# Executive Summary

USAID has provided assistance to health activities in Peru for over fifty years. The significant progress Peru has achieved and pressing priorities in other areas of the world have led USAID to decide the termination of its support to health activities in Peru as of 2012. **The purpose of this study** is to provide USAID/Peru with recommendations that will ensure that after USAID’s departure health systems in San Martín are sufficiently strengthened to guarantee the continued improvement of child nutrition in the Region.

Progress attained in Peru´s health systems has been very important. For instance, from1990 to date the mortality rate for children under five has decreased by 64 percent, maternal mortality dropped by 71 percent, and total fertility rate fell from 4.1 to 2.6 births per woman. However, health services for lower income groups and rural population are still a challenge Peru needs to confront. Notwithstanding that the decentralization of health services is under implementation since 2000, disparities in health services, especially in lower income regions of the country. An evaluation of advances attained by regional governments in the implementation of transferred health functions rendered disturbing results.[[1]](#footnote-1) Among the regions with a low performance is San Martin, region in which USAID/Peru focuses its support working directly with the San Martin Regional Government (GORESAM). The main weaknesses of San Martin´s health system relate to institutional organization, management of human resources, information, and investments, and health insurance administration.

## Design and Methodology

This evaluation’s main purpose is the strengthening of health systems focusing in reducing chronic childhood malnutrition (CCM). The evaluation’s recommendations will benefit the Regional Governments of San Martin and Ucayali and the Ministry of Health (MINSA) providing the basis for the development of joint plans to reduce the gaps in the health system’s components, strengthening capacities, correcting regulations, and allocating funds to improve children nutrition.

In order to respond to the above mentioned purpose, the study includes:

An analysis of critical nodes and opportunities related to each of the health system’s components based on concrete evidence and focused on the reduction of CCM.

An analysis of the general components of the regional health systems utilizing the Health Systems Analysis framework. It takes into account the transference of functions from the national level to the regional level and the new structures and organizations that might have evolved as a consequence of the application of multi sectorial priorities.

The study was carried out in San Martin and Ucayali, which are regions geographically and anthropologically similar and which have been object of USAID’s programs for several years. San Martin is implementing its flagship program for the improvement of children nutrition: PAINMI, which differentiates San Martin from Ucayali where children malnutrition is a public health problem that has not been prioritized. A comparison of results for both regions is made.

The study intended to determine the effectiveness of health systems’ interventions in San Martin and Ucayali in the reduction of CCM. Additionally, it aimed at determining the degree in which the different actors of the health system (Ministry of Health, Regional Government, etc.) fulfill their roles and responsibilities in the reduction of CCM.

The evaluation instruments were designed to assess each of the six Health System components or blocks recognized by the World Health Organization (WHO). The questions for each block focused on exploring the different Health System’s functions. Sampling was deliberate based on including those areas in which previous interventions that were expected to have an impact on CCM were carried out. However, there was not a control area, hence, causal association cannot be attributed to the conclusions. **While information was gathered for both regions; San Martin and Ucayali, the focus of analysis is San Martin. Information for Ucayali is used as contrast.**

## Findings

The measurement of decentralized functions completed in 2009 by the Ministry of Health’s Program to Support Health Reform (ParSalud) placed San Martin among the low performance regions. In 2010, the regional Health Directorate started a broad reform process which identified CCM as a high priority for GORESAM, which has become the region´s main social policy.

According to the National Demographic and Family Health Survey (ENDES) data for 2012, 18.1 percent of children under five suffered CCM. This means that almost a fifth of Peruvian children are at risk of enduring sicknesses that condition their current and future development. In the case of San Martin, 16.8 percent of children in the region suffer CCM, while in Ucayali 24.7 of children undergo this condition. Furthermore, in San Martin acute malnutrition affects 2.9 of children under five, while in Ucayali it affects 5.7 percent of children in the same age bracket. As per income quintiles, more than 30 percent of children in the lower quintile are malnourished, and in Ucayali, 43 percent of children under five are malnourished.

