



# Targeting Resources and Efforts to the Poor

## Mobilizing Public Resources in Peru



Photo credits: Suneeta Sharma, Futures Group

Cynthia Green, Ph.D.  
Improving Financial Access to Health Services for the Poor  
Calabar, Nigeria, November 2011



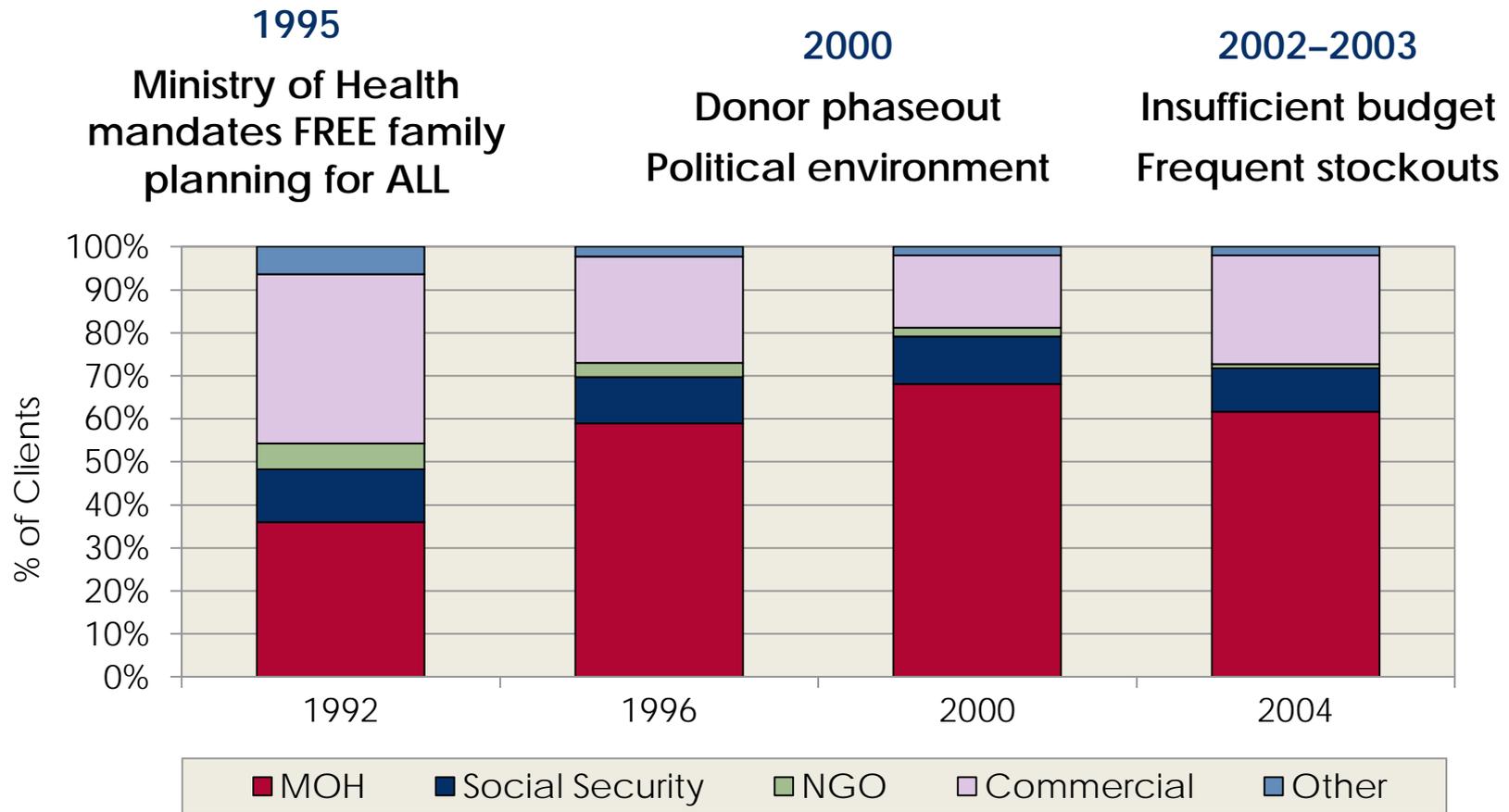
# Peru's FP/RH Landscape



Indicator	2005
Population	27.6 million
Percent Urban	73%
Percent living in poverty	54%
Institutional births	70%
Modern contraceptive prevalence rate	47%
Traditional contraceptive prevalence rate	22%
Unmet need for family planning	8%

Source: Demographic and Health Survey (DHS) 2004-05 Peru.

