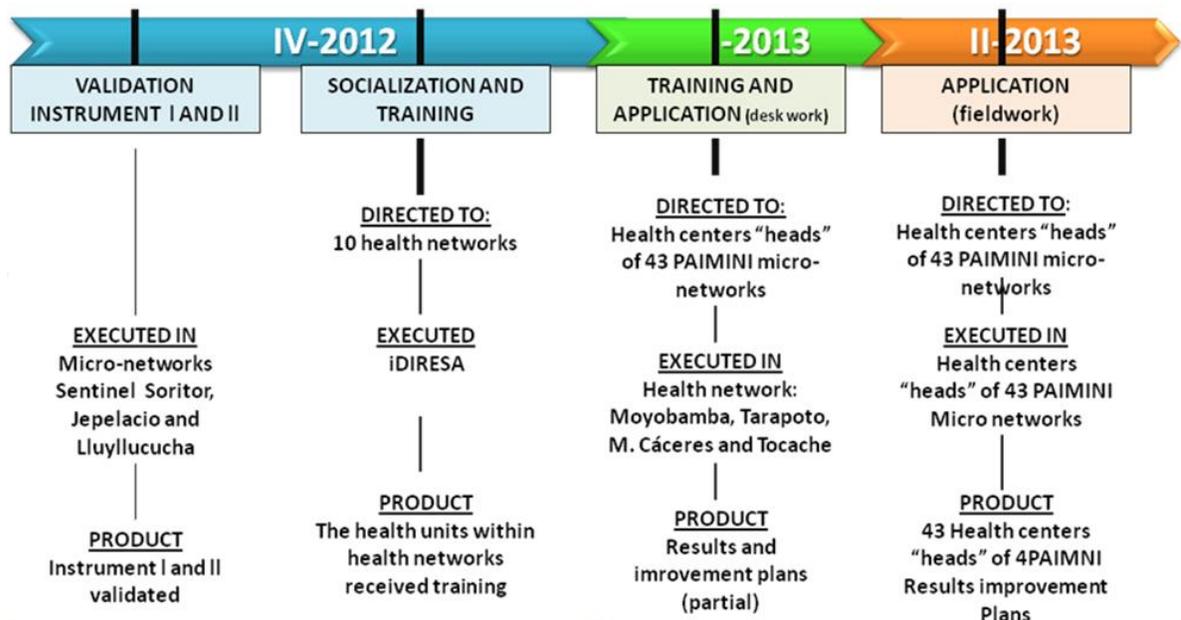
## 1.2 Develop and implement national and regional plan to monitor compliance with government regulations and standards in the health sector.

Qualification is a quality oriented process for health facilities that checks compliance with requisites and minimum conditions needed to provide effective health interventions to reduce chronic child malnutrition. To aid in this process, the project and San Martin RHD prepared two checklists that jointly focus on the verification of availability of human resources, infrastructure, equipment, and medicines. A derived product of the application of this tool is the preparation of a plan for closing gaps in any of the aspects already assessed.

The qualification process has advanced slowly because San Martin RHD did not identify an official in charge for the first half of 2013. During this period, data generated was not processed and was lost. In August the project promoted a workshop in which the qualification process was relaunched for all PAIMNI districts.

The evolution of this process is shown in the figure below.

**Figure 5: Evolution of the qualification process.**

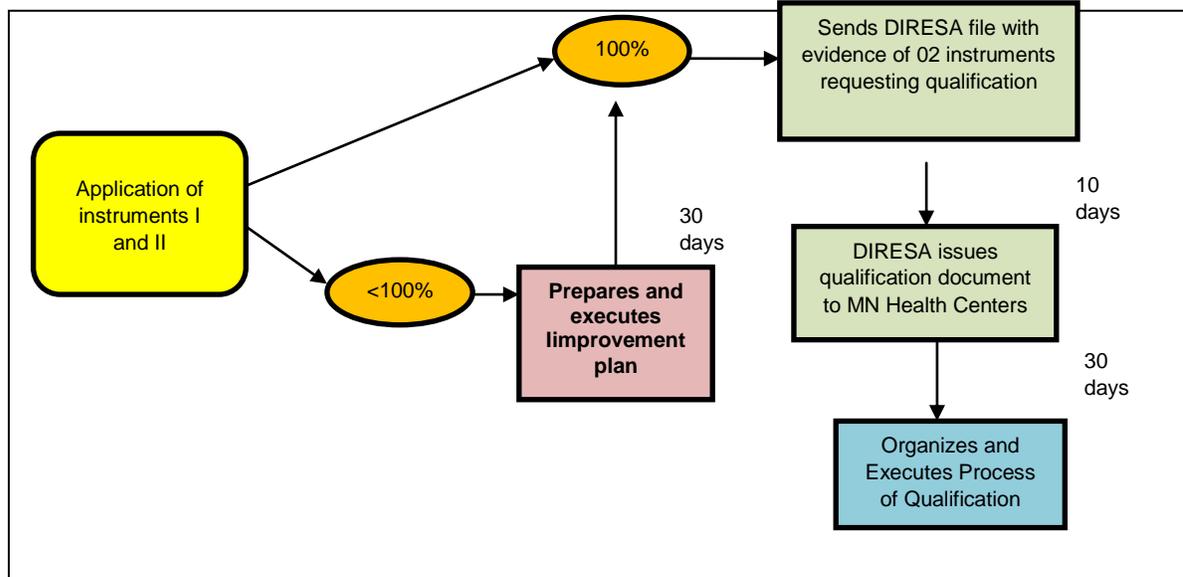


### 1.2.1 Main findings of the qualification process

- The qualification process is a necessary condition for advancing the longitudinal follow-up.
- Qualification tools defined by the project and San Martin RHD should be revised in order to simplify its structure, technical detail, and application.

- In its current state, qualification tools are not applicable to every health facility at the first level of care. Therefore, an adaptation must be done for their application in health facilities I-1.
- A health facility can be considered as qualified only when it fully complies with the assessment on the items that the qualification tools consider. That is, attainments lower than 100% do not suffice for considering a health facility as qualified.

**Figure 6: The process used to “qualify” health centers.**



## 1.3 Health Sector Financing and Insurance

### 1.3.1 Improve health coverage of poor and vulnerable populations

This year the HP project contributed to MoH and regional efforts to design and implement realistic steps in the development and scale up of equitable and efficient health insurance to improve health coverage.

This year, the project contributed to the following results:

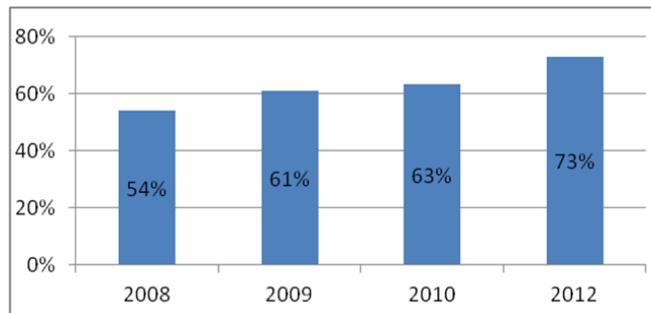
- The Health Insurance Essential Plan (Plan Esencial de Aseguramiento en Salud – PEAS) is being modified according to updates in the clinical management for the healthy population; neoplasm; and respiratory upper infections. The HP project is a member of the national commission for PEAS update; other members include officials from SIS, MoH, EsSalud and SUNASA. Clinical and financial contents of PEAS need to be regularly updated. This includes new medical procedures and the corresponding costing and definition of probabilities of use. The law specifies that an update to the conditions included in PEAS must be performed every two years.

**Table 7: General context of the PEAS 2012-2013 homologation process**

	<b>Technical proposal PEAS (original) 2009</b>	<b>Official PEAS (approved by DS016-2009)</b>	<b>Official PEAS (Partial revision 2012)</b>	<b>PEAS homologated to Sep. 2013</b>	<b>Pending Oct. 2013-Jun. 2014</b>
Overall Description	Developed between Jun. 2007 and Oct. 2009 by USAID and MoH. In line with patterns of art.15 of Law 29344	Modifies the initial version of the PEAS. Approved by DS 016 -2009. Published in El Peruano, November 29th of that year.	Initiative of an extensive revision and reconciliation of original PEAS with approved PEAS.	Reconciliation of original PEAS with approved PEAS and update of clinical content under specific healthy population, acute respiratory infection, chronic renal failure and malignancies.	Continued extensive revision of the PEAS (started in 2012) in accordance with the regular update process mandated by law.
CPT Version	CPT 2004	CPT 2004	CPT 2010	CPT 2010	CPT 2010
Insurable conditions.	140 insurable conditions  Healthy population (5)  Gynecological and obstetric conditions (28)  Pediatric Conditions (23)  Neoplastic conditions (7)  Transmissible Conditions (31)  Nontransmissible Conditions (41)	140 insurable conditions  Healthy population (5)  Gynecological and obstetric conditions (28)  Pediatric Conditions (23)  Neoplastic conditions (7)  Transmissible Conditions (31)  Nontransmissible Conditions (41)	140 insurable conditions	142 insurable conditions  Healthy population (5)  Gynecological and obstetric conditions (28)  Pediatric Conditions (23)  Neoplastic conditions (9)  Transmissible Conditions (31)  Nontransmissible Conditions (41)	To be defined.
Clinical variants	1091 clinical variants	Not formally defined	1377 clinical variants	In preparation.	To be defined.
Number of medical procedures	460 medical procedures	510 medical procedures	620 medical procedures	In preparation.	To be defined.
Implications of list of medical procedures for investment plans	With use coefficients for each procedure	Without use coefficients	188 new procedures are identified without prior costing. By reconsider significant number of changes in conditions (and subsequent variants) it is due to update coefficients using the procedures (not done)	In preparation. Although the rate will vary based on the modification of clinical variants, the process will be more limited than the one required for the work started in 2012.	To be defined.
Explicit commitment	65% of burden of disease	65% of burden of disease	65% of burden of disease	65% of burden of disease	To be defined.

- Increased insurance coverage. By 2012, it is estimated that 73% of the population will be covered by insurance, as shown in figure 7. The HP project regularly updates data on insurance coverage at the national and regional level from the national household survey (Encuesta Nacional de Hogares -- ENAHO) and from the regular SIS database.

**Figure 7: Insurance coverage 2008-2012**



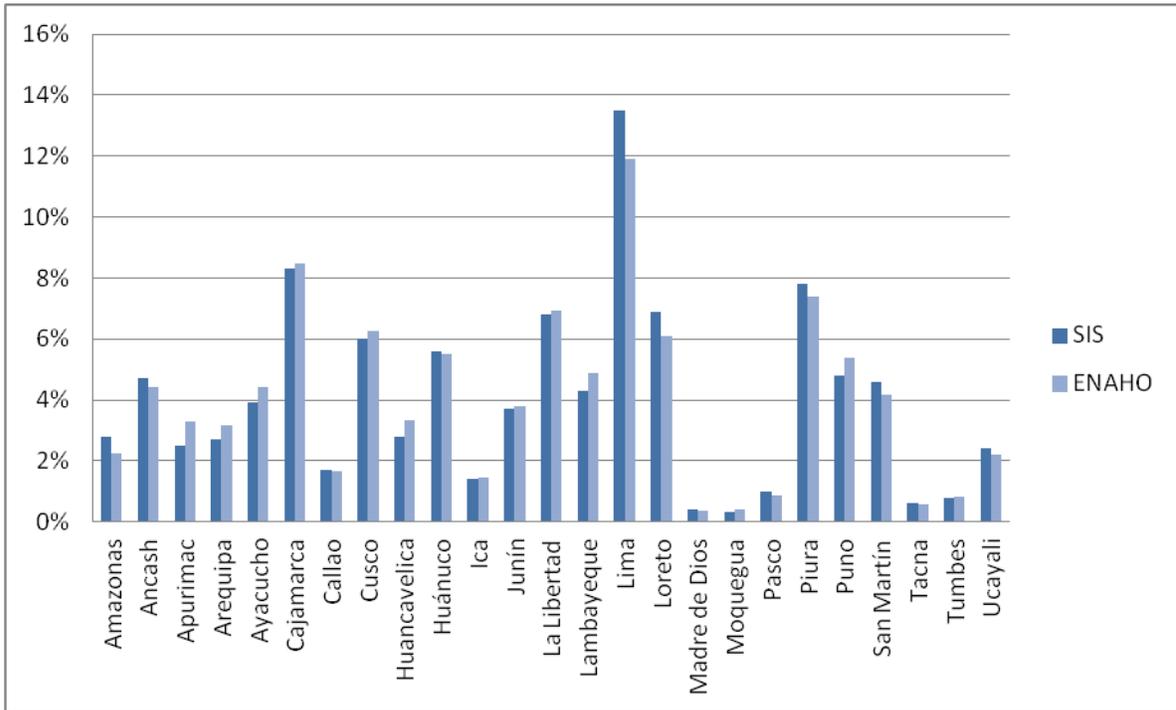
SOURCE: ENAHO 2008-2012; USAID/HP 2008-2010; and MoH 2012.

- Generation of more consistent information regarding insured population distribution from two different sources of data: national survey ENAHO on one hand and SIS regular statistics on the other<sup>12</sup>. HP project has made the comparison of the population covered by SIS insurance by region (figure 8). Figure 9 disaggregates the information by age group.

---

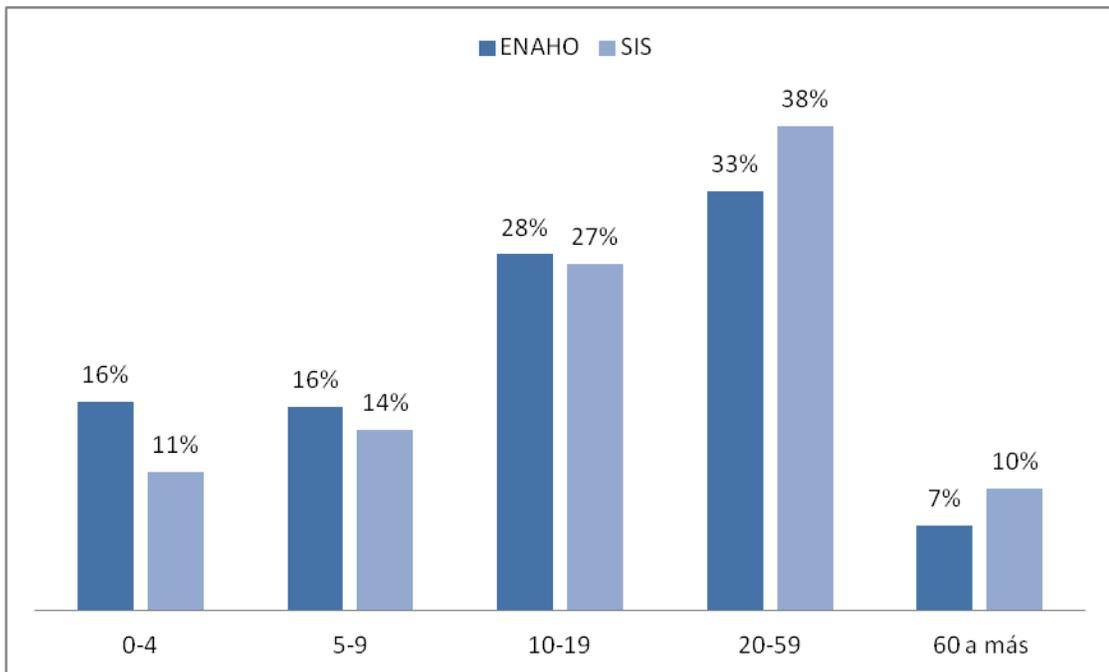
<sup>12</sup> SIS information has been consistently higher over the years.

**Figure 8: Distribution by region of percentage of SIS insured population.**



SOURCE: ENAHO 2010, SIS database SIS and SIS newsletter.

**Figure 9: Distribution by age groups of percentage SIS insured population.**



SOURCE: ENAHO 2010, SIS database and SIS newsletter.

- In disaggregating 2012 data, it is clear that there are two main insurance institutions in the country: SIS and EsSalud. While the uninsured population has dropped to 17%, 6% of impoverished individuals should be incorporated into the SIS. However, the sum of contributory insurance and semi-contributory insurance would financially protect the 9% of the population that is deemed “inactively unemployed”, “microenterprise” and independent workers.

**Table 8: Insurance coverage 2012.**

	Population	%		
<b>Insured population</b>	<b>22,147,065</b>	<b>73%</b>		
Public security (SIS)	11,354,562	38%		
Social security (EsSalud)	9,882,386	33%		
Armed forces	578,449	2%		
Private	331,668	1%		
<b>Uninsured population</b>	<b>5,185,386</b>	<b>17%</b>	<b>Main responsible/type</b>	
Impoverished	1,757,758	6%	SIS	Subsidied
Not impoverished	3,427,628	11%		
Inactively unemployed	514,144	2%	SIS-EsSalud	Semi-contributive
Large-enterprise employees	205,658	1%	EsSalud	
Medium-enterprise employees	274,210	1%	EsSalud	
Microenterprise employees	1,473,880	5%	SIS-EsSalud	Semi-contributive
Independent workers	959,736	3%	SIS-EsSalud	Independent
	<b>30,135,875</b>	<b>100%</b>		

SOURCE: ENAHO 2012, SIS and EsSalud database. Compiled by MoH (M. Madueño 2013)

- Since SIS was been designated to be the financial manager of public health insurance, it is responsible for increasing insurance coverage. To maintain prioritization of insurance for the impoverished population, SIS has added vulnerability criteria to its definition of the insured population, including specific ages and groups. Currently, there is an action plan to progressively incorporate critical groups. The table below shows planned public insurance expansion over the next year, including expansion to add kindergarten and primary schools, children under 36 months and independent workers with the New Simplified Taxpayers Registry (Nuevo Régimen Único Simplificado - NRUS), as well as groups to be added in 2014.

**Table 9: Population groups to be progressively included in SIS by different criteria.**

Criteria	Groups	2013	2014
School population	Kinder		
	Primary		
	Secondary		
Other populations	Children under 36 months		
	Population in shelters		
	Inmate population		
Independent workers	NRUS		
	Taxi driver insurance		
	Microenterprise workers		

### 1.3.2 Ensure Efficiency and Equity in Health Resource Allocation

Over the year, the HP project has been working with the MoH and specific regions to implement critical processes that have yielded results in the following components:

- Improve the efficacy of public expenditures, defined as the ability of the state to achieve policy objectives. At the national level, HP project supported MIDIS in the definition of goals for reducing chronic child malnutrition rates in four macro regional workshops in Lima, Trujillo, Tarapoto and Cusco. The HP project prepared materials to simulate the use of Spectrum<sup>13</sup> software in showing results of different levels of coverage for interventions to reduce chronic child malnutrition. The positive experience from San Martin region in the design and implementation of PAIMNI is likely to generate support for replicating this intervention model in other regions.
- Improve the efficiency of public expenditures, defined as the way in which resources are used to maximize health impact. The outputs for this component include the following:
  - Monitoring the volume, distribution and management of resources for health at the national and regional level.
  - Working closely with the MoH to improve investment management in 748 strategic health facilities.
- Improve the equity of public spending in terms of SIS resource allocation through payment transfers for services as well as SIS-RG agreements. The HP project is monitoring funds transferred to regions. In particular, it will be interesting to know whether SIS–RG agreements for per-capita payments are successful in meeting the needs of SIS target population, including the impoverished and vulnerable. If so, these agreements would prove to facilitate incentives at the

<sup>13</sup> Software developed by Future Institute with support from USAID/HPI; Bill & Melinda Gates Foundation, UNICEF, UNAIDS and WHO.

operational level to match government performance requests. They would also prove to be an accountability tool that links directly provision with financing. Incentives and accountability are two key elements to enhance the actions of public employees in reaching public goals. For now, information is limited to the destination of transferred funds. Currently, SIS and RG are negotiating a second amendment which includes SIS funds derived from MIDIS that will be transferred between October-December 2013.

**Table 10: San Martin region, capita annual budget, 2013 (second addendum).**

Budget execution units (EU)	Annual budget S/.	Annual capita budget S/.	SIS result-based budget S/.	MIDIS* S/.
EU San Martin	12,375,455	7,252,732	3,541,100	1,581,624
EU Alto Mayo	9,843,240	6,386,944	2,949,379	506,918
EU Huallaga Central	6,516,601	3,929,971	1,810,179	776,450
EU Alto Huallaga	2,600,881	1,623,172	777,382	200,326
EU Hospital I-2 Tarapoto	57,957	39,785	18,172	-
	<b>31,394,134</b>	<b>19,232,603.98</b>	<b>9,096,212.00</b>	<b>3,065,318.00</b>

(\*) To be subscript.

SOURCE: SIS, San Martin Region.

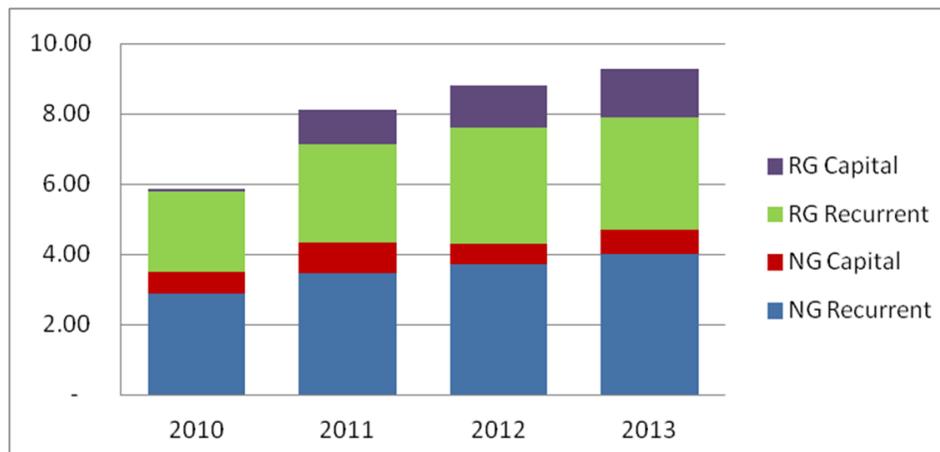
- Improve budget management and verify health outputs at the regional level: San Martin region currently applies tools to improve budget management and verify health outcomes.
- The HP project is supporting the San Martin region in applying tools for improved budget management that are linked with health outputs. The Health Regional Office of Planning has led the preparation of 2014 operative plans for HMN. Operative plans are a basic management tool for improving the quality of public spending.<sup>14</sup>
- The HP project contributed to defining a set of indicators to verify health outputs in terms of coverage of effective interventions for reducing chronic child malnutrition and other regional health priorities, including rates of maternal, neonatal and infant mortality. Two quarterly assessment workshops took place for HNs.

<sup>14</sup> More detail in [Annex 7](#).

### 1.3.3 Monitoring the volume, distribution and management of resources for health at the national and regional level

The Peruvian health budget has been increasing over the years. By 2013, the health budget amounted to S/. 9.7 billion, and was broken down by each level of government: national (48%), regional (47%) and local (5%). It is notable that the investment budget has increased for the past three years. This financial context highlights the importance of the project's actions to strengthen spending allocation tools for both recurrent and capital investment.

**Figure 10: Public health budget 2010-2013 (billions of soles).**



SOURCE: SIAF-MoF.

Other sources of the overall increased budget are SIS and PPR budgets. The budget that SIS executed in 2012 was S/ 758.1 million while this year it is scheduled to be S/ 996.6 million. The supplementary budget via PPR is S/ 3.3614 billion for 2013, which represents an increase of S/ 301.85 million from the previous year. This information has been generated using public information, and has been made available through quarterly analyses of budget execution made by the project.<sup>15</sup>

### 1.3.4 The MoH is in the process of improving investment management in 748 strategic health facilities

The MoH is in the process of improving the level of investment in physical infrastructure in HNs that have “strategic health facilities”; this type of facility brings health services closer to the people, specifically medium-complexity health services. The HP project has provided a remarkable contribution to the development of the following results this year:

- Redefinition of the investment management process in strategic health facilities through the following six steps:

<sup>15</sup> See the quarterly national budget execution analysis in our site web [www.politicasensalud.org](http://www.politicasensalud.org) and the specific regional analysis of budget execution for the case of San Martin Region is in the [Annex 8](#).

