

**PERINATAL HEALTH CARE PROJECT**

**LATIN AMERICA**

**540/13125**

**MANAGEMENT PLAN**

**January 1989**

The purpose of this Management Plan is to record the understanding between the Pan American Health Organization (PAHO) and the Canadian International Development Agency (CIDA), representing the Government of Canada, concerning the objectives of the Perinatal Health Care Project, the methods and schedule for achieving Project objectives, and the means of monitoring and evaluating that achievement. The responsibility for the achievement of Project objectives rests with PAHO. The designated representatives of PAHO and the Government of Canada undertake to provide the Project requirements as indicated herein.

This Management Plan is supplementary and complementary to the Contribution Agreement signed at \_\_\_\_\_ on \_\_\_\_\_

This Management Plan is considered to be a dynamic working document subject to amendment by exchange of letters.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
in two copies

\_\_\_\_\_  
For the Pan American  
Health Organization

\_\_\_\_\_  
For the Canadian  
International Development  
Agency

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#### **LIST OF ABBREVIATIONS**

CAE	Canadian Associate Expert
CIDA	Canadian International Development Agency
CPI	Canadian Partner Institution
LACP	Latin American Centre of Perinatology and Human Development
LHI	Local Health Institution
LWG	Local Working Group
MOH	Ministry of Health
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PSC	Project Steering Committee
RC	Recipient Country
RG	Recipient Government
TAG	Technical Advisory Group

## 1. PROJECT DESCRIPTION

The Perinatal Health Care Project is intended to improve the perinatal health of women and infants in eight selected areas in four countries in Latin America (Bolivia, Peru, Honduras, and Nicaragua). The purpose of the Project is to strengthen regional, national, and local health care organizations and community-based resources in the development and delivery of perinatal health care services. To achieve these objectives, the Perinatal Health Care Project will support the development of perinatal health technologies and delivery strategies, the upgrading of institutional structures and infrastructures, intra and intersectoral coordination of activities and community participation, and networking and information exchange.

**The development of perinatal health technologies and delivery strategies** will be facilitated by the Latin American Center of Perinatology and Human Development (LACP). LACP is one of nine specialized centres of the Pan American Health Organization (PAHO) in the Region of the Americas. LACP has extensive experience in health services research, the development of perinatal technologies, training, and technical cooperation at institutional and national levels. A collaborative approach in health services research and in technological innovation, assessment, and application is a major strategy of the Center. Working in consultation with regional, national, and local health officials, LACP will assist the multisectoral Local Working Groups (LWG) established in each area to design integrated perinatal programs responsive to local and national conditions. Specifically, the Local Working Groups, led by the Local Health Institutions (LHI), will define and prioritize needs, assess available resources, and develop, select, implement, and evaluate appropriate health technologies and delivery strategies with LACP support. Operational, technical, and administrative guidelines for implementing technologies will be established at the regional level and adapted to local conditions by the Local Working Groups.

**Upgrading institutional structures and infrastructures** will be the responsibility of LHI administrators in each area with technical assistance provided by PAHO and LACP. Local health personnel will be trained in the risk approach to various phases of perinatal health programming; planning and management at the local level; updating technical and administrative norms in the use of perinatal health technologies; and the methodological basis of perinatal health services research and community involvement. Workshops, seminars, inservice training, and fellowships at LACP or in Canada will be the main venues for training

activities. Essential equipment and supplies<sup>1</sup> will be provided to ensure the adequate functioning of health units and to involve the community in health service delivery. A comprehensive information system based on the simplified clinical perinatal record and the risk approach will be established. Lastly, educational materials for health personnel and for community audiences will be produced and adapted for each local project.

**Intra and intersectoral coordination of activities and community participation** will be strengthened in each area through the Local Working Groups. The multisectoral groups, comprising representatives of health, social security, education, other government ministries, the private health sector, and the community, will be responsible for the development of local perinatal health plans with the support of Technical Advisory Groups of health professionals. The Local Working Groups will ensure the coordination and integration of plan activities within and across the various institutions and factions represented. Community resources, including individual local leaders, community organizations, schools, and social promotion centres, will be mobilized and incorporated in program planning and implementation, facilitating the participation of the community in the Project.

