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**HEALTH POLICY
INITIATIVE**

**Semi-Annual Report: HPI-Peru
Futures Group International, LLC, Prime Contractor**

1. TO Number	GPO-I-352-05-00040-00 (Task Order 3)
2. Location	Lima, Peru
3. Title	USAID Health Policy Initiative in Peru
4. Activity Description	The objectives of the project are to strengthen policies and policy-related capacities to improve health sector performance, promote gender and cultural equity and increase access to services, all in the context of government decentralization in Peru. The project builds capacity in the areas of (1) human resources; (2) data and information systems; (3) pharmaceutical management and logistics; (4) service quality improvements; and (5) policymaking and regulatory capacity, in order to improve specific indicators in those areas and health indicators related to FP/RH and MCH.
5. Achievements	See below.
6. Name of USAID COTR	Lucy Lopez
7. Name of USAID CO	Doanh Van
8. Name of COP	Patricia Mostajo, COP Luisa Hidalgo, DCOP
9. Date of Award	November 2, 2007
10. Projected End Date	November 1, 2012
11. Ceiling Price	\$11,991,177
12. Obligations to Date	Base Year = \$2,397,935 Option Year 1 = \$2,397,335
13. Cumulative Expenditures to 3/31/09	Base Year = \$2,244,566 Option Year 1 = \$ 613,615
14. Balance (pipeline based on obligations to date)	Base Year = \$ 152,829 Option Year 1 = \$1,783,720
15. Sub-Contractors	N/A
16. Final Invoice Submission	N/A

Period of performance for SAR: October 1, 2008 – March 31, 2009

Achievements:

This period covers the last month of the base year of the project and the first five months of the option year. Although November and December are low activity months in the public sector due to the closing of the fiscal year and the holidays, the project was able to consolidate some processes initiated and show important achievements within the different levels of intervention.

October began with a governmental crisis due to corruption accusations, which led to changes within the Ministers' Cabinet, including the Minister of Health (MOH). New directors were appointed at the different MOH offices. There was also a new focus in the national health strategy, launch of universal health insurance, re-emphasis in the decentralization process, and the strengthening of the first-level-of-attention health provision.

In March, the National Congress approved the Law on Universal Health Insurance, which during this first year shall be implemented in five regions, two of which are part of the project's regional scope: Ayacucho and San Martin. HPI-Peru is committed to providing technical assistance in the implementation of this Law, which gives priority to the provision of maternal and child care services in these regions. Moreover, the project activities related to human resources, information management, pharmaceuticals management, and quality of care are part of the support systems that would sustain the health insurance implementation.

Below are the main project activities and achievements during this period.

Health Human Resources (HHR) Management System

At the broader multisectoral level, the project is providing support to the National Council for University Evaluation and Certification (CONEAU) for the implementation of the National System of Professional Certification to upgrade the quality of professional education. For this purpose, the following activities were conducted: (1) a seminar-workshop on concepts, methods, and international experiences on professional certification based on competences, which was addressed to 90 professionals and members of CONEU; and (2) a course-workshop with the Council of Deans of the Peruvian Professional Associations to train them in the methodology for the definition of competences, addressed to 72 professionals. With the Professional Associations, activities were organized with obstetricians (COP) and physicians (CMP). In two national workshops and with the participation of members from the whole country, the project trained members of each association in the methodology to conduct functional analysis and define competences, and specified requirements to attain certification. Later, in smaller workshops with both associations, the project conducted training on the identification, normalization, and evaluation of competences. In February 2009, CONEAU approved the procedures to register and certify the entities in charge of professional certification (R N° 008-2009-SINEACE/P), which were prepared with the project's technical assistance. These entities are the professional associations that will receive training in the future.

At the national level, the project assisted the MOH in the organization of a national workshop to exchange experiences on human resources development based in competences, and presented the experiences being conducted in Huánuco and Junín. Also with the MOH and within the framework of the universal health insurance, the project forms part of the Commission defining the criteria for adequate staffing of human resources in the pilot regions. We also provided TA to MOH in drafting the norm for identifying and normalizing labor competences in health; and pilot tested in Ayacucho a model to estimate the human resources gap that would need to be filled in order to provide the health insurance package.

At the regional level, the project provided TA to the Regional Health Directorates (DIRESA) in the decentralized meeting for HHR development and management improvement, where a national policy proposal for maternal health capacity development was discussed. Huánuco is one of the regions where more progress has been made toward the implementation of Centers for the Development of Competences (CDC) in infant growth (CRED) at the micro-network (MR) level. In this region, the first internships were completed, and the model was evaluated and adjusted where necessary. In Ayacucho, initial progress was made toward CDC-implementation in vertical delivery, nutritional demonstration sessions, and antenatal care. HPI-Peru conducted training to update regional providers in the national norms and regulations that sustain these competences. Through March 4, DIRESA has evaluated and approved 13

CDC-MR as internship sites for CRED competences, although these have also been approved for the other infant and maternal care competences.

At the local level, the project implemented a model to improve the environment at first-level-of attention, involving two local municipalities in providing incentives to health workers. Regional norms shall be defined based in these experiences.