- a. **Multi annual investment plan (Plan Multianual de Inversiones – PMI) is the starting point in the process.** In the first quarter of this year, the HP project conducted training workshops for trainers as well as direct regional workshops for users to transfer the methodological approach and PMI tools.
- b. **Prioritization and confirmation of suitable conditions for investment.** Regional committees for investment prioritization, called Intergovernmental Health Investment Committee – CRIIS), have been established in ten regions and are currently fully operational in Lambayeque, Piura, Cusco, Loreto, Huancavelica, Pasco, Ayacucho, and Apurimac. The Office of Decentralization (OD-MOH) and the Office of Investment Projects (OPI-MOH), with technical support from HP project, are carrying out prioritization processes.. The idea is to promote coordination between national, regional and local levels to define the investment portfolio for coming years.
- c. **Legal assistance to verify the public ownership of property (health facilities).** The health facility where the investment will be made must be the property of the MoH or the corresponding RG. Not complying with this sole requirement can impede execution of the investment. It is estimated that 50% out of 170 health facilities meets this requirement. Of the remaining 578 strategic health facilities, the compliance level is 38%.
- d. **Formulation and evaluation of profile.** The HP project has participated in negotiations between the MoH and MoF to simplify and/or remove some redundant procedures in this stage.
- e. **Formulation and evaluation of technical file.** The regulation “Specific Minimal Contents 012” was approved on December 23, 2012 by directorate resolution N° 010-2012-EF-68. It has allowed an exemption of the feasibility study for strategic health facilities regardless of the amount of investment (even if the amount is greater than S/.10 million). Furthermore, these rules are aligned to technical parameters and the PMI methodology based on the recognition that the feasibility studies have to be fully consistent with inputs generated at the planning stage.
- f. **TA and monitoring on the execution of the building construction.**
  - Update technical parameters. The project identified the need to update certain technical parameters related to architectural and engineering design as well as the overall medical functional and operations plan. The Directorates of Investment, Equipment and Maintenance (Dirección General de Inversión, Equipamiento y Mantenimiento - DGIEM) and personnel management (DGRH) established new technical parameters that give greater consistency to the dimensioning of the studies.
  - Toolbox for the formulation and evaluation of profiles and improving staff knowledge and performance. The HP project contributed to defining and elaborating the toolbox to improve performance in the investment management cycle, including the formulation and evaluation of profiles steps. Simultaneously, the project is supporting a capacity building process within the MoH staff linked to investment management.
  - Management of the implementation process for strategic health facilities:

- a. Identification of investment needs in terms of number and type of facilities. After application of PMI methodology, the investment need was identified as strengthening 170 health facilities to become new hospitals, and adding 77 local hospitals to result in 247 strategic hospitals (medium complexity facilities). On the other hand it was identified the need to double the number of health centers with inpatient services. Overall result of this approach looks after the improved access to specialized care, including emergency care; basic surgical care; intermediate care of pregnant women and newborns with complications; diagnostic support such as ultrasound, radiology, and mammography; rehabilitation and physical therapy; and blood transfusions.
- b. Approval of 17 pre-investment profiles: seven in San Martin, two in Ayacucho, two in Pasco, and one each in Moquegua, Amazon, Ucayali, Cusco and Loreto.
- c. Reduction of the time needed to advance the technical profile formulation. The time frame has been reduced from 18 months to 5 months at the most.
- d. Budget transfer to regions for a total S/ 104 million for advancing the investment projects execution. From eight projects, seven are located in San Martin and one in Moquegua. It is remarkable that this is the first time a pre-investment profile led to the implementation phase in the same fiscal year. The eight studies are currently going through the bid solicitation process, and bidding for the contract is expected to be finished between October and November 2013.

## 1.4 Health Information

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

Over the course of the year, the project has conducted different technical assistance activities to strengthen the ability of the health sector to produce, analyze and use information for decision making. These activities include the following:

- (1) Provide technical assistance to implement action plans and initiatives in order to improve health information systems<sup>16</sup>.
- (2) Provide technical support in the definition, promotion and use of data standards<sup>17</sup> to enable integrated health information systems or at least enable interoperability.
- (3) Provide technical assistance in improving methods of data collection, analysis and processing<sup>18</sup> including the development of standards-based software, which would streamline

---

<sup>16</sup> Support the implementation of regional action plans to improve the performance of the regional HIS (Act. 3.5)

<sup>17</sup> Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels. (Act. 3.6)

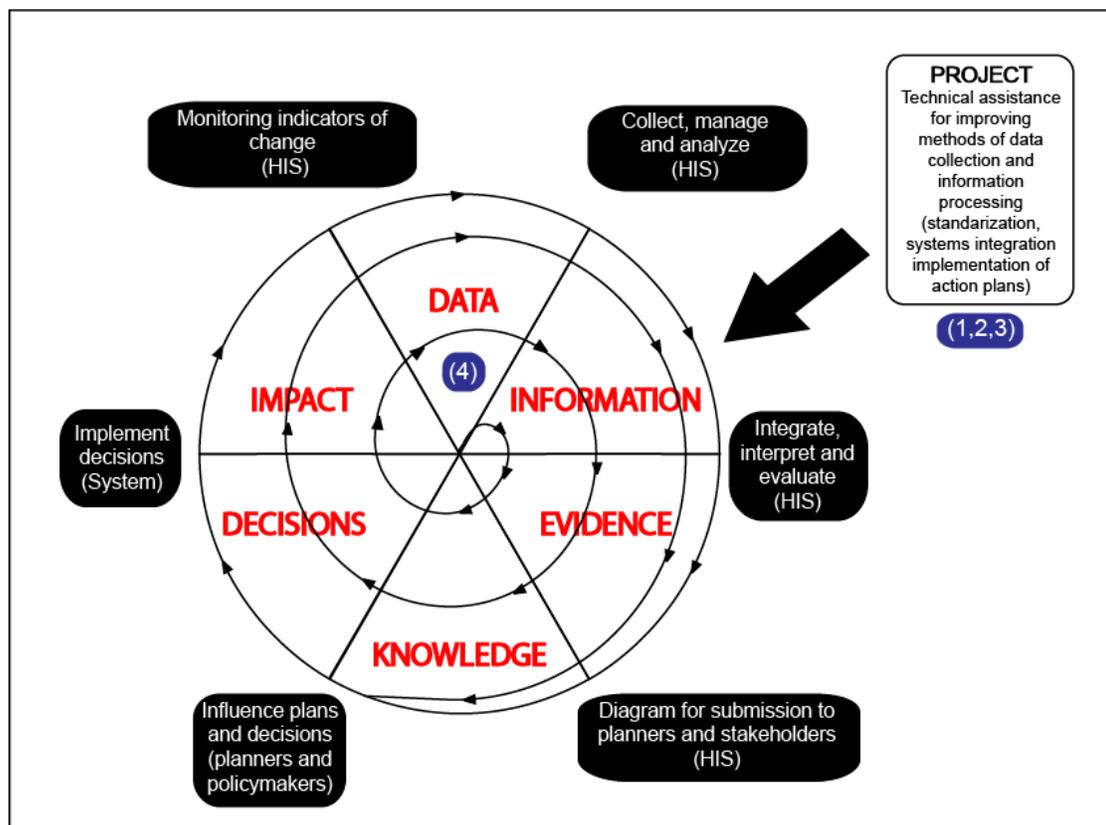
<sup>18</sup> Improve data collection methods. (Act. 3.2)

health sector information to avoid duplication of registration while improving the quality, efficiency and consistency of collected data and information produced<sup>19</sup>.

- (4) Promote and strengthen the generation of reliable evidence to monitor and evaluate the quality of health services and programs<sup>20</sup>, to allow decision-makers at different levels to appropriately implement corrective actions<sup>21</sup> aimed at guaranteeing universal health insurance and other prioritized health goals.

The logic of such activities can be shown through the adaptation of a World Health Organization (WHO) model<sup>22</sup>, as shown below:

**Figure 11: Transforming data into evidence to strengthen decision making.**



<sup>19</sup> Streamline and improve the HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently. (Act. 3.4)

<sup>20</sup> Monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region. (Act. 3.3)

<sup>21</sup> 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. (Act. 3.1)

<sup>22</sup> "Framework and Standards for Country Health Information Systems" Second Edition, World Health Organization.

The project provided technical assistance for the implementation of initiatives and improvement plans for health information systems depending on the demand and availability of resources. Accordingly, direct cooperation agreements were signed to commence implementation of GalenHos in hospitals in Piura, Ica and Lima.

In response to a request from the Ministry of Health (MoH), the project prepared a proposal entitled "Plan for Expansion of GalenHos in Ministry of Health Facilities". The MoH then commissioned Public Health Insurance (Seguro Integral de Salud - SIS) to lead execution of the implementation process in hospitals and first-level-of-care health facilities.

During February 2013, the General Office of Information Technology (Oficina General de Tecnología de Información - OGTI) within SIS, in conjunction with the project, presented the GalenHos expansion proposal. The presentation, which took place at the MoH auditorium, was attended by 89 representatives from 25 Lima-area hospitals, with ten additional regional offices that attended by teleconference. The presentation concluded with 38 hospitals from Lima and the provinces including themselves in a list of interested parties<sup>23</sup>.

In late July 2013, the SIS received a funds transfer of 26,296,721 soles<sup>24</sup> to execute the implementation process for nationwide GalenHos expansion. Of this amount, 21,749,062 soles should be used to purchase computer equipment for first-level-of-care health facilities.

The project has found SIS to be not only a co-funder but also a remarkable partner. In September 2013, SIS invested in infrastructure and ad-hoc resources to support the creation of GalenHos training team, including hiring the team members and financing a group of analysts-programmers that will support the maintenance and new developments of GalenHos.

The project also received a request from the Health Directorate of the National Police of Peru (Dirección de Sanidad de la Policía Nacional del Perú – DIRSAN PNP) who were searching for an information system for their hospitals and health facilities. The project held coordination meetings with the PNP, and on August 21, 2013, the project and SIS jointly briefed the PNP on the details of the expansion project and the characteristics of the GalenHos system. The general director of DIRSAN PNP, the director of Health Services Operations of DIRSAN PNP, and approximately 200 attendees from Augusto B. Leguía PNP Hospital, San Jose Geriatric PNP Hospital and other PNP polyclinics and health facilities from Lima and Callao were in attendance. After the meeting, the general director ordered the creation of a commission of PNP personnel to be trained in the information system and to evaluate the requirements of adaptation for PNP health facilities. Currently, the SIS is utilizing the training process for MoH GalenHos expansion to train this commission. Based on this coordination, SIS-GalenPlus may prove to be the standard information system for more than one government sector.

---

<sup>23</sup> The regions involved include Ayacucho, Cajamarca, Cusco, La Libertad, Pasco, Piura and Tumbes.

<sup>24</sup> DS N° 181-2013-EF Authorizes transfer within the Public Sector Budget for Fiscal Year 2013 from the Ministry of Development and Social Inclusion (Ministerio de Desarrollo e Inclusión Social - MIDIS) in favor of the specifications of the MoH and Public Health Insurance to finance actions aimed at reducing child malnutrition.



Classroom for GalenHos training, implemented by the SIS (September 2013).

Complementarily, the project is providing technical assistance to both the San Martin RHD and RG for the purchase of computer equipment with funding provided by USAID.

This assistance also included the development of a risk mitigation plan and a plan for sustainability as well as the development of technical specifications and terms of reference.

It is important to note that during September, top authorities from San Martin RG made a decision regarding the purchase of computer equipment. This decision involved the use of OSCE institutional arrangements as much as possible. Currently, the project is providing technical assistance on how to make an extensive use of this purchasing channel.

It should be noted that the project also coordinated with SIS to ensure that funding is available for purchasing computer equipment for the first level of care facilities. This funding may also be available for the SAM-RHD to complement funding provided by a USAID grant<sup>25</sup>.

**Aside from technical assistance to support implementation of regional action plans to improve information systems, the project also provided technical support for the standardization of data processes.**

The project met with key actors, including Health National Intendence (SUNASA), Information Sub Committee of the National Health Council (CNIS-CNS), SIS, Statistics and Informatics Office, (OGEI), Health Intangible Fund (FISSAL), and MoH, to promote the use of data standards and system integration.

Standard identifications of health data are defined in Supreme Decree 024-2005-SA and Administrative Directive No. 183-MINSA/OGEI V.01 RM-576-2011-SA in *Specifications for Standardization of Records in the Electronic Medical Record*. These normative documents provide 11

---

<sup>25</sup> Plan Diresas fund distribution, see [Annex 9](#).

specific data standards, including medical procedures (CPT); pharmaceutical products (ATC); user of health (DNI and variants); health facilities and services; production services unit; episode of health care; health personnel; health funder; interoperability (HL7); imaging interchange (DICOM); and electronic data interchange (XML). Although standards are formally created, they have not been monitored and implemented by the health sector. Given this situation, the project supported increased coordination through the aforementioned meetings and is also working on developing equivalency tables for disparate medical procedure catalogs.

Additionally, the project coordinated the preparation of a proposal by the Catholic University of Peru (Pontificia Universidad Católica del Perú - PUCP) to develop an imaging management module<sup>26</sup> through the use of interoperability standards, including HL7 and DICOM. The project is still seeking a funding institution for this proposal.

**Regarding the improvement of data collection methods**, the project is providing technical assistance in several ways:

1. Reviewing and improving the current version of GalenHos software: Progress has been made in developing components and modules for SIS, HIS, maternal health, on line patient scheduling and data export routines. The project signed agreements with several hospitals and, as a counterpart, these institutions will develop new modules and improvements for pre-existing modules.
2. The project provided technical assistance to the San Martin RHD to improve their methods of collecting and processing current information: The project provided training in handling SQL cubes and processing information for IT staff from ten networks. The project also participated in an assessment workshop on restrictions-validations for the HIS-OGEI format and provided technical recommendations to improve the current reporting process.
3. The project provided direct technical assistance for the implementation of the GalenHos system at health facilities in both the San Martín and Ayacucho regions<sup>27</sup>.

The project conducted a qualitative study to learn from the GalenHos implementation process<sup>28</sup>, which took place over quarter one of FY 2013. The study revealed the following interesting results:

- a. Technical assistance and a commitment to lead the implementation process are the most important factors in facilitating implementation.
- b. The main factors that hinder the implementation processes include lack of executive commitment; an organizationally conservative culture looking to preserve the status-quo; and inadequate capabilities of human resources in improving treatment and processing of information.

---

<sup>26</sup> A module of this nature would be helpful for the sector, the proposal would allow the interoperability of GalenHos with a PACS / RISC open source software.

<sup>27</sup> There are 47 health facilities in San Martin and 39 health facilities in Ayacucho with different levels of progress.

<sup>28</sup> Technical Report Galenhos VP, [Annex 10](#).

- c. Critical factors in the success of the implementation process include executive commitment, conducive organizational culture, adequate human resource abilities, and the commitment of a leader in planning the implementation process.

In August 2013, the project agreed that the name “GalenHos” should be changed to something that would be better understood as part of the process required by the MoH and MIDIS. The MoH and MIDIS called the application “Integrated System for Health Facility Management” (Sistema Integrado de Gestión del Establecimiento de Salud - SIGES)<sup>29</sup>; SIGES is understood to be a health informatics suite consisting of three components: GalenMart, which is a business intelligence component; GalenHos, which is a traditional component for hospital clinical management; and GalenCen, which is a component of integrated clinical management for first-level-of-care health facilities. Together, these will be called **SIS-Galen Plus**<sup>30</sup>.

Currently, SIS-provided developers are being trained by the project and are expected to support the project in developing software from October-December 2013 to strengthen modules including SIS, HIS, longitudinal tracking (datamart and mobile application) and human resources.

Advances in other activities, including software development and monitoring of deployments, are recorded in the annex that details work plan monitoring.

**The project developed activities to promote the use of information for decision making, to reinforce the link between information production and using information for decision-making,**

As part of this initiative, the project provided technical advice to the National Committee of Sector Information (Comité Nacional de Información Sectorial - CNIS) within the National Health Council (Consejo Nacional de Salud - CNS) in the development of the *Statistical Yearbook of Health Information (2011-2012)* and a proposal for health reform linked to sector information<sup>31</sup>.

Related to the production of information by GalenHos, a database of information already exists in several regions. More specifically, the Ayacucho Regional Hospital has been collecting information for three years and nine months; the Cajamarca Regional Hospital has been collecting for one year and six months; the José Alfredo Mendoza Olavarría (JAMO) hospital in Tumbes has been collecting for a year and two months; and the Belen Hospital in Trujillo has been collecting information for eight years and two months. Information has been exported from GalenHos to the HIS-OGEI application since July 2013<sup>32</sup>.

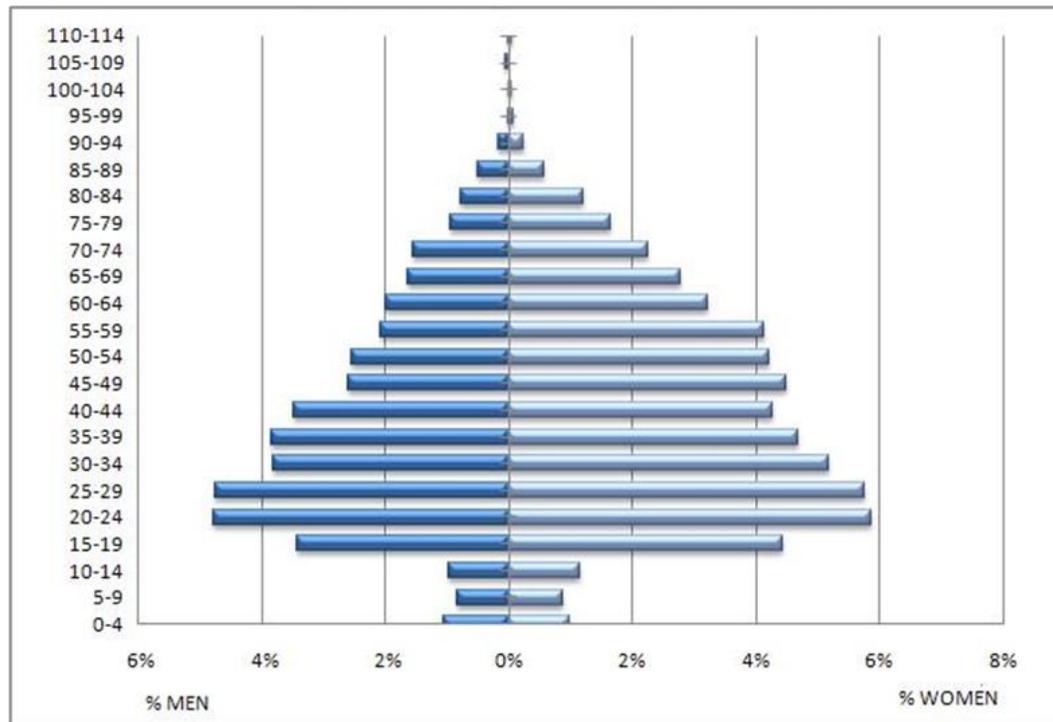
---

<sup>29</sup> As part of the transfer agreement between MIDIS, MoH and SIS, it was named applicative SIGES (generic name for the application of MoH within the NUTRIWAWA project for chronic child malnutrition).

<sup>30</sup> Currently pending registration of the name in the National Institute for the Defense of Competition and Intellectual Property Protection (Instituto Nacional de Defensa de la Competencia y de Protección de la Propiedad Intelectual – INDECOPI).

<sup>31</sup> According to the WHO’s “Framework and Standards for Country Health Information Systems”, existing legal and technical tools from the General Office of Statistics and Information (Oficina General de Estadística e Informática - OGEI) within MoH, other national technical normative documents, and information for e-government.

<sup>32</sup> Cajamarca Regional Hospital (July 2013) and Tumbes JAMO Hospital (August 2013).

**Figure 12: Population pyramid – Outpatient medicine Ayacucho regional hospital.**

Example of data processed from Ayacucho Regional Hospital.

The project provided technical assistance to the San Martín RHD in producing and analyzing information based on available data from ARF-SIS and HIS-OGEI systems. This assistance was aimed at improving the efficiency of health planning and financing processes related to guarantees within the Essential Plan for Health Insurance (Plan Esencial de Aseguramiento en Salud - PEAS).

## 1.5 Health Workforce

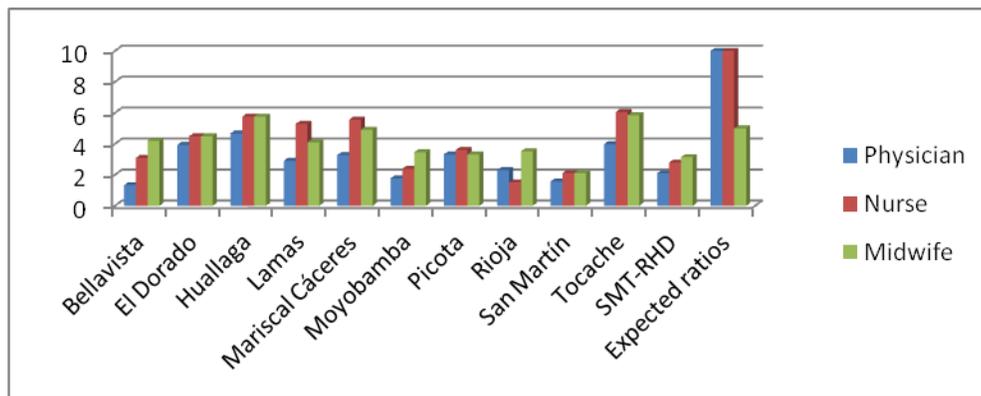
### 1.5.1 Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.

The outputs of this result are:

- Four reform proposals in health human resources (HHR). The HP project was a member of the national HR committee within the National Council of Health (CNS), which is responsible for designing a health reform proposal.
- HR information system proposal, that is complementary to current personnel information systems. The HP project is a member of the HR committee created under the Intergovernmental Committee on Health (CIGS) and worked with the MoH in the design and validation of this proposal.

- Human Resources Management System (HRMS) rapid assessment tools and methodology designed with the MoH as part of the TA to CIGS’ HR committee. This proposal will be presented at a CIGS meeting to be applied nationwide. This proposal is based on HP project methodology, which was validated in Cajamarca and San Martin.
- A national guideline designed, validated and currently being approved by the MoH to estimate HHR needs for the first-level-of-care. This guideline incorporated tools and methodologies that were validated and applied by the HP project in Ucayali, Ayacucho and San Martin.
- SMT-RHD technical report on HHR requirements and gaps by micro-network. The following figures and tables display estimates of the HHR requirements based on application of the methodology.

**Figure 13: San Martin: Health workforce to population ratio by network (health workers for every 10,000 inhabitants).**



SOURCE: SMT-RHD technical report on HHR needs.

This figure shows a substantial gap between expected and obtained ratios. There is a greater gap for doctors and nurses than midwives.

After applying the methodology at the health facility level, data is aggregated by micro-network and then by network. In the following table, the aggregation by network is presented; decisions related to HHR allocation must be made based on micro-network calculations, however. The SMT technical report contains information for each micro-network.

