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PP-roy-555

ISN-52916

NOV 30 1987

FAMILY PLANNING
 MANAGEMENT TRAINING
 MANAGEMENT DEVELOPMENT PLAN
 FOR
 FAMILY PLANNING ORGANIZATIONS
 IN THE PERUVIAN PUBLIC SECTOR

Performed by
 Management Sciences for Health

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September 1987

DRC-2039.C-60-5075-00

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I. EXECUTIVE SUMMARY

At the request of USAID/Lima, a three person team worked 12 days in Peru assessing the management training needs of the two principal public institutions involved in family planning: the Instituto Peruano de Seguridad Social (IPSS) and the Ministry of Health (MOH). Although many documents were reviewed, the assessment which follows relies primarily on a series of extensive interviews structured to assess: 1. the management needs of those two institutions as they are understood by the current administrators, senior staff and mid-level staff; 2. the management needs and likely organizational design of those two institutions as they are anticipated by the several key individuals authorized, formally and informally, to take charge of a new public sector thrust in family planning; 3. the training institutions who could potentially provide family planning management training.

The team made the assessment during a time of considerable institutional uncertainty and change in the family planning programs of both institutions. As a result of the August appointment of a new Minister of Health who is a strong advocate of family planning, both institutions, with family planning programs less than a year old, are in the process of naming new family planning directors. Additionally, this change in the Ministry of Health will be accompanied, most likely, by a new organizational structure for the family planning program.

At this point, there is ambiguity regarding who will hold key FP posts in the MOH and IPS as well as ambiguity as to what the management structure of the programs will be. However, various officials from both institutions assured us that the programs will continue as strongly, if not more strongly than before. Strengthening these institutions is the expressed reason for change.

The policy environment surrounding family planning has changed. There is declared support and an avowed intent to promote family planning and take a stand on population at the highest levels of government. Directors of family planning were appointed in the Ministry of Health and IPSS; those directors did begin to prepare the terrain to implement a successful family planning program. Further, both institutions have appointed FP coordinators to be the mid-level managers of the program on a regional, hospital, and center basis.

Many of these MOH and IPSS staff members now being given FP responsibilities, in addition to their existing ones, need training in basic management skills in order to carry out a successful FP program. Coordinators in the Ministry of Health also need to be at least minimally supported with the equipment to carry out the program. However, given that the uncertainty at higher levels is likely to continue for another month or so, it is not presently possible to make recommendations for a comprehensive management training program at all the various

levels in the public sector.

At this point, the team has chosen to focus its recommendations for training interventions and technical assistance on those personnel groups likely to continue a permanent basis--the coordinators. They can be considered the equivalent of middle managers. The initial FPMT training will focus, therefore, on basic management skills including planning, program design, control and supervision.

It also should be noted that the team has recommended that once the situation of uncertainty has been clarified at both institutions, one of its members will report on the new organizational structure and staffing patterns. Recommendations will be made then, as appropriate, for assistance and training for the executive levels at both the Ministry and IPSS.

The second need the team identified is for the design of a management information system. We are aware that other contractors are involved in work on logistics but not MIS. FPMT can provide technical assistance in this area, when the new family planning management teams are designated and working at both institutions. When this occurs, a member of the MSH staff who specializes in MIS could collaborate with the institutions and with AID in an assessment of MIS needs and design a management development plan for this critical area.

Finally, the team interviewed the directors of several Peruvian management and educational institutions which have the capacity to collaborate in family planning management training. We recommend a collaborate training program using the resources of two of these institutions, and the MOH. This program would be one element in the broader training programs planned in the new USAID/MOH Child Survival Project, of which family planning is one of five components.

II. BACKGROUND

Background material comes from the 1986 Pathfinder Private Sector Proposal for Peru.

A. Economic and Social Characteristics

The 1986 population of 20.2 million, with a current annual growth rate of 2.5%, has doubled in the years since the 1961 census. Estimates of the total fertility rate vary from 4.2-4.4 children per woman (1986 MOH) to 5.2 ("Population Policy Brief", IRD, October 1986). A disproportionately large part of the population is under 14 years of age (42% in 1986) and, therefore, dependent on the relatively small number of the economically productive population.

Peru experienced a period of rapid economic growth from 1950-1970. The gross national product nearly tripled in real terms and per capita income increased by 62% during that period. However, since the mid-1970's, the pace of economic growth has stagnated and the inflation rate until 1985 averaged 50% per year. Domestic production of manufactured articles and staple food crops declined during this period. As a consequence, increasing amounts of scarce foreign exchange earnings have been diverted from productive uses to finance imports of food and other products for immediate consumption to satisfy the rapidly growing population. High inflation has caused real wages and salaries to decrease by 50% since 1973,

resulting in significantly reduced purchasing power.

Additionally, the depressed economic conditions, the high migration to Lima and other urban areas caused by a depressed agricultural sector, and the high proportion of youth in the population attempting to enter the labor market, all contribute to the widespread unemployment which now affects over 60% of the economically active population.

Sufficient basic goods and social services to sustain even a minimal standard of living for a large proportion of the population are not available from either the private or public sector. Peru is one of only three Latin American countries whose average food consumption per person is less than 90% of the Food and Agricultural Organization (FAO) standard; it is estimated that 38% of all children under five years are chronically malnourished. Although education for ages 6-14 is available to 84% of the population, drop out rates exceed 50% in the first three grades. Housing is insufficient and inadequate. Less than one-half of the urban population has access to potable water and only 30% of the population has access to electricity.

Population growth in the cities has been further increased by migration from rural areas, where social services and economic opportunities cannot keep pace with the needs. In 1961, less than 50% of the population lived in urban areas. During the

following 20 years, this population rose to 65%. The rapid population growth and rural-to-urban migration have both contributed to, and resulted from, stagnant economic growth and limited social services. Figure 1 shows the growth of Lima.