Between 2009 and 2012 there has been a significant reduction in CCM in San Martin. Considering that the drop was steeper than the one attained at the national level (11.4 versus 5.7 percent), it can be concluded that there were region specific factors that explain and important portion of the fall. **However, it is not clear what the region’s health system’s role was in the reduction, as opposed, for instance, to investments in water and sewage or an economic growth higher than the national average.**

**Governance**: From a CCM reduction perspective, at the national level the health system includes the Ministry of Health (MINSA), Ministry of Economy and Finance (MEF), Ministry for Development and Social Inclusion (MIDIS), and the Presidency of the Council of Ministers (PCM). MINSA has the technical leadership, i.e. establishes CCM reduction policy, and MEF must provide the resources for it. MINSA is the only one with an organic regional representative, the Regional Health Directorate (DIRES). In this context, the DIRES’s role is to regulate and also to provide support to health networks and micro networks. Hence, for operational work the reform rests on the Operational Units within the Networks. At a regional level, Regional Governments establish the regional policy regarding CCM. **From a governance stand point, the DIRES’s and the Networks’ limited supervision of the lower levels of the system, micro networks and health establishments, constitutes a critical obstacle for the adequate implementation of health services in the region.**

Since 2010, children nutrition is a priority social policy, which has been permeated to the rest of the health system, including local governments. GORESAM has put in place reforms to improve the effectiveness and equity of its health system. The Integrated Actions to Improve Child Nutrition (PAIMI) is GORESAM’s main policy instrument to fight CCM. The Social Development Administration and the Regional Health Directorate (DIRES) are in charge of its implementation. The Regional Technical Team (ETR), which includes the participation public and private institutions, civils society and cooperation entities, articulates all levels, national, regional and local and is in charge of ensuring PAIMNI´s implementation.

There are problems in PAIMNI’s implementation. Regarding its policy to improve nutritional levels, **PAIMNI has difficulties to comply with its planned activities due to insufficient equipment and budget. Additionally, at the micro networks and health establishments levels there are frequent complaints regarding little interaction with higher levels of the system.**

PAIMNI has accomplished an increasing involvement of local governments, which have invested in water and sewage, hired personnel, and acquired some equipment for health establishments. However, **there is a limited relationship with those local governments and it has the tendency to be one-sided. No evidence of information flows between the two levels of government was observed.**

Additionally, a substantial number of **Community Monitoring Boards (CMBs) have been started, but their sustainability is uncertain because they work on a voluntary basis. Furthermore, the relationship between the JVCs and the micro networks and health establishments is random, generally limited to health campaigns or activities once or twice a year.** Two other weak areas in the health sector’s governance are related to the capacity to involve independent social actors, such as universities and professional guilds, on one side, and to research management of research on the other side, in which there were no significant developments.

**Funding**: Notwithstanding that GORESAM’s Modified Institutional Budget (MIB) was grown steadily over the past years, that 80 percent of San Martin’s health budget is funded from the National Results Budget (NRB), and that in 2013 the MIB was 46 percent higher than 2012, **the budget for the Implementation Units only grew by two percent**.

The micro networks personnel was trained by GORESAM’s Budget Office considering that the budget process for the NRB starts at the micro networks level. However, health establishments are not consulted. Additionally, notwithstanding that certain levels of the health system participate in this budget process (Networks and DIRES), **the final budget amounts are established by the MEF taking as reference historic allocations, with no consideration to the expected health results. Implementing Units copy the MEF’s behavior and use discretional criteria to distribute funds among health establishments not considering health goals.**

Another important funding component is the public health insurance, known as **the Integral Health Insurance (SIS), which covers 10.8 percent of the health budget for the region.**

**Human Resources**: Health Human Resources in San Martin are mostly from out of the region. However, nurses and obstetricians are also from San Martin. San Martin’s National University (UNSM) has a nurses program since 1994 and an obstetric program since 1983. UNSM has also recently started a medical program. However, **information from interviews reveals that there is no coordination between the DIRES and UNSM, neither qualitative (to define the professional profiles), nor quantitative (number of required personnel). Also, none of the professional health training programs in San Martin has been subject to accreditation despite the fact that it is a mandatory process.**

**Human resources for health in San Martin are insufficient and incorrectly distributed. Qualified personnel is very scares at all levels of the system.** For example, the standard number of medical doctors in relation to the population is of 10 for every 10,000 people. The average is of only 2.1 MD’s per 10,000 people in San Martin. Even lower numbers are for Networks in Moyobamba (1.77), San Martin (1.57) and Bellavista (1.33). The situation is equally disturbing for other health professionals.

