

Data Sheet

USAID Mission:	Peru
Program Title:	Health
Pillar:	Global Health
Strategic Objective:	527-011
Status:	Continuing
Planned FY 2006 Obligation:	\$14,213,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2007 Obligation:	\$12,736,000 CSH
Year of Initial Obligation:	2002
Estimated Year of Final Obligation:	2007

Summary: USAID's multi-pronged program is improving the health of Peruvians and more fundamentally, strengthening the performance of key institutions and organizations in the sector. The program aims to improve the health for poor and indigenous populations through community based and health services interventions. It also strives to improve sector performance in the near to medium term through support for effective national policies, standards, and administration.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

Inputs, Outputs, Activities:

FY 2006 Program:

Address Other Health Vulnerabilities (\$3,005,000 CSH). USAID addresses critical systemic weaknesses in Peru's health sector. Elements include: technical assistance to build decentralized management capacity; setting and enforcing service quality standards; developing payment mechanisms for health services, especially for low income Peruvians; strengthening information systems and the regulatory role of the Ministry of Health (MOH). Principal implementers: Abt Associates, MOH, and The Futures Group.

Improve Child Survival, Health and Nutrition (\$870,000 CSH). The Health Program is expanding its programs in child health and nutrition, and childhood illness. Work is carried out in partnerships with health care providers within community and clinic settings located predominantly in USAID's focus regions. Principal implementers: Academy for Educational Development (AED), MOH, Pathfinder International, and PRISMA.

Improve Maternal Health and Nutrition (\$778,000 CSH). Maternal mortality and morbidity are persistent and complex problems that USAID continues to address in conjunction with the MOH and professional associations, and through work at the community level. Training of health care workers, systematic upgrading of MOH facilities and community education continues in FY 2006. Principal implementers: MOH, Pathfinder International, PRISMA.

Prevent and Control Infectious Diseases of Major Importance (\$1,145,000 CSH). USAID continues to build capacity for disease surveillance, data analysis, diagnosis, treatment, and communications at the central and decentralized levels. USAID is partnering with the MOH to improve Peru's response capacity for major infectious diseases, including a potential influenza pandemic. Principal implementers: MOH, Naval Medical Research Center Detachment (NMRCD)-Peru, Pathfinder International, and The Futures Group.

Reduce Transmission and Impact of HIV/AIDS (\$1,584,000). USAID continues to support the recovery of the MOH's HIV/AIDS program by funding surveillance studies; training health care providers and program managers; supporting education and communications programs to

prevent and control reduce HIV infection, as well as reduce the stigma and discrimination associated with the disease. USAID efforts in Peru are designed to support the Global Fund to Fight AIDS, Tuberculosis and Malaria. Principal implementers: MOH, Naval Medical Research Center Detachment (NMRCB)-Peru, Pathfinder International, Peace Corps, and The Futures Group.

Support Family Planning (\$6,831,000 CSH). Peru graduated from a program of USAID-donated contraceptive commodities in 2004. USAID is now strengthening logistics systems in the public and private sectors. In response to widespread patient dissatisfaction, USAID is supporting the MOH in improving clinicians' skills, emphasizing voluntarism and provision of full information to all family planning clients. Principal implementers: Abt Associates, MOH, Pathfinder International, PRISMA, and The Futures Group.

FY 2007 Program:

Address Other Health Vulnerabilities (\$3,100,000 CSH). USAID will address critical systemic weaknesses in Peru's health sector. These measures are essential for the sustainability of all other components of this Strategic Objective. Elements may include: technical assistance to build decentralized management capacity; setting and enforcing service quality standards; developing payment mechanisms for health services, especially for low income Peruvians; strengthening information systems and their use for decision making; and strengthening the MOH's oversight role.

Improve Child Survival, Health and Nutrition (\$1,200,000 CSH). USAID will expand its work on child health, nutrition, and the prevention and treatment of childhood illness through health services and community programs, and through partnering with national level professional and donor institutions.

Improve Maternal Health and Nutrition (\$900,000 CSH). Maternal mortality and morbidity are persistent and complex problems that USAID addresses in conjunction with the MOH and professional associations, and through work at the community level. Programs would include training health providers in obstetrical care, upgrading MOH facilities, and community education.

Prevent and Control Infectious Diseases of Major Importance (\$1,145,000 CSH). USAID's program will continue to build capacity for disease surveillance, reporting, data analysis, appropriate diagnosis and treatment, and health communications at the central and decentralized levels of the public sector. USAID partners with the MOH to improve Peru's response capacity for major infectious diseases, including a potential influenza pandemic.

Reduce Transmission and Impact of HIV/AIDS (\$1,200,000). USAID would support the MOH's HIV/AIDS program by training health care providers and program managers; supporting education and communications programs to prevent and control HIV infection, and reducing stigma and discrimination among health care providers and the public.

Support Family Planning (\$5,191,000 CSH). Improving the quality of reproductive health services and strengthening commodity logistics systems in the public and private sectors will continue to be USAID's focus. USAID is committed to voluntarism and provision of information to all family planning clients within the precepts of the Mexico City Policy. Principal implementers: To be determined through a competitive process.

Performance and Results: Peru's health sector, with technical assistance from USAID, led the decentralization process and eight regions developed participatory health plans. The health promotion project "Healthy Municipalities and Schools" expanded rapidly in USAID's focus regions. Financial barriers to care diminished through USAID assisted improvements in targeting of poverty programs. A new MOH logistics system reduced shortages of essential drugs and contraceptives in the USAID's focus area. Peru's capacity to combat tuberculosis and HIV/AIDS has begun to strengthen and grow.

By the end of the Strategy, USAID expects to achieve these results: major health sector policy reform, with extensive decentralization and effective targeting of subsidies; permanent certification and accreditation systems; reduced high-risk behavior in HIV/AIDS hot spots; effective intra-regional networks to combat infectious diseases; hundreds of health promotion activities underway in municipalities and schools; reduced child and maternal mortality in focus regions; and sustainable family planning services in public and private sectors, with improved user satisfaction.

US Financing in Thousands of Dollars

Peru

527-011 Health	CSH	ESF
Through September 30, 2004		
Obligations	57,343	2,000
Expenditures	25,631	933
Unliquidated	31,712	1,067
Fiscal Year 2005		
Obligations	14,189	0
Expenditures	23,730	1,067
Through September 30, 2005		
Obligations	71,532	2,000
Expenditures	49,361	2,000
Unliquidated	22,171	0
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2006 NOA		
Obligations	14,213	0
Total Planned Fiscal Year 2006		
Obligations	14,213	0
Proposed Fiscal Year 2007 NOA		
Obligations	12,736	0
Future Obligations	24,434	0
Est. Total Cost	122,915	2,000