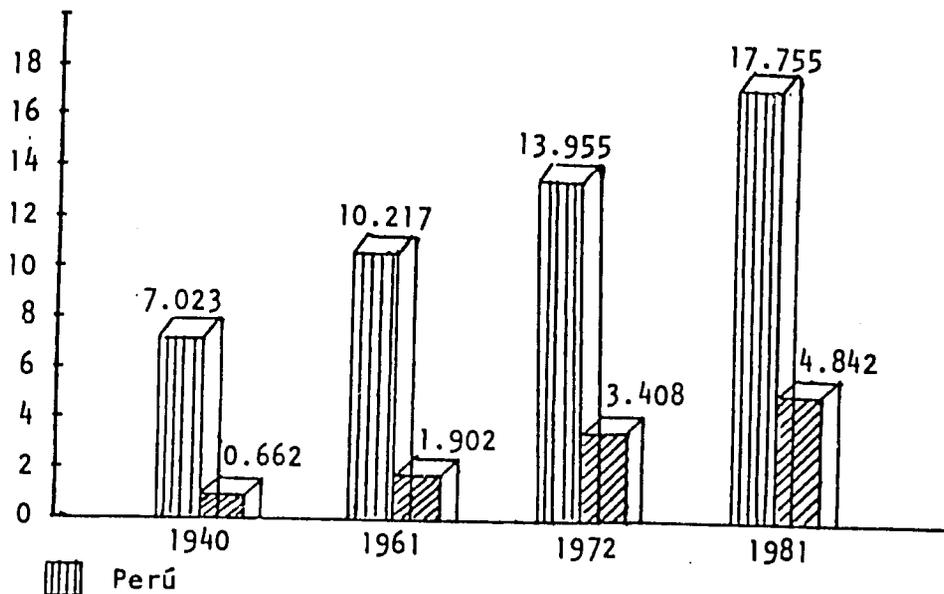
Figure 1

Population of Metropolitan Lima and of Peru

1940 - 1981

(In millions)

POBLACION DEL PERU Y DE LIMA METROPOLITANA



▨ Perú

▧ Lima Metropolitana

FUENTE : Censos 1940, 1961, 1972, 1981.

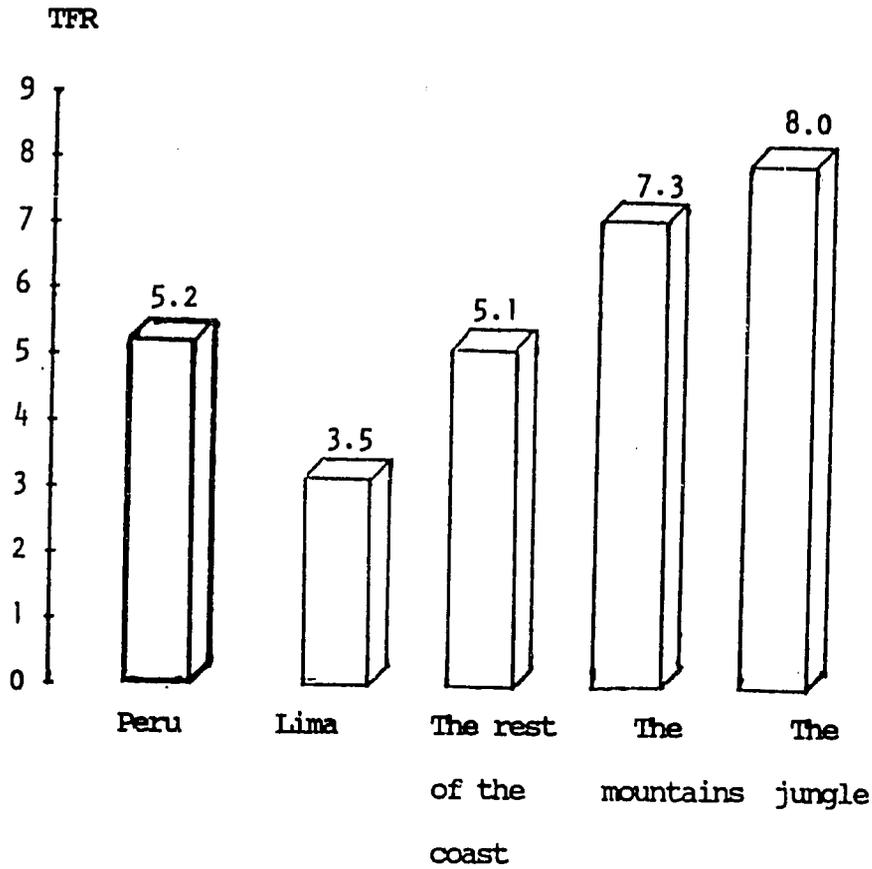
B. Health and Population Characteristics

There has been a gradual decline in the population growth rate over the last 20 years (from 2.9% to the current 2.5%). This downward trend has been explained usually in terms of the enormous rural to urban migration; urban areas historically have had lower fertility rates due to economic considerations, as well as greater access to health care, and more recently, to family planning services.

The difference in fertility levels (urban vs. rural) is wide and has been increasing due to the lack of services outside the capital. Total fertility rate was 3.5 in Lima, 5.5 in other urban centers and 8.1 in the rural areas according to the 1981 prevalence survey. Figure 2 presents this disparity.

Figure 2

Peruvian Fertility by Region
(ENPA Data 1981)



Source: Fernandez-Baca, Graciela, 1983, Lima, Peru.

In spite of the high (albiet declining) population growth rate, a 1986 nation-wide survey (ENDES) concludes that there is a high level of acceptance for the concept of family planning and that 77-79% of married women (WFA) do not want more children. 46% of the women surveyed were attempting to limit their fertility. Of this 46%, only half or 23% were using modern methods.

The following statistics (ENDES 1986) provide a profile of Peru's health status.

Infant mortality rate (per 1,000 live births)	81
Life expectancy at birth (number of years)	59
Rate of natural population increase (annual)	2.5%
Total fertility rate	4.2 - 4.4
Family Planning rate (all methods)	45%
Contraceptive prevalence rate (modern methods)	23%
Percentage of population under 14 years	42%
Number of women in the fertile age group	4.98 million

III. Family Planning Organizations

A. Historical Activities

Although concern over demographic problems in Peru can be traced back to the early 1940's, national concern with other social and economic issues took precedence over population problems in the 1950's. In the 1960's, concern with the magnitude of the population problem increased, but the government did not develop an explicit population policy. Because it was believed that a more equal distribution of the population would compensate for the high birth rate, the government focused its efforts on redistribution of the population to less populated areas, rather than family planning per se.

In 1964, the Center for Population and Development Studies (CEPD) was founded by the Government of Peru (GOP) and funded by USAID/Peru for the purpose of promoting research and training personnel in population. A number of small private family planning programs also began in the mid-1960's, primarily in the Lima area under CEPD auspices. One of these groups was a Church-sponsored effort in collaboration with the Christian Family Movement (CFM). The Peruvian Association for Family Protection (APPF), an affiliate of the International Planned Parenthood Federation (IPPF), was also established in 1967.

In 1968, an agreement was signed by the GOP and Pan American

Health Organization (PAHO) to integrate a maternal and child health and family planning program into public health facilities and hospitals. During the same year, however, the pro-natalist military government took power before it could be implemented. During the next six years, government policies toward family planning/population activities became increasingly restrictive and in 1973 the government closed the eight clinics of APFF and later confiscated its property. The only programs to escape government closure were those supported by Catholic authorities: Asociacion para el Desarrollo Integral de la Familia (ADIFAM) and Programa Apostolico Laico Familiar (PALF) and the Program de Fertilidad Humana - Hospital Arzobispo Loayza (PFH) and the Instituto Marcelino.