**Networking and information exchange** will be undertaken by all partners involved in the project at regional, national, and local levels, and will focus not only on communication among participants but also on information dissemination to politicians and other interested parties in the region. Consultations at all levels will be ongoing and be supported through individual contacts, annual meetings, workshops, regional training activities, and publications. LACP's established relationships with an extensive network of clinical, research, and service institutions in the Latin American and Caribbean Regions, and the Center's large collection of scientific publications and teaching materials, will serve to promote successful community-based models of perinatal health care delivery.

CIDA will provide to PAHO a contribution of up to \$5.0 million over five fiscal years to finance professional services (including Canadian technical assistance), training and information exchange, local project support, PAHO administration, and inflation. Funds for evaluation will be

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<sup>1</sup> Equipment and supplies include: office furniture, typewriters, photocopiers, audio-visual aids, medical equipment and supplies for local health units, and microcomputers and related materials.

provided by CIDA independent of the Project. PAHO will provide personnel, facilities and other resources valued at approximately \$1 million. The Recipient Governments will also contribute resources valued at approximately \$1 million.

## 2. PROJECT STRATEGY

The Perinatal Health Care Project was developed by PAHO in cooperation with the Recipient Governments (RG). Under the terms and conditions of a Contribution Agreement with CIDA, PAHO will be responsible for the management and administration of direct Canadian inputs to the Project. The Project will be an integral component of the technical cooperation plan of PAHO's Maternal and Child Health (MCH) Regional Program, which includes the Latin American Center of Perinatal and Human Development, and of other programs of PAHO. PAHO will manage and administer the Project through the MCH Regional Program, with the support of the Health Service Development Program and the Analysis and Strategic Planning Office. The MCH Regional Program cooperates with Governments in the Americas Region in activities impacting directly on the biological and psychosocial needs of human reproduction, growth and development, and on the control of diseases prevalent in mothers and children. PAHO Headquarters in Washington and PAHO (LACP) in Uruguay will provide personnel, facilities, and other resources to coordinate, manage, and administer the Project. In addition, technical, administrative, and management support to local projects will be provided through PAHO's incountry offices. PAHO's MCH Regional Program Coordinator will be responsible for overall supervision and coordination of Project activities. PAHO will enter into an agreement with each participating country with respect to this Project.

The Project strategy involves the development of a network of local perinatal health services to provide comprehensive and integrated health care to communities in selected areas. The integration of activities of related sectors and the participation of local communities in the planning, implementation, monitoring, and evaluation of perinatal health projects forms the basis of the strategy. The Project will support infrastructure development and community involvement at the local level through which future interventions in health and other sectors may be made. The Perinatal Health Care Project will complement other PAHO initiatives in the Region which, in turn, will support activities of the Project.

PAHO will provide technical assistance and training to the Recipient Governments, and will enter into an institutional agreement with a Canadian Partner Institution (CPI) to coordinate Canadian inputs to the Project. The CPI will be intimately involved in Project execution, providing a strong Canadian presence in the Region's health sector and a continuity of Canadian interests over the life of the Project. Two Canadian Associate Experts (CAE) will be seconded from the CPI to LACP in Uruguay for the four years



of Project implementation to provide ongoing technical assistance and support. One CAE will be a health services manager and administrator with experience in epidemiology. The other CAE will be a health science specialist with experience in community outreach programs. Both CAEs will speak Spanish and will be familiar with health issues in Latin America. Additional Canadian, Latin American, and other required resources will be specified in a human and technical Resource Management Plan prepared by PAHO. In the Resource Management Plan, human and technical resource requirements will be detailed, costed, sourced, and scheduled. Resources will then be selected and contracted by PAHO with the participation of the CPI. At least 30 percent of short term consultancies will be Canadian and all consultants will be assigned only Project-related tasks in Washington, Uruguay, and the four Recipient Countries.

In each country, the Ministry of Health (MOH) will assign a National Facilitator to coordinate the Project at the national level, to liaise with other government ministries and departments, and to serve as the link between PAHO, LACP, other countries in the region, and other national institutions. In each selected area, the Local Health Institution<sup>2</sup> will assign a Project Coordinator (a senior health professional in the LHI) and a Technical Advisory Group comprising an Epidemiologist/Statistician, an Obstetrician, a Neonatologist, a Health Administrator, and a Nurse. A Local Working Group, with representatives as appropriate in each local area from the health, social security, education, housing, environment, and other public agencies, the private health sector, Non-governmental Organizations (NGOs), and the community, will be selected by the participating local institutions and organizations in consultation with the Project Coordinator. The Local Working Group, with advice from the Technical Advisory Group, PAHO, and LACP, will develop local integrated perinatal health plans and budgets to be approved annually by the LHI and PAHO. The LHI of each Recipient Government, as lead agency in the Local Working Group, will be responsible for the planning, implementation, monitoring, and evaluation of local perinatal health projects in cooperation with government ministries and the concerned communities. Thus at the national and local levels, the existing systems of service delivery - involving officials from various government ministries, the private health sector, NGOs, Local Health Institutions, and the communities - will be the primary channels of Project intervention.