**Table 11: San Martín: Human resources requirements by health profession and by network, 2012.**

Network	PHYSICIAN							NURSE					MIDWIFE								
	Requi- re- ment	Staffin g 2012	Gap 2012	Proposal to cover the gap			Gap 2015	Requi- re- ment	Staffin g 2012	Gap 2012	Proposal to cover the gap			Requi- re- ment	Staffin g 2012	Gap 2012	Proposal to cover the gap			Gap 2015	
				2013	2014	2015					2013	2014	2015				2013	2014	2015		
<b>Bellavista</b>	31	6	-25	5	7	3	-10	52	14	-38	9	9	11	-9	25	19	-6	2	2	2	0
<b>El Dorado</b>	24	14	-10	2	3	2	-3	35	16	-19	5	7	5	-2	19	16	-3	1	1	1	0
<b>Huallaga</b>	24	13	-11	4	3	4	0	29	16	-13	3	3	6	-1	13	16	3	-3	0	0	0
<b>Lamas</b>	39	17	-22	7	8	7	0	57	31	-26	8	8	8	-2	28	24	-4	1	2	1	0
<b>Mariscal Caceres</b>	22	10	-12	6	4	2	0	35	17	-18	7	5	6	0	18	15	-3	1	1	1	0
<b>Moyobamba</b>	86	20	-66	12	20	21	-13	104	27	-77	12	19	21	-25	54	39	-15	4	6	5	0
<b>Picota</b>	29	12	-17	4	4	5	-4	38	13	-25	3	9	6	-7	17	12	-5	0	3	2	0
<b>Rioja</b>	60	23	-37	9	13	9	-6	77	15	-62	10	15	15	-22	48	35	-13	4	6	3	0
<b>San Martín</b>	66	23	-43	12	13	10	-8	77	31	-46	13	12	10	-11	50	31	-19	7	7	5	0
<b>Tocache</b>	38	19	-19	4	7	6	-2	46	29	-17	3	6	5	-3	26	28	2	-2	0	0	0
<b>SMT-RHD</b>	<b>419</b>	<b>157</b>	<b>-262</b>	<b>65</b>	<b>82</b>	<b>69</b>	<b>-46</b>	<b>550</b>	<b>209</b>	<b>-341</b>	<b>73</b>	<b>93</b>	<b>93</b>	<b>-82</b>	<b>298</b>	<b>235</b>	<b>-63</b>	<b>15</b>	<b>28</b>	<b>20</b>	<b>0</b>

SOURCE: SMT-RHD technical report on HHR needs.

- Based on SERVIR HRMS and processes defined by the MoH, the HP project supported the Ayacucho RHD in the development of the following outputs:
  - The design of competencies profiles for HRM.
  - The design of job profiles for HRM directorate positions.
  - The design of a proposal for a new organizational structure within the HRM office.

These products were presented to SERVIR, and SERVIR, in a sign of approval, displayed this work on its webpage. Unfortunately, high turnover of regional health authorities has halted the approval process.

- In SMT-RHD, the HP project supported the development of the following processes:
  - The definition of transversal managerial competencies for all network managers. These competencies will be included in the performance evaluation process.
  - The definition of specific managerial competencies for each management post at the network level, using “the SMT management competencies dictionary”.
  - 87 job profiles designed for RHD organizational units and its decentralized bodies.
- In Cajamarca RHD, 36 health professionals were trained in HRM as part of the “Program on Health Management and Governance” (PREG) under the Program for Health Reform Support (Programa de Apoyo a la Reforma del Sector Salud – PARSALUD II). As part of the training program, participants prepared a HRM report to assess the level of HRMS implementation and the improvement plans to tackle HRM constraints<sup>33</sup>.
- 75 health professionals trained in HRM through SERVIR’s first training program within the National School of Public Administration. Distribution by profession and region are shown in the following tables.

**Table 12: Trained public managers by occupation, Lima 2013.**

Profession / Occupation	N	(%)
Physician	65	(86.7%)
Nurse	4	(5.3%)
Obstetrician	2	(2.7%)
Nutritionist	1	(1.3%)
Dentist	1	(1.3%)
Medical Technician	1	(1.3%)
<b>Total</b>	<b>75</b>	<b>100%</b>

SOURCE: SERVIR.

<sup>33</sup> See one of the Cajamarca HRM reports in [Annex 11](#).

**Table 13: Trained public managers by institution, Lima 2013.**

Institution of Origin	n	(%)
RHD	32	(43%)
EsSalud	29	(39%)
MoH	10	(13%)
Peruvian Navy	2	(3%)
INPE TRUJILLO	1	(1%)
Municipality of Lima	1	(1%)
<b>Total</b>	<b>75</b>	<b>100%</b>

SOURCE: SERVIR.

**Table 14: Trained public managers by region, Lima 2013.**

Region / Department	n	(%)
Lima	31	41%
La Libertad	4	5%
San Martin	4	5%
Ancash	3	4%
Apurimac	3	4%
Cusco	3	4%
Junin	3	4%
Lambayeque	3	4%
Puno	3	4%
Tacna	3	4%
Cajamarca	2	3%
Loreto	2	3%
Tumbes	2	3%
Ucayali	2	3%
Arequipa	1	1%
Ayacucho	1	1%
Callao	1	1%
Ica	1	1%
Moquegua	1	1%
Piura	1	1%
Madre de Dios	1	1%
<b>Total</b>	<b>75</b>	<b>100%</b>

SOURCE: SERVIR.

- A HRM training program<sup>34</sup> which has been designed, validated and included in SERVIR and PARSALUD courses.
- In SMT-RHD, a proposal related to the recruitment and selection process based on job profiles. This proposal was designed and then validated in one network. The flowchart showing procedures to follow when hiring staff was approved by the SMT-RHD general director.
- SMT-RHD approved a salary scale by executive resolution<sup>3</sup> to hire staff for the first- level-of-care. The HP project provided TA in the definition of methodology and, criteria as well as the use of a spreadsheet to facilitate calculations.

### **Ensure Competency of Workers in the Health Sector**

- The Ayacucho RHD and the SMT-RHD have defined specific competencies for health workers at the first level-of-care.
- The SMT-RHD has defined three general competencies to be included in job profiles at all levels. These competencies were identified from a list of general competencies defined by the MoH.
- The SMT-RHD validated a proposal for methodology and tools to assess network managers' performance, based on general and specific competencies as well as individual goals, as defined in the new civil service law.

## **1.6 Medical Products, Vaccines and Technologies**

### **1.6.1 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 standards**

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.

---

<sup>34</sup> See the training program in [Annex 12](#).

## Section 2: Results reporting table

### Monitoring and evaluation indicators

This section presents M&E indicators for the project, and specified by component.

**Health Program Area Indicators and Targets**

Health Program Area Indicators and Targets	Indicator name	Target FY2010	Results 2010	Target FY2011	Results 2011	Target FY2012	Results 2012	Target FY2013	Results 2013	Target FY2014
<b>MCH</b>	Number of institutions with improved management of maternal and child health programs or services	--	59	100	101	65	65	58	58	65
<b>FP/RH</b>	Number of institutions with improved management of family planning/reproductive health programs or services	50	52	25	25	16	16	14	16	9

**Health Governance**

HP project indicator	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)	USAID Indicators	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)
Number of DIRESAs using tools and methodologies to improve decentralized management of priority health programs	1 DIRES (San Martin)	2 DIRES (San Martin-Cusco <sup>35</sup> )	1 DIRES (San Martin)	Number of institutions with improved management of maternal and child health programs or services (**)	1 institution	1 institution	1 institution
Number of local governments coordinating with regional authorities the management of health programs	3 local governments (San Martin)	3 local governments (San Martin)	10 local governments (San Martin)	Number of institutions with improved management of maternal and child health programs or services (**)	3 institutions	3 institutions	10 institutions
Number of health facilities have been assessed using a checklist to certified to report service provision based in longitudinal analysis	33 health facilities	31 health facilities <sup>36</sup>	33 health facilities	Number of institutions with improved management of maternal and child health programs or services (**)	33 institutions	31 institutions	33 institutions

<sup>35</sup> Tools and methodologies was transfer to MIDIS, and MIDIS has worked direct with the region, Technical meeting August 22, 2012.

<sup>36</sup> Document “Evaluación intermedia de la calificación de establecimientos cabeceras de micro-red” September, 2013

**Health Financing**

HP project indicator	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)	USAID Indicators	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)
Number of national institutions strengthened in health financing	1 (MoH-SIS)	1 (MoH-SIS)	1 (MoH-SIS)	Number of institutions with improved management of family planning/reproductive health programs or services (**)	1 institution	1 institution	1 institution
Number of DIRESA implementing the recommendations to improve budgeting process	1 RHD ( SMT)	1 RHD ( SMT) <sup>37</sup>	1 RHD ( SMT)	Number of institutions with improved management of family planning/reproductive health programs or services (**)	1 institutions	1 institutions	1 institutions
Number of DIRESA allocating investment resources to health priorities	2 RHD (Ayacucho and SMT)	2 RHD (Ayacucho <sup>38</sup> and SMT)	2 RHD (Ayacucho and SMT)	Number of institutions with improved management of family planning/reproductive health programs or services (**)	2 institution	2 institution	2 institution

<sup>37</sup> Operational Plan with global cost to 10 networks and 50 micro-networks.

<sup>38</sup> With Multiannual Investment Plan (MIP) done.

## Health Information

POLSALUD Indicator	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014	USAID Indicators	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014
Number of health facilities that use system information to improve the management of services	20 health facilities	20 health facilities <i>(10 in Ayacucho, and 10 in San Martín)<sup>39</sup></i>	20 health facilities	Number of institutions with improved management of maternal and child health programs or services (**)	20 institutions	20 institutions	20 institutions
Number of RHD to promote the use of information system in health providers	1 RHD	2 RHD <i>(1 San Martín and 1 in Ayacucho<sup>40</sup>)</i>	1 RHD	Number of institutions with improved management of maternal and child health programs or services (**)	1 institutions	1 institutions	1 institutions

<sup>39</sup> AYACUCHO: Hospitals in: (1) Huamanga-Regional, (2) Huanta, (3) Jesús de Nazareno, (4) Puquio, (5) Cora Cora, (6) San Francisco, (7) Cangallo. Health centres in: (8) San Juan Bautista, (9) Licenciados, (10) Huancasancos. SAN MARTIN: Health centres in: (1) Lluyllucucha, (2) Jepelacio, (3) Soritor, (4) Juanjui, (5) Tocache, (6) Progreso, (7) Uchiza, (8) Polvora, (9) Rioja and (10) Naranjos.

<sup>40</sup> AYACUCHO: Purchase and distribution of the IT equipment to 8 provincial hospitals (8 servers, 56 work stations and additional equipment).

**Health Workforce**

HP project indicator	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)	USAID Indicators	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)
Number of networks with the estimation of HHR requirements and gaps for the first level of care and their respective plan to gradually cover the gap.	9 networks (SMT)	10 networks (SMT)	-	Number of institutions with improved management of family planning/reproductive health programs or services	10 institutions	10 institutions	-
Number of RHD with a salary scale for the first level of care approved and in implementation.	1 RHD (Ayacucho)	2 RHD (Ayacucho and SMT)	-	Number of institutions with improved management of family planning/reproductive health programs or services	2 institution	2 institutions	-
Number of institutions with an assessment of the level of HRMS implementation and the definition of improvement plans	-	-	1 RHD (SMT)  10 executive units	Number of institutions with improved management of family planning/reproductive health programs or services	-	-	1 institution
Number of institutions with job profiles approved	-	-	4 institutions (RHD-SMT, HN, OOS, HMN)	Number of institutions with improved management of family planning/reproductive health programs or services	-	-	4 institutions

HP project indicator	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)	USAID Indicators	Target 2013 (Oct 2012 - Set 2013)	Result 2013 (Oct 2012 – Set 2013)	Target 2014 (Oct 2013 – Set 2014)
Number of institutions with performance evaluation operational manual			1 RHD (SMT)	Number of institutions with improved management of family planning / reproductive health programs or services			10 institutions

## Work plan executed

This section presents the work plan that was considered for execution for FY 2013. As such, this work plan constitutes a technical bridge between statement of work of Task Order N° GHS-I-10-07-00003-00 signed on January 2010 and the statement of work of the modification N° 05 to this Task Order. Below are presented progress made in the executed activities and sub-activities for achieving the outcomes and results described in the task order and its modification. At the level of activities, execution rate is 100% for planned activities. At the level of sub-activities, the rate of execution is 94.4% for Q1, 92.8% for Q2, 93.1% for Q3 and 89.2% for Q4. The overall rate of execution of sub-activities is 92.3%. At the level of tasks, the rate of execution is 70.2% for Q1, 78.7% for Q2, 75.9% for Q3, and 67.5% for Q4. The overall rate of execution of tasks is 72.9%, as shown below:

**Table 16. Execution of the work plan for HP project. FY 2013.**

Component	QR 1		QR 2		QR 3		QR 4		Overall	
	Sub activities	Tasks	Sub activities	Tasks	Sub activities	Tasks	Sub activities	Tasks	Sub activities	Tasks
Health governance	85.7%	60.7%	100.0%	80.9%	87.5%	67.9%	87.5%	62.7%	90.0%	68.3%
Health financing	100.0%	69.4%	85.7%	85.7%	85.7%	90.9%	71.4%	67.7%	84.0%	76.6%
Health information	100.0%	93.3%	100.0%	84.0%	100.0%	83.0%	100.0%	81.3%	96.4%	83.7%
Health human resources	100.0%	100.0%	88.8%	64.8%	100.0%	68.7%	100.0%	56.6%	92.3%	66.0%
Overall	94.4%	70.2%	92.8%	78.7%	93.1%	75.9%	89.2%	67.5%	92.3%	72.9%

Below is presented the work plan fully detailed at the sub-activity and tasks level for FY 2013.

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
<b>1. Health Sector Governance</b>				
<b>Activity 1.1. Strengthen and expand decentralization of the Health Sector</b>				
<b>Sub-activity 1.1.1 Support the MoH and regions in adapting to their new roles under a decentralized health sector</b>				
<b>Design of managerial reference documents (ROF, MOF, CAP) for San Martin RHD</b>				
TA for the preparation of key reference managerial documents for San Martin RHD			INI	COM
<b>Implementation of Health Network and Micro-network reorganization</b>				
Analysis of current organization of Moyobamba Network	POS	INT	INT	COM
Analysis of current organization of Soritor, Japelacio and Lluylucucha micro-networks	POS	INI	INT	ADV
Preparation of a proposal of the implementation plan for Moyobamba network reorganization	POS	INT	INT	ADV

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Preparation of proposal of the implementation plan for micro-networks organization: Soritor, Jepelacio and Lluyllucucha	POS	INI		ADV
TA for the implementation of Moyobamba network reorganization	POS	INT	ADV	ADV
TA for the implementation of Soritor, Jepelacio and Lluyllucucha micro-networks reorganization	INI	INI	ADV	ADV
Monitoring of the implementation of the reorganization of Moyobamba network and Jepelacio, Soritor and Lluyllucucha micro-networks	INI	INI	ADV	ADV
TA for executing implementation workshops on network organization in additional networks			ADV	ADV
TA for executing implementation workshops on micro-network organization in sentinel micro-networks			ADV	ADV
Design of the systematization methodology to be applied in SMT (e.g. micro-networks organization process)				
Systematization of the micro-network organization implementation process				INI
<b>Assessment of the RHD reorganization process</b>				
Technical report on the assessment of RHDs reorganization	ADV	COM		
<b>Design of managerial reference documents (ROF, CAP) for Moyobamba Hospital</b>				
TA for the identification and nomination of the technical team in charge of the organizational design				
TA for the definition of the Moyobamba Hospital mision, vision, general objectives, specific objectives, and general functions of the hospital				
Preparation of the proposal of ROF and CAP				
<b>Design and implementation of the referral and counter-referral system (SRCR) for the first level of care</b>				
Analysis of the SRCR plan for San Martin RHD		INI	POS	POS
Update of the SRCR plan for San Martin RHD		INI	POS	POS
TA for the implementation of the SRCR plan for San Martin RHD		INI	POS	POS
Expansion of the SRCR alongside San Martin HRD		INI	POS	POS
Monitoring and assessment of the implementation of the SRCR plan for San Martin RHD		INI	POS	POS
Systematization of the implementation process for SRCR				
<b>Design and implementation of the extramural strategy for strengthening health prevention and promotion</b>				
Definition of the extramural strategy for providing health promotion and prevention care	POS	INI	POS	POS

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
TA for the implementation plan of the extramural strategy for health promotion and prevention care provision			POS	POS
TA for the implementation of the extramural strategy for providing health promotion and prevention care in pilot micro-networks			POS	POS
TA for the expansion of the extramural strategy for providing health promotion and prevention in San Martin RHD			POS	POS
<b>Sub-activity 1.1.2 Develop a regulatory framework for the MoH's new stewardship role</b>				
Application of a PROCAP based assessment tool on a selected UBAP from Lima (Jesus Maria)	ADV	COM		
Report on assessment of UBAP (EsSalud) using the PROCAP tool	INT	ADV	ADV	ADV
Adaptation of PROCAP as assessment tool for public health network performance		INI	CAN	
Validation of the adaptation of PROCAP tool for public health network assessment		INI	CAN	
<b>Sub-activity 1.1.3 Improve capacity of regional and local authorities to effectively and efficiently manage their health systems and programs</b>				
Coordination meetings with PCM, MoH, MIDIS, ANGR	COM			
Coursework on constraints theory for MIDIS and PCM	COM			
Report on the analysis of restrictions as related health functions transferred to regional governments	POS	COM		
Report on the recommendations to eliminate restrictions on the decentralized management of health priorities: the chronic child malnutrition case (DCI)	POS	POS	POS	POS
<b>Preparation of the report on the analysis of restrictions as related to the articulated management pilot, jointly prepared with MIDIS</b>				
Discussion with officials from GORESAM and SMT RHD on the findings of the constraints report	COM			
Preparation of report on changes needed on processes and organizational functioning for the implementation of a decentralized management approach on DCI			POS	POS
<b>Expansion of the TOC analysis as approach for facing a health priority - through ANGR</b>				
Preparation of methodological guideline for performing a restriction analysis linked to the management of a health priority				
<b>Sub-activity 1.1.4 Continue the decentralization process by extending responsibilities to even lower levels of the political structure</b>				
<b>Coordination with MIDIS, MoH, MEF for the design, development, execution, monitoring and assessment of PAIMNI</b>				
Technical meetings on the follow up to the MIDIS pilot implementation	COM			

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Technical meetings for the validation of the proposal for the follow up of the pilot	COM			
Technical meetings on the validation of the articulated management approach for the reduction of DCI	COM			
Technical meeting with MIDIS to assess the advance on the semester (programming, formulation and design of the implementation process)	COM			
<b>Design of tools required for PAIMNI</b>				
Design of the implementation process for testing affiliation and sectorization	ADV	ADV	COM	
Design of the module on the assessment of basic conditions (structure) for providing effective interventions against DCI				
Technical meeting for the revision of the module on assessment of basic conditions for providing effective interventions against DCI				
Preparation of proposal for the managerial training component of the DCI investment project in San Martin	CAN			
Adjustment to the proposal for the managerial training component of the DCI investment project in San Martin	CAN			
<b>Execution of the PAIMNI in sentinel zones of San Martin RHD</b>				
Preparation of training material for the clinical component of the effective interventions on DCI	POS	COM		
Update the organizational structure of San Martin RHD in the operations manual	POS	POS	ADV	ADV
TA to the RHD for the implementation of the operations manual	POS	POS	ADV	ADV
Clinical training in effective interventions on DCI	POS	COM		
TA for the formalization of affiliation and sectorization responsibilities to health managers in Soritor, Jepelacio and Lluyllucucha	POS	ADV	ADV	COM
TA to the RHD for the organization of health services (SRCR, indoors and extramural health care)	POS	INI	INI	INI
Technical meetings for updating the longitudinal follow-up trial plan	COM			
Update trial plan for the longitudinal follow up	ADV	INI	INT	COM
Technical meetings on the implementation of the sectorization at the health micro-networks level (Soritor and Jepelacio)	COM			
Technical meetings for the definition of procedures within the sectorization and affiliation processes	COM			
Technical meetings for implementing the affiliation process at the micro-network level (Soritor and Jepelacio)	COM			
Integration of personal data from PAIMNI's focus population from sentinel micro-networks within a database	INT	ADV	ADV	COM
Technical meeting for defining roles and responsibilities on the management of the pregnant and children lists	ADV	COM		

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Workshop for the presentation of longitudinal follow-up results and scaling-up strategy	INI	ADV	ADV	ADV
Validation meetings for the longitudinal follow-up proposal (including MIDIS participation)	INI	INI	COM	
<b>Design of the articulated management experience (local governments)</b>				
Design of the pilot implementation of the articulated management pilot on DCI reduction	ADV	COM		
Critical processes analysis related to the articulated management pilot	POS	COM		
Preliminary design of the pilot: health component	POS	COM		
Final design of the articulated management and territorial pilot	POS	COM		
Preparation and revision of the 2013 work plan	INI	ADV	COM	
<b>Implementation of the longitudinal follow up in sentinel micro-networks</b>				
TA for the sectorization workshops execution in Lluylucucha micro-network	COM			
Preparation of technical report on longitudinal follow up	ADV	COM		
Presentation of the list of pregnant women and under 1 year children: Soritor, Jepelacio and Lluylucucha micro-networks	ADV	COM		
Data entry of longitudinal follow-up registers to GalenHos database	ADV	ADV	ADV	ADV
TA for the execution of the training workshop on longitudinal follow up to staff from Soritor, Jepelacio and Lluylucucha micro-networks		COM		
Preparation of material for coursework on longitudinal follow up for health providers	ADV	ADV	COM	
<b>Systematization of the longitudinal follow-up experience</b>				
Systematization of the longitudinal follow-up experience in sentinel micro-networks, including recommendations for scaling up		INI	ADV	ADV
Systematization of the longitudinal follow-up experience in prioritized districts		INI	ADV	ADV
<b>Scaling up of the longitudinal follow-up experience</b>				
Workplan elaboration for expansion process in 2013	POS	ADV	COM	
Preparation of coursework material to be used with first-level-of-care providers	ADV	ADV	COM	
TA for training of PAIMNI facilitators in prioritized networks, regarding sectorization		INI	COM	
Monitoring of the sectorization process within prioritized micro-networks		POS	ADV	ADV

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
TA in preparation for the registration of pregnant and <1 year population within prioritized micro-networks		POS	POS	ADV
Data input of registrations from focus population of PAIMNI within prioritized districts			POS	INI
TA for training of PAIMNI facilitators in prioritized districts, regarding longitudinal follow up			INI	INI
TA for the execution of the exchange workshop on longitudinal follow up by micro-network managers				
Monitoring of the longitudinal follow-up process within prioritized micro-networks	COM	POS	POS	INI
<b>Sub-activity 1.1.5 Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health</b>				
Technical meetings to define key indicators for the follow up of gender, culture, stigma and health discrimination issues			ADV	ADV
Implementation of prioritized indicators in GalenHos			ADV	ADV
<b>Sub-activity 1.1.6 Strengthen intergovernmental coordination mechanisms for health policy</b>				
<b>CIGS</b>				
TA to the health financing, information and human resources committees	COM	COM	COM	COM
TA to the human resources committee: salary scaling and human resources provision	COM	COM	COM	COM
<b>Sub-activity 1.1.7 Create mechanisms through which local authorities encourage and receive civil society input into the process of health care planning, budgeting, management, service provision and oversight</b>				
<b>Identification of regional health priorities</b>				
Regional workshop for the preparation of the list of priorities and health determinants		INI	COM	
Update of the guideline to be used in the participative prioritization workshop (Conclave)		INI	COM	
TA for the organization of the Conclave			COM	
TA for the communications media campaign			COM	
Regional conclave for identifying health priorities			COM	
TA for the revision of literature related to regional health priority interventions		INI	COM	
TA for the preparation of the "Participatory Health Plan 2013-2018"			INI	ADV