# Intended and Unintended Impacts of Policy Decisions on the Family Planning Market



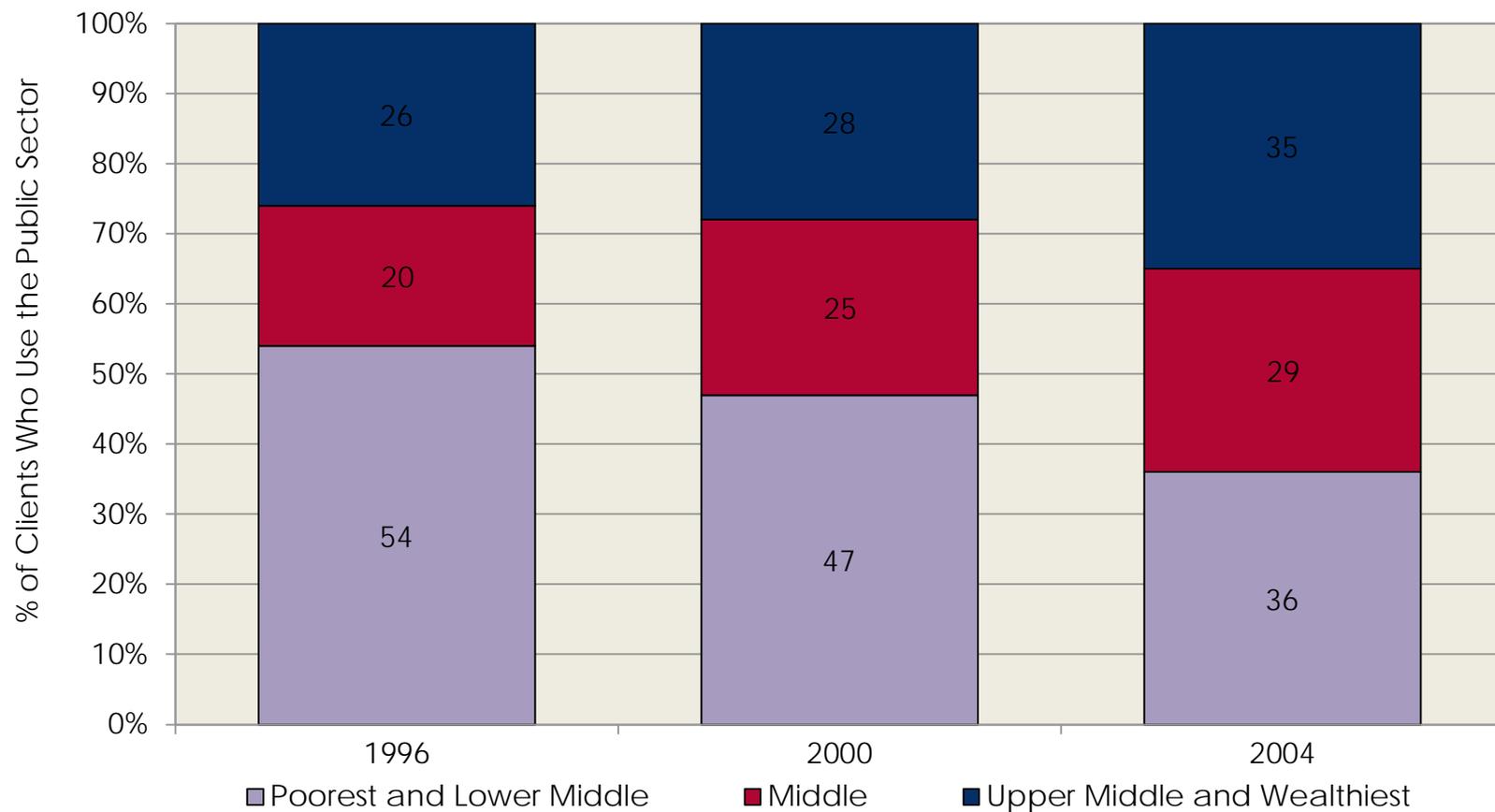
CPR (modern) 20%

26%

32%

30%

# Decline in Use of Public Services for Family