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<sup>2</sup> The Local Health Institution may be the Ministry of Health, another government ministry, a university, or a private sector institution.

A Project Steering Committee (PSC) will be chaired by the MCH Regional Program Coordinator and will comprise the Director of LACP, the Coordinator of PAHO's Health Service Development Program, two representatives of the CPI, two representatives of CIDA, and one representative of each Recipient Government. The CAEs seconded to LACP, the Project Coordinators, and other interested parties may be invited to participate in PSC Meetings as observers and as resource persons. The PSC will meet at least annually, and more often at the request of any member, to review local project plans and budgets, and to review general Project performance. The PSC will assist PAHO to coordinate the overall planning, monitoring, and evaluation of activities, and to define policies and priorities at the regional level.

PAHO will provide CIDA every six months with: (a) a narrative report of project performance against workplan schedule and objectives; (b) a financial report of expenditures for the previous six months and cumulative budget status; and (c) a request for funds for the next six months based on actual requirements for the projected cash flow. At the beginning of each year, PAHO will submit to CIDA an annual cash flow projection by quarters. CIDA will advance funds every six months based on the semi-annual financial report and forecast; no more than two advances may be outstanding at any one time.

PAHO will control and monitor the disbursement of CIDA contribution funds, will establish a special project allotment under which all financial transactions will be recorded, and will audit the Project following standard PAHO audit procedures. CIDA will reserve the right to request at anytime that PAHO conduct a specific audit of the Project.

CIDA, in consultation with the PSC, will contract up to two independent evaluations of the Project, one at Project completion and possibly one at the midterm. Funds for the evaluations will be provided by CIDA independent of the Project. The evaluations will assess the rationale, efficiency, and effectiveness of the Project focussing on purpose-level objectives using baseline data gathered by the Project. The evaluations will also assess the efficacy of the Project management strategy.

The Project will begin operations upon signing of the Contribution Agreement by PAHO and CIDA. The first three to six months of the Project will constitute a preparatory phase, during which time PAHO and CIDA will prepare selection criteria and terms of reference for the Canadian Partner Institution; PAHO will select, and enter into an institutional agreement with, the CPI in consultation with CIDA; personnel will be assigned to Project positions,

advisory groups, and working groups; extensive consultations will be undertaken at the local, national, and regional levels; and equipment and supplies will be purchased locally and internationally. Actual implementation of Project activities will begin as local integrated perinatal health plans are developed and approved in each Recipient Country. During the preparatory phase and throughout the Project, particular attention will be paid to the processes by which groups are formed, communities are encouraged to participate, and activities are planned and implemented, monitored and evaluated.