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
TA for the presentation of the Participatory Health Plan to the citizens				ADV
Workshop to integrate activities within the Participatory Health Plan with San Martin Operational Plan				ADV
<b>Qualitative assessment of primary care facility co-management initiatives with the community</b>				
Design of the methodology, and instruments for data retrieving				POS
Field information retrieval in San Martin and/or other selected RHD (to be determined)			INI	POS
Preparation of technical report on co-management initiatives with the community				POS
Technical meeting for presenting the final report on co-management initiatives to officials from MoH and RG				POS
<b>Civil society participation in the implementation of the longitudinal follow up</b>				
Recruitment of health community agents (ACS) and coordination with Juntas Vecinales (JV) from Lluyllucucha, Soritor and Jepelacio	POS	POS	POS	CAN
Preparation of training material for ACS and JV regarding longitudinal follow up	POS	POS	POS	CAN
TA for the execution of the coursework on longitudinal follow up for ACS and JV from Lluyllucucha, Jepelacio and Soritor micro-networks		POS	POS	POS
Training workshops for network facilitators from prioritized districts on "Longitudinal Follow up for ACS and JV"		POS	POS	POS
TA for the execution of a workshop on field experience exchange in longitudinal follow up in Lluyllucucha, Jepelacio and Soritor		POS	INI	CAN
Monitoring the execution of training activities on longitudinal follow up in prioritized micro-networks (for ACS and JV)		POS	POS	CAN
Visit to Huanuco to exchange experience related to the control of chronic child malnutrition				COM
TA in the preparation of implementation projects for CRED competency centers				POS
<b>Sub-activity 1.1.8 Coordinate health providers and user groups' response to reduce gaps in coverage in approved regions</b>				
<b>Activity 1.3. Develop and implement national and regional plans to monitor compliance with regulations and standards governing the health sector</b>				
<b>Sub-activity 1.3.1 Increase monitoring and enforcement of governing regulations and standards in the health sector by regional authorities</b>				
<b>Design and implementation of a monitoring routine on health facilities qualification at micro-network level</b>				
TA to RHD in monitoring the closing of basic operational conditions gaps	INI	ADV	ADV	ADV

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
Consolidation of the reports on monitoring qualification process activities		INI	INT	ADV
Presentation of the consolidated report for 2013				
<b>2. Health Financing and Insurance</b>				
<b>Activity 2.1. Improve health coverage of poor and vulnerable populations</b>				
<b>Sub-activity 2.1.1 Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services</b>				
<b>Central</b>				
Update the costing and financial estimations of PEAS health benefit plan		INT	INT	INT
TA to SIS for the alignment of the capitation payment mechanism with improvements in their information system	INI	INI	INT	POS
TA to SIS for the improvement of the capitation payment mechanism in AUS regions	INI	INI	INI	INI
<b>Sub-activity 2.1.2.Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package</b>				
<b>Central</b>				
Deliverable: Report on the process of health insurance, including activities undertaken and recommendations for future strategic actions to strengthen and expand the health insurance reform		POS	INI	INI
Deliverable: Report on and assessment of payment mechanism, financial flow, and investment management, including activities undertaken, and recommended actions for future policy to enhance efficiency and equity in resource allocation		POS	INI	INI
<b>Sub-activity 2.1.3 Design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises</b>				
Technical report on the monitoring of new health insurees through the enforcement of DL 1086				
Executive report on the prime estimation for the oncologic component of the MoH's Plan Esperanza		ADV	ADV	POS
<b>Sub-activity 2.1.4 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)</b>				
Informational meetings with key actors in the update of the burden of disease study (DGSP, CNS, SIS, OGE)		INI	POS	POS

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Technical document: Methodology to be used to update burden of disease estimations			POS	POS
<b>Activity 2.2. Ensure efficiency and equity in health resource allocation</b>				
<b>Sub-activity 2.2.1 Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities</b>				
<b>Central</b>				
Preparation of TA plan to MIDIS and pilot regions as related to budgeting for 2013 in PAN and SMN	COM			
TA to MIDIS for budgeting for 2013 in PAN and SMN in two pilot regions	COM			
General coordination of the joint technical committee MIDIS.MoF-MoH-HP	COM			
Definition of guidelines for activity programming in POI 2013, concerning PAN and SMN - two pilot regions	COM			
Definition of guidelines for budget formulation for 2013, concerning PAN and SMN - two pilot regions	ADV	COM		
Development of information cubes for the budget preparation for 2013, concerning PAN and SMN	COM			
Systematization of the programming of activities and budgeting formulation for PAN and SMN 2013 in one selected region			INI	INI
TA to the MoH/CNS in financial and economic issues related to the health reform initiative (e.g. participation in technical meetings, preparation of technical notes)			COM	COM
<b>San Martin</b>				
Follow up to the approval process for PIA 2013	INT	COM		
Assessment of 2013 required budget by UE and adjustment according to financial availability	COM			
Revision of the coverage estimates (baseline and targets) for effective interventions (Spectrum)	COM			
Workshop on the application of Spectrum	COM			
Definition of annual coverage targets according priority geographic areas	COM			
Workshops with RHD and UE to allocate coverage targets alongside health networks	ADV	COM		
Estimation of unit costs for selected PPR activities	POS	INI	INT	ADV
Workshops (RHD, HN, HMN, UE) for the preparation of the 2014 operational plan at the HN and HMN level	POS	INI	INT	ADV
Workshops (RHD, networks, micro-networks, and budget execution units) for the estimation of the 2014 budget at the network level	POS	INI	INT	ADV

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
Technical meetings with RG/RHD/UE to elaborate the 2014 required budget for each UE	POS	POS	INT	ADV
Technical meetings at health facilities within one micro-networks (Jepelacio)				
Participation in CIGS (current restrictions in the public budgeting rules)			COM	COM
Report on the identification and settlement of restrictions linked to public budgeting rules				
<b>Sub-activity 2.2.2 Assess the current system for financing health service provision under decentralization and universal health insurance</b>				
Workshops on continuous improvement of budget execution and preparation of 2013 budget for PAN and SMN - RHD and UE	COM			
Workshops with RHD and UE for improving budgetary execution and for preparing PAC 2014 for PAN and SMN	POS	INI	INT	ADV
Workshops with RHD and UE for improving budgetary execution and preparing PAC 2014 for non PAN-SMN programs			INT	ADV
Technical meetings to adjust the Directive on Budget Execution	POS	POS	INI	ADV
Participation in the MCLCP on the follow up of the PAN and SMN budget programs	COM	COM	COM	COM
<b>Sub-activity 2.2.3 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</b>				
<b>Central</b>				
Preparation of methodological proposal for the assessment of the execution of capitation agreements between SIS and 24 RHDs			POS	POS
Study visit to Huanuco to explore the experience of capitation payment within health providers with greater degrees of management autonomy (CLAS)				COM
Explore the potential use of UBAP study report for the definition of capitation payment agreements				ADV
TA to FISSAL for participating in the design of payment mechanisms with other cooperating agencies				POS
TA to MoH for updating the multiyear health investments plan (PMI) in its technical inputs (services list, operational units list, general services list, standards of use of services, production standards, criteria for the distribution of operational units, general services, services costs)	ADV	ADV	COM	
Technical document on the methodological basis for PMI		POS	ADV	POS
Technical document on the identification of restrictions for the management of health investments		POS	INI	CAN
Technical meetings with DGIEM to revise regulations on infrastructure and equipment for level I and II of care	COM			
Validation of proposal for updating regulations on infrastructure and equipment for level I and II of care	POS	COM		

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Technical meetings with DGIEM, OPI and DGSP to present updated proposal of regulation on infrastructure and equipment for level I and II of care	POS	COM		
Technical meetings with OGPP to identify regulations on investments (SNIP) to be updated	ADV	COM		
Workshops on the revision, update, and design of the health projects formulation rules.	POS	INI	COM	
Workshops for the revision, update and design of the rules for health investment projects assessment	POS	INI	COM	
PMI software development (including manuals)	ADV	ADV	COM	
Workshop for facilitators training on PMI preparation process	ADV	COM		
TA to MoH to prepare minimal contents of PIP profiles for strategic facilities (based on PMI)		COM		
TA to MoH to identify investment needs for strategic facilities in Tumbes, Tacna, Moquegua, Loreto, Junin, Cusco and Apurimac		COM		
TA to MoH to identify investment needs for strategic facilities in Piura, Labayaque, La Libertad, Ancash, Ica, Arequipa and Madre de Dios		COM		
Preparation of technical documentation used in the divulgation of the investment planning process for strategic facilities.			ADV	ADV
TA to MoH for the preparation of the 2013-2016 strengthening plan for strategic facilities, as related to basic technical requirements for health investment projects (748 facilities)		INI	COM	
TA to MoH for starting pre-investment studies (investment profiles) for 73 strategic facilities (hospitals) in 16 regions		INI	INT	INT
TA to MoH for executing PMI workshops at the network level (VRAEM, Amazonas)			INI	CAN
<b>Ayacucho</b>				
Workshops to prepare PMI according to networks (Ayacucho Center / North / South, and Huamanga)	ADV	COM		
Meetings with officials from RG (Investment Management, Social Development, Planning, General Management) for the formulation and approval of PMI	ADV	ADV	ADV	ADV
TA to RG for the formulation and approval of PMI at the regional level	ADV	ADV	ADV	POS
<b>San Martin</b>				
TA to RG to share results of PMI process at the local level	POS	COM		
TA to RG for the preparation of the investment profile to face Chronic Child Malnutrition (DCI)	ADV	ADV	ADV	ADV
<b>3. Health Information</b>				

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
<b>Activity 3.1. Strengthen the capacity to collect, analyze and use data in the health sector</b>				
<b>Sub-activity 3.1.1 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</b>				
<b>Design and execution of plan to gather and analyze health providers' information on health priorities</b>				
Development of the longitudinal follow up prototype	INI	INT	INT	INT
Development of a datamart for the strategic management of DCI alongside health facilities	INI	INT	INT	INT
Adaptation of datamart for the strategic management other health priorities (DGSP)	INI	INT	INT	
<b>Users Manual</b>				
Design of the tool for the follow up of effective health interventions (for DCI) in target populations	INI	INI	INT	INT
Preparation of guideline to be used at RHD, networks and micro-networks for implementing longitudinal follow-up	INI	COM		
<b>Sub-activity 3.1.2 Improve data collection methods</b>				
<b>Development of GalenHos modules and TA for longitudinal follow up</b>				
Development of maternal health module	INI	INI	INT	INT
Development of reporting module for operational management (MR) of DCI and maternal health	POS	INI	INT	INT
TA for monitoring the IT infrastructure strengthening process in prioritized health facilities from selected districts	ADV	COM	COM	COM
TA for monitoring the connectivity strengthening process in prioritized health facilities from selected districts		COM	COM	COM
<b>Development of other GalenHos modules and applications</b>				
Development of FISSAL module		POS	POS	POS
Development of scheduling module / web version	ADV	ADV	ADV	COM
Development of SRCR module		INI	INI	INI
Development of routines for data import and export (SUNASA, RENIEC)		POS	INI	INT
<b>Sub-activity 3.1.3 Monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region</b>				

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
<b>Development of modules for monitoring quality of care</b>				
Preparatory activities: Revision and analysis of PEAS indicators, update of CPT list			ADV	ADV
Design of reports for monitoring quality of care provided for selected conditions of PEAS				INI
Development of reports for monitoring quality of care provided for selected conditions of PEAS				POS
Design of training workplan on use of quality of care indicators for health facilities				POS
Training workshops to implementers of quality of care indicators for health facilities				
<b>Sub-activity 3.1.4 Streamline and improve HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently</b>				
<b>Development of modules as required by SIS, FISSAL</b>				
Update of GalenHos as required by SIS needs	ADV	ADV	ADV	ADV
Development of the data mesh for electronic regular disbursements for SIS patients	COM			
Development of data mesh to be used for the exchange of information from high cost conditions reimbursed by FISSAL	ADV	ADV	POS	POS
Update of GalenHos as required by FISSAL needs		POS	POS	POS
Design and development of health insurance reports required by RHD		INT	INT	INT
<b>Sub-activity 3.1.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS</b>				
<b>Development of key data consolidation routines</b>				
Development and validation of GalenHos HIS module	INT	ADV	ADV	ADV
Validation of GalenHos HIS module		INT	INT	INT
Development and validation of data exchange module (MR-Network-RHD)		POS	POS	POS
TA for the use of information generated as needed to make operational decisions		POS	POS	ADV
Development of reporting modules for the operational management of health facilities			INT	ADV
<b>Expansion of GalenHos implementation nationwide</b>				
Merchandising of GalenHos	INI	INT	INT	ADV

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
TA to MoH for the preparation of GalenHos expansion plan	ADV	COM		
TA to SIS for the execution of GalenHos expansion plan				COM
Demonstration of GalenHos for new facilities that consider its implementation		COM	COM	COM
Training to GalenHos trainers		COM	COM	COM
Training to GalenHos new developers in the standard of code generation			COM	COM
Monitoring of GalenHos implementation process - Ayacucho		COM	COM	COM
Monitoring of GalenHos implementation process – Cajamarca		COM	COM	COM
Monitoring of GalenHos implementation process – Cusco		COM	COM	COM
Monitoring of GalenHos implementation process – Huánuco		COM	COM	COM
Monitoring of GalenHos implementation process – Ica			COM	COM
Monitoring of GalenHos implementation process – La Libertad		COM	COM	COM
Monitoring of GalenHos implementation process – Lima Sur		COM	COM	COM
Monitoring of GalenHos implementation process – Pasco		COM	COM	COM
Monitoring of GalenHos implementation process – Piura		COM	COM	COM
Monitoring of GalenHos implementation process – Tumbes		COM	COM	COM
Monitoring of GalenHos implementation process – Lima hospitals (Casimiro Ulloa, Rezola, Honorio Delgado)			COM	COM
<b>Sub-activity 3.1.6 Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels</b>				
<b>Design and implementation of interoperability standards</b>				
Preparation of proposal for the implementation of health interoperability standards		INI	INT	ADV
Coordination with MoH offices (OGEI) for initiating the Peruvian chapter of the interoperability committee		INT	POS	POS
Development of GalenHos imaging module		POS	POS	POS
<b>Sub-activity 3.1.7 Ensure public availability of timely, accurate data</b>				

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
<b>4. Health Resource Planning for the First Level of Care</b>				
<b>Activity 4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce</b>				
<b>Sub-activity 4.1.1 Build consensus regarding health civil service reform</b>				
<b>Participation in technical meetings organized by MoH regarding the health career path</b>				
Technical meetings with MoH on the definition of a health career path	COM	COM	COM	
<b>Sub-activity 4.1.2 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</b>				
<b>Development and validation of the methodology for assessing human resources needs on the medium and long term (first level of care)</b>				
Meetings with MoH to advance a methodology for estimating HHRR needs for strategic facilities - I level of care	COM			
Technical meetings with MoH for defining a consensual bottom up strategy for the identification of human resource needs at the national level, at the first level of care (micro-network as minimal point of reference)		INI	COM	
Validation of methodology to calculate HHRR gaps at the micro-network level in Ayacucho RHD		COM		
Estimation of human resources requirements and existing gaps at the micro-network level and definition of distribution arrangements according to Ayacucho RHD needs		POS	COM	
Validation of methodology to calculate HHRR gaps at the micro-network level in San Martin RHD	COM			
Estimation of human resources requirements and existing gaps at the micro-network level and definition of distribution arrangements according to San Martin RHD needs	COM			COM
<b>Development of institutional plans for filling the human resources gap at the micro-network level</b>				
Technical meetings with SMT RHD for identifying strategies for filling existing RRHH gaps at the first level of care (task shifting, redistribution, etc.)		POS	POS	POS
Technical meetings with SMT RHD for preparing plans to fill the RRHH gaps at the network level		POS	POS	POS
<b>Development of a RRHH planning system</b>				
Design of a proposal of RRHH planning sub system as related to the Human Resources Regional System (including inputs, processes and outputs) – San Martin RHD		POS	POS	POS

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Technical meetings with SMT RHD for the revision, validation and adjustment of the original proposal			POS	POS
Design of operations manual for processes within the human resource planning sub-system (HHRR information system)				ADV
<b>Process systematization</b>				
Design of systematization on regional experiences for estimating HHRR gaps		POS		
Design of data retrieving tools in regions and MoH		POS		
Development and validation of interview scheme to be applied to key informants in Ayacucho and Ucayali			POS	
Preparation of preliminary systematization document				
<b>Sub-activity 4.1.3 Develop competency profiles for health managers at the regional and health network levels</b>				
<b>Definition of position profiles for the RRHH office and for selected managerial positions in networks and micro-networks</b>				
Approval of the competencies profile for the RRHH office at Ayacucho RHD		ADV	CAN	
Approval of the position profile for the RRHH office at Ayacucho RHD		ADV	CAN	
Design, validation and approval of position profile for managers at the network and micro-network level in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)			ADV	ADV
Design, validation and approval of position profiles at the Operations Units and related units in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)		ADV	ADV	ADV
Design, validation and approval of position profiles at the Operations Office, RRHH Development Office, and the Planning and Health Intelligence Offices from San Martin RHD, as related to the implementation of its ROF		ADV	ADV	ADV
Technical meetings with MoH for the joint revision of work advanced by SMT RHD regarding position profiles		INI	POS	POS
<b>Sub-activity 4.1.4 Develop, implement and monitor regional and local strategies for human resources recruitment and retention</b>				
<b>Definition of position profiles for the first level of care</b>				
Revision of the profiles for the basic health team (EBS) for the first level of care for Ayacucho RHD		ADV	COM	
Design and validation of non medical professional profiles required for the first level of care in Ayacucho RHD		ADV	COM	
Design, validation and approval of position profiles for EBS at the first level of care for San Martin RHD		INI	ADV	COM

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Technical meetings with MoH for the joint revision of work advanced in the definition of profiles for EBS at the first level of care		INI	INT	POS
<b>Deployment of the recruiting and selection processes aimed at the first level of care</b>				
Technical meetings with MoH for (a) joint revision of the methodology and instruments for recruiting and selecting of staff and (b) follow up of the regional experience as shown by San Martín		COM	POS	POS
Appraisal of national regulations and international experiences on profile based selection for health institutions		COM		
Assessment of the recruiting and selection steps within UE from SMT RHD		COM		
Technical meetings with regional and local RRHH teams for the design of the staff recruiting and selection methodology as well as its related instruments		INI	INT	COM
Technical meetings for the design of the regulation on the job profile-oriented recruiting and selection process			POS	ADV
TA for the implementation and monitoring on the regulation for recruiting and selection of the EBS				POS
<b>Sub-activity 4.1.5 Develop policies and tools for ensuring continued staffing of health services</b>				
<b>Institutionalization of the RRHH subsystems: recruiting, selection, performance assessment and compensation</b>				
Technical meetings with MoH for the revision and approval of the Technical Report on "Decentralized System for Health Workforce Management"		ADV	ADV	COM
Design of the methodology and instruments for the baseline assessment on human resources management at SMT RHD		INI	ADV	COM
Technical meetings for the baseline assessment on human resources management at SMT RHD		INI	ADV	COM
Preparation of baseline study on human resources management in SMT RHD				COM
M&E meetings on the implementation of HHRR processes within the HHRR management system in SMT				COM
<b>Sub-activity 4.1.6 Develop and implement workforce management policies with incentives and salary guidelines in collaboration with the civil service reform process</b>				
<b>Design and implementation of a salary scale for the first level of care</b>				
Meetings for defining positions and criteria for a salary scale and corresponding valuation of work positions	COM			
Meetings with experts for presenting salary scale methodological proposals	COM			
Design of regulation that approves salary scale in SMT	COM			
Meetings for implementing salary scale (budget estimation)		CAN		

<b>Project Components, Activities and Sub-Activities</b>	<b>Qr 1 -2013</b>	<b>Qr 2 -2013</b>	<b>Qr 3 -2013</b>	<b>Qr 4 -2013</b>
Monitoring meetings on the implementation of salary scales for the first level of care		CAN		ADV
<b>Impact assessment of the methodology and national scaling up</b>				
Meetings with MoH to analyze regional experiences on salary scales implementation		CAN		
Meetings with MoH to design a methodology to define a national salary scale		CAN		
Design of proposal for monitoring the implementation of salary scales in selected regions		CAN		
<b>Activity 4.2 Ensure competency of workers in the health sector</b>				
<b>Sub-activity 4.2.1 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</b>				
<b>Design of methodology and instruments for the assessment of managerial competences as related to health</b>				
Technical meetings with MoH for (a) the joint revision of the methodology to be used for the definition of managerial competencies at the network level and (b) follow up of the regional experience as shown by San Martin RHD		INI	INT	POS
Technical meetings with the RRHH team at SMT RHD for the definition of a competencies profile for network and micro-network managers		INI	COM	
Technical meetings for designing of instruments on the assessment of managerial competencies at the network and micro-network level			ADV	ADV
Validation meetings on the tools for competence assessment				POS
Assessment of management competences for managerial staff from selected networks and micro-networks				POS
M&E meetings on the design and implementation of assessment of management competences		POS		
<b>Design of methodology and instruments for the implementation of Competencies Development Centers for mother and child care</b>				
TA for the definition of areas and competences to be strengthened				
TA for the selection of CDC and their related micro-networks				
Preparation of training material to qualified micro-networks				
<b>Sub-activity 4.2.2 Asees 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</b>				
<b>Professional Associations's introduction of management competencies as part of performance assessment</b>				

Project Components, Activities and Sub-Activities	Qr 1 -2013	Qr 2 -2013	Qr 3 -2013	Qr 4 -2013
Technical meetings with CONEAU for appraising advances made in the definition of the managerial competencies as related to the professional certification process		COM	COM	
<b>Sub-activity 4.2.3 Establish and ensure compliance with minimum competency requirements for meeting quality standards</b>				
<b>Design of methodology and instruments for assessing performance on managerial positions</b>				
Technical meetings with MoH and SERVIR for (a) the joint revision of the methodology and instruments to be used in the assessment of managerial performance and (b) follow up of the regional experience as shown by SMT RHD		POS	ADV	POS
Revision of current regulation as well as the national and international experience related to the assessment of competences-based managerial performance		INI	COM	
Design of the proposal of the performance assessment system (based on competencies and related to SERVIR)		INI	COM	
Technical meetings with regional and local RRHH teams for the design of the methodology and tools needed for the competences-based managerial performance			ADV	COM
Technical meetings for the design of the directive that guides the assessment of management performance				ADV
TA for the implementation and monitoring of the management performance assessment regulation				POS

**LEGEND:**

INI: Initial  
 INT: Intermediate  
 ADV: Advanced  
 COM: Completed  
 POS: Postponed  
 PRO: Programmed  
 CAN: Canceled

## Section 3: Planned Activities

Project Components, Activities and Sub-Activities	Qr 1 -2014
Preparation of deliverables (QR and AR)	
Information through project web page	
Communications on project products (briefs, short reports)	
Blogs	
Publications	
<b>1. Health Sector Governance</b>	
<b>Activity 1.1. Strengthen and expand decentralization of the Health Sector</b>	
<b>1.1.1 Support the MoH and regions in adapting to their new roles under a decentralized health sector</b>	
<b>Design of managerial reference documents (ROF, MOF, CAP) for San Martin RHD</b>	
TA for the preparation of key reference managerial documents for San Martin RHD	
<b>Implementation of Health Network and Micro-network reorganization</b>	
Analysis of current organization of Moyobamba Network	
Analysis of current organization of Soritor, Jepelacio and Lluylucucha micro-networks	PRO
Preparation of a proposal of the implementation plan for Moyobamba network reorganization	PRO
Preparation of proposal of the implementation plan for micro-networks organization: Soritor, Jepelacio and Lluylucucha	PRO
TA for the implementation of Moyobamba network reorganization	PRO
TA for the implementation of Soritor, Jepelacio and Lluylucucha micro-networks reorganization	PRO
Monitoring of the implementation of the reorganization of Moyobamba network and Jepelacio, Soritor and Lluylucucha micro-networks	PRO
TA for executing implementation workshops on network organization in additional networks	PRO
TA for executing implementation workshops on micro-network organization in sentinel micro-networks	PRO
Design of the systematization methodology to be applied in SMT (e.g. micro-networks organization process)	PRO
Systematization of the micro-network organization implementation process	PRO
<b>Assessment of the RHD reorganization process</b>	
Technical report on the assessment of RHDs reorganization	
<b>Design of managerial reference documents (ROF, CAP) for Moyobamba Hospital</b>	
TA for the identification and nomination of the technical team in charge of the organizational design	PRO
TA for the definition of the Moyobamba Hospital mision, vision, general objectives, specific objectives, and general functions of the hospital	PRO

