

Data Sheet

USAID Mission:	Peru
Program Title:	Health
Pillar:	Global Health
Strategic Objective:	527-011
Proposed FY 2004 Obligation:	\$17,282,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$13,037,000 CSH
Year of Initial Obligation:	FY 2002
Year of Final Obligation:	FY 2007

Summary: USAID's health sector program in Peru will strengthen commercial private sector health services; provide flexible support for national health sector policy reform; promote decentralization and local management of public sector services; emphasize health communication and education/behavior change; ensure sustainability of mature activities; increase priority to regional approaches and activities; and concentrate field activities in the central jungle area, where state presence and social services are inadequate and most of Peru's illicit coca is produced. The program addresses growing threats posed by emerging and re-emerging infectious diseases, including HIV/AIDS, tuberculosis and malaria. Reproductive health activities will emphasize the human and reproductive rights of Peruvian women and families.

Inputs, Outputs, Activities:

FY 2004 Program:

Quality health services (\$6,637,000 CSH). USAID will accelerate the development and implementation of two related systems to upgrade the cadre of health professionals nationwide, a certification system for health professionals and an accreditation system for academic institutions that train health workers. In the Mission's geographic emphasis zone, USAID will expand five interventions: 1) participatory development of local health plans; 2) grassroots self-help mobilizations promoting healthy behaviors among individuals and communities; 3) improved capability of local clinics to handle obstetric and neonatal emergencies that contribute to Peru's high maternal mortality; 4) health improvements responding to community priorities and creating synergies with other USAID-funded activities; and 5) family planning and reproductive health, including the monitoring of client rights to informed consent, activities to reduce maternal mortality, and limited provision of contraceptives. USAID will continue monitoring the compliance with U.S. Government requirements for reproductive health interventions, including the Tiahrt Amendment and the Mexico City Policy. Principal contractors and grantees include the Ministry of Health, the Peruvian nongovernmental organization (NGO) PRISMA, Pathfinder International, The Futures Group, and UNICEF.

Healthy behaviors (\$6,427,000 CSH). Through schools, communities and local mass media in the Mission's geographic focus area, USAID will promote healthy behaviors (such as hand washing and boiling drinking water) and improve community and environmental health. USAID will continue to support university training of health communicators as well as educational radio dramas addressing health-related situations. A new grant to the Ministry of Health will support community outreach activities carried out by local clinics and hospitals. Principal partners include Manuela Ramos Movement, the Academy for Educational Development, Pathfinder International, and the Ministry of Health.

Health sector policies (\$4,218,000 CSH). USAID will sharpen its focus on infectious diseases and HIV/AIDS, supporting policy reform, prevention, treatment, and research. A new HIV/AIDS strategy will be developed and launched. Targeted biomedical research and strengthening of Peru's epidemiological surveillance will continue, and a new year-by-year rolling Demographic and Health Survey (DHS) will begin in 2004. Through pilot projects, studies, and advocacy events, USAID will promote public-private

partnerships; joint management of health services by communities, regional governments, and the Ministry of Health; partnering the services of the Ministry of Health and the Peruvian Social Security Health System (ESSALUD); and strengthening the referral system so more patients are served at local levels rather than at hospitals. USAID's partners will continue to optimize use of and cost recovery from commercial health services provided to low-income patients. Principal contractors/grantees are Abt Associates, The Futures Group, Pathfinder, and the Ministry of Health.

FY 2005 Program:

Quality health services (\$5,685,000 CSH). Direct, targeted support to local health interventions will continue in the Mission's geographic focus area to contribute to integrated development. USAID will increase support for prevention and treatment of HIV/AIDS. USAID will seek strategic ways to support commercial, private health services that are responsive to the needs of middle and lower income Peruvians. In family planning and reproductive health, USAID will continue to support the monitoring of client rights to informed consent, activities to reduce maternal mortality, and limited provision of contraceptives. Major contractors/grantees are the same as above.

Healthy behaviors (\$2,932,000 CSH). USAID will support strategic, targeted health education interventions designed to change behaviors that expose people to preventable health hazards, including HIV/AIDS. Major contractors/grantees are the same as above.

Health sector policies (\$4,420,000 CSH). Support for epidemiological surveillance, applied research related to infectious diseases, and the "rolling" annual DHS will continue. USAID will continue to support health sector policy reform, emphasizing policy changes that favor decentralization and unsubsidized private health services and providers. Major contractors/grantees are the same as above.

Performance and Results: USAID's strategy for improving the skills of health professionals by supporting accreditation of professional training institutions and certification of health professionals is advancing ahead of schedule. Fifty of Peru's 80 universities (all 47 schools of nursing, 26 midwifery schools and 28 medical schools) were brought into the new accreditation methodology for health professionals. In the Mission's geographic emphasis zone, USAID scaled-up three interventions: 1) participatory development of health plans involving local governments and local civil society; 2) grassroots self-help campaigns that address shared problems of unhealthy behaviors and/or unhealthy environments (80 communities in 2003); and 3) improving the skills and facilities of local clinics to handle obstetric and neonatal emergencies that contribute to high maternal mortality (600 Ministry of Health (MOH) facilities in Fiscal Year 2003). MaxSalud, a USAID-funded private health provider in Chiclayo, expanded its beneficiary population: new patient attendance increased from 35,418 in 2002 to 38,968; the number of births attended increased from 514 to 572; and the total number of patient visits increased from 166,078 to 226,091. USAID support enabled the Human Rights Ombudsman's office to further expand its coverage to regional offices outside of Lima. USAID helped create a new private marketing mechanism which provides low-cost contraceptives to private midwives (640 midwives in FY 2003) for resale to their clients. An audience survey showed that as a result of the educational radio dramas from the ReproSalud project, 62% of an audience of 1.5 million women could correctly answer questions about postpartum care, domestic violence, and family planning. USAID took the lead in decentralization of health services, providing critical research, policy events, and field tests of policy innovations.

The most significant results of the USAID health strategy in Peru will be the following: 1) health services and health conditions will have improved significantly in target areas; 2) the spread of HIV/AIDS will have been slowed; 3) the administration of government health services will have been significantly decentralized to new regional governments and to local communities; 4) Peruvians in target areas will be practicing new behaviors that reduce their exposure to preventable health hazards; and 5) a trend toward greater utilization of commercial private health insurance and services by middle and low income Peruvians will have begun.

US Financing in Thousands of Dollars

Peru

	CSH	ESF
527-011 Health		
Through September 30, 2002		
Obligations	23,666	0
Expenditures	12,150	0
Unliquidated	11,516	0
Fiscal Year 2003		
Obligations	19,712	2,000
Expenditures	17,735	0
Through September 30, 2003		
Obligations	43,378	2,000
Expenditures	29,885	0
Unliquidated	13,493	2,000
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2004 NOA		
Obligations	17,282	0
Total Planned Fiscal Year 2004		
Obligations	17,282	0
Proposed Fiscal Year 2005 NOA		
Obligations	13,037	0
Future Obligations	0	0
Est. Total Cost	73,697	2,000