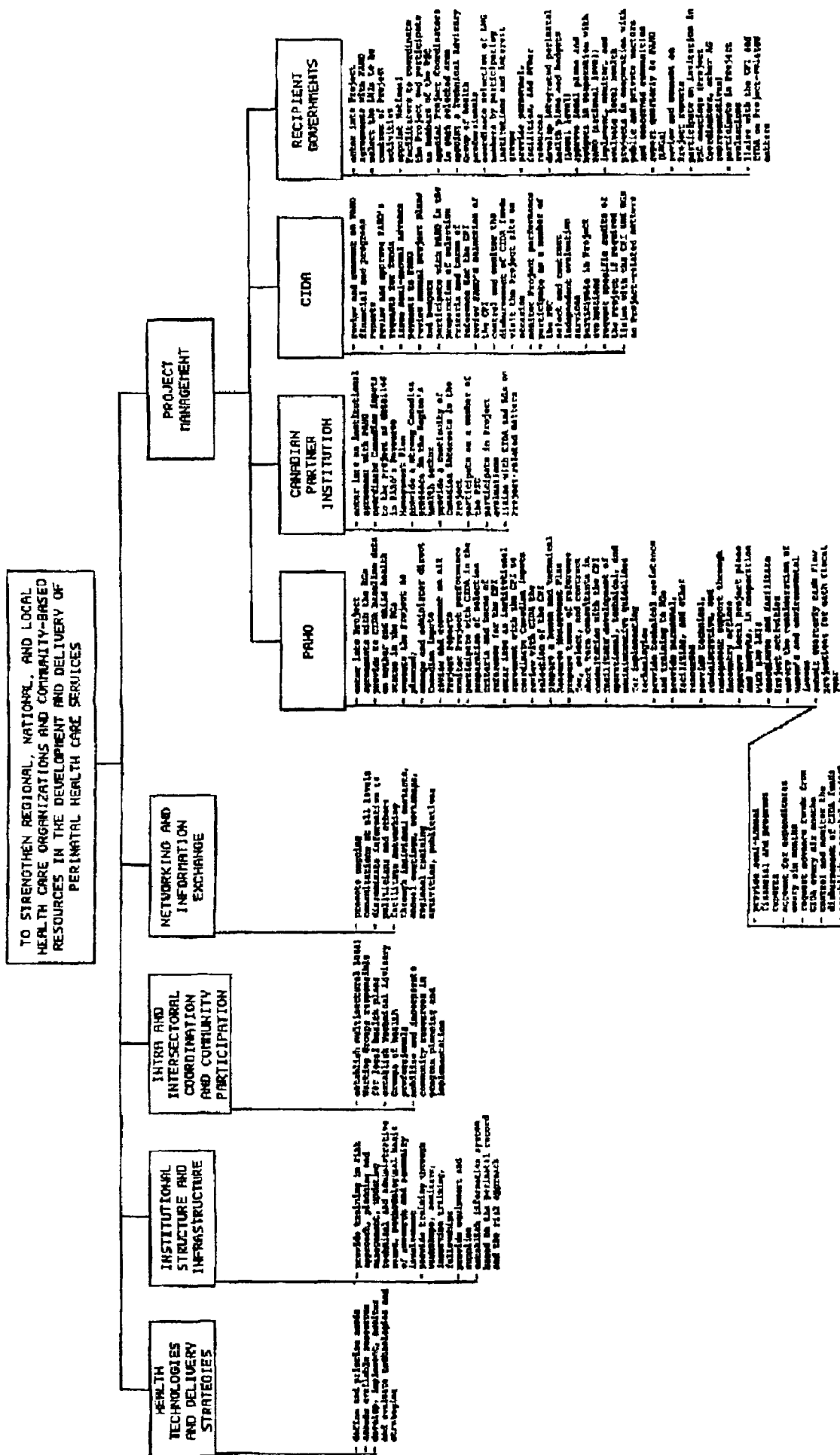
LOGICAL FRAMEWORK ANALYSIS

Life of Project  
From FY 1988/89 To FY 1992/93  
Total CMA Funding \$5.0 million  
Date Prepared January 1989

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Program Title & Number Perinatal Health Care - Latin America 540/13125