San Martin’s authorities are aware that the gap is broader in rural areas and are taking measures to close it. There are salary bonuses and other incentives for personnel working in rural areas. **However, the turnover is very high and the mentioned incentives seem to be insufficient to keep qualified personnel in those areas.**

**Health Information Systems**: Two main problems have been identified. **One is the fragmentation of the system. The information of the Health Information System and that of the SIS are managed by different entities and have different objectives and have no relationship among them. The second problem is the lack of personnel. Additionally, officials report inadequate equipment.**

**Logistics**: **San Martin’s health system reorganization has left voids in some basic functions, such as the supervision of medicines distribution. Despite having adequate availability at the regional level, 30 percent of the visited health establishments had shortages, including complete absence of basic medicines such as oral rehydration salts and rotavirus vaccine.**

**Services**: Counseling on exclusive maternal nursing, nutritional support and micronutrients prescription only reaches 30 to 40 percent of women users, which demonstration the substantial inadequacy of the services. Waiting times are also excessive (two hours in average), attention schedules are inadequate and no satisfaction surveys are carried out.

**Comparing San Martin and Ucayali**

**Governance**: Both regions have programs aiming at reducing Chronic Child Malnutrition, PAINMI in San Martin and Ucayali’s Nutritional Program. The latter is a national level program not a regional initiative like PAINMI. In San Martin, the initiative to fight CCM comes from the Regional Government while in Ucayali it was the Ministry for Development and Social Inclusion which promoted the formation of the Fight against CCM Committee.

**Funding**: Health Directorates in San Martin and Ucayali have the National Health System (SIS) as an important funding source. Local governments in both regions are also concerned about health issues and have municipalities investing resources for local levels of the health system, i.e. micro networks and health establishments, especially in hiring nurses.

**Human Resources**: The human resources gap is substantial for both regions, especially in medical doctors, which are insufficient and inadequately distributed. The gap for nurses and obstetricians is smaller. However, the number of professionals in San Martin allows health establishments to provide a permanent service. In contrast, in Ucayali the number is much lower, some establishments have only one health professional, generally a nurse who, when on vacation, leaves the establishment without attention.

**Health Information Systems**: San Martin and Ucayali have limited availability of hardware and human resources. In both regions information is collected by the Health Information System and the Information System for the National Insurance System (SIS) which are unrelated.

**Logistics**: **A common problem for San Martin and Ucayali is the shortage of medicines due to different problems. San Martin has not completed its new distribution model. Ucayali has a slow medicines distribution process due to high transportation costs for areas where river transportation is needed.**

**Services**: **Waiting time for women users in San Martin goes up to an average of 108 minutes, much more than in Ucayali where the waiting time is reported to be an average of 65 minutes. A positive difference for San Martin but criticalfor Ucayali is the availability of medicines in public health establishments.** San Martin shows a 72 percent availability, while in Ucayali the medicines availability is only 33 percent. However, attention provided by an MD in Ucayali is higher than in San Martin. Surveys reported 21 percent of women users in Ucayali’s public health establishments received attention from a medical doctor, while in San Martin the number drops to 8 percent of women users receiving attention from an MD.

## Recommendations

Reforms in San Martin’s Health System are in its initial implementation phase, which requires technical support. **A general recommendation is to provide technical assistance to the processes of implementation of reforms, especially to the separation between the administrative management and the management of health services at the Networks level.**

**In terms of governance the region requires support to improve the relationship between the different levels of the system and with independent social actors, such as universities and professional guilds.**

In relation to funding, notwithstanding the region has limited control regarding the amount of resources that come from the central government, it could improve its relationship to improve the predictability of such funds.

Regarding human resources, **a revision of the plan to reduce the gap in human resources is suggested in order to include an incentive package oriented to improve the quality of life of personnel assigned to distant areas. A study on the motivations and expectations of young professionals would provide important clues regarding the incentive package.**

As for information systems, **the region must go further in integrating the different information systems. Designing the integration is a highly technical matter, for which the region will require support.** It is also critical to ensure that competent human resources are hired and adequate equipment for the processing units is provided, as well as the flow of information among the different levels of the system.

**In regards to the delivery of medicines, San Martin would benefit from technical assistance to adjust the current distribution model, which conceptually has positive aspects, such as the greater efficiency of a decentralized system, but which requires adequate supervision and control mechanisms.**

**Finally, regarding the provision of services, the Performance Improvement Methodology based on Good Practices has been identified as an effective intervention. Promoting its practice would be synergic with intervention in other components. Additionally, a program to strengthen the management of the care of users**, directed to the networks management teams and to health establishments.

1. Sistematización del Proceso de Monitoreo y Evaluación de la Descentralización en Salud orientado a mejorar el desempeño. Ministerio de Salud, Programa de Apoyo a la Reforma en Salud-ParSalud. Mayo 2010 [↑](#footnote-ref-1)