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**Evaluation of the  
Peru Integrated  
Health and Family Planning Project  
(219 and 230)**

**Executive Summary**

*Submitted to:*  
**United States Agency  
For International Development  
Lima, Peru**

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## EXECUTIVE SUMMARY

### I. Major Findings

#### The Project

The Peru Integrated Health and Family Planning Projects - Projects 527-0219 and 527-0230, managed jointly - provide \$17.95 million in loans and grants. The project "purpose" is to strengthen and extend delivery of Primary Health Care (PHC) services including family planning in rural and urban marginal areas through public and private sector channels. The project strategy is to deliver PHC services through community health workers and auxiliaries and strengthen supporting systems of the Ministry of Health (MOH).

The initial two years were so slow that deobligation was considered, but project activity has accelerated during the last two years. Administrative problems still slow disbursement of funds, importing, and activities in the regions that are away from central ministry; however, the situation has improved due to 1) USAID's active management and flexibility with respect to financing and technical assistance, 2) technical assistance from Westinghouse Health Systems (WHS), and 3) more aggressiveness and energy at MOH, especially since the project administration was moved to the Directorate of Maternal and Child Health and Population (DSMIP).

#### The Evaluation

This midterm evaluation focuses on identifying opportunities to further improve management and performance during the remainder of the project and for subsequent health projects. In late 1984 the evaluation team reviewed national data and interviewed at USAID, MOH, and WHS. They also observed and interviewed at eight hospitals, eleven health centers, and five health posts located in nine of the fifteen regions assisted by USAID-funded PHC projects. In March of 1985 a draft report was discussed in Lima to build consensus about actions to improve the project.

#### Current Status of Primary Health Care

The PHC services from health centers and health posts summarized in Table 1 totaled nearly two million per year in 1983 and 1984, compared to less than half that rate in 1980 and 1981. Family planning services increased forty-fold and distribution of Oral Rehydration Salts (ORS) went from none to half a million. Prenatal consultations, postnatal consultations, home visits, and children protected against polio all increased significantly.

Actual PHC services must be significantly higher since the data in Table 1 refer only to selected indicators, come from less than half the MOH facilities, and they omit completely environmental sanitation, community health education, and all services provided by health promoters and traditional birth attendants.

Table 1

Selected Primary Health Care Services  
Provided by Health Centers and Health Posts  
Peru, 1980-1984\*

Type of PHC Service	Years				
	1980	1981	1982	1983	1984*
ORS packets distributed	NA	NA	NA	NA	495,768
Prenatal consultations	462,406	NA	NA	751,792	662,818
Postnatal consultations	63,329	NA	NA	114,100	96,058
Women receiving prenatal Care	184,328	NA	NA	248,952	291,784
Women receiving postnatal Care	36,955	NA	NA	60,417	62,314
Prenatal consultations per woman	2	NA	NA	3	2.3
Postnatal consultations per woman	1.7	NA	NA	1.9	1.5
Home visits	165,249	NA	NA	281,339	230,472
New family planning acceptors	NA	3054	37,266	78,020	101,632
Total FP visits	NA	8390	128,004	288,393	365,012
Children newly "protected" for polio	237,814	302,292	361,923	351,849	NA
No. of latrines installed	NA	NA	NA	NA	NA

NA = Data not available to the evaluation team

\*Data annualized from six months of data for 1984.

Source: Oficina General de Información y Estadística

Deriving Measures of Coverage for PHC Services

<u>PHC Services</u>	<u>Beneficiaries</u>	<u>Estimated Number</u>	<u>Coverage</u>
Prenatal visits	Live births	580,000 (1981)	1.14 visits/birth 1984
Prenatal visits	Live births	580,000 (1981)	0.17 visits/birth 1984
Immunizations	Children 0-1	494,784 (1981)	71% (polio 1983)
Develop't/growth	Children 1-4	1,939,545 (1981)	ND
ORT	Children 0-3	1,716,061 (1981)	
Packets ORS - (children x2x2)		6,864,244 pkts.	7% (1984)
Family Planning	Fertile age women	4.5 million	
	66.8% for the MOH	3.0 million	Not calculated

Source: Informal approximations by the evaluation team

Achieving the objective of delivering PHC services to a massive underserved population at a reasonable cost will require more time, more effort, and more assistance during this project and afterwards. Coverage is still relatively low and the support systems still require substantial improvement, and the highest government priority has been controlling government expenditures rather than extending health services.

