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**HEALTH POLICY  
INITIATIVE**

# Making Policies Work for the Poor in Peru



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**APHA 2007**

# Peru's FP/RH landscape



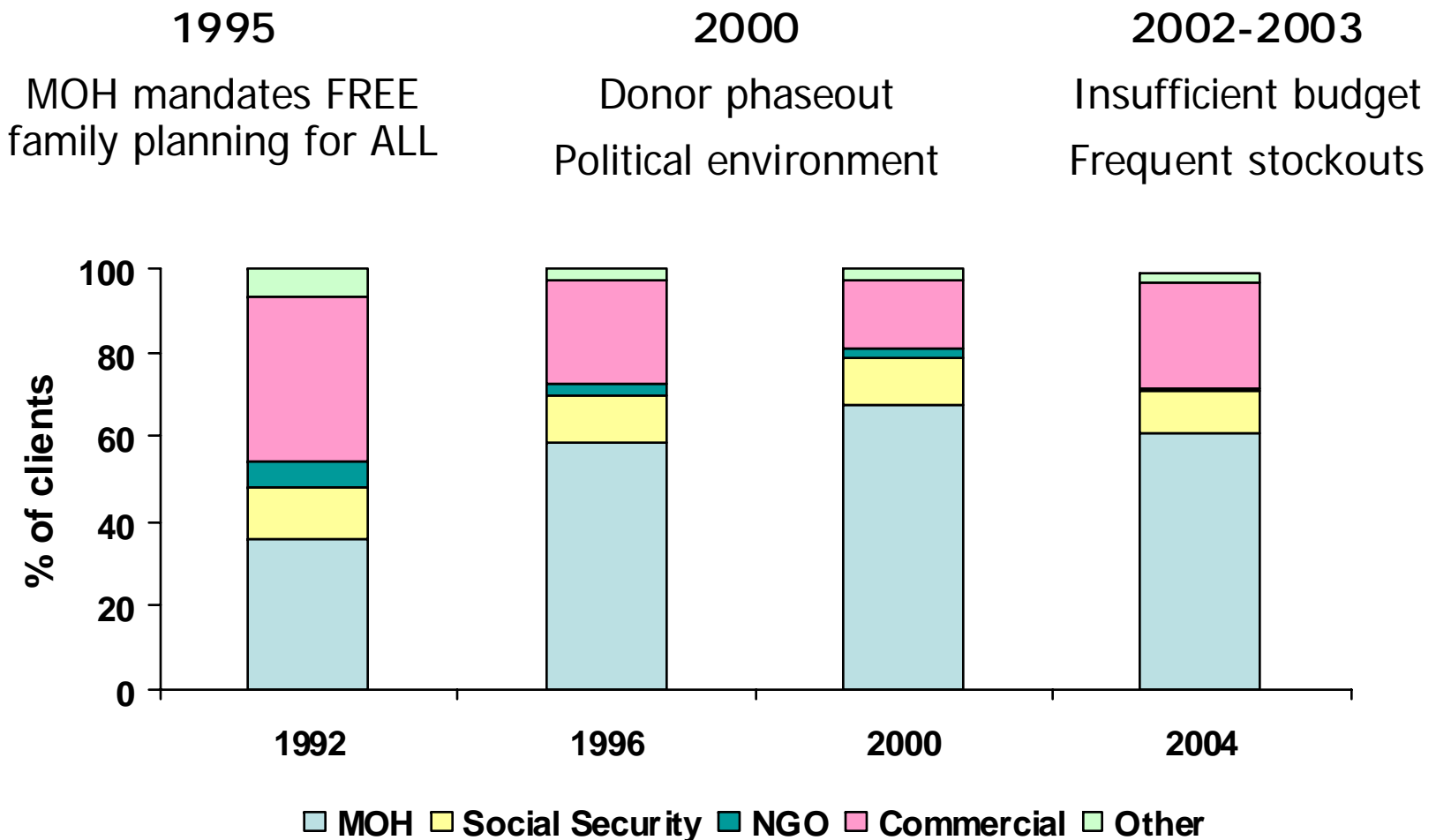
Indicator	2005
Maternal mortality ratio (per 100,000 live births)	185
TFR	2.5
Antenatal care	91%
Institutional births	70%
CPR (modern)	47%
CPR (traditional)	22%
Unmet need	8%

