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FIRST ANNUAL PROGRESS REPORT

Child Survival XIII

October 1997 to September 2001

PVO: Esperança

Project Location: Province of Cotabambas, Department of Apurimac,

Peru

Cooperative Agreement Number: FAO-A-00-97-00058-00

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1. INTRODUCTION

In general, our Child Survival project in Peru is progressing well. First year activities have been completed on schedule.

The baseline assessment and the DIP were completed and approved. As requested, an addendum to the DIP was submitted to PVC in August '98.

Project Director Ruth Madison has assembled an excellent team, established the project in the project zone, and developed an excellent working relationship with MOH.

The preparation phase of the first intervention is nearly complete, including the training of project staff by the MOH, and the training of CHW's. The implementation phase is now beginning.

The only major aspect of the project that is not progressing as hoped is our relationship with our local partner, CADEP.

These issues will be discussed in detail below.

2. ACCOMPLISHMENTS

Project Director Ruth Madison has taken advantage of the abundance of health workers in the city of Cusco, where the office of our partner CADEP is located, and assembled an excellent team of professionals with experience in the MOH system and the department of Apurimac. Ruth has developed excellent relations with her team, and is effectively leading the project.

The project's first office was in the town of Tambobamba, housed in a teacher training institute. Because the administrator of the institute attempted to introduce new conditions for occupancy that were not included in the rental agreement, the project team decided to move the office. In July, the office was moved to the town of Haquira, where the municipal government had invited the project to occupy an unused city building.

The team has overcome the isolation of the project zone, settled into a regular working routine, and established themselves in the communities.

The excellent working relationship between the project and the MOH is the highlight of the project. The Health Director for the department has demonstrated a strong commitment to the project, as evidenced by his comments that the project is not separate from the MOH, but that

they are all one team. The department chose the project zone to begin an evaluation of its programs. Evaluation of 11 of the 14 health facilities in the zone was done in September.

At the local level, project staff have good relations with health unit personnel. In addition, local health officials have been cooperative, and show a willingness to discuss weaknesses in their services, and ways to improve them.

Progress Compared to DIP

Activities listed in the DIP Workplan (section H, p.28) have been completed on schedule.

Because the departmental health authorities wished to use pneumonia to pilot an evaluation of their programs, in July they requested that the project begin with the pneumonia intervention. In the DIP, nutrition is the first intervention planned. Given the excellent support from the MOH, the project team agreed. The pneumonia intervention is being implemented on schedule, with CHW training carried out this month, October '98.

Factors Contributing to Progress

The progress the project has made in the first year can be attributed in part to the dedication of Project Director, Ruth Madison, and her staff. Ruth's personal commitment to improving the health of women and children translates into energy and enthusiasm for the project. When hiring project staff, she is able to recognize those who possess not only technical qualifications, but also a sincere desire to work for health and a respect for all people. Thus, project staff are not only technicians. They are able to develop respectful relationships with partners and beneficiaries. This attention to the social network that underpins the project, as described in section K of the DIP, "Human Resources", is fundamental to the success of the project, and so far appears to be bearing fruit.

The other important factor contributing to progress is the genuine interest in the project shown by the MOH. It is common for projects to find that working with the Health Ministry is one of the most problematic aspects of implementation. Fortunately, this project is in a department whose health director works in a professional manner to improve the health of the population. The acceptance of the project by the Departmental Health Director sets a tone of cooperation that reaches the local level. The strong partnership between the project and the MOH is perhaps unusual, and is certainly welcome.

The road from Cusco to the department capital Abancay has been improved, making the trip shorter and easier. This has facilitated the project staff's monthly coordinating meetings with departmental health officials. Turnover in the position of local health director has made

coordination more difficult, although it has been adequate so far.

When aspects of a project are going well, there may be a tendency to focus only on the problem areas. It will be important for Esperança to continue to give attention and support to the Project Director to ensure that she maintains her high level of enthusiasm and commitment. We also must further cultivate the positive relationship with the MOH to ensure their continued support.

3. CONSTRAINTS

As noted in the DIP, we anticipated that geography would be a major constraint on the project. The project zone is underdeveloped and remote. Cusco, where CADEP's office is located, is at least six hours away. The department capital, Abancay, can be reached only through Cusco, and requires an additional 4 to 5 hour trip on the improved road. Within the project area, communities and houses are dispersed, some requiring twelve hours or more by foot to reach.

The project team appear to have overcome this constraint with patience and perseverance. They have learned to wait for supplies that, under normal circumstances, are readily available. They have also been willing to walk long hours to reach communities. So far, geography has not been a significant constraint.

Areas of Concern

In the written DIP reviews, and during the DIP review meeting, various aspects of our partnership with CADEP were discussed as possible concerns, including lack of a plan to strengthen CADEP, and lack of a CADEP health counterpart for our Project Director. One reviewer did not feel convinced that the DIP explained why CADEP was chosen as a partner.