Family planning coverage through MOH is estimated at 4.7 to 8 percent of women in the Fertile Age Group. Nevertheless, there are encouraging examples of effective programs (e.g., in Ica and Callao) and opportunities for removing obstacles and expanding coverage through public and private channels.

Oral Rehydration Therapy (ORT) is integrated into the PHC program. Supply and distribution problems are being handled better and ORT is promoted in the mass media health education campaigns. Distribution of half a million ORS packets is low coverage, relative to a rough estimate of need of nearly seven million treatments per year.

Performance in environmental sanitation through project 219 has been disappointing with low activity, low construction, and low use. More construction was done under project 221 which had better procedures.

Funds for community health education were cut by two-thirds when the regions did not spend them; however, a mass media campaign begun in September 1984 is reaching several million people in its promotions of family planning, immunizations, and ORT.

#### Project Management and Administrative Structure

Project management at the national level has been focused on solving administrative, financial and logistics problems both at MOH and USAID, with important progress recently. Good project management practices were noted in Ica, Callao, Piura, and Trujillo.

USAID dealt with the problems by adding staff to carry more of the administrative burden internally, increasing technical assistance, financing counterpart expenditures that MOH could not provide, and playing an active, constructive role to solve problems.

The MOH is still adapting its plans, systems, and procedures to its PHC strategy. MOH needs an independent PHC strategy for coordinating donors, an active orientation responding to public health priorities, distribution of personnel and resources to facilities convenient to the people in need of PHC, reduction of personnel turnover in the regions, involvement of institutions outside of MOH, effective use of feedback, and greater involvement of regional operating personnel in developing planning, norms, and procedures.

The Annual Operating Plans for the PHC projects were far too cumbersome.

Decentralization and increased delegation from the central level to regional and subregional levels were planned two years ago, but not achieved. The DSMIP and other central level offices attempt to manage the PHC program

from Lima instead of providing support to the regional offices. The results are too many unrealistic norms and procedures that hamper effective delivery of services.

### Financial Systems

The laws and policies governing MOH financial systems are satisfactory for output-oriented controls to manage a massive PHC program. However, the financial procedures are cumbersome, cause delays of up to a year, demoralize the staff, and focus attention at all levels on the details of cost and administrative procedure. This diverts management attention away from its proper task of setting realistic performance targets and delivering useful services at a reasonable cost to a massive clientele.

Many of the problems observed in the MOH procedures can be traced to overly centralized control of "detailed expenditures" and managing resources separately from the results to be achieved. MOH is familiar with output-oriented financial systems, but believes that the current government emphasis on reducing government expenditures limits MOH to using budget ceilings and negative controls.

USAID procedures are much simpler and more flexible, although there are some problems of synchronization and avoidable delays.

### Logistics and Supplies

The project has had long delays in getting vehicles, supplies, and equipment to the places where they are needed. The problems are mostly bureaucratic and permeate nearly all the procurement and supply operations of MOH and customs. Availability of counterpart funds since August of 1984 for private transportation to the health regions has accelerated deliveries.

The USAID procurement system works better, but purchases made in the U.S. take an average of three months from request to arrival in Peru.

Technical assistance is currently provided at the national level and through six regional advisers. Logistics will continue to consume adviser time for resolving current problems and identifying opportunities to improve the system.

### Health Information System

Systems design for the health services/medical records system is progressing well with strong commitment from MOH and effective technical assistance from Westinghouse. More attention is needed now to prepare MOH personnel to be system users to do analyses for management improvement.

The National Nutrition and Health Survey and the Provider Surveys are progressing well.