In 1970, the "Comision Horizontal de Poblacion y Ocupacion" was established to recommend a population and employment policy for the 1971-1975 development plan. The plan contained only one explicit demographic objective: reduce the disequilibrium in the distribution of the population. The plan did contain other policies, such as employment and education, that indirectly could have an impact on fertility.

The Peruvian position at the 1976 World Population Conference and at the 1975 Latin American Meeting on Population was to continue to reject efforts to quantify fertility reduction goals as well as to reject foreign assistance in this matter. The GOP later stated that it did not plan to include family planning

services in national development plans for 1970-1980. However, during this time several private institutions were allowed to continue their services and the sale of contraceptives was allowed.

After taking office in 1976, President Morales Bermudez appointed a commission to suggest guidelines for a proposed population policy. In August of that year, the GOP established "Guidelines for a Population Policy" as part of its 1975-1978 national development plan, revising the previous pro-natalist position. The National Population Policy, proclaimed by Supreme Decree, had three distinct objectives: (1) to attain a level of population growth resulting from family size that is freely determined by the individual; (2) to significantly reduce infant and maternal morbidity and mortality so as to improve the quality of life; and (3) to better distribute the population geographically. The "Guidelines for a Population Policy" specifically stated:

"Although the government has not...set quantitative targets, it considers that fertility—and population growth—will reach an acceptable level as a result of combined governmental and individual efforts.. The government will provide educational services and contraceptives, but only as a means of facilitating free and responsible parenthood, and not with a view towards decreasing individual or aggregate levels of national fertility."

Although it is significant that Peru was among the first Latin American countries to proclaim a positive family planning policy, the policy unfortunately lacked a specific target for population growth, demographic goals, and plans for the creation of the mechanisms and financial resources necessary for implementation. The GOP did, however, begin to create public sector family planning service delivery, primarily through the MOH. In addition, independent of GOP agencies, substantial development of private sector family planning agencies also occurred.

In 1979, the GOP and USAID/Peru agreed to a pilot family planning program in one MOH health region, Sur Medio. The acceptance by the MOH of the need to include family planning in its primary health system, and the initiation of the Sur Medio project, led to the signing of another project agreement in 1981, the Integrated Health and Family Planning Project. Its objectives were to 1) provide family planning services and contraceptives to 19 health regions and 2) support public sector policy and research via the National Population Council (CNP, est. 1980) and other organizations.

Real action to implement the 1976 Population Policy began after the 1980 establishment of the CNP, charged with coordinating and preparing Peru's population policy. The MOH began Family Planning services in 1981. In that year, 21,150 FP consultations were given, providing services to 0.8% of those

WFA theoretically covered by the MOH. GOP involvement in the population issue continued with its official delegation attending the 1984 United Nations Conference on Population in Mexico City. It agreed to the recommendations of the participating nations which recognized that family planning is an essential component of development in which both public and private sectors must play a role in addressing demographic, health, and social issues.

In July 1985, in the final month of the government of President Belauande, a parliamentary commission on population and development passed a new population policy law, Legislative Decree No. 346. Among other related matters, it guarantees individuals the right to determine the number of children they should have. It gives priority to "responsible parenthood", and it promotes the free, well-informed and responsible decision of individuals and couples regarding the number and spacing of their children, providing them with the education and health services which contribute to the stability and solidarity of the family and which improve the quality of life.

B. Current Status

Although the APRA, the party that took power that year, was silent about its position on family planning, since November 1986, President Garcia has mentioned repeatedly family planning as a central measure of his party's social policy. In February

1987, a Presidential Commission on Population was created at his decree and has produced a National Population Program for 1987-1990. The goals and objectives are as follows. However, as will be noted, most of this program has yet to be implemented.

National Family Planning Program
1987-1990

I. Goals

1. Contribute to the improvement of maternal/child health;
2. Contribute to a reduction in fertility, guaranteeing people the right to a free decision about the size of their family and the spacing of their children;
3. Help prevent abortion and diminish its rate, through reducing the incidence of unwanted pregnancy;
4. Promote a change in social-cultural values and behavior about reproduction through education, communication and services directed to the individual, the couple and the family, thus contributing to family stability and solidarity.

II. Objectives

1. Extend family planning coverage to WFA from 28% in 1986 to 32% in 1991 and to 42% in the year 2000
2. Increase the number of users as follows

1987	1,414,700
1991	1,789,300
2000	2,957,500

Source: Documents from the Ministry of Health

C. Family Planning Service Delivery System

Family planning services are available in most urban centers and towns through the MOH, the IPSS, the commercial sector and private NGO's. According to the 1986 ENDES survey, the prevalence rate for all methods among married women is 46%. This is an improvement since 1981 when only 41% of women surveyed were using any method. However only 50% of all women practicing family planning in 1986 were using modern methods (a 23% modern method prevalence rate). 18% of all women surveyed used rhythm. Among modern methods, the pill, the IUD and female sterilization are the most commonly used. Figure 3 presents this data.

Figure 3

Percent of all WFA, in union, using traditional and modern family planning methods, 1977-1986

Method	Percent using by year		
	<u>1977-78</u>	<u>1981</u>	<u>1986</u>
Rhythm	11	17	18
Other traditional	9	7	5
Pill	4	5	7
IUD	1	4	7
Sterilization	3	4	6
Injection	1	2	1
Other modern	2	2	2
Total modern	11	17	23
Total usage	31	41	46

Source: Dr. Hilda Garcia, Directora General de Planificacion Familiar MOH, September 1987 (ENDE 1986)

About 44% of users of modern methods obtain them from commercial services, over a third from the public sector and about a fifth from the non-profit PVO's. Figure 4 presents a breakdown of this data.

Figure 4

Source of Modern Contraceptives for those employing modern FP methods

1986	
<u>Source</u>	<u>Percentage</u>
MOH	46%
IPSS-FA	11%
Commercial Sector	33%
PVOs	10%
	<hr/> 100%

Source: Pathfinder Proposal for Private Sector Project 1986

D. Peruvian Public Sector Program

In Peru, the public sector program provides primarily clinic-based family planning services via the MOH, the Peruvian Institute of Social Security (IPSS), the Armed Forces, and the Beneficencias. The MOH, currently responsible for 34% coverage of the population, provides these services in coordination with its health services in 19 health regions, 17 of which are supported by the USAID Integrated Health and Family Planning Project (No. 527-0230). USAID contraceptives are supplied to all health regions and hospital areas. Family planning services and supplies are offered at 19 regional and 62 area hospitals, as well as 510 health centers and 1,500 health posts.

