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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
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	Luis Seminario
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, 2009
11. Ceiling Price	\$11,991,177.44
12. Obligations to Date	Base Year = \$2,397,935 Option Year 1 = \$2,397,335
13. Cumulative Expenditures	Base Year = \$2,206,817 Option Year 1 = \$2,158,743
14. Balance (pipeline based on obligations to date)	Option Year = \$238,592
15. Sub-Contractors	N/A
16. Final Invoice Submission	N/A

**Period of performance for SAR:** April 1–September 30, 2009

**Achievements:**

This report presents the achievements reached by the project during the last half of Option Year One, the final year of project implementation. This final period represents an institutionalization of project results at the local and regional levels with a measurable performance improvement in

affected parts of the health system. The project has implemented three overarching strategies, which are described below:

1. One key strategy has been to **improve healthcare quality by improving health professionals' job performance**. The project worked with the National Council of Evaluation, Accreditation, and Certification of Professional Education Quality (CONEAU) to develop the capacity of three professional associations' (for physicians, nurses, and midwife nurses) to implement competency-based certification systems. The main results were (a) stakeholder acceptance and commitment to a competency-based certification process, (b) completion of the first requirement to become certification agencies by forming a cadre of 60 evaluators from 14 professional associations certified by CONEAU, and (c) approval by CONEAU of the training guidelines for evaluators. The project designed the tools and training methods to define and evaluate the professional competencies and the standards to measure competency performance, and conducted the evaluators' training. During August and September, the project assisted the professional associations for physicians, nurses, and midwife nurses in replicating the training process to certify 135 evaluators for this program.

At the regional level, the project worked with regional teams to define, validate, and approve job competences for maternal and infant care, according to MOH technical norms. These competencies are the basis for training processes being implemented by the Centers for Competencies Development (CDCs) at the health micronetworks. The regional universities support this process by training tutors in pedagogic competencies, which allows them to satisfy a growing demand for in-service training as part of health professional training curricula. As part of this demand-driven strategy, the project has assisted universities in creating in-service training curricula in Ayacucho, Huánuco, Cusco, Junin, and Pasco, with the result that 106 teachers have been trained in identifying and standardizing job competencies within the health sector.

The project has installed the bases for institutionalization of the CDCs in Ayacucho, Huanuco, Cusco, Junin, Pasco, and Ucayali. In all these regions, commissions for evaluation of training sites have been created, 14 training sites have been brought up to standards as CDCs, 65 tutors have been trained in both clinical and pedagogic competencies, and 73 health providers from health posts have received in-service training. Only in Huanuco did HPI have the chance to participate in an evaluation visit of trainees, six months after the training.

2. In the area of **pharmaceuticals**, HPI worked with the MOH–Office of Medicines, Supplies, and Drugs (DIGEMID) to improve capacities to implement the acquisition of pharmaceutical products and supplies at the national and regional levels. Sixty-one professionals in 25 different implementing units (including the pilot units for universal health insurance) were trained in the new procedures for public acquisitions. HPI created a procedures manual that defines roles and responsibilities at the regional level. After the training, implementing units in three of the USAID focus regions—Huanuco, Junin, and Pasco—decided to implement a joint purchase of pharmaceuticals and received project assistance to monitor the availability of some products and program their specific requirements. The regions formed an acquisition committee led by the Huanuco regional authorities, which will launch the bidding for purchasing 14 products common to the three regions. Three regional universities—in Ayacucho, Huanuco, and Junin—have continued to implement online training in pharmaceutical supply management, and 177 students are currently attending virtual courses.

At the regional level, the project helped formalize the sustainability of systems' improvements fostered by the project. In Ucayali, the DIRESA (regional health directorate) approved the action plan of the regional pharmacology committee in charge of updating the list of medical products

and supplies required by the region. The Pasco DIRESA approved the regional system for quality of care management, defined the pilot cases for implementation, and approved the operational policies for improving pharmaceutical storage and guidelines for regional purchases. Junin approved the quality of care management plan, program guidelines for implementation, and pilot case studies of micro-networks. The regional university in Junin also approved and formally installed the regional Observatory for Social Policies Surveillance designed with project technical assistance.

At the micronetwork level, the project strengthened capacities to monitor medical products and supply availability in 32 health facilities of five Huanuco micronetworks and 13 health facilities of Junin. This monitoring system provides the information required for adjusting the distribution system and guaranteeing pharmaceutical supply thereby contributing to quality of care. In Huanuco, Pasco, and Ayacucho, the project is monitoring the implementation of quality of care management programs in eight micronetworks. These programs intend to harmonize the quality of care improvement processes at the facility level with maternal and child health objectives.

In San Martin, HPI assisted the DIRESA technical team in the design, validation, and implementation of a control board for monitoring the regional Health Operational Plan 2009 (POI 2009). In Huanuco and Ucayali, the project assisted the two DIRESEs in elaborating an application for monitoring selected indicators of the MOH System for Monitoring and Evaluating HIV/AIDS, which permits rapid analysis and on-time decisionmaking.

3. During this period, the project worked with local municipalities to strengthen their capacities in **health policy management**, as part of the national decentralization strategy, which mandates transfer of the management of primary health provision to local governments. After local assessments were completed, HPI assisted each municipality with the specific challenges identified:

- The project assisted two local governments of Junin and Huanuco in implementing one of the main human resource policies, which is assigning incentives based on performance. To date, Pichanaki Municipality has officially recognized the seven health workers with the best job performance.
- The project also assisted Santa María del Valle Municipality in Huanuco in managing a control board to monitor, with the community, changes in health and social development indicators.
- In a joint effort with Junin Regional Government and Universidad Nacional del Centro, the project trained multisectoral teams, including community representatives of 134 local governments of Huanuco, Junin, and Pasco in public policy management. As a result of this training, 39 municipalities have to date issued local policies (municipal ordinances) to improve maternal and child health.
- In Ucayali, HPI has worked directly with the community in two districts, Manantay and Calleria, to form citizen surveillance committees. The Manantay committee focused its attention on the availability of pharmaceuticals in health facilities, interviewing 193 patients and registering prescriptions and medicines provided. The results of this activity were presented to the hospital and DIRESA authorities and at the National Health Conference of Foro Salud.

HPI also worked to implement the MOH National Strategy for Sexual and Reproductive Health by training 52 professionals from 26 DIRESEs in using the new modules of the maternal

information system (SIP2000) elaborated by the project, which now includes new variables related to the technical norms approved recently by the MOH.

#### *Closeout Activities*

During September the project organized closeout activities in six capital cities of the regional governments with which we worked: Ayacucho, Cusco, Huanuco, Junin, Pasco, and Ucayali. At these meetings, the regional government representatives presented the main achievements of the project. The highest authorities present at these meetings were the regional vice-president in Ucayali, the delegate counselor in Pasco, and the social development directors in Huanuco, Cusco and Junin; the regional health director attended all the meetings. Also participating were the dean or vice-dean of each regional university and representatives of the professional associations for physicians, nurses, and midwives. The regional authorities at these meetings consistently commented that the project had opened a path to institutionalizing improved healthcare and that they were willing to continue with the resources already strengthened.