### Supervision

Supervision is improving with respect to coordination, improved norms, and frequency of visits. However, quality of supervision is still

poor, emphasizing control rather than problem-solving, continuing education or motivation. The obstacles to good supervision are formidable: scarce transportation and per diem allowances, lack of training in good supervisory techniques, unrealistic norms, and an unsatisfactory model for supervision.

Frequent and good quality supervision probably cannot be achieved with the present structure, which requires many supervisory visits from dispersed health centers and health posts by personnel who lack the necessary training, transportation, expense allowances, and back-up personnel to continue serving the public during the absence of the traveling supervisor.

### Training

The volume of training completed since 1979 is impressive - 240 courses for 6,344 participants. Another 529 courses are planned which will bring the total number of participants to 15,567.

Training supported from other sources is planned for another 115,567 participants and two million mothers. These ambitious training efforts require strategy and coordination to ensure that the heavy investments are well used.

Promoters lack a clearly defined, simple, task-oriented role which would provide the basis for a sound strategy for training, continuing education, supervision, information, etc.

The major issues regarding training of Traditional Birth Attendants relate to the demand for and use of their services, which should be clarified by the provider survey results in 1985.

### Population/Family Planning Activities outside the Ministry of Health

Family planning activities outside MOH are important already, serving 75,000 to 100,000 couples. MOH is slow to approve some private programs that deserve consideration. Social Security (IPSS) served 11,107 clients in the first half of 1984 and merits support.

### Technical Assistance

Westinghouse Health Systems(WHS) has provided valuable technical assistance. Assigning six new advisers to the regions in 1984 was appropriate, given the need to increase activity and improve management in the regions.

## II. Recommendations

Full recommendations appear in the complete evaluation report and in brief edited form below. Table 2, located at the end of this section, indicates the institutions involved. The highest priority recommendations are identified. Some recommendations have already been acted upon based on discussions in November 1984 and March 1985. Feedback from the March 1985 "consensus building" appears in the full report.

Four basic themes run through the evaluation recommendations:

1. Shift responsibility and discretionary authority toward the operating units.
2. Plan based on realistic performance targets and link them together with realistic estimates of the resources that will be required.
3. Better planning and management will require better coordination and sharing of information among organizational units with related functions.
4. Simplify the many procedures that are unnecessarily complex and cumbersome.

A complete list of evaluation recommendations in abbreviated form follows:

#### Family Planning Services Through MOH

- 3.1-1 High Make orals, condoms, creams, and tablets available at all health posts. Allow all the health staff, including auxiliaries and nurses, of all facilities to distribute orals to continuing users...
- 3.1-2 MOH norms should clarify that those seeking family planning services for their first time be counseled by a person trained in counseling in various contraceptive methods and be provided a temporary method...
- 3.1-3 ...More family planning equipment, supplies, and training should be given to hospitals...without neglecting health posts and centers.
- 3.1-4 Inform MOH staff at all facilities that plenty of contraceptives are available and distribute contraceptives in larger quantities per visit to each acceptor to foster higher continuation rates...
- 3.1-5 Strengthen training of all MOH personnel in family planning methods, particularly health post personnel.
- 3.1-6 Evaluate the community-based distribution experiments in Callao and Ica and, if warranted, use these sites for training others...

#### Oral Rehydration Therapy

- 3.2-1 Develop an action plan for ORT...without making it a vertical program.
- 3.2-2 Pursue opportunities to increase Peruvian production, lower costs, and pass through savings, e.g., using a locally available citrate base might reduce costs. Peruvian scientists who have studied ORS should be brought together with potential producers in Peru.
- 3.2-3 Develop a program to educate pharmacists and physicians about ORT...
- 3.2-4 Promote home-made solutions...

### Environmental Sanitation

- 3.3-1 Consolidate environmental sanitation activities, reprogramming 219 funds remaining...
- 3.3-2 Study preferences regarding type of latrine to increase latrine use.
- 3.3-3 Support new environmental sanitation and rural water supply projects.

### Community Education

- 3.4-1 Make more health education materials routinely available at all levels.
- 3.4-2 Consider regional radio campaigns...and planning ongoing, regular, periodic radio spots and programs in indigenous languages...Use local stations and local languages. Radios are available where health personnel will not reach in the near future. Radio appears to be underused and potentially very effective...Assess the TV campaigns versus frequent regular spots on radio in urban and rural areas...
- 3.4-3 Coordinate health education and media efforts that stimulate demand with providers of related services and delivery of supplies such as ORS and contraceptives.