Most of these services work passively without outreach activities and on a part-time basis. Many of the MOH field personnel lack the training and motivation to deliver effective family planning services. Present estimates indicate 151,000 MWFA, or only 5.4% of MWFA, receive services via the MOH.

The IPSS provides health services in six regional hospitals, two national hospitals, 11 hospital zones, 30 clinics, 68 health posts, and 124 factories and cooperatives. Under the same USAID project, the IPSS receives support for its family planning program in eight hospitals, 15 clinics, and six health posts and serves approximately 5,500 MWFA. The Armed Forces and the Beneficencias (without USAID support) serve approximately 16,000

users. Together these three public sector agencies serviced 172,500 MFWA, or 33% of the total estimated users of modern contraceptives in the country in 1984. However, these 172,500 users served by the public sector represent only 6.1% of the total 2.8 million MFWA. Figure 5 presents the targets for increased coverage while Figure 6 breaks out the division of this increased coverage by institution.

Figure 5

PROGRAMA NACIONAL DE PLANIFICACION FAMILIAR
Objectives for Increased Coverage
1987 - 2000

Year	Pob. WFA (thousands)	#Active Users	Coverage (%)
1987	4,981	1,415	28.4
1988	5,126	1,502	29.3
1989	5,278	1,593	30.2
1990	5,428	1,689	31.1
1991	5,584	1,789	32.0
1995	6,228	2,245	36.1
2000	7,109	2,958	41.6

Source MOH: Boletín especial No. 7 INE - 84

Figure 6

PROGRAMA NACIONAL DE PLANIFICACION FAMILIAR
Objectives for Institutions

Year	Pop. in thousands	MOH	IPPS	FFA y FFPP	Private Sector
1987	1,415	486(34%)	117(8%)	10(<1%)	802(57%)
1988	1,502	545	154	14.3	789
1989	1,593	607	195	19.2	772
1990	1,689	673	240	24	752
1991	1,789	743(42%)	288(16%)	30(2%)	728(40%)

Figures 7 and 8 present data on the modern family planning methods employed by women using the services of the MOH and IPSS. The principal difference lies in the relative high percentage of women in the MOH relying on their partners' use of condoms in the IPSS; the high use of female sterilization.

Figure 7

Modern FP methods used by MWFA under MOH coverage
Percentage Use, 1982-1986

<u>Method</u>	<u>Year</u>		
	<u>1982</u>	<u>1984</u>	<u>1986</u>
Pill	33.2	35.8	28.8
IUD	33.0	26.0	30.0
Condom	15.8	17.8	26.5
Other	18.0	20.3	14.7
Total	100.0	99.9	100.0

Source: Direccion Tecnica de Logistica e Informatica Ministerio de Salud 1982-85
Direccion Tecnica de Planificacion y Presupuesto Ministerio de Salud

Figure 8

Modern FP methods by MWFA under IPSS coverage
Current and Projected Percentage Use
1986-2000

<u>Method</u>	<u>Year</u>		
	<u>1986</u>	<u>1991</u>	<u>2000</u>
Pill	23	21.9	20
IUD	27	28.0	30
Condom	2	3.3	4
Sterilization	22	25.0	30
Other	25	21.8	16
Total	100	100.0	100

Source: Dr. Alfredo Guzman, Director de Programa de Planificacion Familiar in IPSS, September 1987

E. Peruvian Private Sector Programs

A total of about 17 private FP organizations currently work in Peru, particularly in the largest cities, most notably Lima. They receive their financial support mainly from U.S. Agencies (IPPF, Pathfinder, FPIA, AUSAID, etc.). In October of 1986, a USAID/Pathfinder private sector project (SPF) was initiated to strengthen and expand the service, research and policy activities of the private sector, as well as to support activities of the Consejo Nacional de Poblacion. Additionally, the project serves to coordinate private sector activities which traditionally have been overlapping and competitive; one important activity has been the FVO zoning of Lima to prevent duplication and competition.

Pathfinder and the three subcontractors on this project -- Development Associates, Planning Assistance, and the Program for the Introduction and Adaptation of Contraceptive Technology are or will provide training, technical assistance, commodities, equipment, and financial support to achieve the purposes of this project. The participating service and research organizations are receiving assistance to strengthen their financial and management capabilities. Some will receive direct operational support. The research organizations will receive additional training and TA to expand their technical capabilities, link some of their research activities to applied service needs, and to expand their potential for affecting population and family

planning policy in Peru.

The service delivery organizations will expand their geographic coverage in order to serve an additional 400,000 users. In order to accomplish this, clinical and community based delivery sites will be established and service providers--physicians, nurses, nurse-midwives, distributors, and promoters--will be trained. An educational and communication campaign will be designed and implemented and the interpersonal communication skills of service providers will be enhanced.

An additional event, important to both the private and public FP sectors in Peru, was INPPARES' sponsoring of the 1st annual Family Planning Conference in Peru which was also the first FP conference in Latin America. The conference took place as this team was in Peru. Approximately 1500 people, the majority of them Peruvians, participated, with obvious enthusiasm and with little or no opposition to the event.

F. Peruvian Program Funding Sources

Both the public and private sector family planning programs receive some funds from international donors other than AID. The United Nations Fund for Population Activities (UNFPA), using PAHO as its implementing agency for its MOH and family planning projects, is the only other major institution besides AID which supports public sector population programs. Most of the private sector family planning agencies either receive USAID/Peru assistance directly through the Integrated Health and Family Planning Project, or AID/W assistance through international cooperating agencies, such as Pathfinder, FPIA, Johns Hopkins Program for International Education of Gynecologists and Obstetricians (JHPIEGO), International Project of the Association for Voluntary Sterilization (IPAVS), Population Council, Family of the Americas Foundation (FAF), and Family Health International (FHI). Three other institutions, IPPF, the Population Crisis Committee, and the Church World Services also support family planning services, using private non-AID funds. (The Pathfinder Fund also supports IE&C and women's rights activities with non-AID funds.)

Until recently there was a lack of coordination among Donors. The SPF Project, however, whose goal was to coordinate private sector family planning activities, has provided excellent coordination between and among these institutions and between them and the public sector.

G. A New Child Survival Project

The most significant new funding for family planning in Peru is a just-signed 19 million dollar Child Survival contract between USAID and the MOH, with support included for the IPSS. Family Planning, one of five CS interventions in that project, will have a budgeted 4.2 million over five years. The FP training activities proposed in this report have been discussed with the Child Survival Project Manager and will be carried out in a close collaboration with that Project.