Planning among the Poor



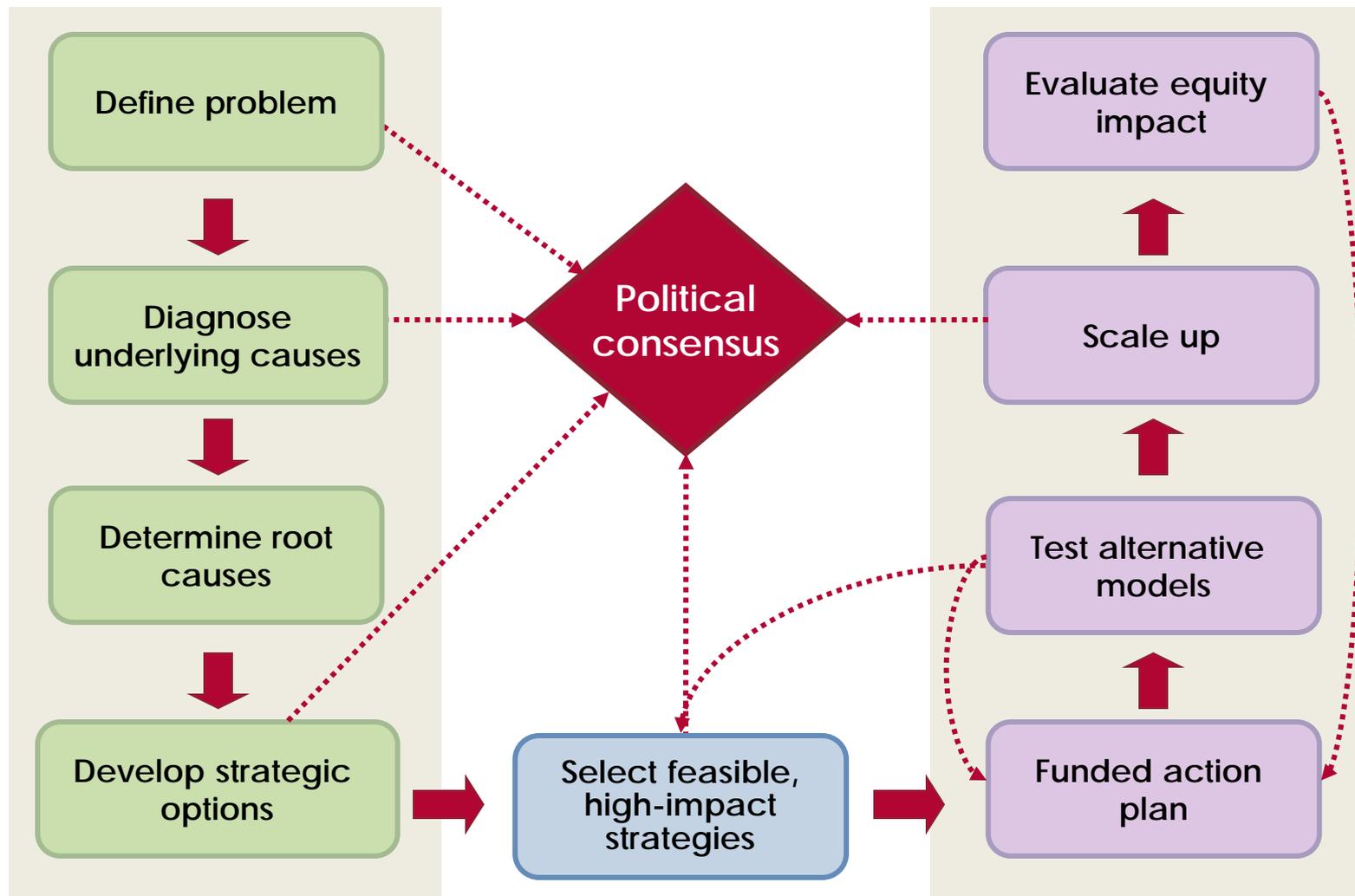
Source: Sharma, S., et al. 2006. *Family Planning Market Segmentation in Peru: 1996-2004*. Washington, DC: POLICY Project, Futures Group.