Source: DHS 2004-05

# Increased use of traditional methods among the poor

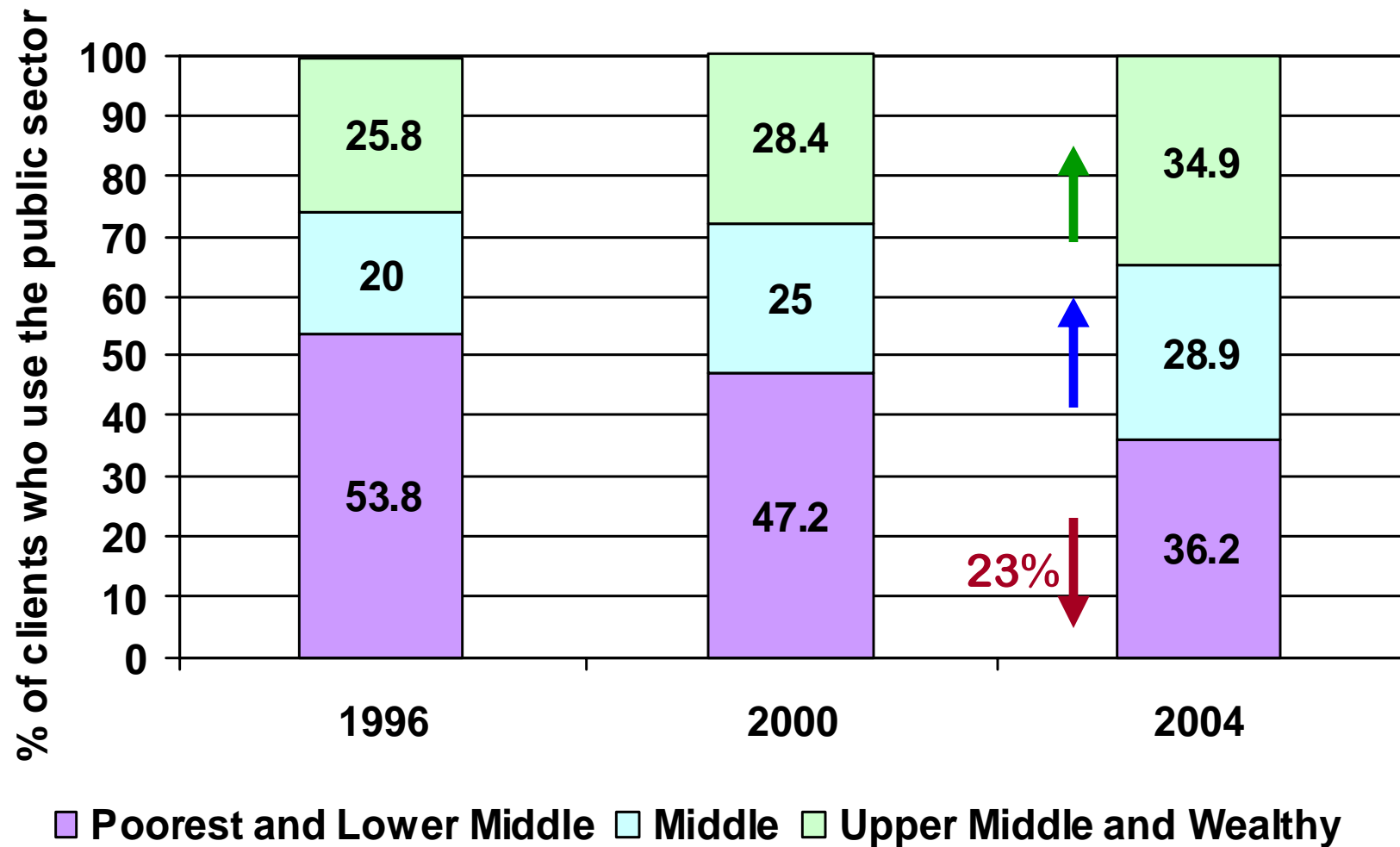


# Intended and unintended impacts of policy decisions on the family planning market