Preparation of the proposal of ROF and CAP	PRO
<b>Design and implementation of the referral and counter-referral system (SRCR) for the first level of care</b>	
Analysis of the SRCR plan for San Martin RHD	PRO
Update of the SRCR plan for San Martin RHD	PRO
TA for the implementation of the SRCR plan for San Martin RHD	PRO
Expansion of the SRCR alongside San Martin HRD	PRO
Monitoring and assessment of the implementation of the SRCR plan for San Martin RHD	PRO
Systematization of the implementation process for SRCR	PRO
<b>Design and implementation of the extramural strategy for strengthening health prevention and promotion</b>	
Definition of the extramural strategy for providing health promotion and prevention care	PRO
TA for the implementation plan of the extramural strategy for health promotion and prevention care provision	PRO
TA for the implementation of the extramural strategy for providing health promotion and prevention care in pilot micro-networks	PRO
TA for the expansion of the extramural strategy for providing health promotion and prevention in San Martin RHD	PRO
<b>1.1.2 Develop a regulatory framework for the MoH's new stewardship role</b>	
Application of a PROCAP based assessment tool on a selected UBAP from Lima (Jesus Maria)	
Report on assessment of UBAP (EsSalud) using the PROCAP tool	PRO
Adaptation of PROCAP as assessment tool for public health network performance	
Validation of the adaptation of PROCAP tool for public health network assessment	
<b>1.1.3 Improve capacity of regional and local authorities to effectively and efficiently manage their health systems and programs</b>	
Coordination meetings with PCM, MoH, MIDIS, ANGR	
Coursework on constraints theory for MIDIS and PCM	
Report on the analysis of restrictions as related health functions transferred to regional governments	
Report on the recommendations to eliminate restrictions on the decentralized management of health priorities: the chronic child malnutrition case (DCI)	PRO
<b>Preparation of the report on the analysis of restrictions as related to the articulated management pilot, jointly prepared with MIDIS</b>	
Discussion with officials from GORESAM and SMT RHD on the findings of the constraints report	
Preparation of report on changes needed on processes and organizational functioning for the implementation of a decentralized management approach on DCI	PRO
<b>Expansion of the TOC analysis as approach for facing a health priority - through ANGR</b>	

Preparation of methodological guideline for performing a restriction analysis linked to the management of a health priority	PRO
<b>1.1.4 Continue the decentralization process by extending responsibilities to even lower levels of the political structure</b>	
<b>Coordination with MIDIS, MoH, MEF for the design, development, execution, monitoring and assessment of PAIMNI</b>	
Technical meetings on the follow up to the MIDIS pilot implementation	
Technical meetings for the validation of the proposal for the follow up of the pilot	
Technical meetings on the validation of the articulated management approach for the reduction of DCI	
Technical meeting with MIDIS to assess the advance on the semester (programming, formulation and design of the implementation process)	
<b>Design of tools required for PAIMNI</b>	
Design of the implementation process for testing affiliation and sectorization	
Design of the module on the assessment of basic conditions (structure) for providing effective interventions against DCI	PRO
Technical meeting for the revision of the module on assessment of basic conditions for providing effective interventions against DCI	PRO
Preparation of proposal for the managerial training component of the DCI investment project in San Martin	
Adjustment to the proposal for the managerial training component of the DCI investment project in San Martin	
<b>Execution of the PAIMNI in sentinel zones of San Martin RHD</b>	
Preparation of training material for the clinical component of the effective interventions on DCI	
Update the organizational structure of San Martin RHD in the operations manual	PRO
TA to the RHD for the implementation of the operations manual	PRO
Clinical training in effective interventions on DCI	
TA for the formalization of affiliation and sectorization responsibilities to health managers in Soritor, Jepelacio and Lluylucucha	
TA to the RHD for the organization of health services (SRCR, indoors and extramural health care)	PRO
Technical meetings for updating the longitudinal follow-up trial plan	
Update trial plan for the longitudinal follow up	
Technical meetings on the implementation of the sectorization at the health micro-networks level (Soritor and Jepelacio)	
Technical meetings for the definition of procedures within the sectorization and affiliation processes	
Technical meetings for implementing the affiliation process at the micro-network level (Soritor and Jepelacio)	

Integration of personal data from PAIMNI's focus population from sentinel micro-networks within a database	
Technical meeting for defining roles and responsibilities on the management of the pregnant and children lists	
Workshop for the presentation of longitudinal follow-up results and scaling-up strategy	PRO
Validation meetings for the longitudinal follow-up proposal (including MIDIS participation)	
<b>Design of the articulated management experience (local governments)</b>	
Design of the pilot implementation of the articulated management pilot on DCI reduction	
Critical processes analysis related to the articulated management pilot	
Preliminary design of the pilot: health component	
Final design of the articulated management and territorial pilot	
Preparation and revision of the 2013 work plan	
<b>Implementation of the longitudinal follow up in sentinel micro-networks</b>	
TA for the sectorization workshops execution in Lluyllucucha micro-network	
Preparation of technical report on longitudinal follow up	
Presentation of the list of pregnant women and under 1 year children: Soritor, Jepelacio and Lluyllucucha micro-networks	
Data entry of longitudinal follow-up registers to GalenHos database	PRO
TA for the execution of the training workshop on longitudinal follow up to staff from Soritor, Jepelacio and Lluyllucucha micro-networks	
Preparation of material for coursework on longitudinal follow up for health providers	
<b>Systematization of the longitudinal follow-up experience</b>	
Systematization of the longitudinal follow-up experience in sentinel micro-networks, including recommendations for scaling up	PRO
Systematization of the longitudinal follow-up experience in prioritized districts	PRO
<b>Scaling up of the longitudinal follow-up experience</b>	
Workplan elaboration for expansion process in 2013	
Preparation of coursework material to be used with first-level-of-care providers	
TA for training of PAIMNI facilitators in prioritized networks, regarding sectorization	
Monitoring of the sectorization process within prioritized micro-networks	PRO
TA in preparation for the registration of pregnant and <1 year population within prioritized micro-networks	PRO
Data input of registrations from focus population of PAIMNI within prioritized districts	PRO
TA for training of PAIMNI facilitators in prioritized districts, regarding longitudinal follow up	PRO
TA for the execution of the exchange workshop on longitudinal follow up by micro-network managers	PRO
Monitoring of the longitudinal follow-up process within prioritized micro-networks	PRO

<b>1.1.5 Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health</b>	
Technical meetings to define key indicators for the follow up of gender, culture, stigma and health discrimination issues	PRO
Implementation of prioritized indicators in GalenHos	PRO
<b>1.1.6 Strengthen intergovernmental coordination mechanisms for health policy</b>	
<b>CIGS</b>	
TA to the health financing, information and human resources committees	PRO
TA to the human resources committee: salary scaling and human resources provision	PRO
<b>1.1.7 Create mechanisms through which local authorities encourage and receive civil society input into the process of health care planning, budgeting, management, service provision and oversight</b>	
<b>Identification of regional health priorities</b>	
Regional workshop for the preparation of the list of priorities and health determinants	
Update of the guideline to be used in the participative prioritization workshop (Conclave)	
TA for the organization of the Conclave	
TA for the communications media campaign	
Regional conclave for identifying health priorities	
TA for the revision of literature related to regional health priority interventions	
TA for the preparation of the "Participatory Health Plan 2013-2018"	PRO
TA for the presentation of the Participatory Health Plan to the citizens	PRO
Workshop to integrate activities within the Participatory Health Plan with San Martin Operational Plan	PRO
<b>Qualitative assessment of primary care facility co-management initiatives with the community</b>	
Design of the methodology, and instruments for data retrieving	
Field information retrieval in San Martin and/or other selected RHD (to be determined)	
Preparation of technical report on co-management initiatives with the community	PRO
Technical meeting for presenting the final report on co-management initiatives to officials from MoH and RG	PRO
<b>Civil society participation in the implementation of the longitudinal follow up</b>	
Recruitment of health community agents (ACS) and coordination with Juntas Vecinales (JV) from Lluyllucucha, Soritor and Jepelacio	
Preparation of training material for ACS and JV regarding longitudinal follow up	
TA for the execution of the coursework on longitudinal follow up for ACS and JV from Lluyllucucha, Jepelacio and Soritor micro-networks	PRO
Training workshops for network facilitators from prioritized districts on "Longitudinal Follow up for ACS and JV"	PRO
TA for the execution of a workshop on field experience exchange in longitudinal follow up in Lluyllucucha, Jepelacio and Soritor	

Monitoring the execution of training activities on longitudinal follow up in prioritized micro-networks (for ACS and JV)	
Visit to Huanuco to exchange experience related to the control of chronic child malnutrition	
TA in the preparation of implementation projects for CRED competency centers	PRO
<b>1.1.8 Coordinate health providers and user groups' response to reduce gaps in coverage in approved regions</b>	
<b>Activity 1.3. Develop and implement national and regional plans to monitor compliance with regulations and standards governing the health sector</b>	
<b>1.3.1 Increase monitoring and enforcement of governing regulations and standards in the health sector by regional authorities</b>	
<b>Design and implementation of a monitoring routine on health facilities qualification at micro-network level</b>	
TA to RHD in monitoring the closing of basic operational conditions gaps	PRO
Consolidation of the reports on monitoring qualification process activities	PRO
Presentation of the consolidated report for 2013	PRO
<b>2. Health Financing and Insurance</b>	
<b>Activity 2.1. Improve health coverage of poor and vulnerable populations</b>	
<b>2.1.1 Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services</b>	
<b>Central</b>	
Update the costing and financial estimations of PEAS health benefit plan	PRO
TA to SIS for the alignment of the capitation payment mechanism with improvements in their information system	PRO
TA to SIS for the improvement of the capitation payment mechanism in AUS regions	PRO
<b>2.1.2. Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package</b>	
<b>Central</b>	
Deliverable: Report on the process of health insurance, including activities undertaken and recommendations for future strategic actions to strengthen and expand the health insurance reform	PRO
Deliverable: Report on and assessment of payment mechanism, financial flow, and investment management, including activities undertaken, and recommended actions for future policy to enhance efficiency and equity in resource allocation	PRO
<b>2.1.3 Design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises</b>	
Technical report on the monitoring of new health insurees through the enforcement of DL 1086	PRO
Executive report on the prime estimation for the oncologic component of the MoH's Plan Esperanza	PRO

<b>2.1.4 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)</b>	
Informational meetings with key actors in the update of the burden of disease study (DGSP, CNS, SIS, OGE)	PRO
Technical document: Methodology to be used to update burden of disease estimations	PRO
<b>Activity 2.2. Ensure efficiency and equity in health resource allocation</b>	
<b>2.2.1 Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities</b>	
<b>Central</b>	
Preparation of TA plan to MIDIS and pilot regions as related to budgeting for 2013 in PAN and SMN	
TA to MIDIS for budgeting for 2013 in PAN and SMN in two pilot regions	
General coordination of the joint technical committee MIDIS.MoF-MoH-HP	
Definition of guidelines for activity programming in POI 2013, concerning PAN and SMN - two pilot regions	
Definition of guidelines for budget formulation for 2013, concerning PAN and SMN - two pilot regions	
Development of information cubes for the budget preparation for 2013, concerning PAN and SMN	
Systematization of the programming of activities and budgeting formulation for PAN and SMN 2013 in one selected region	PRO
TA to the MoH/CNS in financial and economic issues related to the health reform initiative (e.g. participation in technical meetings, preparation of technical notes)	
<b>San Martin</b>	
Follow up to the approval process for PIA 2013	
Assessment of 2013 required budget by UE and adjustment according to financial availability	
Revision of the coverage estimates (baseline and targets) for effective interventions (Spectrum)	
Workshop on the application of Spectrum	
Definition of annual coverage targets according priority geographic areas	
Workshops with RHD and UE to allocate coverage targets alongside health networks	
Estimation of unit costs for selected PPR activities	
Workshops (RHD, networks, micro-networks, and budget execution units - UE) for the preparation of the 2014 operational plan at the network and micro-network level	
Workshops (RHD, networks, micro-networks, and budget execution units) for the estimation of the 2014 budget at the network level	
Technical meetings with RG/RHD/UE to elaborate the 2014 required budget for each UE	
Technical meetings at health facilities within one micro-networks (Jepelacio)	PRO
Participation in CIGS (current restrictions in the public budgeting rules)	
Report on the identification and settlement of restrictions linked to public budgeting rules	PRO

<b>2.2.2 Assess the current system for financing health service provision under decentralization and universal health insurance</b>	
Workshops on continuous improvement of budget execution and preparation of 2013 budget for PAN and SMN - RHD and UE	
Workshops with RHD and UE for improving budgetary execution and for preparing PAC 2014 for PAN and SMN	PRO
Workshops with RHD and UE for improving budgetary execution and preparing PAC 2014 for non PAN-SMN programs	PRO
Technical meetings to adjust the Directive on Budget Execution	PRO
Participation in the MCLCP on the follow up of the PAN and SMN budget programs	PRO
<b>2.2.3 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</b>	
<b>Central</b>	
Preparation of methodological proposal for the assessment of the execution of capitation agreements between SIS and 24 RHDs	
Study visit to Huanuco to explore the experience of capitation payment within health providers with greater degrees of management autonomy (CLAS)	
Explore the potential use of UBAP study report for the definition of capitation payment agreements	PRO
TA to FISSAL for participating in the design of payment mechanisms with other cooperating agencies	
TA to MoH for updating the multiyear health investments plan (PMI) in its technical inputs (services list, operational units list, general services list, standards of use of services, production standards, criteria for the distributon of operational units, general services, services costs)	
Technical document on the methodological basis for PMI	PRO
Technical documen on the identification of restrictions for the management of health investments	
Technical meetings with DGIEM to revise regulations on infraestructure and equipment for level I and II of care	
Validation of proposal for updating regulations on infraestructure and equipment for level I and II of care	
Technical meetings with DGIEM, OPI and DGSP to present updated proposal of regulation on infraestructure and equipment for level I and II of care	
Technical meetings with OGPP to identify regulations on investments (SNIP) to be updated	
Workshops on the revision, update, and design of the health projects formulation rules.	
Workshops for the revision, update and design of the rules for health investment projects assessment	
PMI software development (including manuals)	
Workshop for facilitators training on PMI preparation process	

TA to MoH to prepare minimal contents of PIP profiles for strategic facilities (based on PMI)	
TA to MoH to identify investment needs for strategic facilities in Tumbes, Tacna, Moquegua, Loreto, Junin, Cusco and Apurimac	
TA to MoH to identify investment needs for strategic facilities in Piura, Labayeque, La Libertad, Ancash, Ica, Arequipa and Madre de Dios	
Preparation of technical documentation used in the divulgation of the investment planning process for strategic facilities.	PRO
TA to MoH for the preparation of the 2013-2016 strengthening plan for strategic facilities, as related to basic technical requirements for health investment projects (748 facilities)	
TA to MoH for starting pre-investment studies (investment profiles) for 73 strategic facilities (hospitals) in 16 regions	PRO
TA to MoH for executing PMI workshops at the network level (VRAEM, Amazonas)	
<b>Ayacucho</b>	
Workshops to prepare PMI according to networks (Ayacucho Center / North / South, and Huamanga)	
Technical meetings with key officials from RG (Investment Management Office, Social Development Office, Planning Office, General Management Office) for the formulation and approval of PMI	PRO
TA to RG for the formulation and approval of PMI at the regional level	PRO
<b>San Martin</b>	
TA to RG to share results of PMI process at the local level	
TA to RG for the preparation of the investment profile to face Chronic Child Malnutrition (DCI)	PRO
<b>3. Health Information</b>	
<b>Activity 3.1. Strengthen the capacity to collect, analyze and use data in the health sector</b>	
<b>3.1.1 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</b>	
<b>Design and execution of plan to gather and analyze health providers' information on health priorities</b>	
Development of the longitudinal follow up prototype	PRO
Development of a datamart for the strategic management of DCI alongside health facilities	PRO
Adaptation of datamart for the strategic management other health priorities (DGSP)	PRO
<b>Users Manual</b>	
Design of the tool for the follow up of effective health interventions (for DCI) in target populations	PRO
Preparation of guideline to be used at RHD, networks and micro-networks for implementing longitudinal follow-up	

<b>3.1.2 Improve data collection methods</b>	
<b>Development of GalenHos modules and TA for longitudinal follow up</b>	
Development of maternal health module	PRO
Development of reporting module for operational management (MR) of DCI and maternal health	PRO
TA for monitoring the IT infrastructure strengthening process in prioritized health facilities from selected districts	PRO
TA for monitoring the connectivity strengthening process in prioritized health facilities from selected districts	PRO
<b>Development of other GalenHos modules and applications</b>	
Development of FISSAL module	
Development of scheduling module / web version	
Development of SRCR module	PRO
Development of routines for data import and export (SUNASA, RENIEC)	PRO
<b>3.1.3 Monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region</b>	
<b>Development of modules for monitoring quality of care</b>	
Preparatory activities: Revision and analysis of PEAS indicators, update of CPT list	PRO
Design of reports for monitoring quality of care provided for selected conditions of PEAS	PRO
Development of reports for monitoring quality of care provided for selected conditions of PEAS	PRO
Design of training workplan on use of quality of care indicators for health facilities	PRO
Training workshops to implementers of quality of care indicators for health facilities	PRO
<b>3.1.4 Streamline and improve HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently</b>	
<b>Development of modules as required by SIS, FISSAL</b>	
Update of GalenHos as required by SIS needs	PRO
Development of the data mesh for electronic regular disbursements for SIS patients	
Development of data mesh to be used for the exchange of information from high cost conditions reimbursed by FISSAL	POS
Update of GalenHos as required by FISSAL needs	POS
Design and development of health insurance reports required by RHD	PRO
<b>3.1.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS</b>	
<b>Development of key data consolidation routines</b>	

Development and validation of GalenHos HIS module	PRO
Validation of GalenHos HIS module	PRO
Development and validation of data exchange module (MR-Network-RHD)	PRO
TA for the use of information generated as needed to make operational decisions	PRO
Development of reporting modules for the operational management of health facilities	PRO
<b>Expansion of GalenHos implementation nationwide</b>	
Merchandising of GalenHos	PRO
TA to MoH for the preparation of GalenHos expansion plan	
TA to SIS for the execution of GalenHos expansion plan	PRO
Demonstration of GalenHos for new facilities that consider its implementation	PRO
Training to GalenHos trainers	PRO
Training to GalenHos new developers in the standard of code generation	PRO
Monitoring of GalenHos implementation process - Ayacucho	PRO
Monitoring of GalenHos implementation process – Cajamarca	PRO
Monitoring of GalenHos implementation process – Cusco	PRO
Monitoring of GalenHos implementation process – Huánuco	PRO
Monitoring of GalenHos implementation process – Ica	PRO
Monitoring of GalenHos implementation process – La Libertad	PRO
Monitoring of GalenHos implementation process – Lima Sur	PRO
Monitoring of GalenHos implementation process – Pasco	PRO
Monitoring of GalenHos implementation process – Piura	PRO
Monitoring of GalenHos implementation process – Tumbes	PRO
Monitoring of GalenHos implementation process – Lima hospitals (Casimiro Ulloa, Rezola, Honorio Delgado)	PRO
<b>3.1.6 Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels</b>	
<b>Design and implementation of interoperability standards</b>	
Preparation of proposal for the implementation of health interoperability standards	PRO
Coordination with MoH offices (OGEI) for initiating the Peruvian chapter of the interoperability committee	POS
Development of GalenHos imaging module	POS
<b>3.1.7 Ensure public availability of timely, accurate data</b>	

<b>4. Health Resource Planning for the First Level of Care</b>	
<b>Activity 4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce</b>	
<b>4.1.1 Build consensus regarding health civil service reform</b>	
<b>Participation in technical meetings organized by MoH regarding the health career path</b>	
Technical meetings with MoH on the definition of a health career path	
<b>4.1.2 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</b>	
<b>Development and validation of the methodology for assessing human resources needs on the medium and long term (first level of care)</b>	
Meetings with MoH to advance a methodology for estimating HHRR needs for strategic facilities - I level of care	
Technical meetings with MoH for defining a consensual bottom up strategy for the identification of human resource needs at the national level, at the first level of care (micro-network as minimal point of reference)	
Validation of methodology to calculate HHRR gaps at the micro-network level in Ayacucho RHD	
Estimation of human resources requirements and existing gaps at the micro-network level and definition of distribution arrangements according to Ayacucho RHD needs	
Validation of methodology to calculate HHRR gaps at the micro-network level in San Martin RHD	
Estimation of human resources requirements and existing gaps at the micro-network level and definition of distribution arrangements according to San Martin RHD needs	
<b>Development of institutional plans for filling the human resources gap at the micro-network level</b>	
Technical meetings with SMT RHD for identifying strategies for filling existing RRHH gaps at the first level of care (task shifting, redistribution, etc.)	
Technical meetings with SMT RHD for preparing plans to fill the RRHH gaps at the network level	
<b>Development of a RRHH planning system</b>	
Design of a proposal of RRHH planning sub system as related to the Human Resources Regional System (including inputs, processes and outputs) – San Martin RHD	
Technical meetings with SMT RHD for the revision, validation and adjustment of the original proposal	
Design of operations manual for processes within the human resource planning sub-system (HHRR information system)	PRO
<b>Process systematization</b>	
Design of systematization on regional experiences for estimating HHRR gaps	
Design of data retrieving tools in regions and MoH	PRO
Development and validation of interview scheme to be applied to key informants in Ayacucho and Ucayali	PRO
Preparation of preliminary systematization document	PRO
<b>4.1.3 Develop competency profiles for health managers at the regional and health network levels</b>	
<b>Definition of position profiles for the RRHH office and for selected managerial positions in networks and micro-networks</b>	

Approval of the competencies profile for the RRHH office at Ayacucho RHD	
Approval of the position profile for the RRHH office at Ayacucho RHD	
Design, validation and approval of position profile for managers at the network and micro-network level in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)	PRO
Design, validation and approval of position profiles at the Operations Units and related units in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)	PRO
Design, validation and approval of position profiles at the Operations Office, RRHH Development Office, and the Planning and Health Intelligence Offices from San Martin RHD, as related to the implementation of its ROF	PRO
Technical meetings with MoH for the joint revision of work advanced by SMT RHD regarding position profiles	PRO
<b>4.1.4 Develop, implement and monitor regional and local strategies for human resources recruitment and retention</b>	
<b>Definition of position profiles for the first level of care</b>	
Revision of the profiles for the basic health team (EBS) for the first level of care for Ayacucho RHD	
Design and validation of non medical professional profiles required for the first level of care in Ayacucho RHD	
Design, validation and approval of position profiles for EBS at the first level of care for San Martin RHD	
Technical meetings with MoH for the joint revision of work advanced in the definition of profiles for EBS at the first level of care	PRO
<b>Deployment of the recruiting and selection processes aimed at the first level of care</b>	
Technical meetings with MoH for (a) joint revision of the methodology and instruments for recruiting and selecting of staff and (b) follow up of the regional experience as shown by San Martín	PRO
Appraisal of national regulations and international experiences on profile based selection for health institutions	
Assessment of the recruiting and selection steps within UE from SMT RHD	
Technical meetings with regional and local RRHH teams for the design of the staff recruiting and selection methodology as well as its related instruments	
Technical meetings for the design of the regulation on the job profile-oriented recruiting and selection process	PRO
TA for the implementation and monitoring on the regulation for recruiting and selection of the EBS	
<b>4.1.5 Develop policies and tools for ensuring continued staffing of health services</b>	
<b>Institutionalization of the RRHH subsystems: recruiting, selection, performance assessment and compensation</b>	
Technical meetings with MoH for the revision and approval of the Technical Report on “Decentralized System for Health Workforce Management”	
Design of the methodology and instruments for the baseline assessment on human resources management at SMT RHD	
Technical meetings for the baseline assessment on human resources management at SMT RHD	
Preparation of baseline study on human resources management in SMT RHD	
M&E meetings on the implementation of HHRR processes within the HHRR management system in	

SMT	
<b>4.1.6 Develop and implement workforce management policies with incentives and salary guidelines in collaboration with the civil service reform process</b>	
<b>Design and implementation of a salary scale for the first level of care</b>	
Meetings for defining positions and criteria for a salary scale and corresponding valuation of work positions	
Meetings with experts for presenting salary scale methodological proposals	
Design of regulation that approves salary scale in SMT	
Meetings for implementing salary scale (budget estimation)	
Monitoring meetings on the implementation of salary scales for the first level of care	PRO
<b>Impact assessment of the methodology and national scaling up</b>	
Meetings with MoH to analyze regional experiences on salary scales implementation	
Meetings with MoH to design a methodology to define a national salary scale	
Design of proposal for monitoring the implementation of salary scales in selected regions	
<b>Actividad 4.2 Ensure competency of workers in the health sector</b>	
<b>4.2.1 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</b>	
<b>Design of methodology and instruments for the assessment of managerial competences as related to health</b>	
Technical meetings with MoH for (a) the joint revision of the methodology to be used for the definition of managerial competencies at the network level and (b) follow up of the regional experience as shown by San Martin RHD	PRO
Technical meetings with the RRHH team at SMT RHD for the definition of a competencies profile for network and micro-network managers	
Technical meetings for designing of instruments on the assessment of managerial competencies at the network and micro-network level	PRO
Validation meetings on the tools for competence assessment	
Assessment of management competences for managerial staff from selected networks and micro-networks	
M&E meetings on the design and implementation of assessment of management competences	PRO
<b>Design of methodology and instruments for the implementation of Competencies Development Centers for mother and child care</b>	
TA for the definition of areas and competences to be strengthened	PRO
TA for the selection of CDC and their related micro-networks	PRO
Preparation of training material to qualified micro-networks	PRO
<b>4.2.2 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</b>	
<b>Professional Associations's introduction of management competencies as part of performance</b>	

<b>assessment</b>	
Technical meetings with CONEAU for appraising advances made in the definition of the managerial competencies as related to the professional certification process	
<b>4.2.3 Establish and ensure compliance with minimum competency requirements for meeting quality standards</b>	
<b>Design of methodology and instruments for assessing performance on managerial positions</b>	
Technical meetings with MoH and SERVIR for (a) the joint revision of the methodology and instruments to be used in the assessment of managerial performance and (b) follow up of the regional experience as shown by SMT RHD	PRO
Revision of current regulation as well as the national and international experience related to the assessment of competences-based managerial performance	
Design of the proposal of the performance assessment system (based on competencies and related to SERVIR)	
Technical meetings with regional and local RRHH teams for the design of the methodology and tools needed for the competences-based managerial performance	
Technical meetings for the design of the directive that guides the assessment of management performance	PRO
TA for the implementation and monitoring of the management performance assessment regulation	

**LEGEND:**

INI: Initial  
 INT: Intermediate  
 ADV: Advanced  
 COM: Completed  
 POS: Postponed  
 PRO: Programmed  
 CAN: Canceled

## Section 4: Problems encountered & Solutions

During FY 2013, the project faced problems that can be classified as pertaining to its internal organization, and related to the execution of its technical agenda at the national level and the regional level. They are presented below, with an indication whether the problem is still present or if it has been overcome.

