Strengthening a National Health System with Communities

PERU MISSION

To strengthen collaborative management between communities and government for equitable and sustainable solutions in health and development

APPROACH

Build community and government capacity to provide more effective health and social services and sustain program quality over time with local skills and resources

Expand successes from Model Health Centers in Huánuco and Cusco

Advocate for Peru's system of community co-managed health facilities, serving more than seven million Peruvians

2009 Major Achievements

In Cusco, completed a four-year Child Survival Grant funded by USAID which:

- Significantly improved maternal and child health for 29,157 women and 14,374 children across 21 key indicators
- Improved the quality of 28 primary health care facilities and the capacity of 258 communities to support the health of mothers and children
- Reduced the number of maternal deaths in the project area by 75% and chronic child malnutrition by 9%

This work in Cusco received a 2009 national "Best Practice in Public Management" award

In Huánuco, the Umari site was recognized as one of Peru's ten most "Successful Experiences in Infant Feeding and Nutrition"

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PERU 2010 FACT SHEET



BACKGROUND

Peru's economy is growing, but among the poor, death of newborns and women in childbirth remains high, and chronic malnutrition stunts young bodies and minds.

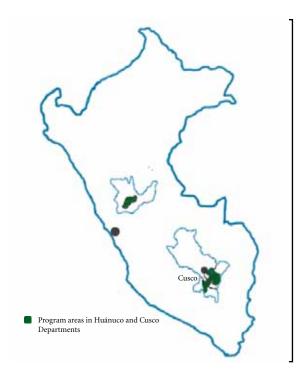
More than 6,700 primary health care centers exist, but many have suboptimal quality and are underutilized. To improve quality, the Ministry of Health (MOH) gives communities a direct role in planning and managing local health services.

Community Health Administration Associations (CLAS) co-manage 2,158 primary health care centers. This program is among the first in the world to transfer public funds into commercial bank accounts that are co-managed by the community and government. CLAS Associations operate as legal non-profits and co-manage these funds. Local oversight improves transparency and efficiency, which reduces corruption, improves quality, and increases utilization of services.

With advocacy and technical advice from Future Generations Peru, this program received landmark political support. A new national law and regulations provide legal support for CLAS. Future Generations continues to support MOH efforts to evaluate and promote the strengths of this program.

STRATEGY

Future Generations Peru identifies the most successful CLAS-managed health centers in a region and builds their capacity for community-oriented primary health care that serves poor mothers and children. These model centers are then developed as training sites to share lessons with the staff of other primary health care centers, municipalities, and communities throughout a region.



2010 Major Initiatives

With the Ministry of Health, disseminate strategies from Cusco project, including:

- Home monitoring of newborns to decrease mortality
- Community-based education on child pneumonia

Continue expansion of Model Health Centers

Conduct research to evaluate the impact of CLAS on health and equity and to study a new method, known as "pregnancy histories," for training and empowering women in health

Continue advocacy for CLAS, expanding alliances with universities, organizations, the MOH, and consortia including the "Initiative Against Child Malnutrition"

PROGRAM LEADERSHIP

Country Director, Dr. Laura Altobelli, is a recognized expert in the field of maternal and child health and nutrition issues and programs. She has lived and worked in Peru for nearly 20 years. Previous to



her six years of leadership with Future Generations Peru, she worked for the World Bank.

IMPROVING MATERNAL AND CHILD HEALTH AND NUTRITION THROUGH MODEL HEALTH CENTERS CO-MANAGED BY COMMUNITIES

Huánuco: With initial capacity-building support from Future Generations from 2002-2008, the Las Moras and Umari Health Centers have become self-sustaining model training centers. Through innovations that improve linkages among the community, health personnel, and local government, these health centers have reduced chronic malnutrition (low height-forage) in young children, improved home hygiene practices, and increased full coverage of immunizations in children 12-23 months of age in statistically significant proportions. Local health workers and community health agents have maintained these two facilities as training centers, serving 250 other primary health care facilities in Huánuco, with the continued support of the Huánuco Regional Directorate of the MOH.

Cusco: In the high altitude Andes, Future Generations improved health and nutrition for 29,157 women and 14,374 children with a grant from the U.S. Agency for International Development (USAID) Child Survival and Health Grant Program from 2005 to 2009.

Twenty-eight rural health centers gained skills to reorganize their services and strengthen their outreach efforts through the training and supervision of 700 indigenous villagers as community health agents (CHA). More than 200 government health workers were trained as trainers of CHAs to provide them with practical skills in how to:

- Conduct village censuses and surveys and make maps identifying households at risk
- Visit households to teach mothers, observe for danger signs, and make referrals for curative and preventive care for women and children at the health facility
- Promote home-based nutrition, heath, and hygiene practices such as infant and young child feeding, hand washing, water storage and treatment, and solid waste disposal
- Work with community leaders to develop community workplans that address health and other local priorities

Several indicators point toward the ongoing sustainability of outcomes:

- Communities are responsible for their CHAs and remunerate their services by exonerating them from communal work obligations.
- Municipal governments organized Municipal Health Committees that pass ordinances requiring maternal-child health care, finance CHA training and incentives, and support health and development projects based on community workplans.
- Health personnel, community leaders, CHA, and government agencies continue their partnership in support of health and development.
- Regional Health Directorates formalized into policy new strategies for community-based health, thus expanding successful strategies from initial pilot centers into new areas.