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**Trip Report:** USAID/Lima  
November 28-December 9, 2000

## **1. Purpose of Travel:**

The purpose of this travel to Lima, Peru was to participate in discussions about the new PHN Strategy for FY 2002-2006 with the Health and Population Team of USAID/Lima and Elizabeth Fox (G/PHN/CS), leader of the Peru Country Team in USAID/W. This technical assistance, which the Mission has contracted for through the centrally-funded MEDS Project (P.O. 517-O-00-00-00262-00), is envisioned as the first of two or more trips to assist the HP Team further develop their new strategy and to assist in the design and drafting of the Strategic Objective 3 Results Package. Subsequent work will include gathering a synthesizing relevant data, identification of activities that respond to the Mission's Intermediate Results (IRs) and drafting the strategy, including activities, suggested approaches and possible indicators.

A List of Contacts is appended to this document as Attachment 1. The Scope of Work for this assignment is included as Attachment 2.

## **2. Activities**

Major activities carried out during this trip included the following:

- 3 days of HN Team meetings, facilitated by Elizabeth Fox, to begin discussion of the framework for implementing the three IRs in SO 3. Notes summarizing the major conclusions of these meetings are included as Attachment 3.
- Familiarization with the on-going portfolio of the Health and Population Office and review of documents related to the development of the IRs to date. This also included interviews with Team members about current projects, particularly aspects of sustainability and/or transferability of these efforts to other funding mechanisms in the future, including the Government of Peru (GOP).
- Meetings with the faculty and staff of the School of Communications at the Pontificia Universidad Catolica del Peru, and a representative of the Consorcio de Universidades. The purpose of these meetings was to discuss the possibility of assisting member universities of the Consorcio (Universidad Catolica, Universidad de Lima, Universidad Cayetano Heredia and Universidad del Pacifico) to develop a national capacity in health and social communications. This support would enable

local institutions to design and implement strategies at the national and local level that facilitate behavior change related to better health practices.

- Discussions with the HN Team about the shape and direction of their new behavior change IR. To this end, the Mission has initiated an activity to review and prioritize the major health problems in Peru and to discuss these in terms of the IR's strategic focus on prevention, young Peruvians (especially adolescents) and other populations at high risk. The matrix which was developed to help the team begin and focus these discussions is included as Attachment 4.
- Participation in a meeting with representatives of the Communications Initiative and the Pan American Health Organization (PAHO) to discuss current communications activities in Peru. Warren Feek, Director, was in the country to discuss the work of this organization and to collect information on Peru for a future issue of Drumbeat, the Initiative's weekly newsletter.

### **3. Recommendations and Next steps**

SO 3 now has a strategic framework that has been reviewed and approved by Mission Management and the Peru Country Team in Washington. The next steps for developing the Results Package will be to define and agree on priority content areas for each of the IRs.

#### **IR1: Quality Services Accessible and Utilized.**

To a large extent, the three days meetings in November accomplished this for IR 1. The team has reached a general agreement on the shape and direction of the IR and there has been substantial progress in identifying priority areas for support. The next step will be to review the implications of these decisions and discuss ways to mitigate some of the short to medium term issues that are inherent in the structure of the program. Some of these include:

- How will “buy-in” for the switch from an in-service to pre-service training strategy be secured with the Ministry of Health (MINSA)? This change implies a reduction in direct support to the public sector, while at the same time it requires that they support and partner the effort. How might this happen?
- How and to what degree is USAID willing and able to continue present activities (e.g. in-service training) to fill the gap which may occur until new activities are fully functional? (i.e., It generally takes 4-5 years to get a new curriculum in place [sometimes more with big universities], and time after that for trainees to fill positions and for the effect of training to be felt at the service level).
- The same issues of MINSA support for the first point, above, also apply to accreditation and certification activities.

- Over the longer term, the current direction of IR 1 probably implies that USAID will give up their place at the public sector table, at least in the area of service delivery. If this is not desirable, what measures might be taken to avoid this result?

Some of these issues will be addressed through other components of the Results Package (IRs 1 and 3). I think that it is useful, however, to look at them as independent pieces, to be sure that you are planning for gaps in coverage (as well as political implications) that may occur.

#### IR2: People Practicing Healthy Behaviors.

Work was begun on defining the priority or content areas for the IR during this visit. However, there is still much to do before this complex result can proceed to the identification of activities and implementation mechanisms. The matrix of health problems that has been developed should help to further Team discussions of possible content. If the overall objective for IR 2 is to work in areas that fill the triple bill of 1.) responding to national health needs and/or priorities, 2.) having a reasonable chance of success and 3.) contributing to local capacity building (which is my understanding of the IR,) this exercise should help to narrow the options.