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS (OVI)	MEANS OF VERIFICATION (MOV)	IMPORTANT ASSUMPTIONS
<p><b>Project Goal (Program Purpose):</b></p> <p>To improve the perinatal health of women and infants in selected areas of four Latin American countries.</p>	<p><b>Measures of Goal Achievements:</b></p> <ul style="list-style-type: none"> <li>- Improved profile of mortality and morbidity (tetanus, birthweight, perinatal infection, etc.).</li> <li>- Increased use of health resources.</li> <li>- Perceptions by target groups of improved perinatal health, and health care services.</li> </ul>	<p><b>Sources of Information and Methods Used:</b></p> <ul style="list-style-type: none"> <li>- Independent evaluations</li> <li>- WHO reports</li> <li>- UNICEF reports</li> <li>- PAHO reports</li> <li>- Recipient Governments' records</li> </ul>	<p><b>Assumptions for achieving Goal Targets:</b></p> <ul style="list-style-type: none"> <li>- Acceptance of technologies and delivery services by target groups.</li> </ul>
<p><b>Project Purpose:</b></p> <p>To strengthen regional, national, and local health care organizations and community-based resources in the development and delivery of perinatal health care services.</p>	<p><b>Conditions that will indicate purpose has been achieved: End of project status:</b></p> <ul style="list-style-type: none"> <li>- Extension of coverage and improved quality of perinatal health care.</li> <li>- Improved capacity to develop and implement policies and programs.</li> <li>- Increased participation of local communities in health care.</li> <li>- Development of rational models of health care delivery.</li> </ul>	<p><b>Independent evaluations</b></p> <ul style="list-style-type: none"> <li>- PAHO semi-annual financial and performance reports</li> <li>- PSC annual meetings</li> <li>- Recipient Governments' records</li> </ul>	<p><b>Assumptions for achieving Purpose:</b></p> <ul style="list-style-type: none"> <li>- Continued involvement by health care and community personnel trained by the Project.</li> <li>- Continued commitment to locally-based perinatal health care by Recipient Governments such that Government policies are consistent with Project objectives.</li> </ul>
<p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>- Effective perinatal health technologies and delivery strategies.</li> <li>- Upgraded institutional structure and infrastructure.</li> <li>- Intra and intersectoral coordination of activities and community participation.</li> <li>- Networking and information exchange.</li> </ul>	<p><b>Magnitude of Outputs: Approx. Comp. Dates:</b></p> <ul style="list-style-type: none"> <li>- Technologies and strategies developed and adapted to local and national conditions.</li> <li>- Health care personnel at the regional, national, and local levels trained through workshops (14), inservice training, and fellowships (16).</li> <li>- Required equipment and supplies provided.</li> <li>- Comprehensive information system established.</li> <li>- Educational materials for health personnel and communities produced and adapted.</li> <li>- Multi-sector Local Working Groups established.</li> <li>- Community resources mobilized and involved in planning and implementation.</li> <li>- Continuous consultation and involvement of all partners supported and information exchanged at all levels.</li> </ul>	<p><b>PAHO semi-annual financial and performance reports</b></p> <ul style="list-style-type: none"> <li>- PAHO records</li> <li>- Local perinatal health plans</li> <li>- PSC annual meetings</li> <li>- Independent evaluations</li> <li>- Project-specific audits</li> </ul>	<p><b>Assumptions for achieving Outputs:</b></p> <ul style="list-style-type: none"> <li>- Availability of qualified personnel for technology development, training, and project implementation.</li> <li>- Cooperation and commitment of Local Working Groups.</li> </ul>
<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>- CIDA Bilateral financial contribution.</li> <li>- PAHO Project management, administration, and technical advisory services.</li> <li>- Recipient Governments Project implementation and human and technical resources.</li> <li>- Canadian Partner Institution involvement.</li> </ul>	<p><b>Implementation Target (Type, Quantity, Cost, Timing):</b></p> <ul style="list-style-type: none"> <li>- CIDA \$5.0 million 1988/89 to 1992/93.</li> <li>- PAHO personnel facilities and resources in Washington, Uruguay and Recipient Countries.</li> <li>- RGE networks of facilities and resources in health and other services.</li> <li>- CFI technical assistance and support services under the terms and conditions of an institutional agreement with PAHO.</li> </ul>	<p><b>CIDA records</b></p> <ul style="list-style-type: none"> <li>- PAHO records</li> <li>- LACP records</li> <li>- PAHO semi-annual financial and performance reports</li> <li>- Project-specific audits</li> <li>- Baseline data</li> </ul>	<p><b>Assumptions for providing Inputs:</b></p> <ul style="list-style-type: none"> <li>- Continued availability of financial, human, and technical resources from a variety of sources.</li> <li>- PAHO and Canadian Partner Institution enter into an institutional agreement to coordinate Canadian technical inputs.</li> </ul>

#### 4. WORK BREAKDOWN STRUCTURE



## 5. SCOPE OF CANADIAN WORK

CIDA will enter into a Contribution Agreement with the Pan American Health Organization, and will provide contribution funds over five years to finance professional services, training and information exchange, local project support, and PAHO administration. CIDA will also provide and manage funds for evaluations. CIDA will review PAHO's six-monthly financial and narrative progress reports and requests for funds, and will advance semi-annual payments to PAHO. CIDA, in consultation with the PSC, will contract up to two independent evaluations of the Project, one at Project completion and another at the midterm, with funds provided independently. Normal CIDA procedures will be followed in the selection and contracting of evaluation services. CIDA will reserve the right to request an audit of the Project.

CIDA, as a member of the Project Steering Committee, will participate in the review of overall Project performance, the consideration of annual local health plans and budgets, and the definition of policies and priorities at the regional level. During the preparatory phase of the Project, CIDA will participate with PAHO in the preparation of selection criteria and terms of reference for the Canadian Partner Institution.