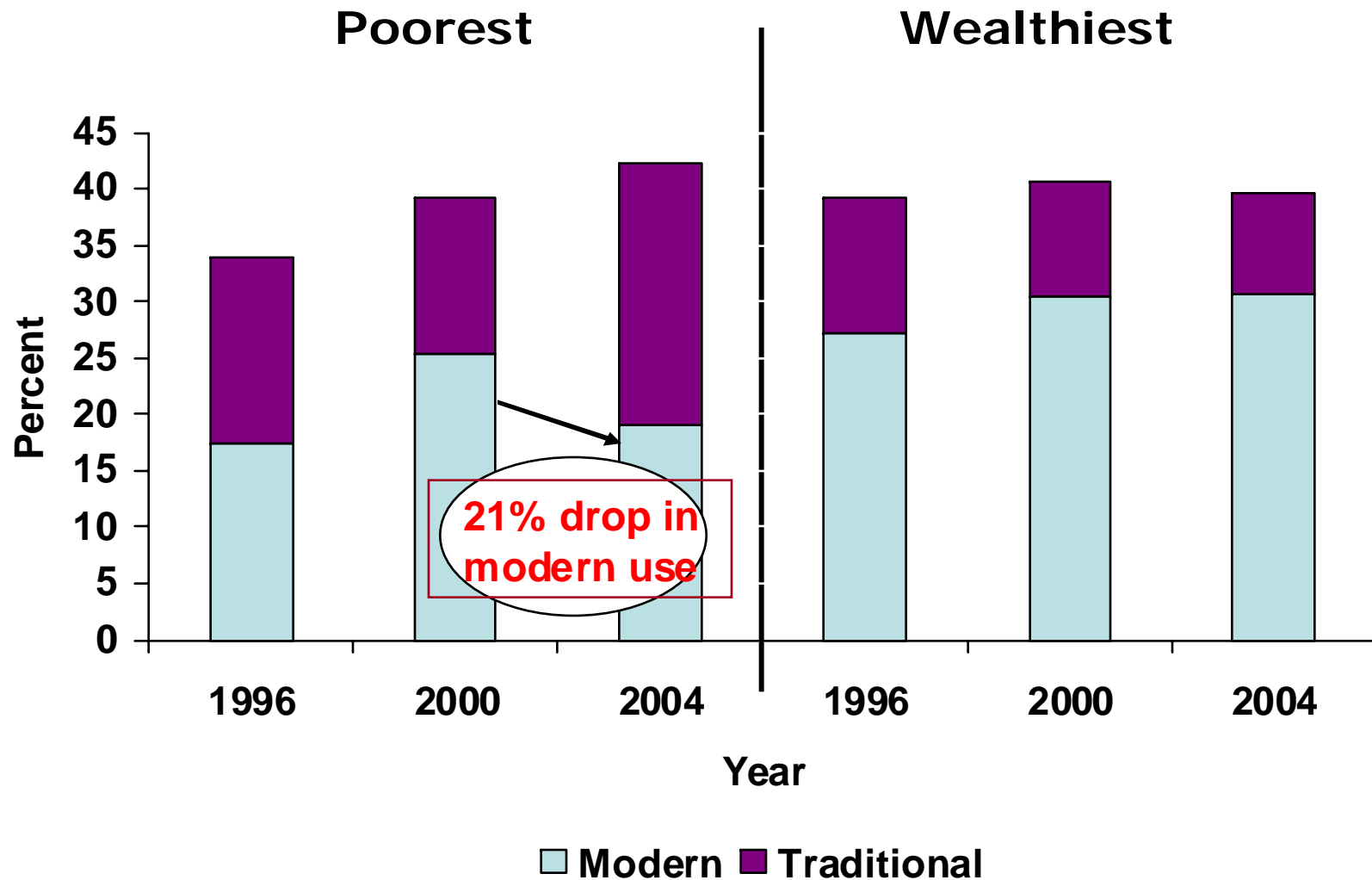
Source: Shama, S., et al. 2006.

# Changing public/private market shares for family planning and access among the poor



Source: Shama, S., et al., 2006.