# A Policy Approach to Designing and Implementing Pro-Poor Strategies



Photo credits: Suneeta Sharma, Futures Group

# Using a Systematic Process of Designing, Implementing, and Evaluating Pro-Poor Strategies



# Engaging the Poor Women in Junín Region



Photo credit: Suneeta Sharma, Futures Group

## Provinces

- Huancayo (Sierra)
- Chanchamayo (Jungle)



# Diagnosing the Underlying Causes of Low FP Use among the Poor

## Regional diagnosis

- Market segmentation
- Review of policies and financing mechanisms

## Data analysis

- Feasibility
- Impact
- Urgency

## Primary data

- Focus group discussions/interviews
- Poor women and men
- Healthcare providers
- Local authorities

## Key Issues

Lack of accurate, culturally appropriate information

Limited financing for training, monitoring, and communication campaigns for family planning

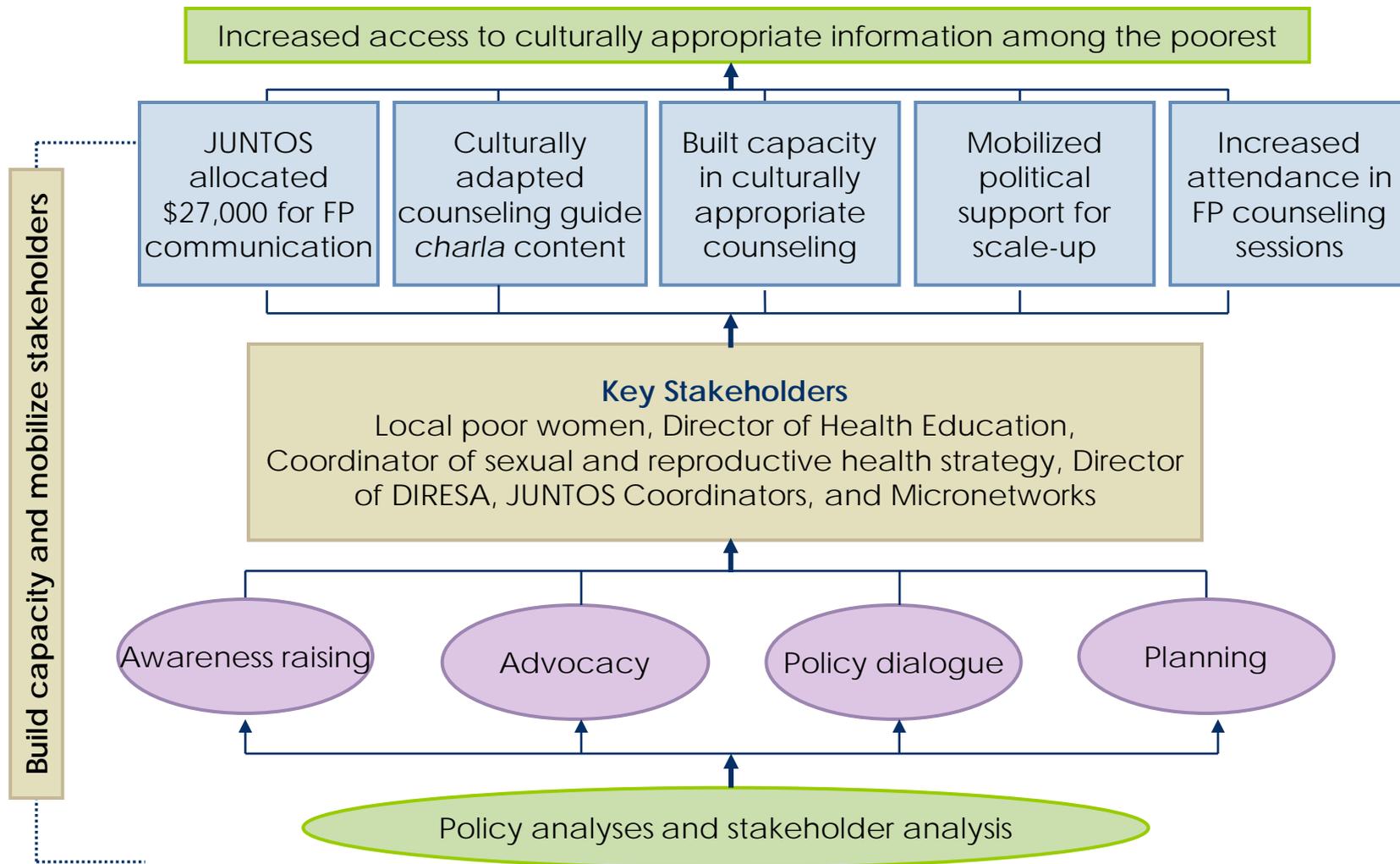
Operational barriers due to MOH integrated health model:

- Surgical methods hard to find
- Frequent stockouts
- Informal fees in health centers

# Developing Strategies to Address Selected Barriers to Access

1. Operationalize the RH information component in JUNTOS (conditional cash transfer program) **local**
2. Mobilize regional/local funds for communication and improving service quality **regional**
3. Ensure inclusion of FP in social insurance for the poor **national**

# 1. Operationalizing RH Information Component in JUNTOS—A Conditional Cash Transfer Program



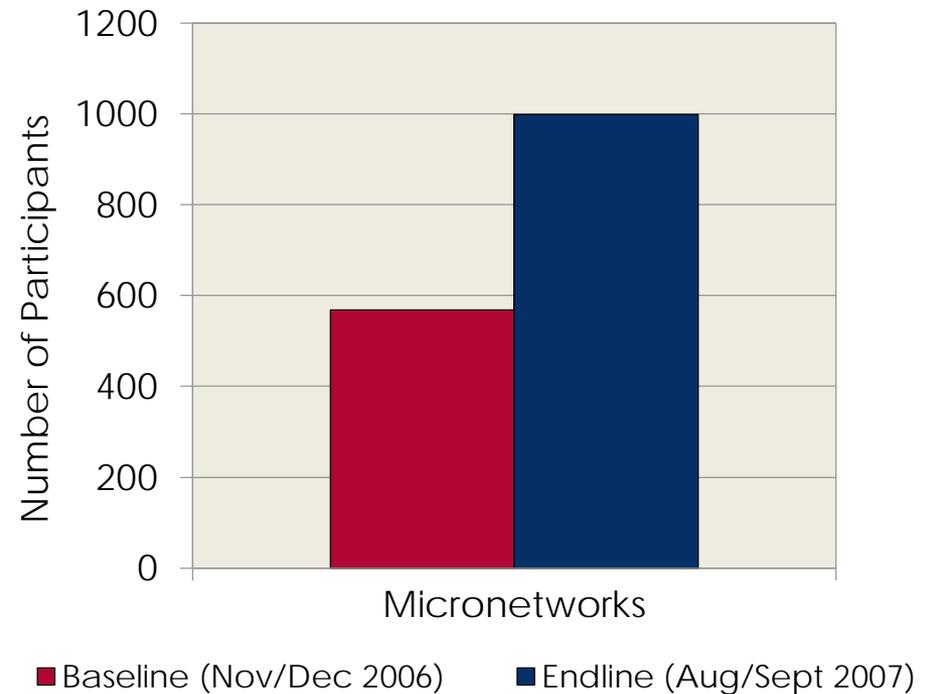
# Increased Access to Culturally Appropriate Information among the Poorest

- New counseling guides prepared, national training-of-trainers held, and 102 health providers in Junin trained in culturally appropriate counseling
- Training program adapted into distance-learning module on MOH website to serve providers in remote areas