Project highlights are as follows: "The project will support the implementation of the MOH's National Family Planning Five-Year Plan prepared in early 1987. The objective of the Plan is to contribute to Peru's national goal to reduce maternal and infant mortality and morbidity rates by spacing births and reducing fertility from 4.2 children per woman in 1986 to 3.9 by 1999 for the entire country. The MOH will contribute toward achieving this goal by increasing the coverage of FP services to women of fertile age in its target group from 28% in 1986 to 32% in 1991." To do so, the MOH will increase FP services, provide training, relocate personnel so as to provide coverage in rural areas, will equip cervical cancer laboratories and will maintain adequate supplies of contraception and FP supplies throughout the country.

AID will finance contraceptive supplies, FP audi-visual and laboratory equipment, short term training outside of Peru and long-term in-country clinical training as well as related technical assistance in communication, statistics, and epidemiological surveillance. The MOH will finance in-country training and supervision, recurrent costs and community education.

Similar support to the IPSS will assist the IPSS to expand FP coverage from its current 8% (WFA) in its target population to 22% WFA by 1991. To do so, the IPSS will reassign personnel to less serviced areas; provide medical equipment and FP supplies to all health establishments; provide adequate warehousing and distribution of contraceptives; and develop and disseminate IEC materials.

AID will finance the IPSS FP program through financing of FP audiovisual equipment and contraceptive supplies; the services of a long-term Peruvian advisor; selected in-country training and short term training outside Peru. The IPSS will finance in-country training, recurrent costs, supervision and logistics.

IV. ASSESSMENT IN THE PUBLIC SECTOR

THE MINISTRY OF HEALTH

ASSESSMENT

As indicated previously, considerable change is underway in the Ministry of Health. Currently, a new director to lead the family planning program is being named. There is a strong intent to push the program through the system; the new director, unlike the former, believes that one needs to have, initially, a vertical program in order to accomplish the national institutionalization of the program. In several interviews, the new director-to-be (Dr. Americo Mendoza) commented on the need for an initial vertical thrust and stated that he would be reorganizing the office of the director general of family planning. He plans to work with a team of 5, including the following positions: IEC, Logistics, Training, Program Evaluation, and "servicios" - supervision. In this reorganization, Mendoza apparently has the support of the Minister of Health, Dr. Ilda Urizar.

Dr. Urizar is apparently very interested in help in the area of FP management training. She had been informed of our visit (by team member Carlos Aramburu) before her leaving for Washington (prior to our arrival) and will be informed of our activities and assessment upon her return.

Dr. Mendoza is aware that there will be funds available for family planning from UNFPA, and USAID. The funds coming from USAID are part of the large Child Survival Project (CS) that will be signed this month; Family Planning is one of the five CS components. The FP objectives found in the Family Planning Program document written by the Ministry of Health and included in the CS project are: to reduce maternal and infant mortality and morbidity rates by 1) spacing births and by 2) reducing fertility from 4.2 children per woman in 1986 to 3.9 by 1991 for the entire country.

MOH will contribute to achieving this goal by increasing coverage of FP services to women of fertile age in its target group from 28% in 1986 to 32% in 1991 and 42% in the year 2000. The Ministry also has as its goal to increase the number of active users from 1,414,700 in 1987 to 1,789,300 in 1991 and 2,957,500 in the year 2000.

A key strategy in the CS project is the strengthening of decentralized support systems for sustainable service delivery. To enable such decentralization, the MOH has to train personnel, equip laboratories, maintain adequate quantities of contraceptives and FP supplies in all health establishments. And while our focus here is specifically on management training, we certainly were made aware of the needs the FP program has for logistic and administrative support, transportation facilities, office equipment, etc., bare necessities that need to be

provided to program managers to ensure the successful management of FP programs.

Family Planning Services

Presently, all of the MOH establishments (125 hospitals, 638 centros de salud, and 1701 Puestos de Salud) theoretically include family planning among their services being offered. Contraceptives are given out free of charge but patients must pay for the "consulta". Currently, very little IEC is provided. Although material has been developed, there has been a lack of continuity and little overall coordination.

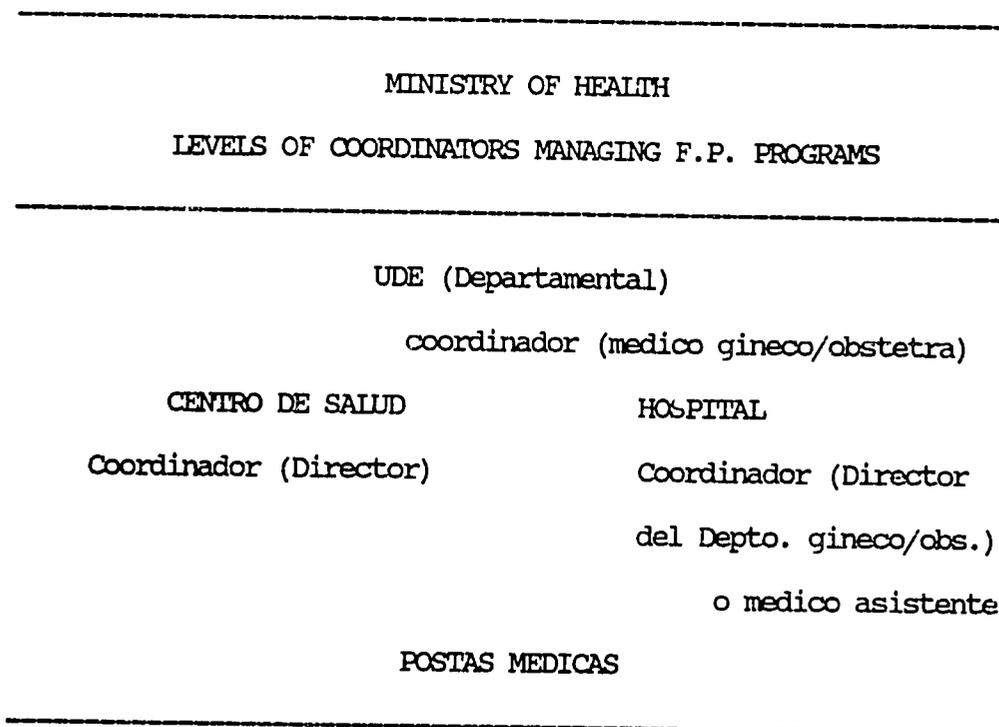
A 1983 evaluation in 5 health regions conducted by the Consejo Nacional de Poblacion detailed a list of deficiencies in the FP program. The deficient FP services were attributed to excessive centralization, poor administration, lack of preparation in planning and programming of activities, scarcity of human resources, inadequate system of statistics, little or no supervision, inadequate distribution of supplies, and incompatibility of program plans with budget.