# The poor switched to or increased use of traditional methods

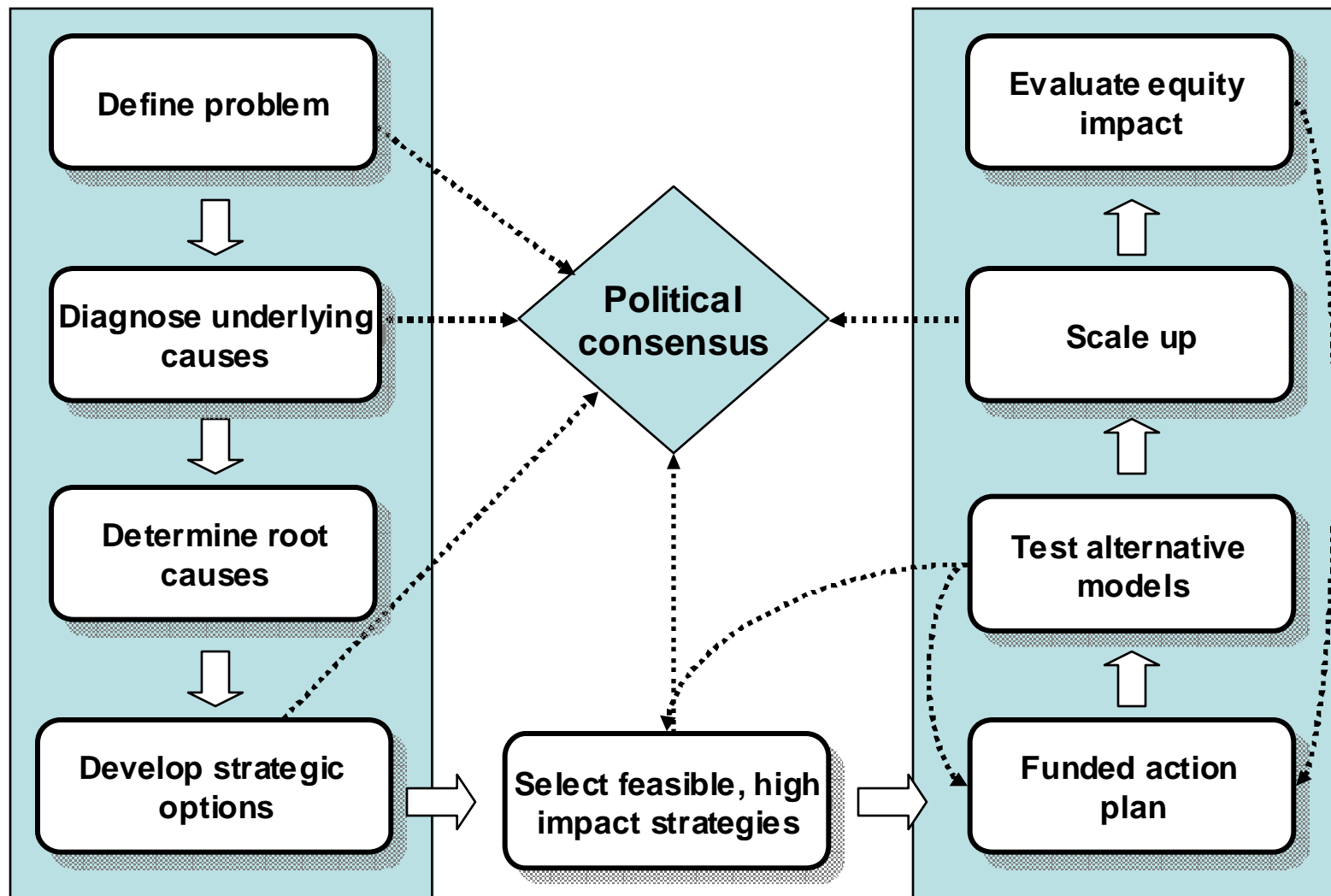


Source: Shama, S., et al., 2006.