### Problems centered in the project's internal organization

#### Resignation of the project's regional adviser in SMT

This was a problem presented in Q2. The project's regional adviser received a professional and economic proposal from the private sector that was beyond economic possibilities of the project. This resignation affected all components, since the regional adviser position allows the overall coordination of the activities and strategies identified within the project components. Besides this, former regional adviser had a high reputation and technical profile at the region, and his opinions were highly valued within SMT RHD. The absence of former regional adviser affected the coordination bonds with other USAID projects in the region during Q3, that is, the induction period for the project's new regional adviser in San Martin. Currently the problem is solved and good coordination relationships with our USAID partners in San Martin have been recovered, in a similar way as our technical relationship with SMT RHD and SMT RG.

### Problems related to the project's agenda with the regions

#### Difficulties in the implementation of PAIMNI in sentinel HMN, in SMT

Health personnel has economic restrictions to reach the target population in most remote villages in the province of Moyobamba, a problem that can be overcome if the HN provides the funds for the travel and per diem. Health staff has not received reimbursements related to the execution of extramural work that is related to the PAIMNI program. Expenses for work have been assumed by health staff through their own personal monies. This generates a low moral for health workers and can adversely affect the sustainability of the interventions carried out. This problem was first observed in January 2013, and it remains unresolved by SMT RG and SMT RHD.

The lack of support from HN to cover the financial and personnel gaps identified in the process of sectorization and registration of the target population. This is also related to the absence of mechanisms to allow the allocation of funds to HMNs, so as to allow HMNs to afford regular operational expenses (materials, per diem payments) on a timely basis. This problem was first observed in October 2012, and is still pending to be solved.

Significant proportion of PAIMNI's target population (children and pregnant women) does not have DNI. DNI allows the personalized follow up of the delivery of effective interventions against chronic child malnutrition (through the use of GalenHos). It also serves to authenticate individual financial claims from the provider to SIS (for instance, in hospital care). There is urgent need to strengthen coordination links between the SMT RG and RENIEC to issue identity documents to the target population so they can benefit from SIS. The problem has been solved only partially, based on the execution of massive campaigns to generate DNI for undocumented population. However there is still lacking a process to ease regular access to DNI registration to remote villages in San Martin.

The frequent mobility of health personnel, particularly medical professionals does not allow the regular and predictable provision of quality health services alongside public health facilities in SMT. The problem is still present, although there are expectations on new regulations on incentives to be applied, that can help to reduce this situation.

IT staff of SMT RG and RHD chose not to use OSCE fast track mechanisms to buy computers for the implementation of GalenHos in first level of care facilities in SMT. They preferred to use the conventional but longer bidding process, starting from scratch (expected delay of at least 4 months as compared to the fast track mechanism). This delayed implementation affects other interventions in the following way: there will be delays in the measurement of the provision of effective interventions, and there will also be delays in the monitoring of the staff readily available for health care provision at the first level of care facilities. The problem was recognized in February, and the project has consistently informed SMT RG and SMT RHD officials on the need to use OSCE fast track mechanisms to assure the successful execution of USAID funds for purchasing IT equipment within this year. It was only in Q4 that SMT RG changed its mind and decided to use OSCE fast track mechanism, and the institutional purchase is still pending to be executed.

### **Difficulties in the health regional planning process in SMT**

A passive resistance has been observed on some officials of SMT RHD to accept citizenship participation in the process of definition of health priorities. This was manifested by the delays in the preparation of informational sheets to be distributed to population representatives. Besides, informational sheets did not have an acceptable quality. These inconvenients were observed on the preparatory phase of the Health Conclave in SMT, but they did not prevent the successful execution of the meeting.

### **Difficulties in the institutionalization of the TA provided in HHRR in San Martin and Ayacucho**

Continuous changes in health authorities in Ayacucho region have not provided opportunities for granting the sustainability of the TA given to Ayacucho RHD. Many technical reports designed with Ayacucho RHD technical team are pending approval for implementation at the regional level. The project helped develop the following products: job profiles for first level of care personnel, job profiles for HHRR office positions, competency profile for HR management; and a procedure to estimate HR requirements and gaps for HMN. The problem is still pending to be solved.

In San Martin, the RHD Human Resources director has additional responsibilities as councilor for the provincial municipality of Moyobamba. These responsibilities prevent the HR director from properly fulfilling RHD duties. For this reason, the director avoids taking on tasks related to HRMS operation in the RHD. Pieces of work that the RHD Human Resources office has had difficulties to advance in SMT involve the design of the recruitment and selection process, the performance of managerial performance evaluations, the design of job profiles, and the implementation of the pay scale.

## **Problems related to the project's agenda with the MoH**

### **Difficulties in the implementation of the health insurance reform**

Although there is a proposal of 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. The bylaw is still under discussion and pending to be approved.

Although there has been an advance in the health insurance implementation, that involves the explicit relationship and agreements signed between the RG and SIS, these agreements are based on historic per-individual reimbursement by region instead of a capitated prospective payment based on PEAS provision. This situation anticipates a long way to go before introducing institutional changes (both at SIS and RGs) that lead to the implementation of new and more cost-effective payment mechanisms.

### **Difficulties in the expansion process of GalenHos**

Delays in the transfer of money from MoH to SIS for GalenHos expansion process (for hospitals) at the MoH have put in risk the institutionalization of GalenHos within the MoH. Although there was a political decision from the minister to advance this issue in Q2, internal processes within the MoH proved to be quite slow and discouraging. In contrast, an external transfer of earmarked funds from MIDIS to SIS (for financing interventions against chronic child malnutrition and the implementation of a health information system in first level of care facilities) proceeded and started its budgetary execution during Q4. The problem centered on the delayed transfer of money to SIS for implementing GalenHos in hospitals is still pendant to be solved.

## Section 5: Proposed Solutions

Problem identified	Solution
Resignation of the project's regional adviser in SMT	A new regional adviser has been appointed in Q2
Health personnel has economic restrictions to reach the target population in most remote villages in the province of Moyobamba	SMT RG should simplify the administration process required to make refunds to their health personnel. This simplified process should have the positive opinion of the Peruvian Comptroller Office, and this opinion should be widely disseminated across SMT RG offices.
The lack of support from HN to cover the financial and personnel gaps identified in the process of sectorization and registration of the target population.	SMT RG and RHD should provide clear and strong indications to their HN to have regular meetings with their HMNs in order to define financial needs that will have to be funded through the corresponding OOs. These meetings should also serve to prioritize new health staff to be hired by the HN.
Significant proportion of PAIMNI's target population (children and pregnant women) does not have DNI.	SMT RG and RHD should maintain regular meetings with local governments and RENIEC to define a permanent mechanism that allows the regular registration of undocumented people within their database. This may include regular (for example, monthly) campaigns to include undocumented people already identified through the longitudinal follow up PAIMNI strategy.
The frequent mobility of health personnel, particularly medical professionals does not allow the regular and predictable provision of quality health services alongside public health facilities in SMT.	Health incentives for health professional staff are under implementation. This change will likely contribute to effectively ameliorate the problem.
IT staff of SMT RG and RHD chose not to use OSCE fast track mechanisms to buy computers for the implementation of GalenHos in first level of care facilities in SMT.	President of SMT RG and senior SMT RG officials decided to use OSCE fast track mechanisms to buy computers. However, six months of intervention have already been lost.

Problem identified	Solution
A passive resistance has been observed on some officials of SMT RHD to accept citizenship participation in the process of definition of health priorities.	Project intensified its TA to overcome the difficulties generated and the Health Conclave in SMT was successfully executed. Health regional plan is under elaboration.
Continuous changes in health authorities in Ayacucho region have not provided opportunities for granting the sustainability of the TA given to Ayacucho RHD.	The project will wait until more stable authorities are in duty in order to have informational meetings regarding the work already performed.
In San Martin, the RHD Human Resources director has additional responsibilities as councilor for the provincial municipality of Moyobamba.	Alternative technical counterparts in SMT RHD have been identified, and the TA agenda is being advanced with them.
Although there is a proposal of 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.	The MoH and MoF have linked contributions for financing semi-subsidized health insurance regime to a PEAS based prime.
Agreements signed between the RG and SIS that are based on historic per-individual reimbursement by region instead of a capitated prospective payment based on PEAS provision.	The project will look after opportunities to advance a fast transition technical agenda within SIS that leads to the design of new payment mechanisms linked to PEAS in outpatient and inpatient health care.
Delays in the transfer of money from MoH to SIS for GalenHos expansion process (for hospitals) at the MoH have put in risk the institutionalization of GalenHos within the MoH.	Money transfers have been made from MIDIS to SIS and are now under execution to implement GalenHos in first level of care facilities. The problem is under solution.

## Section 6: Success Stories

### Health governance component

#### Early positive results in chronic child malnutrition reduction and the implementation of PAIMNI in Lluyllucucha health micro-network

**Program Element: 1.1.4 Continue the decentralization process by extending responsibilities to even lower levels of the political structure**

**Key Issues:** *Health Systems Strengthening (HSS), Health Decentralization, Chronic Child Malnutrition, Longitudinal Follow-up*

Title: Early positive results in chronic child malnutrition reduction and the implementation of PAIMNI in Lluyllucucha health micro-network

Headline: Integrated interventions for chronic child malnutrition, an effective new recipe with old ingredients

#### Body Copy:

Lluyllucucha health micro-network (HMN) belongs to Moyobamba health network (HN), and is located within San Martin RHD, an amazonic area with high levels of poverty and social deprivation. It was chosen at the beginning of 2013 as a sentinel micro-network for an integral intervention oriented to the reduction of chronic child malnutrition (CCM). According to ENDES 2009, Moyobamba had a chronic child malnutrition rate of 21.9%. The intervention is a region-wide initiative called PAIMNI, which looks after the reduction of CCM through the implementation of well documented effective interventions<sup>41</sup>. These interventions require the close follow-up of their application in each individual (longitudinal follow-up). This follow-up is centered on cohorts of people under-five years, as well as pregnant women. Longitudinal follow-up is operated, in its turn, through the local territorial management and individual assignment of responsibilities of the workload of health staff, a strategy called sectorization.

HP project provided training to Lluyllucucha HMN in sectorization and individual targeting in December 2012. HMN staff sectorized its influence area and proceeded to individual targeting on children under-one year and pregnant women through an articulated work carried out with local governments, local groups and associations. This allowed the identification of malnourished children both within the health facility and within the community (that is, children that did not regularly attended health facilities for health care). HMN staff, after the identification of pregnant women and malnourished children started an individualized nutritional follow-up, as well as the provision of 12 documented effective interventions that produced successful results, as presented below.

The following chart compares malnutrition rates in January 2013 and September 2013. Between these two periods, there has been a substantial reduction in CCM rates among children under-five years and children under-one year: 9.7% and 1.2%, respectively.

---

<sup>41</sup> Bhutta Z, Ahmed T, Black R, Cousens S, Dewey K, Giugliani E, Haider B, Kirkwood B, Morris S, Sachdev S, Shekar M. What works? Interventions for maternal and child undernutrition and survival. *Lancet* 2008; 371: 417–40

**Table 15: Evolution of chronic malnutrition in Lluylucucha in 2013 for children under five years old and under one year old.**

CHRONIC MALNUTRITION RATE	1° Monitoring (January 2013)	2° Monitoring (September 2013)	% change
Children under five years old	13.8%	4.1%	Reduced in 9.7 pp.
Children under one year old	1.7%	0.5%	Reduced in 1.2 pp.

Reduction of CCM in Lluylucucha HMN in under-five children and under-one children reveals the feasibility of attaining short-term health results that can be achieved with the integral application of intramural and extramural interventions, an approach that has been highlighted within PAIMNI. This health result was also associated to improvements in the provision of health services that involved the following improvements: qualification process on minimal provision conditions by health facilities; increased service and population coverage through the longitudinal follow-up; use of the operational guidelines that standardized effective interventions provision; closure of critical gaps in the availability of human resources, equipment, and inputs; use of management documents that standardized the link and articulation between the provision and the administration components of the intervention; use of the Performance Improvement Methodology (Metodología de Mejora del Desempeño - MMD<sup>42</sup>) for the continuous quality improvement in health care provision; empowerment of local authorities to stimulate multi-sector interventions (e.g. sanitation, health promotion and education); and the development of community committees, that potentiated the actions taken on the supplier side of the interventions (e.g. identification of target population).

#### Background information:

San Martin Regional Government (SMT RG) has as one of its key political priorities the improvement of social development indicators in the region. Particularly, SMT RG has identified the reduction of CCM as of its main targets for the current administration. CCM has adversely evolved over the years in San Martin: the rate of CCM increased from a 23% in 2007<sup>43</sup> to 26.8% in 2010<sup>44</sup>.

#### Contact information:

Carlos Bendezú. [cbendezu@polsalud.org](mailto:cbendezu@polsalud.org); Phone (51) 1- 417600 Ext. 6005

Alfredo Sobrevilla. [asobrevilla@polsalud.org](mailto:asobrevilla@polsalud.org); Phone (51) 1- 417600 Ext. 6001

<sup>42</sup> Source: “Metodología para la mejora del desempeño en base a buenas prácticas para la atención de salud en el primer nivel de atención”, USAID/Calidad en Salud.

<sup>43</sup> Source: ENDES 2007-2008. INEI. Instituto Nacional de Estadística e Informática.

<sup>44</sup> Source: ENDES 2010. INEI. Instituto Nacional de Estadística e Informática.

## Health information component

### Implementation of GalenHos in first level of care facilities

**Program Element: 3.1.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS**

**Key Issues:** *Health Systems Strengthening (HSS), Health Information Systems (HIS), First level of care information systems*

**Title:** GalenHos information system implementation for first level of care facilities is under way

**Headline: The Public Health Insurance Authority (SIS) has assumed a leading role in the reform of the health information system for first level of care facilities**

**Body Copy:**

Expansion processes of health information systems need a strong financial backup in order to be successful. This proved to be the case in hospital facilities, and a similar situation is expected for implementation in first level of care facilities.

On the basis of the successful experience of coordination with SIS for defining a strategy to expand the use of GalenHos in public hospitals, the General Office of Information Technologies (Oficina General de Tecnologías de Información-OGTI) assumed the leadership role in the expansion process of GalenHos for public first level of care facilities.

MIDIS, as part of its mandate to evaluate and monitor results on interventions linked to the longitudinal follow-up of child chronic malnutrition asked the MoH in Q2 to inform on existing systems that would allow the generation of such information. However, MIDIS found that current MoH's HIS system for outpatient care does not comply with this institutional requirement. Besides, MIDIS had funds to stimulate initiatives supporting fulfilling these information demands.

Starting in April 2013, the project had coordination and TA meetings with OGTI and MoH staff. Likewise the project held coordination meetings with MIDIS M&E office to make a demonstration of GalenHos. MIDIS M&E office also wanted to assess the possibility of generating strategic indicators for MIDIS, regarding chronic child malnutrition using regular information systems, such as GalenHos. MIDIS officials confirmed the fact that they had funds for providing financial support to implementing information systems similar to GalenHos that are focused on first level of care facilities.

On July 2013, MIDIS transferred around 27 million soles to SIS to improve the information systems for first level of care health facilities<sup>45</sup>. As a response to this financial signal, SIS created an ad hoc project called Project SIGES. SIGES is the generic name for any information system oriented to facilitate the register of providers' health data.

---

<sup>45</sup> DS 181-2013-EF

Starting in August 2013, SIS and the HP project have carried out a collaborative work oriented to the expansion of GalenHos<sup>46</sup> to public health facilities. The use of these funding has been destined for:

- Purchase of computers for first level of care public health facilities.
- Leasing of an office for the exclusive use of Project SIGES. This office has been equipped with furniture, multimedia, telephone service and internet, and serves for executing training activities, making new developments and maintenance of GalenHos, and for general coordination of the implementation process (see picture 1).
- Purchase of IT equipment for the Project such as servers and laptops for implementer staff.
- Preparation of training material (see picture 2).
- Hiring a team of implementation experts (processes, network and database management)
- Hiring of implementer supervisors and general coordinators to support OGTI in the execution of Project SIGES.
- Hiring of software developers to accelerate and potentiate work that is being performed by HP project.

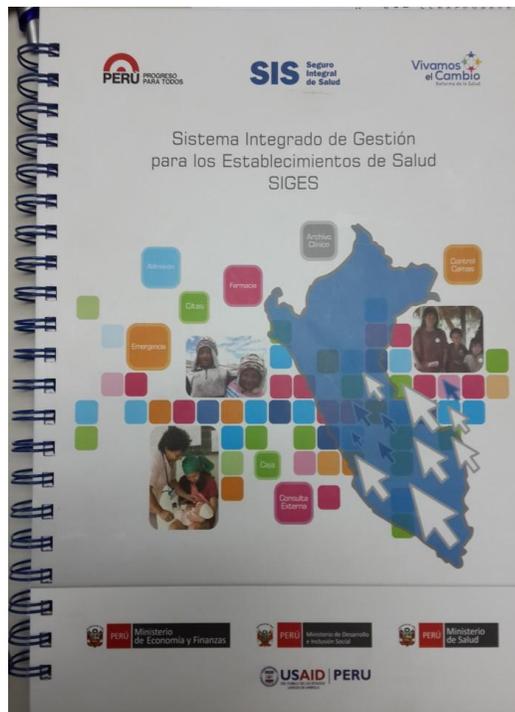
In September 2013, funds were distributed from SIS to RHDs to proceed to the decentralized purchase of equipment (see picture 3). This experience documents the start of a successful and sustainable implementation process for health information systems in the public domain.



**Picture 1.** Training classroom at the SIGES office within SIS. HP project staff is providing training on GalenHos operation.

---

<sup>46</sup> GalenHos health information system is evolving into a comprehensive information suite that includes the following applications: hospital application (GalenHos), first level of care application (GalenCen), and RHD / MoH / SIS application (GalenMart).



**Picture 2.** Training material developed by SIS for SIGES project. Institutional logos of the Health Reform initiative, SIS, MoF, MIDIS, MoH and USAID can be observed.



**Picture 3.** SIS representative signs the transfer of funds document to RHDs. Approximately 21 million soles will be used for providing IT equipment for first level of care public health facilities. Attending the signing ceremony are the SIS OGTI manager, the Chief of Party of HP project and the Team Leader of the health information component. The picture is taken at the SIGES project office in SIS.

**Background Information:**

Public health facilities in Peru face two undesired situations regarding information management: they do not have automated information systems; if they have them, these are segmented and data is difficult to process, generating inconsistent information. This fact constitutes an obstacle for the improvement of health decision making. GalenHos was developed as a solution to this problem. However for GalenHos to represent a sector solution, it needs the support of an institutional champion that advocates its use and informs on its advantages over conventional information systems in operation.

**Contact Information:** Please list the name of the person submitting along with their contact information (email and phone number).

Jose Revoredo [jose\\_revoredo@polsalud.org](mailto:jose_revoredo@polsalud.org) , 4176000 Anexo 6005

Alfredo Sobrevilla [asobrevilla@polsalud.org](mailto:asobrevilla@polsalud.org) , 4176000 Anexo 6001

**Implementation of GalenHos in hospital facilities**

**Program Element: 3.1.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS**

**Key Issues:** *Health Systems Strengthening (HSS), Health Information Systems (HIS), HIS implementation (HISI)*

**Title:** GalenHos Implementation Expansion nationwide

**Headline:** **The Comprehensive Health Insurance has been created as the driving force of the GalenHos Health Information System, and is the leader for its expansion nationwide.**

**Body Copy:**

On September 2012, the MoH requests from the HP project TA in order to create a plan for the strengthening of information systems in MoH hospitals through GalenHos. The strategy is intended for those facilities lacking adequate information systems according to institutional needs of the sector (management, financial, control, etc).

On October 2012, HP project presented the document "Proposal for GalenHos Implementation Expansion Plan to the MoH", with a plan scheme and a proposal to implement the expansion process requested. On November 2012, MoH establishes the goal of the expansion to 34 hospitals for a one year process.

On December 2012, MoH appoints SIS as the leader for the implementation of the expansion process. Between December 2012 and January 2013, the project and SIS's OGTI office performed a collaborative work to provide GalenHos with a support module customized to SIS's information needs. This module also generates official SIS forms (Formato Único de Atención – FUA).

SIS has shown to be empowered on the expansion process, promoting GalenHos during several visits to hospitals in Lima and regions. These visits had the presence of officials from DGSP, OD, and OGEI.

On February 2012, SIS and the project had a presentation in the MoH auditorium to present GalenHos and to identify the hospitals to be included in the implementation process. This meeting had participants from 25 hospitals in Lima and, from 12 regions (through teleconference).