### Project Management and Administrative Structure

- 4.1-1 Reorganize MOH personnel with responsibility for overseeing PHC activities into a PHC management coordination and improvement team for PHC, including but not limited to USAID-assisted projects... include DSMIP officials and regional coordinators of all participating regions...Avoid becoming a new layer of review and approval above the Regional Director...Provide special training including "team building," workshops, including Westinghouse, ...
- 4.1-2 "Performance boards" are a clear and relatively simple technique for reinforcing an "output-orientation" to monitor the status of the project while focusing on indicators of PHC services to the population in need, e.g., ORS packets distributed, prenatal consultations, active contraceptive users. Most data are available at the hospital level but not widely used. Also plot targets and coverage indicators when feasible.
- 4.1-3 Add one USAID officer to PHC work to help process project documents...
- 4.1-4 Establish clear output targets for the Westinghouse contract based on dialogue including USAID, Westinghouse, and MOH...
- 4.1-5 For future projects, USAID should analyze financial procedures conducive to decentralized operations by MOH...e.g., using an auditing firm in Peru to go to the regions as necessary for financial management and control.

- 4.1-6 Regional personnel should be more involved in planning...
- 4.1-7 Continue to develop a Monitoring Committee and OGII to coordinate international projects....
- 4.1-8 Consider integrated regional health plans instead of project operational plans.
- 4.1-9 MOH should analyze specific situations to identify opportunities for High delegation of day-to-day operations to regional and subregional levels...Circulate results and hold a workshop for regional directors...
- 4.1-10 Examine the control methods used in projects 219/230 regarding feedback and administrative control...promote development of the feedback/replanning system.
- 4.1-11 Change MOH approach of using norms to communicate policy. Place more emphasis on providing practical guidance to the operating units...with more participation from operating units in norm preparation and review...more output-oriented, more discretion.
- 4.1-12 MOH should improve systems and procedures, using OGR...starting with financial and logistics systems with outside support as needed.
- 4.1-13 Provide in-service training for MOH in management and administration...
- 4.1-14 Increase continuity of regional health leadership and use "teams"; consider Deputy Directors with management and administrative skills.
- 4.1-15 Provide specific training for management, administrative, and professional personnel...

#### Financial Systems

- 4.2-1 OGA should develop a plan to improve financial management.
- 4.2-2 In the budget preparation and presentation, data on performance High targets should be integrated with resources needed to accomplish them through the use of unit costs. The budget should then be focused on achieving goals at reasonable costs.
- 4.2-3 Form a Budget and Planning Committee to develop useful estimates of unit costs...and a similar structure at regional level...
- 4.2-4 Delegate greater authority to Regional Directors concerning High budget management and execution. Initially, the regional level should be delegated control of the budget execution for specific line items of expenditure. The central level of MOH should limit its control to the major or generic items of expenditure, even though it continues to receive expenditure reports by specific line items for information purposes to MEF. Simultaneously, efforts should be made

to establish a system of budgetary controls based on results, goals, and resources, as contemplated in MOH policies.

- 4.2-5  
High Reporting of expenditures by major items of expenditure, and control at the central level only by generic items is recommended. The invoices and receipts supporting the expenditures incurred should be sent to the central level for controlling the budgetary ceiling on expenditures only. In due time the regions will have to account for the allowability of the expenditures with a post-audit system...
- 4.2-6  
High Extend the schedule of obligations cycle from one month to three months. Three months is reasonable for analysis, adjustments...
- 4.2-7 Per diem allowances and travel expenses should be made based on certification by the two most immediate levels of supervision above the employee claiming the payment as to date, time, place, and purpose of the trip. There should be predetermined rates considering travel time, type of transport, and distance.
- 4.2-8 Normally, the regional level should initiate any reprogramming...
- 4.2-9 MOH should experiment with program and policy coordination mechanisms such as regular scheduled meetings for units with functional interdependence..., interchange of workplans..., seminars,...
- 4.2-10 More analysis is required to improve motivation.
- 4.2-11 Modifications from the existing system of operational plans should be considered in future projects since no more operational plans will be prepared in 219/230.
- 4.2-12 Specific suggestions regarding the request for funds...
- 4.2-13  
High USAID should send funds directly to the regions.
- 4.2-14 Suggestions are made regarding reporting of expenditures; information copy to OGII.
- 4.2-15 Technical assistance in financial systems is recommended.
- 4.2-16 USAID should offer assistance in public expenditures management to the Ministry of Finance, taking into consideration the negative effects on "performance" of the operating ministries that result from the current system being used to restrain public expenditures.