# A policy approach to design and implement pro-poor strategies



# Using a systematic process of designing, implementing and evaluating pro-poor strategies



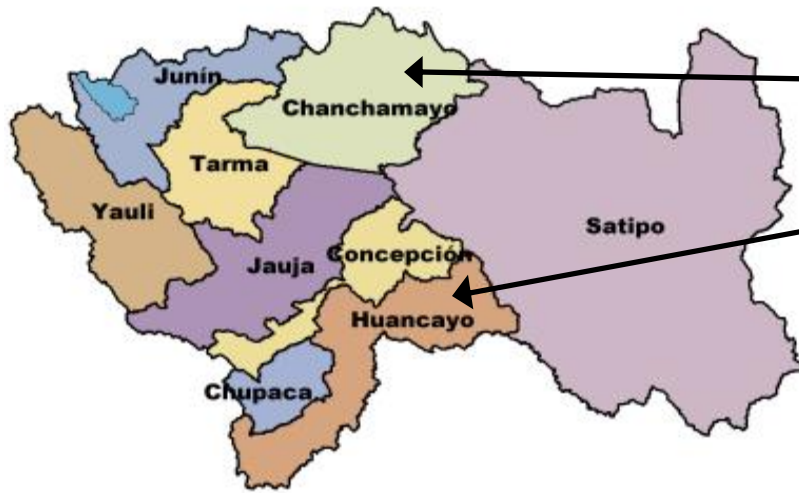


# Engaging the poor women in Junin Region

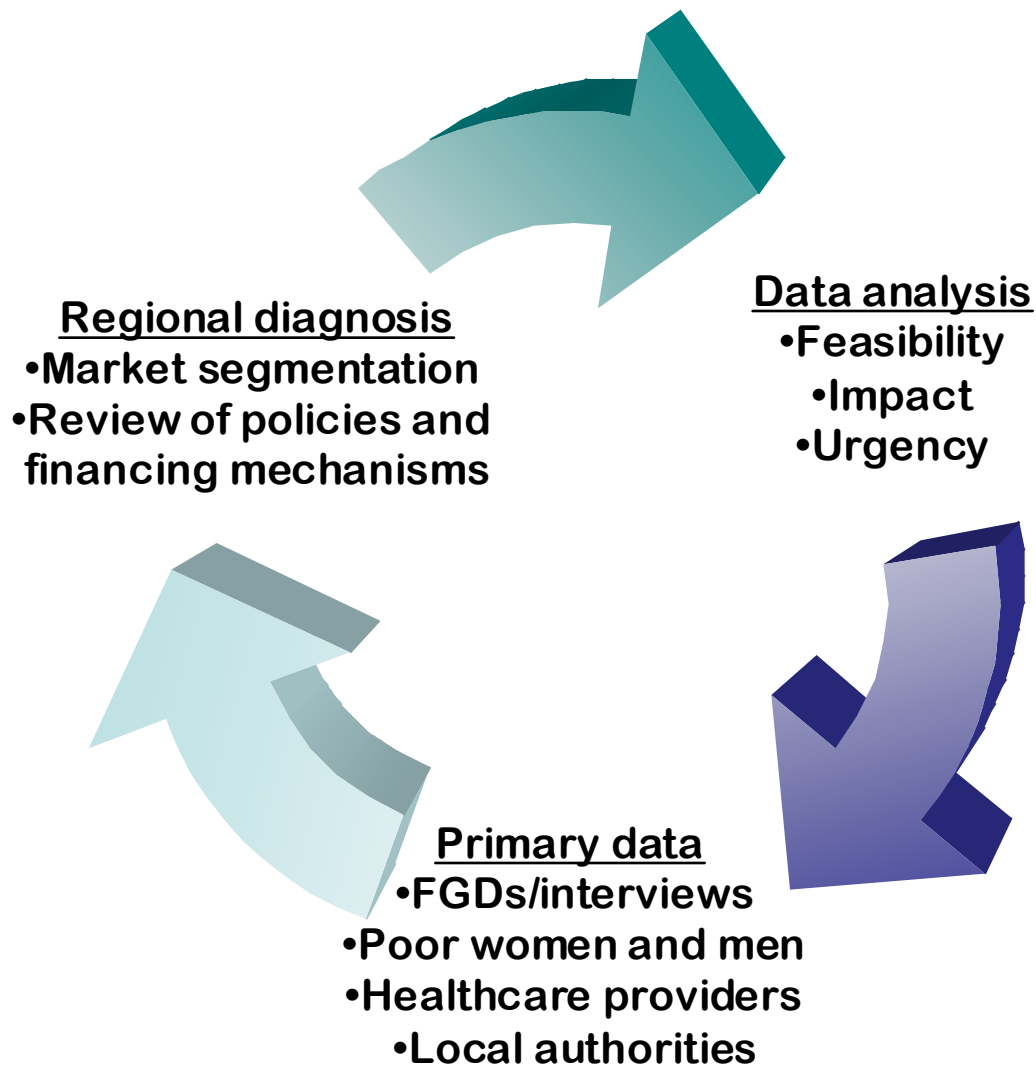


## Provinces

- Huancayo (Sierra)
- Chanchamayo (Jungle)