The Canadian Partner Institution will enter into an institutional agreement with PAHO to coordinate Canadian inputs to the Project. Both long and short term technical assistance, procurement of Canadian equipment and supplies, and other support services as required by PAHO, will be provided by the CPI under the terms and conditions of the agreement. Actual requirements for goods and services will be specified by PAHO in the human and technical Resource Management Plan. The CPI will provide a strong Canadian presence in the Latin American Region and a continuity of Canadian interests over the life of the Project.

## 6. SCOPE OF PAHO WORK

PAHO will execute the Perinatal Health Care Project and will manage and administer direct Canadian inputs to the Project. As recipient of the CIDA contribution, PAHO will control and monitor the disbursement of CIDA funds for professional services, training, local project support, and PAHO administration, and will establish a special project allotment under which all financial transactions will be recorded. PAHO Headquarters in Washington will delegate to LACP in Uruguay the coordination and facilitation of Project activities in the field. PAHO will report to CIDA and will request advance funds at six-monthly intervals.

PAHO will provide technical assistance and training in perinatal health care services to the four Recipient Governments. Baseline data on mother and child health status in the Recipient Countries (RC) will be gathered by PAHO and provided to CIDA. PAHO will enter into an institutional agreement with a Canadian Partner Institution to coordinate Canadian inputs to the Project. In this regard, PAHO will participate with CIDA in the preparation of selection criteria and terms of reference for the Canadian Partner Institution. PAHO will also prepare a human and technical Resource Management Plan in which requirements for goods and services will be detailed, costed, sourced, and scheduled. PAHO Headquarters and PAHO (LACP) will provide personnel, facilities, and other resources to execute the Project as planned. In addition, technical, administrative, and management support to local projects will be provided by PAHO in the RCs through PAHO's incountry offices. Overall responsibility for Project coordination at the regional level rests with PAHO's MCH Regional Program Coordinator.

**7. SCOPE OF RECIPIENT GOVERNMENTS' WORK**

The Local Health Institutions in the eight areas of the four Recipient Countries (Bolivia, Peru, Honduras, and Nicaragua) will be responsible for implementation of the local perinatal health projects. The Ministries of Health will be responsible for the national coordination of the program. National Facilitators will be assigned by the Ministries and will participate as members of the PSC. With the support of PAHO, LACP, other government ministries and community resources, the LHIs, as lead agencies in the Local Working Groups, will undertake to plan, implement, monitor, and evaluate local health projects.

PAHO's MCH Regional Program and the Recipient Governments will enter into specific agreements to incorporate the Perinatal Health Care Project into their existing technical cooperation program. The Project will also complement other health related initiatives being undertaken in the Recipient Countries by PAHO and by other national and donor agencies.



## 8. ON-GOING PROJECT IMPLICATIONS

Following Project completion in 1993, it is anticipated that regional, national, and local health care organizations will have enhanced institutional capacities to develop and implement health policies and programs, and will have strengthened avenues to involve community resources in health care delivery. There will be an extension of coverage of perinatal health services and an improvement in quality of perinatal health care. The improved health of mothers and infants, and the precipitating conditions for improved health, will have a positive impact on the health status of other family members in particular and of the community in general.

Rational models for perinatal health service delivery, based on sound epidemiological principles and adapted to national and local conditions, will be developed by multisectoral Local Working Groups. The coordination and integration of activities designed and implemented with community participation will be a focus of the health strategy. The perinatal models, once proven, might then be adapted to other aspects of the local health care system, to national health programs, and to programs in other sectors and in other countries. Results of the Project and lessons learned will also prove useful for planning, implementing, and evaluating other health and community-based interventions.

The delivery of health services is the responsibility of the RGs which now commit significant resources to the health sector and will continue to do so both during and after Project implementation. Although there are recurrent costs associated with certain Project activities, the development of rational models for health service delivery, as local community-based plans are designed, implemented, and refined, will provide cost-effective alternatives to the centralized, and often disorganized, systems in place at present.

During the Project period, the CPI will establish a strong Canadian presence in the Region and will come to represent Canadian interests in the Region's health sector. Canadian expertise in perinatal health care in Latin America will be enhanced; Canadian experience in projects involving international health organizations will be reinforced. Further Canadian involvement in this or similar projects may be considered by CIDA, PAHO and the CPI as the Project nears completion. At that time, the extent to which the Project has achieved its developmental and institutional objectives will be reviewed and alternatives for continued CIDA support may be considered. This issue will be addressed by the PSC and by the independent evaluations.