In December 1986, Dr. Hilda Garcia, the MOH Director of FP, initiated an effort to expand and improve the program throughout the country. FP coordinators were appointed, (see figure 1 below) a national FP program was designed and the FP norms were written and given out to the

coordinators at the various levels. The national program identified the need for strengthening of services (e.g. through scheduling FP services in the afternoon); training; IEC; research; and coordination with other organizations. It also stated that there was a need for a management information system, for improved logistics, and for the establishment of an adequate system of supervision and evaluation.

The assessment of this FPMT team confirms the previous assessment of management needs. Coordinators at the levels presented below need training in planning, program design, control and supervision. Additionally, as indicated previously, there is a need for designing an MIS system and training in use of the system and in the area of logistics.

FIGURE I



RECOMMENDATIONS: Ministry of Health

The MOH commitment to the program has been made; additionally, there is strong evidence that USAID will be supporting a strong family planning component. At this point, we can recommend the action, detailed below, for February or March of next year, following completion of these two preconditions.

Pre-conditions for Determining a Family Planning Management Training Project Intervention within the MOH:

1. Definition of the final organizational structure for the Family Planning Program
2. identification of key personnel.

ACTION:

1. Provide Training for Mid-Level Managers, in this case the MOH FP Coordinadores;
2. Assess need for setting up Management Information Systems;
3. Assess management training needs for top levels once the Pre-conditions have been met.

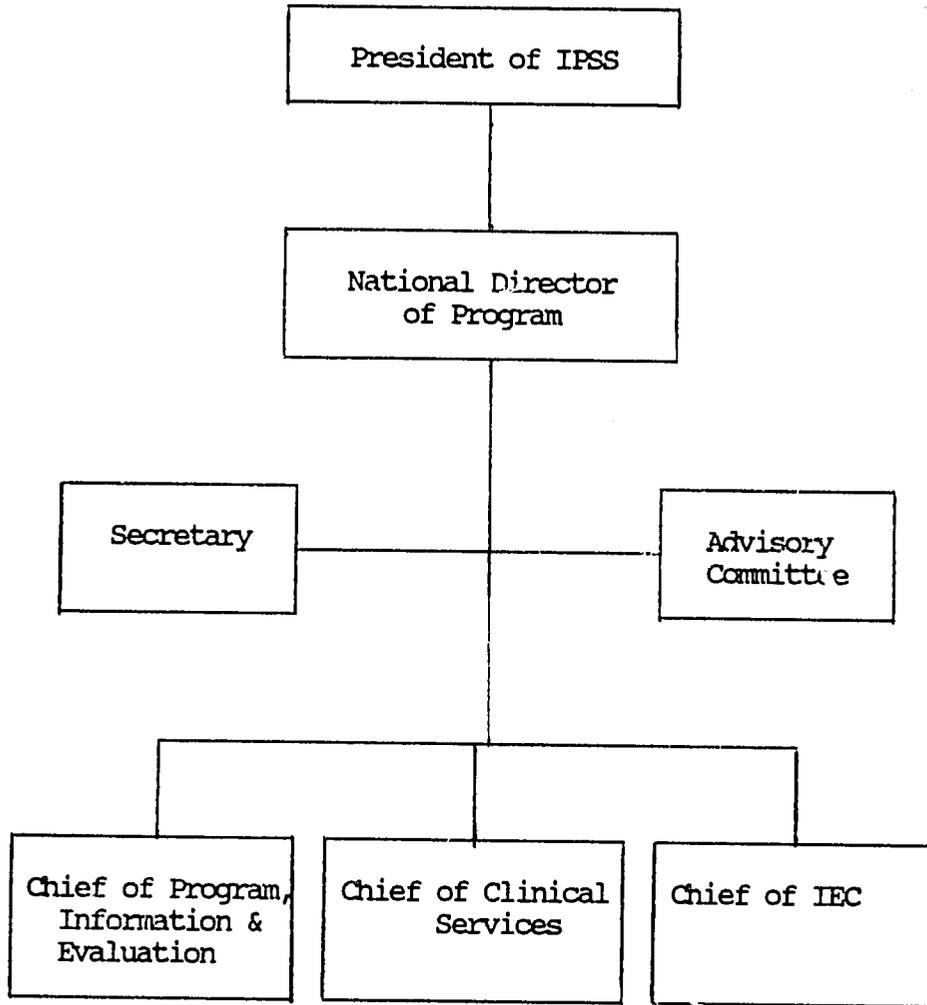
B. INSTITUTO PERUANO DE SEGURIDAD SOCIAL

ASSESSMENT

The family planning program in the Instituto Peruano de Seguridad Social (IPSS) was initiated in 1981 as a result of the 1981 Integrated Health and Family Planning referred to earlier. Over the next few years, however, little progress was made. The FP program was tied in bureaucracy, very centralized and clinical with poor supervision, poor logistics and poor statistical control. Coverage was only 3% of their target population. In 1986 a new agreement with AID was signed; responsibility for Direction of FP Program was moved to direct reporting under the Executive President of IPSS. Dr. Alfredo Guzman was brought into the IPSS as the Director of the new program under that contract. Figure 9 shows the organizational structure of the FP program in the IPSS as he developed it.

The family planning program in the Instituto Peruano de Seguridad Social (IPSS) is currently, however, as is the MOH, in a process of change. Dr. Alfredo Guzman, who has given the program a great push in its first year, is being replaced in the next several weeks by an as-yet unnamed new Director from the public sector. The future staffing of the Director's office is uncertain; the three young professionals currently in the office with program responsibility are not from the IPSS system.

ORGANIZATIONAL STRUCTURE OF FAMILY PLANNING IN THE IPSS
September 1987



Like the MOH, the IPPS has named FP coordinators at the various service delivery levels. The responsibility of these coordinators and the administrative and clinical structure in which they function varies. Some manage offices solely dedicated to family planning. Others manage programs/offices in which family planning is one of several ob-gyn services. Others manage programs in which family planning is offered within the broad range of health services. It is in the last system that problems (HR and material resource) are most likely.

IPSS FP coordinations, who function in a manner similar to those in the MOH need and are requesting training in basic administrative skills. Although clinically they are probably more trained than MOH personnel, like the MOH personnel they have had little or no administrative training or experience in substantiated program management. This FP management, like the MOH, is an additional responsibility added on to their own clinical duties.

The current program, begun in early 1987, has a five year goal of expanding coverage from the current 8% WFA to 22.7%. The strategy for achieving the goal is threefold:

1. assignment of personnel to provide FP services at polyclinics, medical posts and factory posts;
2. provision of medical equipment and FP supplies to all health establishments;

3. provision of adequate warehousing and distribution of contraceptives;
4. development and dissemination of appropriate information, education and communication materials.

Real progress toward this goal has been achieved in this first year with 68,000 new FP users. In the first phase, attention was focused on Lima and Inca. Currently, Phase II coverage is being extended to Piuro, Cusco and Iquitos. Phase III will complete coverage in the rest of the country.