# Diagnosing the underlying causes of low and decreased use of FP among the poor



## Key Issues

Lack of accurate, culturally appropriate information

Limited financing for training, monitoring, and IEC for family planning

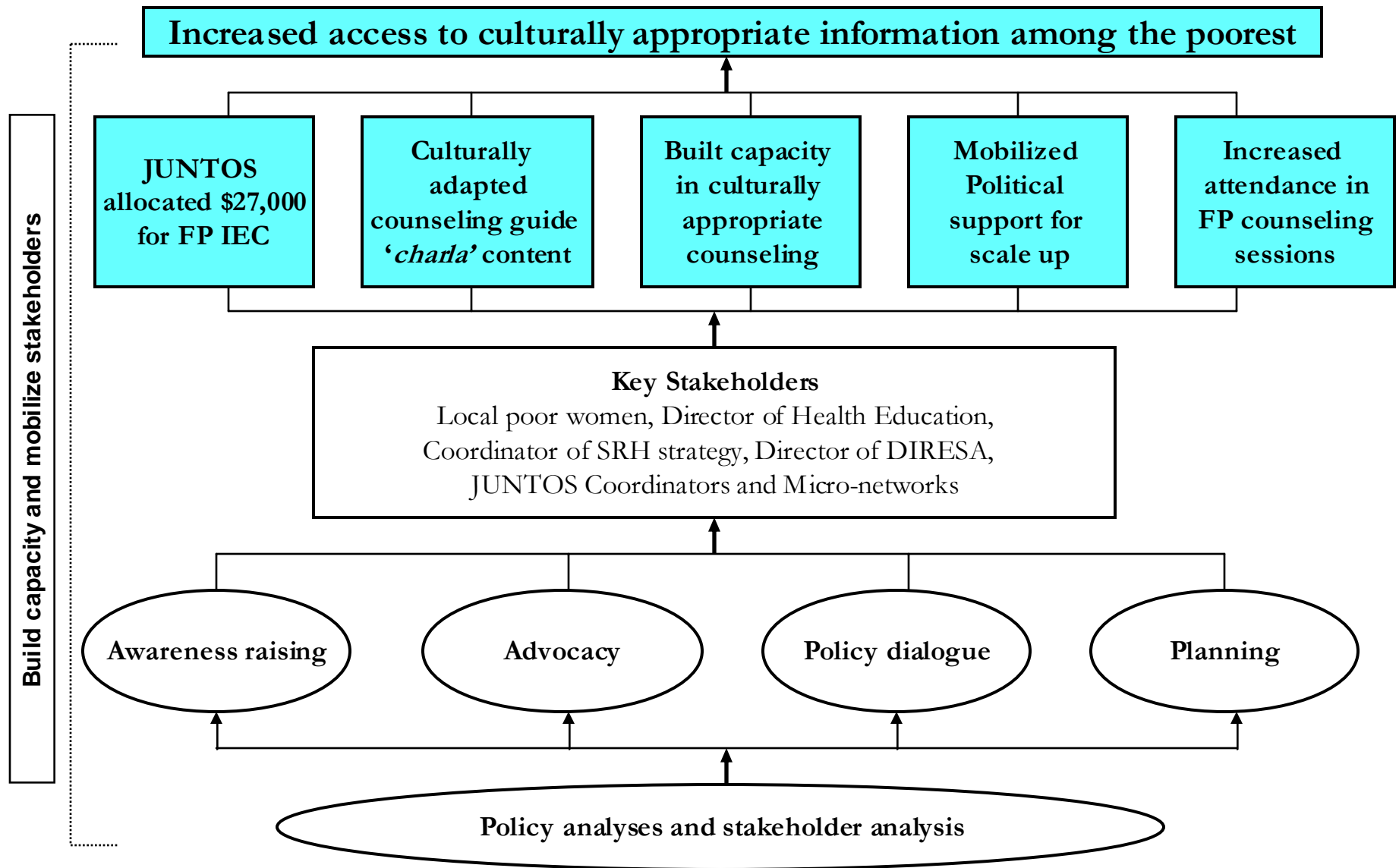
Operational barriers due to integrated health model

# Developing strategies to address selected barriers to access

- 1. Operationalize RH information component in JUNTOS (conditional cash transfer program)**
- 2. Mobilize regional/local funds for IEC & improving service quality**
- 3. Ensure inclusion of FP in Social Insurance for Poor**