#### Logistics and Supplies

- 4.3-1 Require DSMIP to prepare better specifications and descriptions to simplify work at USAID...
- 4.3-2 Develop training/orientation seminars for USAID and MOH on procurement.

- 4.3-3 Deeper analysis of USAID purchasing office...
- 4.3-4 Analysis to shorten purchasing cycle for USA purchases.
- 4.3-5 The MOH procurement system merits an exhaustive study followed by TA to modernize it and make it more efficient...Changes in current laws and decrees will be necessary to make the system efficient. Better inventory control should be considered.
- 4.3-6 Training in procurement for MOH staff, in Peru and abroad...
- 4.3-7 Study the feasibility of using fewer mail stations to save time...
- 4.3-8 Notify DASA of purchases for information purposes.
- 4.3-9 Consider use of computers in key functions for purchasing and storage control...
- 4.3-10 Consider long term supply contracts as soon as inflation is under control.
- 4.3-11 USAID continues to purchase directly hard-to-procure items...MOH participates in study of which items to procure through USAID.
- 4.3-12 For procurement at the regional level, better planning and supervision are probably more important in the short-run than money...to improve the distribution of supplies...
- 4.3-13 A complete inventory of the latrine construction and installation project.
- 4.3-14 Attention to motivation, performance targets, ..
- 4.3-15 High Analyze transportation problems including study of all vehicles...consider the feasibility of contracting out transportation work ...Also study storage.
- 4.3-16 High Analyze the feasibility of using customs brokers for handling of customs dealings...Customs brokers do not charge for storage in their warehouses. They are used successfully in other countries...
- 4.3-17 Westinghouse regional advisors should participate in procurement...
- 4.3-18 Technical assistance in logistics and supplies will continue to be necessary, and should be organized around a few high priority tasks...

#### Health Information System

- 4.4-1 High Strengthen analytical capability of OGIE (MOH statistical division)...training at all levels of MOH on use of information for management, planning, and feedback systems...specific needs...
- 4.4-2 Analyze and use results of NNHS and provider surveys.

- 4.4-3 High Step-by-step installation of information systems in finance, cost accounting, logistics, physical infrastructure, and human resources as soon as possible. Without linkage of service information to resource and management information, little management improvement can be expected.
- 4.4-4 Develop a project to improve vital statistics.
- 4.4-5 An integrated, phased plan for introduction of computers in information system with compatible microcomputers, training.
- 4.4-6 System for coordination of donor efforts on information systems.
- 4.4-7 Continue meetings of consensus group on information system into implementation phase and new government.
- 4.4-8 Outside review of information system by professionals with experience in implementation of health information systems...
- 4.4-9 OGIE should prepare a detailed implementation schedule for close monitoring and a back-up schedule with a phased approach...
- 4.4-10 USAID should continue technical assistance through change to new government. Plan needed emphasizing data use and feedback in MOH.
- 4.4-11 Specific applications of NNHS results...
- 4.4-12 Share with Bolivia results of NNHS survey for Puno area.

#### Supervision System

- 4.5-1 High Modify current supervision model...
- 4.5-2 Four alternative approaches to reorganizing supervision:
- a. evaluate "good" models in Ica and Piura for promising elements.
  - b. Regular group meetings with supervisory purposes with selective follow-up visits where needed...
  - c. A smaller group of full-time supervisors based at area hospitals with line responsibilities...
  - d. A combination of a, b, and c.
- 4.5-3 Evaluate the self-instruction material for supervision and if appropriate, use it with the new model for supervision.