Photo credits: Suneeta Sharma, Futures Group

## Number of Poorest Women Attending FP Counseling Sessions Increased



Source: Menotti, E., S. Sharma, and G. Subiria. 2008. Increasing Access to Family Planning Among the Poor in Peru: Building on and Strengthening Financial Mechanisms for the Poor. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

## 2. Mobilizing Regional Public Investment Funds for FP/RH

- Facilitated collaboration among the regional health directorate, regional government, university
- Adapted training guide for developing social investment proposals
- Developed new university course on proposal writing
- National Central University provided credit and diplomas and waived course fee
- One proposal funded for \$1.8 million to improve access for the poor to RH/maternal and child health



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

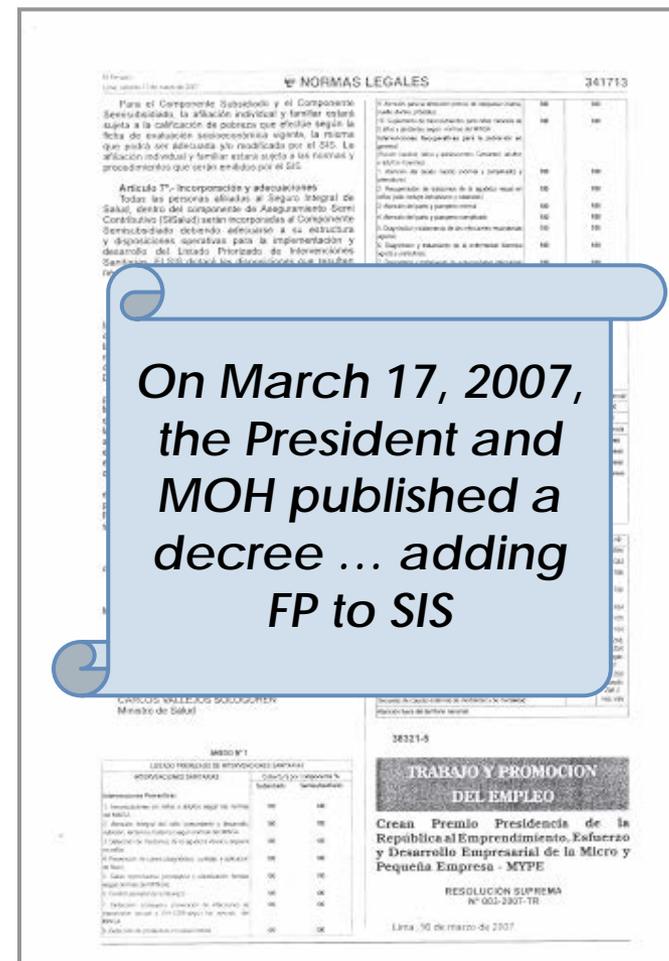
- Program to extend health services to the poor
  - 94% of beneficiaries are poor or extremely poor
  - Geographic targeting to poor areas
  - Socioeconomic evaluation
- Funded by Ministry of Finance through regional health directorates
- Reimburses government health facilities for services to SIS beneficiaries
- SIS served 10.4 million beneficiaries in 2006 with a budget of US\$8.6 million

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

**Issue:** before 2007, SIS covered only FP *counseling* during prenatal and postpartum care

Steps to policy change:

- Conducted feasibility analysis of including FP into SIS and estimated extra costs
- Shared findings and organized policy dialogue with the MOH, SIS, and Congress
- Built consensus and mobilized political support
- Revised package of services
- Drafted operational guidelines and norms



# In summary, this work ...

- Increased access to culturally appropriate information among the poorest in selected areas
- Mobilized regional public investment funds
- Removed operational barriers to the inclusion of FP in the Social Insurance Scheme for the poor



# Lessons Learned about Reaching the Poor in Peru ...

- Understand dynamic policy environment
- Support an evidence-based and country-driven process
- 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



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# Thank You!

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For further information on the Peru activity, see:

[http://www.healthpolicyinitiative.com/Publications/Documents/505\\_1\\_Final\\_Paper\\_IA4\\_acc.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/505_1_Final_Paper_IA4_acc.pdf)

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