RECOMMENDATIONS: Instituto Peruano de Seguridad Social

The pre-conditions for Determining an IPSS Family Planning Management Training Project Intervention are the same as they are in the MOH:

1. definition of final organizational structure for FP,
2. identification of key personnel.

We can recommend the following action in February or March of next year, upon fulfillment of those pre-conditions:

ACTION:

1. Provide Training to the IPSS Coordinators for FP;
2. Assess need for setting up Management Information Systems;
3. Assess management training needs for top levels once pre-conditions are met.

V. MANAGEMENT TRAINING INSTITUTIONS

Peruvian Training in Family Planning Management

Our objective was to identify local institutions that could work with FPMT and which eventually could carry out training activities independently. The ideal plan we have formulated would be for an FPMT team to work in collaboration with the MCH Human Resource Division, with the project manager of the USAID Child Survival Project and local institution(s) to 1) design the courses, 2) provide materials, and 3) provide TA to the team representing the local institution during the first two or three activities. FPMT can supervise the training carried out by the local institution and provide assistance until the know how is transferred. TOT and the gradual transfer of responsibility for training is particularly important in the public sector because of the numbers of persons that must be trained. Constantly bringing in trainers can be costly and secondly, the ministry or IPSS may have an easier time scheduling activities with a local institutions.

We would like to propose that FPMT work with two local institutions: Cayetano Heredia and Pacifico. The first organization is well known for its faculty of medicine and recently for its programs in health administration. The second is a university that specializes in management and has a good deal of experience with short term training for program managers here in Peru. While it is true that Pacifico's experience is

mostly with the private sector, they have responded successfully to requests from organizations here in Peru for management training.

We are aware of historical difficulties in working with local institutions in countries around the world and even more so with attempts to coordinate activities with two or more organizations. In this case, however, we feel that the two identified organizations are flexible enough and can respond in a timely fashion to our request. We spoke of pilot programs with both institutions and of FPMT's intent on design and quality control. The joining of institutions with different areas of expertise (both of which are evident needs for FP program managers) can have very positive results.

Following are brief descriptions of the institutions we interviewed during our stay in Lima.

A. Instituto Peruano de Administracion de Empresas (IPAE)

IPAE is a private organization whose objective is to contribute to Peru's development through educational activities in business administration. Over 1,000 small, medium, and large companies are associated with the institute. In its 28 years of activities it has had over 200,000 persons participating in its programs.

IPAE offers three para-professional degree programs. There is an 8 semester program in business administration; a six semester program in Finance and Banking; and a series of Executive Management courses. The executive management courses are offered in various areas and usually last from three days to six months. The case method of teaching is extensively used as well as working with groups. The Institute has an extensive video and film library. IPAE has few full time professors but has 350 part time professors who are managers in some of the biggest firms in Peru.

The institute has little experience with the public health sector but it did offer a seminar for hospital directors of IPSS almost three years ago.

IPAE can offer FPMT an alternative through its executive management programs. They are capable of assuming responsibility for training middle managers and taking care of participants from the moment they arrive in Lima. In our conversations with Mr. Antonio Palomino, we spoke of the possibility of having pilot programs where MSH consultants would teach the first course together with IPAE staff in hopes that future courses would be handled by the local institution. One advantage of IPAE is the fact that they have offices in Arequipa, in Ica and in most of the regional capitals.

B. Universidad del Pacifico, Escuela de Postgrado

The Universidad del Pacifico is a private, non-profit institution that was founded in 1962 by a group of Peruvians interested in promoting research and teaching in economics and administration. It currently offers degree programs in Management, Accounting and Economics. There are approximately 50 tenured faculty members and 50 part time faculty members. Pacifico has 1200 undergraduate students, 200 graduate students and a large number of participants in its management programs.

In addition to the degree programs, Universidad del Pacifico has a Center for Management Development (Centro de Desarrollo Gerencial -CDG) which offers a series of workshops and seminars in the various functional areas of management. It also has a department that offers consulting to institutions on an individual basis. It is through its Center for Management Development, that Pacifico can offer FPMT its services.

C. Universidad Peruana Cayetano Heredia

The Universidad Peruana Cayetano Heredia is a private institution founded in 1961. Originally, the university was dedicated to teaching medicine exclusively but through the years it has added on a series of graduate and post-graduate level programs in related areas.

The university has various "convenios de cooperacion" for teaching and research with the following universities in the United States: Johns Hopkins, Tulane, Texas Tech, Baylor, and Alabama. For example, in 1984 with the University of Alabama at Birmingham, an MPH program for 20 faculty members was run in Peru. Professors from Alabama spent short periods of time in Peru and graduation took place in 1986. The 20 faculty members then began a local program at Cayetano Heredia leading to the degree of Master in Public Health in the following areas: Food and Nutrition; Health and Population; and Infectious and Tropical Diseases. The program is supported both by the University of Alabama and aid from the Sparkman Fund. The first class began this year with 7 students.

Cayetano Heredia also offers a program, supported by a grant from the W. K. Kellogg Foundation, which leads to a masters degree in health administration. The program, titled "Programa de Administracion de Salud" (PROASA), utilizes the various resources at the university and currently has 50 students in two of its sub-programas. PROASA has the following sub-programs: Masters in Health Administration; Especialization in Health Administration, Continuing Education.

Cayetano Heredia can offer FPMT an alternative through its Continuing Education Program. They offer short courses and workshops that may be designed for the client. The person who is currently in charge of PROASA is Dr. Diego Gonzalez. He

commented that they have approximately 20 faculty members who are full time but Cayetano has over 400 professors who can be recruited for an event. The 20 faculty members were those recently trained by Alabama. The University has classroom facilities, including a computer center that can be used by the students.

It would be ideal to be able to enter into a joint venture with both La Universidad del Pacifico and Cayetano Heredia. The one institution has years of experience and much prestige in the area of business administration and the other is considered the best university in the area of medicine/health. Cayetano Heredia recently initiated its activities in a masters program for public health and health administration but has little experience. If we could think of a way of having both institutions working together, eventually Cayetano would be strengthened in the management area and could take over training for the public sector in the long term. They could also benefit from a relationship with faculty from Pacifico and exchange faculty.

D. Apoyo al Sector Privado de PF (SPF)

SPF is the umbrella project for the private sector funded by USAID through the Pathfinder Fund. They began last year and have completed three training activities to date - one in project design, one in financial analysis under an inflationary

period, and a third in logistics. These are short, one week seminars which cover theoretical material but are also full of specific exercises.