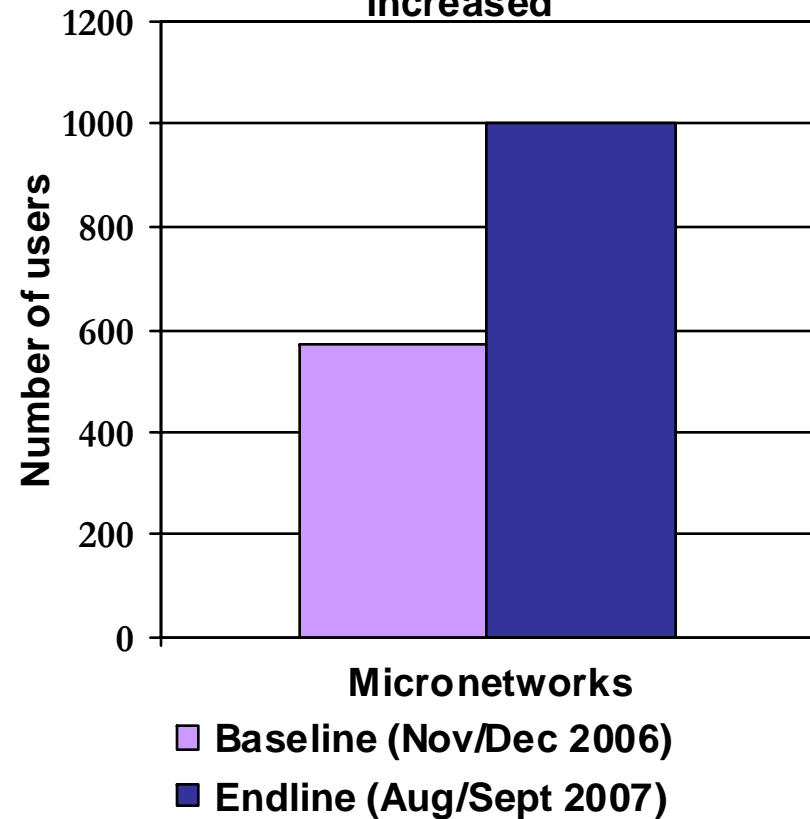
# 1. Operationalizing RH information component in JUNTOS – a conditional cash transfer program



# Increased access to culturally appropriate information among the poorest



Number of poorest women attending FP counseling sessions increased



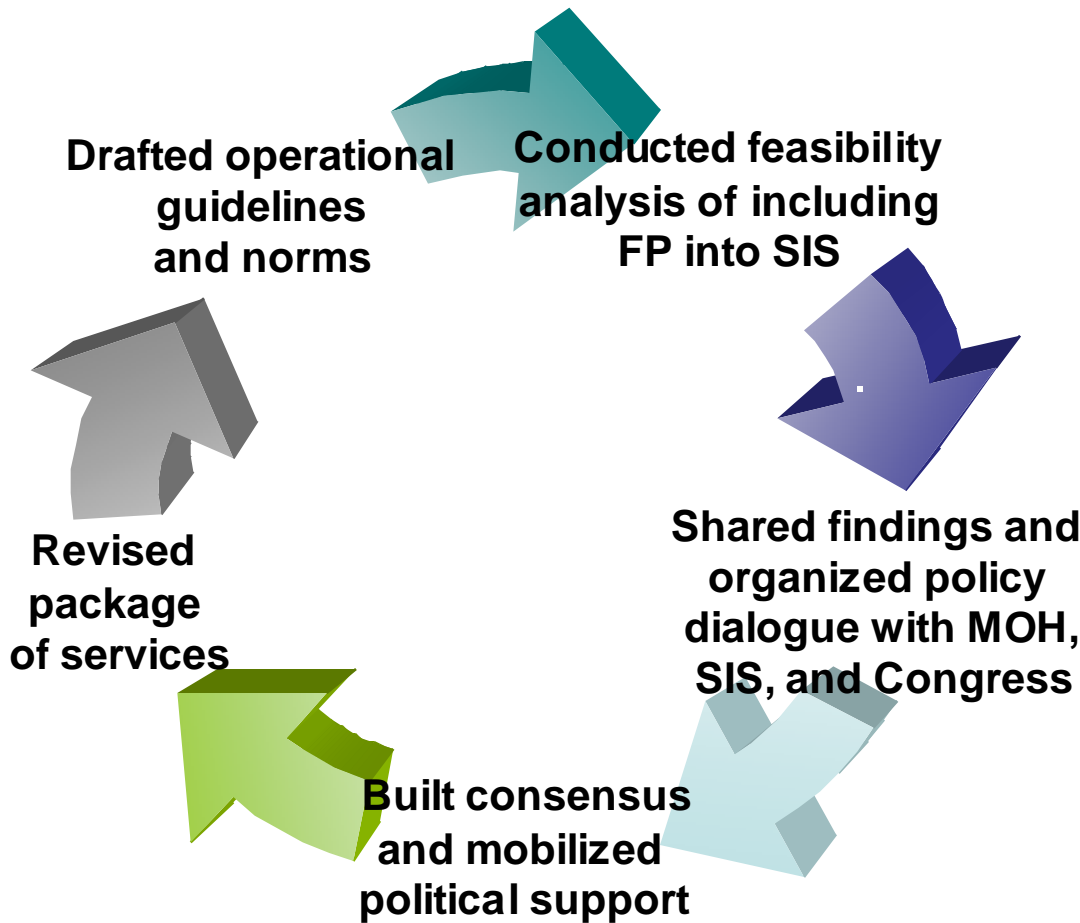
## 2. Mobilizing regional public investment funds for FP/RH