Currently, SIS is convinced on the use of one integrated local information system as the main source for the different information needs (local management, financial management, statistics and decision making, etc.). SIS is also convinced that GalenHos is a suitable tool for this purpose. OGTI manager systematically includes as part of his speeches and presentations on hospital information systems that: "GalenHos may not be the best system in the world or in Peru, but it has demonstrated that it is a system that works, is useful and complies with the requirements that we expect for any health information system, it is free, it is at our complete disposal, and we will not need to go through the endless process of waiting for the best information system to come".

On March 2013, the GalenHos-SIS module passed a revision phase by SIS OGTI. This was made by a consultant hired by SIS. This technical process has been finished and GalenHos expansion is dependant on the resources available to fund the strengthening of IT infrastructure within public hospitals that will be implementing GalenHos. The expansion plan involves 31 hospitals that have signed agreements with SIS for the implementation of GalenHos. From these, 8 are located in Lima. SIS is formally proceeding to advance budget transfers needed starting the execution of related activities.

## Section 7: Best Practices developed by the project

### MULTI-ANNUAL INVESTMENT PLANNING FOR HEALTH FACILITIES

Experience documentation

June 2013

Author: Cosavalente, Oscar – USAID|Perú|Health Policy Reform Project

Origin of the experience: Perú, Ministry of Health

#### Summary

After the approval of the Framework Law for Universal Health Insurance (AUS) and, as a consequence, the Essential Health Insurance Plan (PEAS) in 2009, the Ministry of Health (MoH), with technical assistance from the HPR project, prepared a set of instruments to define resources needed to strengthen health care provision. One of these instruments consisted of a methodology for multi-annual health investment planning. This methodology sets parameters for service use; physical requirements, including infrastructure and medical equipment; and distribution criteria for health production units. Overall, the methodology is aimed at providing an effective response to at least 85% of all demands for medical service across the country.

The methodology was approved in July 2012<sup>47</sup> and has been used to identify requirements for establishing 748 strategic facilities across the country. The methodology has also been used to define comprehensive investment projections for the San Martin and Ayacucho RHDs. In this way, a new rationale is being introduced to manage health investments in Peru. This approach will allow predictability of investments and will accordingly reduce the high discretionality in allocating investment resources for health in Peru.

#### Stakeholders and Partners

The MoH is a key stakeholder and supports nationwide expansion of the methodology in 2013. Another important stakeholder is the Ministry of Finance (MoF), which is the main decision-making institution regarding investment issues. The MoF has decided to accept the validity of all the planning results produced by the methodology and will take the results into consideration when formulating investment profiles for strategic health facilities.

#### Methodological Approach

The methodology is based on the development of use parameters for health services and health provision units within a health network (including health facilities categorized as I-1 to II-1 and II-E) so as to allow the integral provision of PEAS. For this purpose, a comprehensive diagnosis is made regarding the operational capacity of every facility and its health provision units. Subsequently, demand estimations are made for the next ten years, and an infrastructure and equipment gap is defined on that basis.

---

<sup>47</sup> Ministerial Rule 577-2012.

The methodology formulation process was done in close collaboration with technical teams from the General Office of Health Care (DGSP); the General Office of Infrastructure, Medical Equipment and Maintenance (DGIEM); and the Investment Project's Office (OPI). The process lasted a year.

### **Validation**

Validation was made in two zones: the San Martin RHD, with 101 health facilities that serve 350,000 inhabitants in zones of intermediate and low population density; and San Juan de Lurigancho (Lima), with 34 facilities that serve approximately one million inhabitants. In contrast to San Martin, San Juan de Lurigancho has the highest population density in the country.

### **Innovation and Success Factors**

The use of the methodology has allowed health authorities at the regional and national level to have a global perspective on how health facilities of medium and low complexity should be arranged. In this way, confidence is generated in the health sector's ability to organize itself and its facilities; through this, the fundamentals are established for a sustainable mechanism for health investment financing.

### **Results**

Projections from investment planning reveal the following results:

- Medium-complexity hospital provision will drastically increase by 121%.
- Primary care provision will be strengthened since it will also include basic specialized medical care and short-term inpatient care. These facilities will increase by 45%.
- Low-complexity health facilities will be absorbed by integrated health networks or by stand-alone facilities upgraded. Low-complexity health facilities will reduce in number by 63%.

In the San Martin RHD, use of this methodology has allowed the San Martin regional government to prepare an integral mega-initiative that groups the requirements of 207 health facilities located in 37 high-priority districts, defined by high prevalence of chronic child malnutrition. To date, MoF negotiations on the proposal have been successful. This will allow a significant overhaul of basic health facilities and will put the public health sector in a better position to face the challenges posed by chronic child malnutrition.

The methodology has allowed that investment requirements from seven strategic health facilities be included within the global proposal with exemption of feasibility study. This fact has provided consistency in developing the complete proposal for the investment package in less time. It has served to reduce processing time of the investment proposal to four months. As a result, the San Martin regional government has received an extra 69 million soles in addition to the normal budget; this represents a 263% increase. These funds will be used during the second half of 2013.

### **Conclusions**

The multiannual health investment planning methodology facilitates the identification of investment requirements to strengthen health services in a network arrangement. Among the main benefits of methodology use is the strengthening of the governance role among national and regional authorities regarding allocation of investment resources; the reduction in duplication of investment initiatives when presented on a facility-by-facility basis; and shortened processing time in the advancement of an investment project initiative.

### **Recommendations**

- Expand the application of the methodology to RHDs throughout the country. This will require the MoH to start a training-of-trainers program.
- Update health technical norms that approve the parameters for service use, infrastructure, medical equipment and staffing in order to stabilize projections already established by the methodology.
- Generate tools that allow a better understanding of the methodology and increase chances to sustain proposed changes over time.
- Expand methodology logic for use in the planning of more complex health facilities.

### **Next Steps**

- Disseminate the results of the investment planning process so that its generalized use is easier to achieve and accept by regional and local governments.
- Expand the use of the approach to higher-complexity health facilities.

---

**IMPROVING HEALTH HUMAN RESOURCES MANAGEMENT FOR UNIVERSAL HEALTH COVERAGE**

Experiences documentation

March, 2013

Hidalgo, Luisa – USAID/Peru/Políticas en Salud

Perú, Región San Martín.

**Summary**

In April 2009, the Peruvian Government approved the “Universal Health Insurance Law” (UHI Law) with the intention that "all residents in the country have a health insurance, which allows access to a range of health benefits in illness prevention; health promotion; and recuperative and rehabilitation care, under suitable conditions of efficiency, fairness, timeliness, quality and dignity on the basis of Universal Health Insurance Essential Plan (PEAS)". In order to implement the UHI Law, it is necessary to determine the capacity of the Peruvian health system to provide PEAS to all, as was established in the law. One of the main concerns is to identify the human resources gap and define strategies to cover it in order to meet population health needs.

USAID/Perú/Health Policy Reform project (HPR project) provided technical assistance to San Martin Region in order to identify HR gap for PHC in all health facilities. This experience was developed during 2012.

**Stakeholders and Partners**

One of the main problems of health services is the lack of HR and the few that exist are poorly distributed, it cannot provide the whole package of care that has been established by the standards of care. Therefore, much of the population has no access to comprehensive care and quality. Therefore, the improvement in the management of human resources in health and specifically on their planning, benefits users of health services of San Martin HRD. Similarly, managers at different levels benefit directly because they improve their performance by using new management tools. Since the basic package of care is targeted primarily to the mother and child, women and children benefit most from the implementation of this best practice.

**Methodological Approach**

HPR project defined a methodology to calculate HHR requirements and gap to provide PEAS, for the first level of care, using Need-Based Approach and adapting WHO Workload Indicators of Staffing Need (WISN) methodology.

The methodology consider: all the PEAS procedures, size and distribution of the population, available working time, standards of time for each procedure, type of health facility, rurality index of the district (to adjust calculations for remote and dispersed areas).

A spreadsheet was designed to easy calculations at the micro-network level, which are added to the network level and then at regional level, in a bottom-up approach.

**Validation**

Each component of the methodology has been designed jointly with the technical team of the MOH. To have some necessary variables, according to the methodology, the Ministry of Health funded two

consultancies: a) the index of rurality of San Martin and b) the survey to determine the “available working time” to provide PEAS package at the first level, done in Ayacucho.

Each step of the methodology was validated in workshops with management teams of HRD, networks and micro networks of Ayacucho, San Martin and Ucayali. The MOH technical team accompanied some of these validation workshops.

After defining the methodology and after collecting the necessary information, workshops to estimate HR requirements and the respective gaps was developed in all micro networks of San Martin HRD.

After obtaining the information of each micro network, information is consolidated at the network level and then at the regional level. This provides a regional perspective on the issue of allocation of human resources, proposes a better distribution of HR for each of the networks and prioritize adding new HR. In this way the information goes from the bottom-up and allows decisions from different levels

### **Innovation and Success Factors**

This experience allows estimates from local, using a fairly simple spreadsheet that can be handled with existing computers at these levels. The main problem to be replicated in other regions, is the lack of a regional update on the current availability of human resources in each of the health facilities. Unfortunately, there is no information system to report periodically rotations staff and new hires, which flow from the micro network to DIRESA.

### **Results**

The methodology was applied to all the micro-networks of San Martin Regional Health Directorate (RHD) and these are some results:

- "Health Workforce-to-Population Ratio" approach is useful to estimate HHR needs at national and regional level, but it is not useful to calculate HHR requirements at micro-network level. At regional level, using this approach, San Martin RHD has 0.210 doctors, 0.279 nurses and 0.314 midwives per 1,000 inhabitants (**0.8** per 1,000). The 2006 World Health Report states that “countries need *at least 2.28 doctors, nurses and midwives per 1,000 population* to ensure skilled attendance at birth”. San Martín has severe shortage of health professionals, especially physicians (for example, in one network, the ratio is 0.177 per 1,000 inhabitants).
- The HPR methodology let calculate HHR needs at network and micro-network level. With HPR methodology, San Martin requires 419 doctors, has only 157 and needs 262 more, a large gap that will take many years to be covered unless San Martin develops innovative strategies. In the case of nurses, San Martin requires 500, has 209 and need 341 more nurses, similar situation to that found for physicians. The case of midwives is less alarming, it requires 298; it has 235 and needs 63 more.
- Regarding distribution, the scarcity of physicians, nurses and midwives is more in Networks with more population. But, we found over staffing of midwives in some networks and micro-networks.

### **Conclusions**

But, in order to define strategies to cover the gap, the analysis of only HHR is not enough to understand and identify the causes of the main problems. In the case of San Martin:

- There is a huge gap in doctors and nurses in all networks and micro-networks.
- At the regional level there is a slight gap of midwives, but in some networks and micro-networks we found over staffing.
- There is no current and reliable information on the number of professionals currently working in different health facilities of primary care either on their employment status.
- 77% of health facilities are health posts, which equipment is so basic that does not justify placing a physician. These health facilities have to provide healthcare to 276.637 inhabitants (37% of San Martin population), these population has the right to receive medical care.
- On the other hand, there are 20 health facilities that have less than 200 inhabitants.
- Despite having evidence of shortage of doctors and over staffing of midwives, midwives are still hiring.
- The few doctors, who are hired, quit a few months later because of low wages, living conditions in rural and remote areas, lack of communication by telephone, internet or cell, among others.

### **Recommendations**

- Assign officially some tasks from nurses and midwives to health technicians taking into account WHO recommendations regarding "Task shifting". In the same way, transfer some tasks from physicians and nurses to midwives.
- Improve distribution of midwives inside each network. Monitor quality and productivity of health facilities with over staffing of midwives in order to take advantage of this additional staff.
- Define and make official a process to maintain HR information updated, from micro-networks to HRD.
- Improve infrastructure and equipment of health posts to let assign physicians with capacity to solve or refer population with health needs.
- Evaluate the organization, distribution and functioning of all health facilities and define a new approach to cover health needs of the entire population with equity and more efficiency.
- Develop clear and objective processes to recruit, select and hire competent health workers, based on HHR gaps calculations, job profiles and fair salary scales.
- Improve working conditions and salary scales to recruit and retain competent personnel.

### **Following steps**

All of these problems are related to managerial capacities to make effective decisions in order to "have the right person in the right place, doing well what they have to do".

In this sense, San Martin is implementing the following strategies:

- A salary scale for the first level of care, considering differences of rurality, distance of the health facility to the best development city (Tarapoto), distance of the health facility to remote areas.

- For the first level of care, a process of recruitment and selection based on HHR gap and job competencies, taking into account job profiles and salary scale; in order to retain skilled health professionals.
- For managerial positions, technical assistance to capacity building in HHR management. Simultaneously, the definition of managerial competencies, job profiles and a process of performance evaluation in order to identify the gap of competencies and design capacity development programs in health management.

Summarizing, to achieve universal health coverage (UHC), is necessary to develop HHR management strategies, including: the estimation of the needs of human resources from local and accurate allocation of human resources, based on health needs of the population, the development of transparent recruitment processes and incorporation of new staff (care, administrative or managerial) with fair and equitable pay scales in order to retain them; the implementation of performance evaluation in order to improve competencies and the quality of care; the improvement of working conditions with safety and security measures; among others.

## Section 8: List of Upcoming Events

- TA in the formulation of the Regulation of Organization and Functions and the Table for Assignment of the Personnel of Moyobamba Hospital.
- TA in the elaboration of the Health Regional Plan.
- TA in the elaboration the model of management of the MHN.
- TA: Evaluation of the longitudinal follow-up of the PAIMNI in the Health Networks.
- TA in the second qualification of the health facilities I-4 that are in the area of the PAIMNI.
- TA in the design of the system of reference and counter reference from the MHN sentinele towards Moyobamba Hospital.
- Technical Meeting to present the cost allocation methodology of the Operating Plan at micronetworks level in the San Martin region.
- Technical Meeting: Findings from quantitative and qualitative study of financial flows under executing units budget in the case of the Moyobamba Network, Jepelacio Micronetwork and establishments members.
- Technical Meeting: Changes in the methodology for estimating burden of disease.
- Technical Meeting: Key aspects for monitoring an actuarial study contract.
- Technical Meeting: Financial estimation of PEAS approved.
- Workshop of GalenHos software for programmers of hospitals in agreement.
- Workshop of GalenHos software for users of hospitals in agreement.
- Strengthening Workshop of GalenHos for trainers in San Martin Region on the use of GalenHos software
- TA in the design of an operating procedure manual for health networks managers' performance assessment in San Martin RHD.
- TA in the design of an operating procedure manual for recruitment and selection of first-level-of-care health staff in San Martin RHD.
- TA in the design of a strategy for implementing competency development centers at network level, San Martin RHD.
- MoH: TA in the rapid assessment of HRMS selected processes in all RHDs.
- MoH: TA in the design and implementation of a complementary HHR information system at national, regional and local level.

## Financial Reports January 2010 – September 2013



**USAID**  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMERICA

**PERU**

**POLITICAS  
EN SALUD**

### FINANCIAL REPORTS

January 2010 – September 2013

**USAID/Peru/Políticas en  
Salud**

Contract No. GHS-I-10-07-00003-00

*Submitted by:*

**Abt Associates Inc.**

Av. La Floresta 497

Ofic. 101

San Borja

Lima - Perú

**In Partnership with:**

Futures Group

International

Abt Associates Inc.  
TASC3 Peru HPR  
January 2010 - September 2013- Quarterly Financial Summary

<b>Total Contract:</b>	<b>\$12,808,838</b>
<b>Amount obligated to date:</b>	<b>\$12,808,838</b>
<b>Unobligated balance:</b>	<b>\$0</b>
<b>Expenditure to September 2013</b>	<b>\$10,382,948</b>
<b>Remaining obligated funds:</b>	<b>\$2,425,890</b>
<b>Expenditure to September 2013</b>	<b>\$10,382,948</b>
<b>Remaining total contract funds:</b>	<b>\$2,425,890</b>

**Table A - Costs Incurred by Main line items**

ITEMS	Total Contract	Accumulated	Balance
	Budget		
<b>BY BUDGET ELEMENT</b>			
I. LABOR	\$3,039,088	\$2,396,144	642,944
II. FRINGE BENEFITS	\$1,276,417	\$1,011,594	264,823
III. OVERHEAD	\$879,696	\$676,216	203,480
IV. CONSULTANTS	\$836,271	\$989,095	-152,824
V. TRAVEL AND PER DIEM	\$296,942	\$250,026	46,916
VI. ALLOWANCES	\$0	\$21,195	-21,195
VII. OTHER DIRECT COSTS	\$1,852,290	\$1,475,570	376,720
VIII. EQUIPMENT	\$31,637	\$44,493	-12,856
IX. SUBCONTRACTS	\$2,274,432	\$1,699,231	575,201
X. OTHER INDIRECT COSTS	\$1,484,104	\$1,201,771	282,333
XI. TOTAL ESTIMATED COSTS (Exclusive of Fee)	\$11,970,877	\$9,665,216	2,305,661
XII. FEE	\$837,961	\$600,444	237,518
Burdened Salary Cap Excess	\$0	\$117,289	-117,289
<b>XIII. ESTIMATED COSTS PLUS FEE</b>	<b>\$12,808,838</b>	<b>\$10,382,948</b>	<b>\$2,425,890</b>

**Table B - Costs Incurred by Component/CLINs**

	100	200	300	400	500	Total Executed
	HEALTH GOVERNANCE	HEALTH FINANCING	HEALTH INFORMATION	HUMAN RESOURCES	MEDICAL PRODUCTS, VACCINES AND TECHNOLOGIES	
	\$696,087	\$758,554	\$495,389	\$215,951	\$230,163	\$2,396,144
	\$293,354	\$320,559	\$209,703	\$90,986	\$96,993	\$1,011,594
	\$194,998	\$215,734	\$140,019	\$61,594	\$63,870	\$676,216
	\$274,581	\$340,375	\$142,730	\$142,915	\$88,493	\$989,095
	\$78,190	\$75,709	\$33,631	\$36,810	\$25,685	\$250,026
	\$5,436	\$8,539	\$3,431	\$2,400	\$1,390	\$21,195
	\$433,467	\$474,808	\$210,398	\$219,523	\$137,374	\$1,475,570
	\$14,779	\$13,669	\$5,530	\$5,805	\$4,710	\$44,493
	\$497,453	\$515,946	\$289,366	\$248,543	\$147,923	\$1,699,231
	\$367,925	\$349,913	\$196,526	\$180,017	\$107,390	\$1,201,771
	\$2,835,894	\$3,037,735	\$1,696,310	\$1,198,435	\$896,843	\$9,665,216
	\$181,030	\$182,027	\$106,104	\$72,207	\$59,076	\$600,444
	\$24,544	\$47,631	\$29,440	\$8,913	\$6,760	\$117,289
	<b>\$3,041,467</b>	<b>\$3,267,393</b>	<b>\$1,831,853</b>	<b>\$1,279,555</b>	<b>\$962,680</b>	<b>\$10,382,948</b>

## Supplementary information per component

### Health governance component

#### Information on the support to regions in adapting to their new roles in a decentralized health sector

During January and February 2013, HP project had meetings with officials and consultants to discuss redesigning the organization of SMT RG. HP project also supported final drafting of the SMT RHD Rule for Organization and Functioning, based on the functions and competences assigned to the SMT HDR.

This year, the director of the SMT-RHD prioritized the organizational and functional redesign of its organizational units, including its RHD headquarters. For this purpose, the SMT-RHD requested the project its TA in developing management documents<sup>48</sup>.

This work was difficult because the redesign of the RHD organizational structure does not match traditional health paradigms, as outlined below:

- It emphasizes individual and collective health activities rather than administrative activities.
- It defines the role of each SMT-RHD unit. RHD headquarters has a leading role in health management. Health networks are responsible for the operational and tactical role in health management. Operations offices are responsible for providing administrative support.

The identification of RHD headquarters functions facilitated the following developments:

- Established rules for coordinated work rather than ad-hoc arrangements which were traditionally the case<sup>49</sup>.
- Prioritized health promotion and preventive care. For this, new specialist positions were created to promote healthy lifestyles and health education.
- Transferred positions within the Collective Health Unit to the Regulation Unit.

The same approach was used to develop HN documents.

#### Information on the support for the decentralization process, by extending responsibilities to even lower levels of the political structure

HP project has provided TA in the implementation of PAIMNI program region-wide in the following aspects:

- Design and description of the PAIMNI project proposal

<sup>48</sup> POLSALUD convened seven participatory workshops that culminated in the development of regulations for SMT-RHD organization and functions. These were compiled into the "Manual for Organization and Functions within the SMT-RHD, the HN and Operations Offices".

<sup>49</sup> Example: Managers from nutrition, CRED, immunizations and management of childhood diseases form a working group for the comprehensive care of children.

- Design of the PAIMNI Operations Manual: Component I.
- Identification of 37 districts in San Martin with higher incidence of chronic child malnutrition.
- Development of operational guidelines, including 14 effective interventions to reduce chronic child malnutrition.
- Identification of Jepelacio, Lluylucucha and Soritor as sentinel HMNs at the start of PAIMNI implementation.
- Clarify responsibilities for SMT RG and SMT RHD as related to PAIMNI implementation
- Execution of PAIMNI related workshops regarding sectorization, affiliation, and longitudinal follow-up.

HP project has provided TA to SMT RHD in the implementation of PAIMNI program in sentinel HMNs in the following aspects:

- Identification of a responsible within each sentinel HMN that is accountable for monitoring and coordinating the correct implementation of PAIMNI.
- Carried out a second evaluation of medical records on the level of provision of effective interventions to PAIMNI target populations. Satisfactory results were observed in Lluylucucha and Jepelacio.
- Promoting the presence and participation of a PAIMNI official from Moyobamba HN, so that the official could learn about the evaluation methodology and how to apply it afterwards.
- Data entry of nominal lists of children and pregnant women into GalenHos.

Concerning the scaling up of PAIMNI to the rest of the region, the project drew up a work plan, which was approved by the SMT HDR. Relevant aspects to point out are the following:

- SMT RHD designated responsible individuals for PAIMNI for each HN
- HP project provided TA to PAIMNI officials in the sectorization, individual identification of target populations, and longitudinal follow-up processes and developed supporting materials.
- HP project led the execution of a workshop on sectorization and individual identification of target populations in one HN. SMT RHD led the execution of eight additional workshops, although HP project was present as a facilitator.
- Sectorization and nominal lists for children and pregnant women are available to allow nutritional follow up as well as the delivery of effective interventions.
- By September 2013, HMNs started sending information regarding the number of children under one year and pregnant women as well as identifying children with chronic malnutrition. This information is not yet consistent so it lacks validity, but it is a sign that HMN health personnel are beginning to identify target populations.

## Health financing component

### Information on the improvement of health coverage of poor and vulnerable populations

#### **Regarding the TA to health sector resources (regardless of source) are complementary to promote equitable access to health services**

HP project is providing TA to the MoH to update the Health Insurance Plan (Plan Esencial de Aseguramiento en Salud – PEAS). This work is being advanced through weekly meetings starting in March 2013 up to date.

#### **Regarding the TA to enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package**

The project has started the preparation of the report on monitoring of health insurance status at national y regional level between 2011 -2012. Results will be presented as a part of the deliverable on health insurance next December 2013. For this purpose, the project is performing a review of national surveys (ENAHO, ENDES) as well as regular statistics from SIS and EsSalud.

#### **Regarding the TA to design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises**

The project is monitoring the implementation of the semi-contributory insurance to vulnerable groups. This includes 235,000 records (from SUNAT) from NRUS taxpayers that SIS is checking to include as new insurees. Besides, the project performs the regular review of national surveys (ENAHO) and the statistics from SIS.

### Information on ensuring the efficiency and equity in health resource allocation

#### **Regarding the TA to design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities**

The project continues its monitoring on the volume, distribution and management of resources for health at the national and regional level. The project performs a regular review of SIAF data.