During the first six months of the project, the CADEP administration showed commitment to integrating the project and developing a health sector. The Executive Director, who assumed his post just before project start-up, convened meetings to explore these issues. Before significant progress could be made, the Executive Director was asked to resign, apparently because of internal organizational politics. He has not been replaced yet. Organizational functioning is suffering due to the lack of leadership.

As a result, movement toward integrating the project and establishing a health sector has stopped. This obviously causes concern for the partner strengthening aspect of the project, as well as for sustainability.

Factors Impeding Progress

Esperança was referred to CADEP as a possible partner by another organization that had previous contacts with CADEP and recommended them. Representatives of Esperança made two visits in preparation for writing the CS project proposal. As is often the case with local partners, CADEP had no previous experience with Child Survival or any other project with similarly rigorous methodologies.

Moving into Peru was seen as a strategically sound move for Esperança because of cultural similarities with Bolivia, where our affiliate has implemented a series of successful CS grants and would be able to provide support to the project.

During the first year of the project, the Project Director has heard comments from local communities and organizations that indicate possible weaknesses in CADEP's work. Also, in dealing with CADEP on administrative and operational issues, the Project Director has found that some areas of organizational management need strengthening.

The DIP pointed out that CADEP was in a transitional period (p.36). That transitional period apparently became an opportunity for various players to manipulate the organization in an attempt to advance personal agendas. As a result, the Executive Director post is vacant, and the situation remains fluid. The organization is currently being run by the administrator. No candidates for Executive Director have emerged.

The impact on the project has been negative but has not significantly affected implementation. Shipments of supplies, sent on the bus from Cusco, are late. Production of posters by CADEP's graphics department is delayed. Staff fail to attend scheduled meetings with the Project Director.

Through these difficulties, the Project Director has maintained cordial relations with the administrator and attempted to work with her to solve problems. However, solutions are not forthcoming. The Project Director has kept headquarters informed of the situation, and together we have decided that headquarters should now get involved directly.

Actions to Overcome Constraints

Our plan is for Program Director, Reese Welsh, to begin communicating with the CADEP administrator on these issues. The first approach will be collaborative, expressing our concern that the project we have agreed to implement together must stay on course if communities are to be served, and asking how we in Phoenix can help CADEP and the project work together toward our common goal. If this approach fails to improve the situation, more assertive approaches will be used.

Our President, Raúl Espericueta, is a social worker with expertise in organizational problem-solving. He will monitor the process and guide our communication. We also have an intern from the Arizona State University Master in Social Work program who will be working with us until May '99. This organizational capacity in social work provides us with new approaches to partnership issues.

Program Director Reese Welsh will be visiting the project again in March '99. President Raúl Espericueta will visit in May/June '99. Our Technical Advisors in Brazil and Bolivia, who have been involved in the proposal, baseline assessment, and DIP, are also available for visits.

We recognize that visits in themselves are often ineffective in fostering movement on this type of organizational issue. We intend to employ proven organizational interventions from social work macro-practice to facilitate a problem solving process. Our aim is to strengthen CADEP in order to ensure a successful project and enhance prospects for sustainability.

Working with local partners is a relatively new approach. Our CS XII project in Honduras and our Peru project are providing us with valuable experience with partnership which will strengthen our ability to implement future projects.

4. CHANGES IN PROJECT DESIGN

There have been no major changes in project design.

As noted above, the pneumonia intervention is being implemented first, instead of nutrition as planned in the DIP, in response to a request from the MOH.

5. RESPONSE TO DIP REVIEW

The each of the five written reviews of the DIP contained many excellent comments and suggestions. Others were offered at the DIP review meeting.

Some of the suggestions have been acted upon, such as the following:

- The project and the MOH have assessed quality of care for all interventions.
- For pneumonia training, a video is being used for recognition of chest indrawing.

- Project Director Ruth Madison is communicating with CARE, Project Hope, and other organizations for information and support. She has visited CARE.
- The Project Director has been included on the CORE Group mailing list.

BHR/PVC's requested that we submit an addendum to the DIP with strengthened objectives and indicators, and a revision of the maternal health objective in light of the lack of two hospitals which were planned for the project zone but not built. The addendum was submitted on time at the end of August. However, we recognize that further work is needed on the objectives and indicators.

BHR/PVC also requested that the annual progress reports discuss the project's supervision and management plans, and how the project is strengthening CADEP and Esperança. Since the DIP review meeting we have been unable to focus sufficiently on strengthening the management and supervision plans. Efforts in these areas will be ongoing. Also, the current situation with CADEP will have to be improved before we can move ahead with a capacity-building plan for them.

Esperança's Program Director came on board a month before the start-up of this project. President Raúl Espericueta began work on the same day the Project Director did. Thus, this is the first project being implemented under our new leadership. We are in the process of centralizing organizational functions as appropriate, in order to operate projects in a more planned and professional manner. This project is our first opportunity to put those ideas into action.

We are currently working on revising monthly field reports so that they will reflect the DIP, which should allow us to track and report progress more easily. This is an example of our new efforts to improve management, and strengthen our ability to implement Child Survival projects.