There are many ways to proceed on IR2, but some suggested next steps are:

- Continue review of the matrix, especially in terms of realistic health priorities. At this point, I suggest focusing on discussions of content, particularly in light of USAID's past experience and manageable interests, rather than definition of specific interventions. Try to eliminate things on the current list of "health problems" that seem to be real outliers, although I don't think there is need to push for closure yet.

I also would not worry too much about the behavior change feasibility at this point, as you will have lots of assistance to look at these issues later – better to think broadly about what you would like to do. The same applies to discussions about synergy and economies of scale, which will be easier when there is more definition of what you want to intervene on.

- Begin discussions with representatives of the Consorcio de Universidades about their interest in building a local capacity in health communications and behavior change. This will be a long process and such partnerships are not easy, even when the concept has great merit and both sides want the collaboration, as is the case here.
- If the HP Team does develop an in-country behavior change/communications course for itself, consider bringing one or more of the Consorcio universities into the process (i.e. teaming an US-based organization with Peruvian counterparts in the Consorcio). Granted, this will make the whole effort more complicated and put a lot of burden on the US contractor. It would also, however, set the basis for a future technical partnership between USAID and the Consorcio and give Peruvian counterparts a good snapshot of the state-of-the-art in behavior change technical assistance.

It might be interesting to consider breaking this “training” into as many as three parts:

- a general “orientation” type of exercise that could include counterparts and or other agency personnel (i.e. CARE/Peru). This could be called a “technical update” (or something), but it could also be structured to be a marketing strategy for the new IR approach;
- an in-house training activity that would bring the HP Team, as well as other interested USAID SO Teams; and
- an intensive technical training, possibly including some university course work and third-country travel to see other successful behavior change activities in the LAC region, for 1 or 2 people who will manage the IR activities.

### IR3: Policies and Programs more Responsive to Health Needs.

At this point, it is difficult to say what would be the most useful next steps for furthering the development of IR 3, as Peruvian politics is at a unique juncture. In light of recent events and the fact that the country now has a transition government, these would seem to have two phases, and might include the following:

- Provide support to further, in so far as possible, the health policy debate during the transition government. If you decide to explore this, it has to get started right away and someone on the staff has to be assigned to “do” it, as the window of opportunity is small;
- Maintain sufficient flexibility in the IR3 design, so that USAID can respond positively to changes that may occur under a new government. Karen Cavanaugh could be a lot of help here, but in case it hasn’t happened, I would make sure that Elizabeth gives her the short course in IR 2. There is no place (that I know of) where behavior change strategies have been given much play in health reform, but since you are considering lots of other new things, you should consider it here too.
- Explore options for supporting some Peruvian institution to further the discussion of health policy in Peru, especially at the national level. There seems to be some consensus in the HP Team that USAID should seriously consider this option. Given that, initial work could begin to identify a possible “home” for such an activity and other collaborating donor partners (as described more fully in Karen Cavanaugh’s Trip Report, October, 2000).

Other activities that might be undertaken in next 2-3 months include:

1. Begin discussions with representatives of other international organizations (and especially the big bank projects) about their programs and specific strategies for

collaboration. At the minimum, these will help avoid duplication and could stretch USAID dollar impact. It may also free up more USAID funds to work on prevention activities, especially if the case can be made that the bulk of the “disease specific” (curative) burden is addressed by others.

Peruvian health officials, even in the transition government, may be helpful here, since USAID brings grant dollars to a donor table that is dominated by loans. The GOP may have much interest in helping USAID leverage some of the activities in these big bank projects. Karen Cavanaugh probably also has some useful insight about these possibilities.

2. Look into Growth Monitoring/Growth Promotion activities currently being carried out through Title 2. Given Peru’s high malnutrition rates, Growth Promotion would seem to be something to consider for inclusion under IR2, especially as it is primarily a prevention measure and relies on both individual and community change. There is a lot of recent behavior change experience here, particularly in working with mothers and communities to improve breastfeeding/weaning/feeding practices. Almost none of this work is tied to food distribution, so you can avoid that black hole, if that has kept you away from these activities before.

The Honduras experience with Alimentation Integral del Nino (AIN) may be instructive here, especially as the BASICS project is now using a version of this model as the community/prevention side of IMCI. This work tries to tie community and system-level behavior change together, which you may also find interesting. The Honduras Mission could provide you a set of AIN materials and BASICS could tell you more about their community IMCI/prevention work. The Manoff Group, which is assisting the extension of this program in Central America, might also be a resource. FYI, the extension of the AIN/Community model is being funded by the World Bank, so there is a precedent for collaboration on this issue.

3. Adolescents: USAID/Jamaica has a big, relatively new bilateral project that addresses Adolescent Reproductive Health. While it is unlikely that you would be interested in a program of this scale, there may be some ideas in the project design that you would find useful in discussions. The Future’s Group is implementing the project, but I would contact Sheila Lutjens, the HPN at USAID.

