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**PERU**

## HEALTH

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*USAID/Healthy Communities and Municipalities II works with a community in Ucayali to promote healthy behaviors such as hand washing with soap and water.*

**P**erú's health indicators – such as life expectancy, fertility rate, and infant and maternal death rates – have improved steadily over the past several decades. However, troubling differences persist, particularly between rural and urban populations, and are exacerbated by poverty and low education levels. For example, the under-five mortality rate per 1,000 births is 21 in urban settings, compared to 35 in rural areas. The unmet need for family planning (FP) is still high among the rural poor (8.7 percent) compared to urban, non-poor populations (6.5 percent). Overall, poor and uneducated women have some of the highest unmet FP needs (9.7 percent for the poorest women and 9.6 percent for those without education). Stronger regional management and improved financing across the health sector are needed to help to reduce these unmet needs and continue improving the health of Peruvians.

Peru has been undergoing a process of decentralization and health sector reform since 2000. The government promotes regional planning in development and increasingly provides financial resources directly to local governments, thereby encouraging local solutions. However, decentralization began quickly and without a plan to address the resulting need for new capacities in the regions, leaving regional and local governments challenged to plan and implement effective social services and manage their increased financial resources.

USAID works with regional governments to strengthen their capacity to deliver quality healthcare services and improve health services planning, financing, and management. At the local level, USAID programs engage communities and municipalities to promote healthy behaviors and improve nutrition in families and raise the quality of services offered in local health facilities.

USAID's health program also works at the national level with the Ministry of Health (MOH) to strengthen its ability to regulate and oversee the health system. This support includes improving the MOH's capacity to plan and budget, collect and analyze data, conduct health surveillance, and respond to infectious disease outbreaks. USAID provides technical assistance to strengthen the health system through its component parts: quality service delivery, financing, human resources, information, commodity supply and logistics, and governance.

**Partners:** Ministry of Health (Peru), Regional Government of San Martín, World Bank, UNICEF, UNFPA, PAHO, U.S. Naval Medical Research Detachment-Peru, and Peace Corps.

**Implementing Partners:** Abt Associates, Management Sciences for Health, Chemonics International, ORC Macro International, Inc., Asociación Los Andes de Cajamarca (ALAC), PRISMA, and PCI-Media.

Recent successes of USAID's health program in Peru include:

- **Increased health services available to poor Peruvians:** USAID reinforced Peruvian capacities at the national and sub-national levels to improve policies, planning, and program management, and assisted the MOH in identifying the medical conditions and services to be covered under Peru's universal health insurance. The universal health insurance program will be fully implemented across Peru by 2013. Under the universal insurance, poor Peruvians will have guaranteed access to health services and programs for priority issues such as maternal and child health, family planning, and infectious diseases.
- **Peru's key health indicators improved:** Notwithstanding disparities between certain populations, collaboration between USAID and the MOH to strengthen Peru's health system resulted in significant improvements in Peru's key national health indicators from 2000 to 2010—the infant death rate decreased from 33 to 17 per 1,000 live births; the death rate for children under five dropped from 47 to 23 per 1,000 live births; pregnant women receiving prenatal care increased from 84 to 95 percent; births attended by health personnel rose from 59 to 84 percent; and the maternal death ratio fell from 185 to 93 per 100,000 live births.
- **Reduced maternal and new-born mortality in indigenous populations:** USAID helped tailor Peruvian health services to meet the cultural needs of indigenous women, resulting in a more than doubling of the number of women giving birth in rural health facilities (from 24% in 2004 to 64% in 2010). USAID-supported services include: waiting homes (facilities in or near a health clinic where pregnant women, especially women from rural areas, can stay as they near their delivery date); facilities for birthing in the traditional squatting position rather than lying on a bed; and FP counseling services in the family's native language.



*Workshop "Closing Health Gaps in Maternal and Child Care" in Ayacucho, August 2011.*



*Demonstration session of handwashing in Alto Shambillo, Ucayali. The Municipality and Healthy Communities II activity strengthens the capacities of health personnel to promote healthy behaviors in the community.*