Information Management System

During this period, main efforts were addressed to complete the performance evaluation of the health information system in nine DIRESA and three Lima-based health areas (DISA). The project adapted the evaluation tools being used by the USAID | Measure Evaluation Project in other countries, and trained 200 health officials for their application in 66 hospitals and 154 health centers of these regions. The main results account for 5 percent omission in data registration and in data codification, 18 percent errors in diagnosis codification, and 18 percent discrepancies between clinic records and statistics registration. Based in the evaluation results, the project has provided TA to seven regions in the elaboration and monitoring of improvement plans addressing the main gaps in system performance.

The project proposed that the Ministry of Economy and Finance (MEF) and the MOH use the updated software to measure obstetric and perinatal health facility functions (FON) as the mechanism for data collection and measurement of maternal and child health indicators of the “Budget by Results” government strategy. We are also updating the maternal and childbirth clinic history.

At the regional level, the project assisted DIRESA San Martin and designed an electronic management chart to monitor health and management indicators at the central and network levels. A similar task was performed in Junin but in the Social Management Office, to strengthen the regional government capacity to monitor social policy implementation.

At the local level, the project assisted Pichanaki municipality to design, collect, and use for monitoring purposes 14 community-based indicators related to social development, including child malnutrition and maternal health.

The project is also working with the MOH Health Promotion Office to design a municipality-based online management chart to monitor health system performance and impact. Other agencies are also participating in this activity.

Pharmaceutical Management System

At the multisectoral level, and based in the Pharmaceutical Law proposal approved by the Congress Health Commission, the project worked with MOH and CMP to include some articles on pharmaceuticals in the regulations for the implementation of the Free Trade Agreement between Peru and the United States.

In support of the MOH Pharmaceuticals and Health Supplies Directorate (DIGEMID), the project conducted a national training workshop with DIRESA in the evaluation, prescription, dispensation, and use of medicines at all health service levels, and 38 representatives of Lima and Callao Pharmacological Committees were trained of Pharmaceutical-Therapy Based on Problems. Also with DIGEMID, the project drafted the guidelines for Procedures for Purchasing Pharmaceuticals Products, and the guidelines for Good Practices of Pharmaceuticals Warehouses (BPA), and two DIRESA officially approved their own regional guidelines. The project also trained 57 health workers in Ayacucho, Huánuco, and Pasco in BPA, who prepare plans for the implementation of their warehouses and sub-warehouses.

During this semester, the project finished the design of the online course on Pharmaceuticals Management, and signed an agreement with the National University of Huancayo (UNCH) to involve their professors and use the web platform to train 60 local staff from seven DIRESA. After the completion of the course, two additional universities (Huanuco and Ayacucho), using the same materials and modules, launched their own versions of the course.

At the local level, 27 health workers responsible for pharmacies located in health centers were trained in the rational use of medicines at the community level.

Quality of Care Management System

At the multisectoral level, the project finished drafting the National Policies on Quality of Care with MOH Quality of Care Directorate (DEC) and initiated the process for its official approval. The approval initially was to be issued by MOH resolution; however, due to the broad involvement of sectors, the policy shall be approved by the Ministries Council Presidency (PCM). Technical assistance was also provided to the National Commission on Accreditation (CNSA) in designing the standards for specialized health institutions, the guidelines for external evaluation of health services, and the manual for the accreditation software; these proposals are currently under final revision.

The project completed the design of guidelines for the management of quality of care programs (PGC), which are the framework for quality of care improvement at the health facility level. To date, five regions have begun the implementation of this program, and it has been officially approved in one region. The competences profile for quality of care managers is also defined.

In the area of MCH, the project provided technical assistance to the Ombudsman Office in monitoring maternal health and family planning programs, which include compliance with the Tiaht amendment. Twenty-three hospitals and 87 health centers were monitored in a total of 12 regions.

Our reproductive and maternal health advisor has closely worked with the MOH Reproductive Health Strategy (ENSSR) in the validation of the online maternal health history, the design of family planning and c-section standards, and in facilitating training workshops in different regions. In support of the health insurance implementation, he provided TA in the revision of standards for monitoring and evaluation of the insurance health plan (PEAS), and the validation of the clinic guidelines for the provision of services.

Policies and Regulations

At the national level, small advances were made in drafting a workplan to strengthen the MOH regulatory capacities.

At the regional level, the project worked with the Junin DIRESA and the National University of Huancayo (UNCH) in the design and implementation of a training module on policy management as part of a training course in Health Promotion addressed to majors and technical teams of municipalities. 142 technical teams of local governments from Junín, Huánuco, and Pasco are participating in these training, which will produce a local health policy that is drafted and/or approved, and ensure that funds are allocated for its implementation.

At the regional level, in Ucayali, the project is providing technical assistance to the regional government to issue the Regional Policies on Health. At the local level, spaces are being strengthened for the functioning of citizen surveillance committees to ensure the quality of health services and the supply of essential medicines.

The five main activities are carried out within the principles of international cooperation (alignment, harmonization, management by results, accountability, and appropriation) and according to the project values, which tend toward the political, technical, financial, and organizational sustainability of the achieved results; the necessary local, regional, and national articulation; the useful application of local, national, and international learning; the ongoing assessment of our work to continuously upgrade the efficiency and results of our activities.