#### **Regarding the TA to assess the current system for financing health service provision under decentralization and universal health insurance**

The project has supported improvements on budget management and its link to health outputs at the regional level. San Martin RHD applies operative plans to improve budget management and verify health outcomes with health providers (HMN) and health indicators with HN. This has required intense work with SMT RHD (monthly visits, bimonthly workshops and regular technical file exchanges SMT RHD).

#### **Regarding the TA to 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 HP project is monitoring funds transferred to RGs. Regarding SIS funds; it will be interesting to know whether SIS–RG agreements are successful to enhance SIS coverage on target populations, and to improve the quality of care provided. For this purpose, the project also holds regular meetings with the budget office of SMT RG.

HP project has continued providing TA to improve management processes for investment projects in 748 strategic health facilities. This TA is provided directly to the MoH.

## **Health information component**

### **Information on the strengthening the capacity to collect, analyze, and use data in the health sector**

#### **Regarding the TA to 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**

The project provided TA provided to the Information Sub Committee of the National Health Council (CNIS-CNS) for the preparation of the Health System Yearbook 2011-2012. The project also provided TA to CNIS-CNS to advance a proposal on health information systems reform. Meetings were held in December 2012, January, April, May, and July 2013.

#### **Regarding the TA to improve data collection methods**

Besides improvements in GalenHos software, already presented, during FY 2013 the following technical workshops were organized by the component:

- Workshop on SQL management and on data cubes generation, using as inputs the SIGA and HIS databases from San Martin. Workshops were held on November and December 2012.
- Training to GalenHos users. Workshops were held on October and December 2012; and on March and June 2013.
- Training to GalenHos developers (technical partners from hospitals with GalenHos under implementation). Workshops were held in February and March 2013.
- Training to GalenHos implementers. This training was co-organized with SIS. Workshop was held in September 2013. More workshops are expected to be executed during FY 2014.

The component performed an assessment on the trademark that has been associated to GalenHos. It was decided to make a transition on the software denomination to better reflect its comprehensive character (that is an IT suite). Currently, legal consultations are in process with INDECOPI to register the application as SIS-GalenPlus. Documentation was presented in September 2013.

#### **Regarding TA to monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region**

This process is in its initial stages. Joint activities were developed with the health financing component of the project to update medical procedures coding that is being used in the technical definition of PEAS.

#### **Regarding TA to streamline and improve the HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently**

HP project has emphasized in every technical and demonstration session of GalenHos (23 to the moment) that there is critical need of integrated health information applications and of interoperability. The project has highlighted that GalenHos is planned and prepared to generate regular health information for the following fragmented information applications that are

heterogeneously implemented in public facilities: HIS, SIS, SISMED, SIP2000, and SEM. The project has also highlighted that it complies with the interoperability data frames required by SUNASA.

### **Regarding TA to support the implementation of regional action plans for the improvement of the performance of the regional HIS**

The health information component has organized 23 technical meetings with SIS OGTI linked to the planning of the expansion of GalenHos to public health facilities nationwide. These meetings included the identification of implementation phases of the expansion project, resources required, the preparation of required technical profiles for implementers and the corresponding terms of reference. Meetings were held in 2012 in November (two meetings), and December (three meetings). In 2013 meetings were held in January (four meetings), February (two meetings), March (two meetings), April (two meetings), May (one meeting), July (four meetings), August (three meetings) and September (one meeting).

The health information component has made 23 demonstration sessions of GalenHos during FY 2013. As a consequence, seven institutional agreements were signed. Demonstrations were made to Dos de Mayo hospital (October and November 2012), Sergio Bernales hospital (November 2012), Lima Sur RHD (November 2012 and May 2013), Sullana hospital (November 2012), Ica Regional Hospital (January 2013), Casimiro Ulloa hospital (March, April, and June 2013), SISOL (March 2013), Honorio Delgado hospital (May, and June 2013), Victor Ramos Guardia hospital (June 2013), DIRSAN PNP (June, and August 2013), Chulucanas hospital (July 2013), and San Juan de Lurigancho hospital (July 2013).

### **Regarding TA to ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels**

The project organized technical meetings with several institutional actors of the sector in order to make presentations on interoperability standards, interoperability data meshes, and IT procedures to consolidate heterogeneous health data catalogues. Meetings were held with FISSAL (October 2012), SUNASA (October 2012, February, May and June 2013), CNIS-CNS (December 2012, January and July 2013), and SIS-OGEI (November 2012 and May 2013).

The project had technical meetings with the Catholic University to ask its clinical imaging unit prepare a technical proposal on the definition of an interoperability application for radiological images. Meetings were held in October and November 2012. The project is looking after financial sources to fund this development.

## **Health workforce component**

### **Information on the support for the design and implementation of a regional system for planning and managing the health workforce**

#### **Regarding the TA to build consensus to support health civil service reform**

The project supported the following activities during the period covered by this annual report:

- On November 8, 2012, the MoH convened a technical meeting entitled “Career Path for Health in Perú” to inform key actors about the experiences and developments at the regional and national level in the construction of a career path for employment in health. The meeting sought to secure the active participation of stakeholders in the construction of this career path. The project was invited to give a lecture on background information related to health careers in Perú; the lecture focused on the progress made in defining the

principles of a health career path. Participants agreed to prioritize remunerative scales for health personnel working in remote areas as a component of supporting and making health careers more attractive.

- The project participated as a technical advisor at meetings of the Human Resources Technical Committee (CONADASI) of the National Council in Health (CNS). The project was a member of two sub-committees: one sub-committee was tasked with preparing a proposal to evaluate national health human resources policies while the other sub-committee proposed strategies for health human resources (HHR), which will be incorporated into the health reform document.
- During April and May, the project provided technical support to the General Directorate of Human Resource Management (GD-HHR) within the MoH to analyze HHR issues and design reform proposals to be discussed at national and regional levels. The MoH presented these proposals to key regional actors at three macro-regional meetings and at the International Seminar on Health Reform. To summarize these developments, the CNS defined and approved four mandates related to HHR:
  1. The MoH and regional governments will implement a new comprehensive remunerative policy based on merit, performance and risk, according to the level of care.
  2. The MoH will regulate the undergraduate education of HHR to meet the health care needs of the population.
  3. The MoH will regulate postgraduate training of HHR to match supply to the health needs of the country.
  4. The MoH and regional governments will apply non-pecuniary incentive schemes to recruit and retain staff who work in less developed areas.
- On July 16, Congress passed legislation granting authority to the Executive to prepare specific laws to strengthen and reform the health sector. This occurred after extensive discussion and support by the ministers of health and labor; 65 representatives voted in favor, one voted against and 33 abstained. The health minister believes that through these special faculties the Executive will pass laws that will allow to close the gap in infrastructure and HHR for health services using short- and medium-term planning. She also indicated that the remuneration gap in health staff will improve gradually. This reform means that the government will allocate S/ 1,200 million in 2014, S/ 1,400 million in 2015, and almost S/ 1,700 million in 2016.
- On September 12, 2013, one of the HHR mandates was approved through legislative decree No.1153. The objective of this comprehensive compensation law is to achieve higher effectiveness, efficiency and quality in the provision of health services. Regulations within this law, which would allow these improvements to be implemented, are currently being developed.
- One of the main constraints for human resources management (HRM) in all regional health directorates (RHD) is the lack of timely and reliable information on current HHR allocation. Not one of the existing HR information systems records the number of HR working in each health facility by funding source. In some cases, local governments, civil society institutions and international agencies pay health personnel in remote areas; this information is not recorded in any system. Similarly, staff mobility, either through resignation or by transfer, is not registered. These types of information are not recorded at the health facility level and

therefore not consolidated at the network level. This results in the allocation of new staff or Civil Health Service in Rural and Marginal Urban Areas (Servicio Rural y Urbano Marginal en Salud – SERUMS) posts where they are not needed. The lack of information prevents efficient management.

To solve this problem, the Intergovernmental Committee on Health (CIGS) formed a technical committee to design a proposal to improve HRM at MoH and RHD levels. The HP project is supporting this committee in defining an HHR information system that complements existing systems and allows information to flow freely from health facility to RHD and MoH.

In addition, the project is supporting the CIGS in a rapid assessment of selected HRM processes at the decentralized level. The methodology and tools designed by the project to assess the HRMS in health institutions have been reviewed, adapted and approved by this committee and will be presented at the next CIGS meeting in October 2013.

**Regarding the TA to develop long-term plans for human resources, including development of an appropriate set of job functions at different professional levels and responsibilities in the health system and forecasting needs with respect to these functions**

The project supported the following activities during the period covered by this annual report:

- The project worked closely with the MoH in the design and validation of a methodology to be used nationally to estimate HR requirements and gaps for the first level of care; this methodology is especially important for “strategic facilities” where infrastructure and equipment will be strengthened. The methodology was formulated by taking into account methodology developed by the project in Ucayali, San Martin and Ayacucho, which was validated in three meetings with regional experts. Additionally, the MoH designed an application based on the methodology to perform HHR calculations; the project provided TA to validate the application in Ayacucho RHD through joint work with the Ministry of Social Inclusion (MIDIS). Currently, the MoH has designed national guidelines to calculate HHR needs; these guidelines are currently going through the approval process.
- The project provided focused TA to the Ayacucho RHD to train a team of professionals at the RHD, network and micro-network levels in all methodological steps from designing spreadsheets for health facilities to analyzing results from application of the spreadsheet. In the Ayacucho RHD, the development of a transparent recruitment and selection process for qualified first-level-of-care personnel was a main concern; the RHD needs personnel that are able to develop preventive care and health promotion activities to improve the health of the population. To find qualified personnel, it is necessary to have job profiles that describe the characteristics and requirements of the post. To accomplish this, the project provided TA in designing job profiles for all positions at the first level of care. With gaps identified, job profiles defined and a salary scale approved for the first level of care, the Ayacucho RHD will be able to select and retain competent and much-needed staff. Unfortunately, turnover in the Ayacucho RHD has prevented the approval of these technical documents.
- The San Martin Regional Health Directorate (SMT-RHD) reorganized all health facilities and created new networks and micro-networks in the last quarter of 2012. Due to this reorganization, they asked the project for TA in recalculating HHR needs. This TA led to a technical report about the HR requirements and gaps for each of its health facilities. Using the methodology to make estimates based on data recorded by each health facility, the results are aggregated according to micro-networks and afterwards to the network. This

report contains a proposal for contracts to be made in 2014 and 2015 to gradually and reasonably cover the large gap in doctors and nurses.

- During this period, the project also worked closely with the MIDIS and the MoH on a proposal to define HHR gaps in order to provide social programs such as CRECER, Cuna Mas and Pension 65.
- The project provided TA to a MIDIS technical team to design a scope of work to analyze HHR gaps in two micro-networks and develop a proposal to cover them. The HP project provided TA to working groups from Huanta health micro-networks and an Ayacucho RHD technical group to calculate the HHR gap. Additionally, the HP project helped the MIDIS in the recruitment and selection of an expert to work on the analysis.
- Geographic location, risk, low salaries and various social problems are important factors contributing to the scarcity of HHR in the Huanta network. Representatives from the Huanta network, Ayacucho RHD and MIDIS agreed that improvements to the SERUMS program, including better allocation, better living conditions and better compensation, are a priority.
- The HP project participated in SERVIR's "Brief Training Program" at the National School of Public Administration. The project shared its experiences, methodologies, tools and strategies developed to estimate HHR needs.
- According to SMT-HRD priorities, the following organizational units have defined job profiles:
  - Directorate of Human Resources Development (five job profiles)
  - Directorate of Operations (six job profiles in process)
  - Office of Strategic Sector Planning (six job profiles)
  - Office of Health Intelligence (nine job profiles)
  - Office of Legal Counsel (three job profiles)
  - Directorate of Health Sector Regulation and Audit (nine job profiles)
  - Directorate of Comprehensive Health (nine job profiles)
  - Office of Operations (nine job profiles)
  - Health Network (16 job profiles)
  - Micro-network (first-level-of-care personnel) (15 job profiles)

#### **Regarding the TA to develop competency profiles for health managers at the regional and health network levels**

The project supported the following activities during the period covered by this annual report:

- In the Ayacucho RHD, the HP project provided TA in designing HRM competency profiles which allowed the Ayacucho RHD to design job profiles for all positions within the HRM directorate. Currently, the team trained by the project in designing job profiles is receiving requests for TA from other sectors' HRM units. Unfortunately, turnover of RHD authorities has halted the approval of the regulation that enforces the implementation of HRM processes.

- In the San Martin RHD, the HP project provided TA to analyze the new organizational structure. Based on this analysis, the HP project supported the SMT-RHD in the definition of specific functions; job descriptions and analysis; and job profiles.

To support the creation of health network job profiles, the project provided TA in designing managerial competencies that are common to all managerial positions, which are called transversal competencies. By undertaking a bibliographic review, the HP project was able to consolidate a list of managerial competencies that was further analyzed by health network teams. The teams prioritized four managerial competencies, which will be used in recruitment, selection, training and performance evaluation processes. The managerial competencies that were analyzed include the following: leads, mobilizes and inspires teams; communicates messages verbally or in writing; helps others solve problems; maintains good interpersonal relationships; develops the potential of others; builds a vision; leads people to achieve results, goals and objectives; locates, attracts and retains the right people in the right jobs; uses resources responsibly; manages finances efficiently; can negotiate; maintains a satisfactory organizational climate; manages change; and implements plans, policies and programs in health. Based on these competencies, network working groups selected four managerial competencies to be included in all job profiles for managerial positions:

1. Maintain a satisfactory organizational climate.
2. Lead, mobilize and inspire teams.
3. Maintain good interpersonal relationships.
4. Use resources with a high sense of responsibility.

In addition to these transversal managerial competencies, the HP project supported health network teams in defining specific managerial competencies for each position. To do this, teams used the management competencies dictionary, which the project designed in conjunction with the SMT-RHD management team; this dictionary contains 86 specific managerial competencies. Each organizational unit reviewed this dictionary and identified competencies that match job functions. These competencies were incorporated into job profiles.

### **Regarding the TA to develop, implement and monitor regional and local strategies for human resources recruitment and retention**

The project supported the following activities during the period covered by this annual report:

- Initially, the HP project reviewed and researched experiences in other countries related to recruitment and selection processes in rural areas possessing unattractive recruitment conditions. Research findings confirm the importance of defined job profiles which are update-to-date and standardized; this facilitates efficient and effective recruitment and selection processes. The project's research also indicates that an attractive and competitive salary scale is a key tool in the recruitment process.
- In January 2013, the HP project completed a baseline evaluation of staff recruitment and selection processes in units 400 and 401 of the SMT-RHD. The purpose of the baseline assessment was to analyze, evaluate and establish the initial recruitment process in order to develop proposals to align and standardize recruitment procedures throughout the SMT-RHD, its networks and micro-networks. The project considered local realities, limits within the framework of current regulations, and recent modernization of HR management.

- The project conducted workshops with the SMT-RHD technical team to create a recruitment process proposal. The intention was to complete the proposal definition and ensure that it was aligned with the procedures performed at the various health network levels. At the request of the technical team, the HP project prepared a proposal for a directive containing all procedural details regarding the recruitment, selection and hiring processes.
- The SMT-RHD regional director and his team approved the management process flowchart for recruitment included in the project's directive. The flowchart provides well-defined procedures to follow when hiring staff and defines the organizational units involved as well as their level of participation and accountability.
- The HP project participated in SERVIR's "Brief Training Program" at the National School of Public Administration. The project shared its experiences, methodologies and strategies to optimize recruitment processes in health facilities nationwide.

### **Regarding the TA to develop policies and tools for ensuring continued staffing of health services**

To develop HRM processes to retain competent staff and ensure continued staffing, strengthening the capacities of HRM managers at different levels is essential. In pursuing this objective, the HP project was thoroughly engaged in activities related to defining the scope of HRMS in health institutions; assessing current HRMS functioning of HRMS; and supporting capacity-building activities for public managers and regional HRM teams.

The project supported the following activities during the period covered by this annual report:

- At the national level, the HP project worked closely with the MoH in the design and final revision of the technical document "Human Resources Management in Health Institutions". This document refers to HRMS components promoted by SERVIR and has been adapted for use in health care institutions. It is currently being approved by ministerial resolution.
- The project designed a tool to collect information on HRMS organization and functioning at the regional level. This tool was applied in Cajamarca and San Martín.
- The Cajamarca RHD assessed HRMS functioning at the RHD level through application of methodology and tools. This assessment was part of a training program developed by the project in coordination with the Program for Health Reform Support (Programa de Apoyo a la Reforma del Sector Salud – PARSALUD II).
- The SMT-RHD, in conjunction with HP project TA, developed a workshop to measure HRMS implementation at the RHD level. The SMT-RHD management team wrote a final report which is currently under final review. This technical document will be approved by directorial resolution.
- The project supported SERVIR in the final step of selecting participants for the first training program at SERVIR's National School of Public Administration. The HP project was a jury member and was responsible for evaluating candidates' analysis of a management case. The MoH and EsSalud asked SERVIR to organize the training program to improve the managerial skills of their managers. SERVIR selected Universidad Peruana Cayetano Heredia (UPCH) to manage the course.

- In addition, UPCH invited the HP project to participate in the development of the course entitled "Ethics, Social Responsibility and Human Resources Management"<sup>50</sup>, which is part of SERVIR's training program within the National School of Public Administration. Through this course, the project presented the methodologies, tools and instruments designed for the SMT-RHD and Ayacucho RHD. This program trained a total of 75 participants: 87% were physicians. 33 trainees (43%) came from RHDs; 29 trainees (39%) came from EsSalud and 10 (13%) from MoH. Overall, 41 participants were from Lima.
- PARSALUD II is developing the "Program on Health Management and Governance (PREG)" in nine regions<sup>51</sup> and requested that the HP project develop the human resources management module. All expenses related to this assistance were funded by PARSALUD II. The HP project developed a training module for use in the Cajamarca RHD; through this module, the HP project trained participants in the use of all HRM methodologies and tools developed by the project. All working groups used the diagnostic tool developed by the project, analyzed the results and suggested improvements.

**Regarding the TA to develop and implement workforce management policies with incentives and salary guidelines in collaboration with the civil service reform process**

The project supported the following activities during the period covered by this annual report:

- The SMT-RHD approved a salary scale by executive resolution<sup>52</sup> for first level of care personnel. The HP project supported the SMT management team in defining criteria to construct a fair and equitable pay scale in order to attract and retain competent staff. These criteria include:
  - Level of development: If the facility is located in a more rural district it is assigned the highest score.
  - Accessibility (distance from health facility to Tarapoto): The more distant the facility with respect to the location of Tarapoto city is the higher the assigned score.
  - Poverty quintile: If the facility is located in a high-poverty district, it is assigned the highest score.
  - Time travel to remote communities in their jurisdiction (extramural work): The longer the route from the health facility to remote communities is the higher the rating.
  - Strategic facility: If the facility is in ministerial decree (RM) 632-2012, which is the national list of strategic facilities, it is granted a corresponding score.
- The general director of the SMT-RHD has requested that networks use the salary scale when hiring health staff. The SMT-RHD director has asked the HP project to define a timetable to implement the salary scale for all 2014 contracts.

<sup>50</sup> The training program of the National School of Public Administration consists of several courses, including hospital management and biostatistics, among others. Within one UPCH course, entitled "Ethics, Social Responsibility and Human Resources Management", the project presented information related to RRHH management.

<sup>51</sup> Amazonas, Apurimac, Ayacucho, Cajamarca, Cusco, Huancavelica, Huánuco, Puno, and Ucayali.

<sup>52</sup> Executive Resolution N° 1136-2012-GRSM/DIRES-SMT/DG.

**Information on the support to ensure competency of workers in the health sector****Regarding the TA to 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**

The project supported the following activities during the period covered by this annual report:

- In the SMT-RHD, the HP project provided TA in defining general competencies to be incorporated into all job profiles. To define general competencies, the project used the five general competencies defined by the MoH for all health workers<sup>53</sup> as a point of reference. SMT regional teams prioritized three general competencies:
  1. Ethical commitment: Acts demonstrating ethical commitment in providing health services to the individual and family.
  2. Teamwork: Participates and collaborates effectively as a team member to provide a health service to achieve customer satisfaction and institutional goals, according to what is established.
  3. Ability to organize and plan: Plans and organizes the processes or activities in an integrated manner and according to health strategies, priorities and policies.
- To design SMT job profiles for first-level-of-care personnel, it was necessary to identify specific competencies for doctors, nurses, midwives, dentists, nursing technicians, psychologists, and laboratory technicians at the micro-network level. To do this, the HP project provided to SMT team two main reference materials: Ayacucho RHD job profiles for first-level-of-care personnel and specific competencies defined by the MoH, which are not yet formalized.

**Regarding the TA to 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**

In April 2012, the Council for the Quality of Professional Education (Consejo de Evaluación, Acreditación y Certificación de la Calidad de la Educación Superior Universitaria - CONEAU) created the National Committee of Professional Competencies (Comité Nacional de Normalización de Competencias Profesionales). Each professional association defined its own professional competencies profile without the participation of health providers and health educational institutions. CONEAU created this national committee to revise these proposals; the committee is composed of health providers (MoH and EsSalud); health professional associations; Peruvian Associations of Faculties in Medicine, Nursing and Midwives (ASPEFAM, ASPEFEEN, and ASPEFOBST); and expert institutions (OPS and USAID). The HP project was USAID's representative in this committee.

The project supported the following activities during the period covered by this annual report:

- In April, the project participated in the committee's annual evaluation session.

---

<sup>53</sup> General competencies defined by the MoH include ethical commitment; respect for life, human beings and the environment; teamwork; cross-cultural communications; and ability to organize and plan.

- The HP project attended meetings to review and approve internal committee regulations.
- At the last meeting, the sub-committee of managerial competencies was formed, and the HP project is a member.

**Regarding the TA to establish and ensure compliance with minimum competency requirements for meeting quality standards**

The project supported the following activities during the period covered by this annual report:

- The HP project reviewed and researched experiences in other countries related to performance evaluation based on competencies; the project also reviewed existing national and international legislation.
- In the SMT-RHD, the project conducted workshops for SMT-RHD's technical team to create a performance evaluation proposal. The objective was to develop a tool that measures the effectiveness and efficiency of managers in health networks and micro-networks. SMT-RHD's management committee approved the proposal developed by the HP project, which contains tools to define indicators that measure quantitative performance. These indicators should be aligned with institutional goals as well as the duties and functions of the position, which are defined in the respective job profile.
- Additionally, the HP project participated in SERVIR's "Brief Training Program" at the National School of Public Administration. The HP project presented the methodology and tools it helped develop. As a graded assignment, participants were asked to design indicators to measure the performance of a given job.

## Appendix 1: Carta San Martin – Entrega de documentos de gestión

To see the document please click [here](#)

## Appendix 2: RE Implementación PAIMNI San Martin

To see the document please click [here](#)

## Appendix 3A: RD Equipo Tecnico PAIMNI

To see the document please click [here](#)

## Appendix 3B: RD Equipo Facilitador PAIMNI

To see the document please click [here](#)

## Appendix 3C: RD Responsables PAIMNI

To see the document please click [here](#)

## Appendix 3D: RD Responsables PAIMNI Microrredes

To see the document please click [here](#)

## Appendix 4: RD Monitoreo Seguimiento Longitudinal de Intervenciones Efectivas

To see the document please click [here](#)

## Appendix 5: RD Metodologia PAIMNI

To see the document please click [here](#)

## Appendix 6: PAIMNI

To see the document please click [here](#)

## Appendix 7: Elaboración POI MR 2014

To see the document please click [here](#)

---

## Appendix 8: Ejecución Presupuesto Salud Región San Martín 2013

To see the document please click [here](#)

## Appendix 9: Distribución Presupuestal Plan DRESAS

To see the document please click [here](#)

## Appendix 10: Reporte Técnico Galenhos VP

To see the document please click [here](#)

## Appendix 11: Cajamarca Informe SGRH

To see the document please click [here](#)

## Appendix 12: HRM Training Program

To see the document please click [here](#)