The CHANGE Project also has a nice, low-budget behavior change activity with adolescents. It uses an assets-based approach (us old timers used to call it positive deviance before we were reprimanded by our politically correct peers) and is being implemented through an NGO. By way of disclaimer, I worked on this design for CHANGE, but the adolescent guru at CHANGE is Julia Rosenbaum, the Project's Deputy Director. She knows a lot of handy stuff about adolescents, HIV/AIDS and communications for behavior change. You might find her to be an interesting resource. Contact her if you would like to take a look at the Jamaica design (or let me know, and I will send you my Trip Reports, which lay out the design).



If activities have proceeded as hoped, I would propose that I spend 4-5 weeks in Peru during this period to help the Team finish some of the tasks, resolve outstanding issues and write a full draft of the Results Package.

This is as far as I am willing to project out (our Letter to Santa Claus?), as we have no way of telling how things will develop in Peru. There is much flexibility in this schedule, however, and I suggest that we revisit it by telephone or e-mail some time in the middle of January. I do not consider the two long trips currently proposed as being set in stone and with enough notice, can probably travel in response to HN Team needs.

List of Contacts

USAID/Lima Technical Staff

Richard Martin, Office Chief and SO 3 Team Leader

Christine Adamczyk, Deputy Chief

Michael Burkly

Luis Seminario

Maria Angelica Borneck

Jaime Chang

Kristin Langlykke

Raquel Hurtado

Gracia Subiria

Elizabeth Fox, G/PHN/CS

Salomon Lerner Febres, Rector, Pontifica Universidad Catolica Del Peru

Luis Peirano Falconi, Dean and Coordinador de la Maestria en Comunicaciones,  
Pontifica Universidad Catolica Del Peru

Faculty, Maestria en Comunicaciones, Pontifica Universidad Catolica Del Peru

Luis Eduardo Bacigalupo, Consortio de Universidades.

Warren Feek, Director, Communications Initiative

Jennie Vasquez-Solis, Coordinadora de Programa de Comunicacion Social,  
Organizacion Panamericana de la Salud, Lima, Peru

Odelida Trujillo, Communications Initiative, Bogata, Colombia

**SCOPE OF WORK  
DESIGN AND DRAFTING OF SO 3 STRATEGY DOCUMENT**

**A. Background**

As part of USAID/Peru's strategy development process, SO 3 has been developing its strategy for the years 2002-2006. Substantial progress has been made, however, much remains to be done in terms of gathering and synthesizing relevant data, as well as in drafting the strategy, including activities, suggested approaches, incorporation of relevant data, and appropriate indicators.

**B. Objectives and Responsibilities**

The consultant will contribute to the development of the SO 3 strategy for the years 2002-2006 by interviewing key stakeholders, analyzing available data, and drafting several sections of the new strategy document. Activities will include the following:

Develop the SO 3 Results Package (100%)

- Take the technical lead in order to finalize the results package document with special attention to the Program Description section, incorporating comments from relevant actors within the MOH, NGOs and SO 3 staff into document
- Complete M&E Plan for RP
- Finalize budget (with financial analyst)
- Finalize Action Memo to SO Team Leader formalizing RP
- Draft MAARDs for activities identified in the strategy document
- Define SOW(s) and recommend implementation mechanism for implementing USAID's funding
- Coordinate with relevant actors to ensure that USAID activities outlined in the strategy document complement work of other donors. In order to leverage and maximize cost-effectiveness of USAID support
- Define indicators for SO M&E Plan

**D. Deliverables**

The consultant will provide timely feedback to USAID in the form of periodic reports, which will detail observations, along with appropriate recommendations. The timing of the period reports will be determined after consultations with USAID staff. Upon completion of his or her activities, he or she will provide a written strategy document detailing SO 3 strategy for the period 2002-2006, which will present activities, suggested approaches, detailed indicators, and activity schedules, along with appropriate analysis and conclusions, and recommendations. All reporting will be prepared in English.

The consultant will submit five copies of an initial draft strategy document to the USAID/Peru SO 3 team for review. On the basis of feedback from the committee, the

consultant will make appropriate revisions and present five copies of the final report upon completion of his or her work.

#### E. Time frame and level of effort

The Contractor will perform the above duties during one month, starting on/about October 30, 2000 and ending on/about November 30, 2000. A six-day workweek is hereby authorized.

The consultant will receive precise instructions from the Health and Population Team Leader. Consultant will meet with the Team.

#### F. Qualifications

The contractor will possess broad health experience, including experience in behavior change issues. He or she will have an advanced degree, speak Spanish, have a thorough knowledge of USAID procedures, be experienced in US government contracting, and be familiar with the Peru Mission portfolio.

It is necessary that he or she be able to write well in English, and to be able to work independently with minimal supervision.