- Facilitated multisectoral collaboration among MOH, MOF, university, rural development
- Adapted training guide for developing social investment proposals
- Trained 29 participants from government agencies



- Submitted FP/RH proposal in April 2007 (approx US\$1 million over 10 years)
- Proposal approved for inclusion in participatory budgeting process
- University adopted the training guide and offers a course on proposal writing

# 3. Including FP in the Social Insurance Scheme (SIS) for the poor in Peru



NORMAS LEGALES 341713

Para el Componente Subsidiado y el Componente Serwisolidario, la afiliación individual y familiar estará sujeta a la calificación de pobreza que efectúe según la Acta de evaluación socioeconómica vigente, la misma que podrá ser adecuada y/o modificada por el SIS. La afiliación individual y familiar estará sujeta a las reglas y procedimientos que serán emitidos por el SIS.

**Artículo 7°.- Incorporación y adecuaciones.**  
 Todas las personas afiliadas al Seguro Integral de Salud, dentro del componente de Asignamiento Social Condicionado (SIS) serán incorporadas al Componente Serwisolidario debiendo adecuarse a la estructura y disposiciones operativas para la transición y el desarrollo del mismo.

1. Actualización de la estructura de coberturas (SIS)	100	100
2. Actualización de la estructura de coberturas (SIS)	100	100
3. Actualización de la estructura de coberturas (SIS)	100	100
4. Actualización de la estructura de coberturas (SIS)	100	100
5. Actualización de la estructura de coberturas (SIS)	100	100
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7. Actualización de la estructura de coberturas (SIS)	100	100
8. Actualización de la estructura de coberturas (SIS)	100	100
9. Actualización de la estructura de coberturas (SIS)	100	100
10. Actualización de la estructura de coberturas (SIS)	100	100

*On March 17, 2007, the President and MOH published a decree ....adding FP to SIS*

RESOLUCIÓN SUPLENTE Nº 002-2007-TR

**TRABAJO Y PROMOCION DEL EMPLEO**

Crean Premio Presidencia de la Republica al Emprendimiento, Esfuerzo y Desarrollo Empresarial de la Micro y Pequeña Empresa - MYPE

LEYENDA	INDICADOR	UNIDAD	VALOR
1. Participación en el evento	100	100	100
2. Asistencia al evento	100	100	100
3. Participación en el evento	100	100	100
4. Participación en el evento	100	100	100
5. Participación en el evento	100	100	100
6. Participación en el evento	100	100	100
7. Participación en el evento	100	100	100
8. Participación en el evento	100	100	100
9. Participación en el evento	100	100	100
10. Participación en el evento	100	100	100

Lima, 16 de marzo de 2007

## In summary, this work resulted in...

- Increased access to culturally appropriate counseling among the poorest in selected areas
- Removed operational barriers caused by integrated health model





# Lessons learned about reaching the poor in Peru...

- Understand dynamic policy environment
- Support country-driven processes
- Involve the poor in identifying problems and designing solutions
- Build on existing mechanisms
- Design financially sustainable solutions
- Implement evidence-based targeted interventions
- Conduct equity-based monitoring and evaluation