#### Training

- 4.6-1 High MOH should develop a comprehensive training plan...USAID and other donor-supported programs should be reassessed and consolidated as soon as possible...
- 4.6-2 High Assess training needs, long-term and short-term as foundation for training plan...

- 4.6-3 Incorporate specific training needs from this evaluation into plans.
- 4.6-4 USAID should consider technical assistance at MOH for assessing training needs and consolidating and rationalizing approach; also for implementation...Strengthen support to School of Public Health.
- 4.6-5 More training and health education materials including for promoter and TBA use are needed. Many good materials exist; consider distributing widely a few of them to save time and money required to develop new material...e.g., 10,000 copies of Donde no hay doctor...
- 4.6-6 High Define the role of the promoter. Continued training of promoters is questionable until clarifying addressing whether "promotion," which is the only "task" now agreed upon, is having any positive impact and is worth the investment being made...
- Change the MOH norms for promoters to clearer definition of a simple, task-oriented role corresponding to needs of the clientele and not to professionals' competitive needs. Train for the tasks on modular basis, varied to fit regional differences...
- 4.6-7 Promoter incentives are needed to reduce high drop-out rates and low performance. Alternative approaches with financial and non-financial incentives should be systematically tested and evaluated...
- 4.6-8 Promoters and TBAs need effective supervision, continuing training, follow-up, and minimal supplies.
- 4.6-9 Small, simple operations research studies of innovations in task assignment, payment mechanisms, and supervision.
- 4.6-10 Consider abandoning the promoter program in urban areas if the Provider Survey confirms that urban dwellers, no matter how poor, will use existing health facilities rather than minimally trained community workers. Mass media are probably more effective than promoters for "difusión". Alternatively, identify specific tasks for promoters related to immunization, prenatal care, ORS or contraceptive distribution. Continue using promoters where there is a specific task-oriented approach.
- 4.6-11 Concentrate TBA training in traditional areas or areas where NNHS shows high use of TBAs.
- 4.6-12 Consider extending birth attendance training to family members other than fathers.
- 4.6-13 Develop training materials in languages other than Spanish and Quechua where appropriate.
- 4.6-14 Explore usefulness of radio to inform communities about TBAs.

## Population/Family Planning Outside the MOH

- 5.1-1 Support FENDECAAP.
- 5.1-2 Support AMIDEP.
- 5.1-3 Nothing more to ASPEFAM now.
- 5.1-4 Study the feasibility of a management support organization for Peruvian PVOs comparable to the Asociación Demográfica de Costa Rica...Services could include central accounting...management training, more rapid clearing through customs, assistance in local procurement for lower cost bulk purchases, proposal preparation, obtaining international funding, improving personnel use, standardizing service statistics, and financial and logistics systems.
- 5.1-5 Allow PVOs to receive grants in dollars and convert to soles as needed to avoid disruptions caused by rapid inflation.
- 5.1-6 Allow competent private clinics to provide surgical contraception to high risk women defined by the norms of the MOH...and simplify these norms.
- 5.1-7 USAID should consider a separate project to assist private sector family planning activities ...
- 5.1-8 Public and private sector cooperation should be encouraged.
- 5.2-1 For IPSS (social security), follow recommendations of the Trott report, i.e., management training, simplification of clinic practices and reporting, improved purchasing and supplies management, and support for outreach efforts.
- 5.2-2 Consider support for post-partum surgical contraception at IPSS.
- 5.2-3 Encourage cooperation between MOH and IPSS providing USAID-financed contraceptives to IPSS from MOH in regions where IPSS has medical facilities...
- 5.2-4 Technical assistance from Westinghouse to improve logistics at IPSS.
- 5.2-5 Continue support to National Population Council for activities such as analysis of NNHS data that can improve family planning programs. Encourage CNP to get institutional support elsewhere.