In addition, he or she will be required to interact both with field-level family planning service providers, as well as with senior Ministry of Health and USAID officials in order to present findings, and make recommendations. As such, excellent presentation and interpersonal skills will be required.

SO 3 Design - PERU  
Team Meeting Notes  
November 28-31, 00

IR 1 Quality Services Accessible and Utilized

Pre-service training  
In-Service training  
Support for Training  
Accreditation  
Activities making services more responsive to client needs and rights  
Management Support

Pre-service training:

1. Support definition of the profile of health professionals in priority areas;  
(including graduate training and human resource policy for the health sector)
2. Support development of curricula to meet these profiles.
  - a. Pilots
  - b. High-level TA
  - c. Materials
  - d. Study Tours
  - e. Distance Learning
  - f. Pedagogy of health professions education

In-service training:

1. Identification of gaps/needs in short-term training;
2. Short, specialized courses in support of USAID SOs;
3. Short-term TA for MOH and others;
4. Monitoring of short-term training.

Support for training:

1. Recertification - develop and refine short term TA; materials
2. Design, develop institutionalized system for in-service training;
  - a. Design/develop distance learning systems
  - b. Design "Bootcamp" for MOH new hires

Accreditation:

1. Work with health sector to develop standards for accreditation system, including user satisfaction;
2. Public information campaigns to support/demand accreditation system (including user satisfaction).

Require counterpart funds for up-grades; (not just systems to rate institutions, but valuable for evaluating national health system)

Making services responsive to client needs and rights: (Quality of Care)

1. System in place to capture client needs/satisfaction, etc., as well as mechanisms to negotiate and act on them;
  - Built on experiences from previous projects and other data;
  - Community participation (CLAS)

*[Link here that ties this whole set of activities into bottom-up, civil society actions]*

2. System in place to monitor/guarantee client rights;
  - Incentives for facilities and providers;
  - Best Practices and experiences;
  - Dissemination of information regarding rights and legal and other recourses;
  - Professional associations

Management Support:

1. Priority activities:
  - Health informatics;
  - Quality assurance;
  - Human Resource Management (including supervision);
  - Resource management;

## IR 2 People Practicing Health Behaviors

Overview of existing activities

1. Lots of community participation – at this point, more art than science; (Mission has started to look at this comparatively)
2. To the present, there has been little evaluation of this experience. There is a need for systematizing;
3. Much of the current work is not theory-based;
4. Little or no participation of commercial marketing link.

5. Current activities are mainly to increase demand for and use of curative services; in the future would look to activities that emphasize prevention of illness and injury and promotion of healthy behaviors.

Guidelines for new activities:

1. Build on “Lessons Learned” from ongoing activities;
2. Consolidate experiences;
3. Focus on preventative behaviors, normative change and lifestyle changes.

Activity: Create in-country capacity to carry out effective health communication and behavior change programs.

Program characteristics for national health communications/behavior change capacity:

1. Strengthen local capacity in behavior change;
2. Create market for behavior change interventions (demand);
3. Structure activities to encompass capability to reflect, change, rethink;
4. Tie in with medical education of health professionals;
5. Include Interpersonal and inter-cultural communication skills;
6. Include normative change approaches;
7. Respond to different levels of national priorities;
8. Prioritize young people (10-25) and high risk groups as an audience [equity];;
9. Include focus on formal education (school-based);
10. Include multidisciplinary and multi-sectional approaches (MOE, MOH, private sector)
11. Focus on collective behavior change;
12. Exercise flexibility;
13. Integrate new communication technologies and new forms of social communication in programs;
14. Have a physical and institutional identity;
15. Focus on economies of scale, cost effectiveness;
16. Leverage local strengths and institutions.

### **IR3 Health Sector Policies and Programs more responsive to health needs**

Continued/New Activities

#### 1. ID/HIV/AIDS

- bio-medical research
- surveillance
- south-south cooperation

- Planning, design and development of Laboratory systems
- Development of EPI surveillance

#### Information

1. DHS – yearly;
2. Operations Research;
3. Health Economics;
4. Specialized Studies;

#### Resource Management

1. Development and extension of budgeting-planning system;
2. Development and institutionalization of national health accounts;
3. Development of SUI – subsidy targeting;
4. CICI extension

#### Policy/Advocacy

1. Support debate and dialogue on key policy issues on health care reform, policy, financing and the content of a public health system during the key electoral period in 2001;
- Support symposium on health issues with political parties, key social actors, professional associations;
  - Support the preparation and dissemination of different issue papers on key policies of public health;
  - Expand the dialogue on public health with wider representatives of civil society, i.e. rural women, youth, people living with HIV/AIDS, indigenous groups, etc.

#### *Post-Review Comments:*

*Mike: Would like to see some type of mass media/social marketing, especially around the issue of HIV/AIDS;*

*Christine: We have yet to consider the work of other donors, etc., or to consider these activities in light of Lessons Learned.*