The seminars, with 6 lecturers, have had approximately 20 participants. Participants came, on invitation from SPT, from the 22 private sector organizations. There have been also a number of public sector employees attending their courses. The number of participants from the public sector will be sent by Delucca to the Pathfinder office. Participants do not pay for the seminars nor do the institutions they represent; the costs are absorbed by SPF under their contracts.

SPF could enter into a joint venture with MSH. The group at SPF could serve as a resource group for teaching, on an individual basis, in the areas of statistics, finance and logistics. SPF is now working with other international organizations in course design and, in particular, in exporting their finance course.

SPF also gives technical assistance to the private sector organizations. This usually involves approximately 15 hours a week per institution on a particular problem area. The organizations request help and SPF responds. For example, ADIM needed help in redesigning their organizational structure, a different organization requested help with their warehouses.

The three members of the SPF group that were suggested as

resources were: Mike Delucca, Carlos Cardenas, Luis Tuesta.

E. ESAN

ESAN is a graduate business school that was founded 25 years ago, initially through support from Stanford University. It has two departments which might be able to help the FPMT project; one is Institutional Training and the second is the Research Department. Two years ago ESAN developed a program and trained a group of hospital and health center directors from the Ministry of Health. The program included a research component; information on this program is being provided to MSH's reference library.

Both department heads were out while we were in Lima but ESAN will send MSH information regarding their activities which could be of interest for FPMT.

VI. MANAGEMENT DEVELOPMENT NEEDS

A. MIDDLELEVEL MANAGERIAL TRAINING

The health officials who have been or will be chosen as coordinators are taking on managerial responsibility; a responsibility for which they probably have not received adequate training. For example, the coordinators are responsible for planning and setting objectives for their respective centers, yet have had little managerial experience or training. It is important, at this point, to provide the coordinators with the necessary basic management skills - skills which can be utilized in all areas of health management but which will focus, in this training, on family planning .

Proposed Workshop

The workshop proposed would introduce the participants to basic management concepts and the role of the family planning administrator in the public sector.

1. The Management Cycle

It is important to make the participants aware of the system within which they are attempting to accomplish their goals. The participants would be exposed to the management cycle and during a 5 day workshop, they would cover the following:

- situation or environmental analysis (the Ministry or IPSS)
- problem identification
- goals and objectives
- the importance of data collection and analysis
- working with numbers and making them useful
- target setting
- monitoring and evaluation

2. Interaction Skills

Participants would also be advised that implementation of a successful FP program depends not only on their technical skills but also, importantly, on their ability to work with and through people. This includes working with subordinates, direct supervisors, and coordinating activities with UDE coordinators and other programs. The last part of the workshop would be oriented, therefore, to interaction skills. For example:

- the art of supervising
- communication
- delegation
- coordination
- understanding the FP system as a whole and their role within it

MSH has course material in Spanish to cover the areas mentioned.

B. MANAGEMENT INFORMATION SYSTEMS

The persons we interviewed, at the various levels within the MOH and the IPSS, and those outside these institutions identified a great need within the Peruvian family planning program for the design of a good management information system (MIS). Senior, middle and lower level managers all spoke of the need for a system which would assist them in good decision making at their respective level.

This team is highlighting the need for such MIS work. We did not do it. We recommend, however, that when the new central headquarters staff are in place and in action in the MOH and IPSS, that an MIS specialist from MSH work with the public sector to design a workable and productive public section MIS.

VI RECOMMENDED SCHEDULE FOR TRAINING ACTIVITIES

	<u>MONTH</u>
STAGE 1 PERU PREPARATION	
1. Clearance from Minister of Health for use of the private sector to provide public sector training	Month 1
2. Clarification and clearance from Dr. Américo Mendoza on	Month 1
a. new organizational structure	
b. changes in personnel	
c. OK for go-ahead	
STAGE 2 PREPARATION OF TRAINING PLAN	Month 2-3
1. Development of Mid-level Managers Training Program	
2. MIS Needs Assessment when new F.P. Directors and CS Project is in place	
STAGE 3 MID-LEVEL MANAGERS TRAINING AND FPMT NEEDS ASSESSMENT WITH SENIOR STAFF OF BOTH F.P. INSTITUTIONS	Month 3-4
1. FPMT needs assessment of new senior managers in MOH and IPSS	Month 3-4
2. Pilot Training Program of 2-3 training workshops: collaboration with local institutions, CS Staff and MOH	
3. Eight additional workshops to complete 1st round of training: TA to be provided by lead FPMT trainer as appropriate	Month 4-8

APPENDIX

LIST OF PEOPLE INTERVIEWED

USAID / PERU:

Mr. John Burdick
Chief of Population Division

Ms. Rita Fairbanks
Advisor in Health and Population

Ms. Joan E. La Rosa
Chief of the Division of Health and Nutrition

Ms. Gloria Nichtawitz
Assistant Population Officer
(Private Sector)

Ms. Linda Iion
Director, Office of Human Resources

INSTITUTO PERUANO DE SEGURIDAD SOCIAL (IPSS)

Dr. Alfredo Guzman
Director of Family Planning Program - IPSS

Mr. Juan Herrera
Chief of Program, Information and Evaluation
Mr. Alfredo
Chief of Clinical Services

Ms. Maria Luisa
Chief of IEC

MINISTRY OF HEALTH

Dr. Americo Mendoza
Senior Technical Advisor to the Ministry of Health
on Family Planning. Named to be "Director General
de Programa de Planificacion Familiar"

Dra. Juana Hilda Garcia
Director General of the Family Planning Program

Ms. Maria Elena Saavedra
Assistant to the Director, Family Planning Program

Coordinators of the Family Planning Program in both the MOH and IPSS were interviewed in order to get a general idea of their needs and what their activities were as FP coordinators. This information was useful for structuring our recommendations for training activities.

SPF - PROYECTO DE APOYO AL SECTOR PRIVADO EN PLANIFICACION
FAMILIAR (PATHFINDER FUND)

Mr. Manuel Delucca
Director de Administracion

UNFPA

Dr. Alphonse McDonald
Director Adjunto

UNIVERSIDAD PERUANA CAYETANO HEREDIA

Dr. Luis Sobrevilla
Director, Instituto de Estudios de Poblacion

Dra. Rosa Maria Zamora
Director, Escuela de Post Grado "Victor Alzamora Castro"

Dr. Diego Gonzalez
Director Interino - PROASA
(Programa de Administracion de Salud)

Dr. Alberto Cazorla Talleri
Rector

Dr. Christiane B. Hale
Professor and Director
Maternal and Child Health Training Program
University of Alabama at Birmingham

UNIVERSIDAD DEL PACIFICO

Mr. Folke Kafka
Decanc, Escuela de Post-Grado

INSTITUTO PERUANO DE ADMINISTRACION DE EMPRESAS

Mr. Antonio Palomino Kunupaz
Director of Planning and Institutional Development