## Technical Assistance

- 6-1 Increase technical assistance as identified elsewhere.
- 6-2 Prepare a "performance board" as in recommendation 4.1-2.
- 6-3 Westinghouse scopes of work and reporting should be focused on specific high priority outputs.

- 6-4 Regional advisers should help MOH regional staff to collect a minimum set of data on five or six PHC indicators and to use the data for management.
- 6-5 Continue the process for using this evaluation to stimulate dialogue, build consensus about actions to be taken, and plan and implement improvements.

Table 2

Evaluation Recommendations  
Summarized by the Institutions Involved

<u>Rec.#</u>	<u>Recommendation</u>	<u>Institutions Involved*:</u>			
		<u>USAID</u>	<u>MOH</u>	<u>WHS</u>	<u>Other</u>
<u>Family Planning-MOH</u>					
3.1-1	Improved provision of family planning services		x		
3.1-2	Change norms for family planning service providers		x		
3.1-3	Support for family planning in hospitals	x	x		
3.1-4	More contraceptives each visit		x		
3.1-5	Train all MOH regarding family planning		x		
3.1-6	Evaluate community-based distribution		x		
<u>Oral Rehydration Therapy</u>					
3.2-1	Action plan for ORT	?	x		
3.2-2	Local production of ORS	?	x		
3.2-3	Educate pharmacists and physicians		x		
3.2-4	Promote home-made solutions		x		
<u>Environmental Sanitation</u>					
3.3-1	Consolidate environmental sanitation activities	x	x		
3.3-2	Study preferences for type of latrine	?	?		
3.3-3	New water and sanitation projects	x			
<u>Community Education</u>					
3.4-1	More health education materials		x		
3.4-2	More use of radio	?	x		
3.4-3	Coordinate education with service providers		x		
<u>Project Management and Administrative Structure</u>					
4.1-1	PHC management team		x		
4.1-2	Performance boards	x			
4.1-3	Additional USAID health officer	x			
4.1-4	Set priorities/output targets for contractors	x	x	x	
4.1-5	Financial controls for follow-up projects	x			
4.1-6	Regional personnel participate in planning		x		
4.1-7	Strengthen monitoring committee	x	x	?	x
4.1-8	Integrated regional health plans	x	x		x
4.1-9	Increased delegation to regional/subregionals		x		
4.1-10	Improve feedback and administrative control	?	x		
4.1-11	Use norms for practical guidance		x		
4.1-12	Improve MOH systems/OGR		x	x	
4.1-13	In-service training in management/admin.		x		x
4.1-14	Increase continuity regional leaders/teams		x		
4.1-15	Specific training to mgmt. & admin. professionals		x		

\*Institutions:

USAID: USAID/Peru

MOH: Ministry of Health of Peru

WHS: Westinghouse Health Systems

MOF: Ministry of Finance

IPSS: Peruvian Social Security Institute

Table 2 (p.2)

Institutions Involved\*:

Rec.#	Recommendation	Institutions Involved*:			
		USAID	MOH	WHS	Other
<u>Financial Systems</u>					
4.2-1	Plan to improve financial management		x	x	
4.2-2	budget preparation with unit costs		x		
4.2-3	Budget and planning committee		x		
4.2-4	Control of specific budget items by regions		x		
4.2-5	Report expenditures by major items to central		x		
4.2-6	Quarterly cycle schedule of obligations		x		MOF
4.2-7	Per Diems		x		
4.2-8	Regional level initiates reprogramming		x		
4.2-9	Program and policy coordination		x		
4.2-10	Improving motivation		x		
4.2-11	Operational Plans modifications		x		
4.2-12	The request for funds		x		
4.2-13	USAID funds direct to regions	x	x		
4.2-14	Reporting of expenditures		x		
4.2-15	Technical assistance in financial systems	x	x	?	
4.2-16	Assistance to MOF in public expenditures mgmt.	x			MOF
<u>Logistics and Supplies</u>					
4.3-1	DSMIP prepares better specs for USAID		x		
4.3-2	Training/orientation re procurement	x	x		
4.3-3	Analysis of USAID Purchasing Office	x			
4.3-4	Study to shortening cycle for US purchases	x			
4.3-5	Study of procurement MOH central level	x	x		
4.3-6	Training in procurement	x	x		
4.3-7	Using fewer mailrooms		x		
4.3-8	Notifying DASA of purchases		x		
4.3-9	Computers for purchasing & storage control	x	x		
4.3-10	Long term contracts for purchasing		x		
4.3-11	Hard-to-procure items	x	x		
4.3-12	Regional level procurement, planning/supervsn		x		
4.3-13	Inventory of latrine project		x		
4.3-14	Motivation and performance targets		x		
4.3-15	Transportation, vehicle maintenance, storage	?	x	x	
4.3-16	Analysis using customs brokers	?	x	?	
4.3-17	Regional advisors help on procurement			x	
4.3-18	Technical assistance in logistics	x		x	
<u>Health Information System</u>					
4.4-1	Strengthen analytical capability OGIE/all MOH	x	x	?	x
4.4-2	Analysis/use of NNHS and provider surveys	x	x		
4.4-3	Installation of information sub-systems	x	x		
4.4-4	Improve vital statistics	?			?
4.4-5	Computerize information system	?	x		?
4.4-6	Coordinate donors on information systems	x	x		x
4.4-7	Continue consensus group on info systems		x		
4.4-8	Outside review re implementation of info system	x	x		
4.4-9	Implementation plan for new info system		x	?	

\*Institutions:

USAID: USAID/Peru

MOH: Ministry of Health of Peru

WHS: Westinghouse Health Systems

MOF: Ministry of Finance

IPSS: Peruvian Social Security Institute

Table 2 (p. 3)

Rec.#	Recommendation	Institutions Involved*:			
		USAID	MOH	WHS	Other
<u>Health Information System (cont.)</u>					
4.4-10	Technical assistance continued/data use	x		?	
4.4-11	Specific applications of NNHS results	x	x		
4.4-12	Share NNHS results from Puno with Bolivia	?	x		Bolivia
<u>Supervision Systems</u>					
4.5-1	Modify supervisory model	?	x	?	
4.5-2	Four alternative approaches		x		
4.5-3	Evaluate self-instruction for supervision	?	x		
<u>Training</u>					
4.6-1	Comprehensive training plan	x	x		other donors
4.6-2	Assess training needs		x	?	x
4.6-3	Training needs from evaluation into plans		x		
4.6-4	USAID technical assistance re training	x			
4.6-5	More training/health education materials	?	x		other donors?
4.6-6	Define role of promoter	?	x		
4.6-7	Promoter incentives	?	x		
4.6-8	Supervision for promoters, TBAs		x		
4.6-9	Operations research re promoters/TBAs	?	x		
4.6-10	Promoters in urban areas	?	x		
4.6-11	Concentrate TBA training in traditional areas		x		
4.6-12	Birth attendance training for fathers		x		
4.6-13	Training materials in indigenous languages		x		
4.6-14	Radio to inform about TBAs		x		
<u>Population/Family Planning Outside MOH</u>					
5.1-1	Support FENDECAAP	x			
5.1-2	Support AMIDEP	x			
5.1-3	Nothing to ASPEFAM now	x			
5.1-4	Management support organization for PVOs	x			
5.1-5	PVO grants in dollars	x	?		MOF?
5.1-6	private clinics surgical contraception	x	x		
5.1-7	separate project for private sector fam plan.	x			
5.1-8	public and private cooperation		x		private
5.2-1	Trott Report	x			IPSS
5.2-2	IPSS-post partum surgical contraception	x			IPSS
5.2-3	Cooperation MOH-IPSS	x	x		IPSS
5.2-4	Technical assistance for IPSS-logistics	x		x	IPSS
5.2-5	Selective support at Population Council	x			CNP
<u>Technical Assistance</u>					
6-1	Increase technical assistance	x		?	?
6-2	Performance boards			x	
6-3	output-oriented scopes of work	x	x	x	
6-4	Regional advisers help with data collection/use		x	x	
6-5	Continue using this evaluation	x	x	x	x

\*Institutions:

USAID: USAID/Peru

MOH: Ministry of Health of Peru

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