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WHERE WE WORK

Peru

The USAID | Health Policy Initiative completed its work in Peru on October 30, 2009.

The USAID | Health Policy Initiative in Peru (HPI/Peru) worked to promote an enabling environment for health, especially FP/RH, HIV, and maternal health. HPI/Peru focused its efforts on seven priority regions, where it worked to strengthen policy and policy-related capacities to improve health sector performance in the context of Peru's decentralization. The project also promoted gender equity and culturally appropriate services for indigenous populations to increase access to services.

In particular, HPI/Peru enhanced health sector performance through five strategic activities:

- Strengthening human resources through improved curricula, training, accreditation and certification procedures, health professional standards, and assessment tools.
- Designing health management information systems to inform local planning, decisionmaking, and monitoring.
- Formulating the policy and regulatory framework to facilitate efficient distribution systems for medicines, contraceptive commodities, and vaccines.
- Creating quality management systems for facilities that consider client needs, gender issues, and respect for indigenous cultures.
- Providing technical assistance to national and regional health authorities on public policy issues relating to human resources, service quality, and information and medications systems.

HPI/Peru continued and built on the work initiated under Task Order 1 of the Health Policy Initiative (HPI-TO1, September 2005–December 2007). At the national level, HPI-TO1 contributed to improved national health policies and norms; supported implementation of the National Drug Policy (on access to essential medicines); and assisted in the formulation of a multisectoral strategy to address the HIV epidemic. As part of Peru's decentralization efforts, the project strengthened capacity for implementation of health programs at the regional and district levels. The project also assisted the Ministry of Health in implementing gender-based violence prevention and screening

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Success Story

Declaration Affirms Commitment for Contraceptive Security in Latin America and the Caribbean

In June 2010, leaders from countries across Latin America and the Caribbean (LAC) pledged their commitment to ensuring contraceptive security (CS) in the region. Contraceptive security exists when all persons have access to high-quality contraceptives and condoms whenever they need them. Signatories to the declaration, which was drafted and adopted during the Regional CS Conference for LAC, include the host country, Dominican Republic, as well as El Salvador, Guatemala, Nicaragua, Paraguay, and Peru.

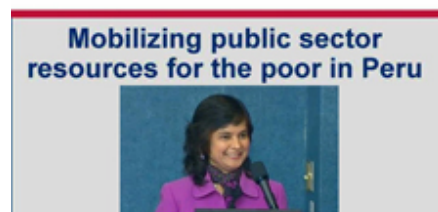
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Publications

- Seminar Session 7.2: Targeting Resources and Efforts to the Poor: Mobilizing Public Resources in Peru (Presentation)
- Fostering Public-Private Partnerships to Reduce Health Inequities in Peru
- EQUITY: Yield Public-private Partnerships for Equity

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Video



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protocols at the regional level. To reduce barriers to services, HPI-TO1 monitored adherence to FP/RH guidelines and HIV stigma and discrimination mitigation efforts in health facilities. The project also improved access to FP services for the poor by facilitating the inclusion of FP services in national social insurance mechanisms and by making FP services more culturally appropriate for indigenous women. Finally, the project strengthened the capacity of civil society groups to engage in and monitor policymaking and implementation at all levels.

KEY ACHIEVEMENTS

Strengthening Human Resources. One key strategy for improving the quality of healthcare is to enhance the performance of providers by establishing and enforcing competency-based standards and giving providers the training and tools necessary to meet those standards. In Peru, HPI worked with the National Council of Evaluation, Accreditation, and Certification of Professional Education Quality (CONEAU) to develop the capacity of professional associations for physicians, nurses, and nurse midwives to implement competency-based certification systems. The project designed tools and training methods to define and evaluate professional competencies and trained evaluators. The professional associations later replicated the training independently. At the regional level, the project helped define, validate, and approve job competencies for maternal and infant care based on the Ministry of Health's technical norms. These competencies now form the basis of training processes being implemented by Centers for Competencies Development at the health micronetwork level. Regional universities have supported this process by training tutors in these competencies—which enables them to satisfy a growing demand for in-service training. The project helped universities create in-service training curricula to support this process in five regions.

Improving Logistics Systems. HPI worked with the Ministry of Health Office of Medicines, Supplies, and Drugs (DIGEMID) to improve capacities to manage the acquisition of pharmaceutical products and supplies at the national and regional levels. The project helped DIGEMID define roles and responsibilities and train public service professionals, including the pilot units for universal health insurance, in the new procedures. As a result of the training, three regions decided to implement joint purchase of pharmaceuticals and formed an acquisition committee. HPI provided technical assistance to help them monitor the availability of products and identify their specific requirements.

Enhancing Quality Management. HPI helped target regions improve their systems for quality of care management through a combination of technical assistance and training. As a result, the Regional Health Directorate (DIRESA) in the Pasco Region approved a regional system for managing quality of care and new operational policies for improving pharmaceutical storage and purchasing. In Junín Region, the DIRESA also approved a quality of care management plan and program implementation guidelines. The regional university in Junín also approved and formally established a regional Observatory for Social Policies Surveillance designed with technical assistance from HPI.

Building Capacity in Health Policy Management. Peru's health system decentralization process is transferring management of primary health provision to local governments. Whether this process improves access to high-quality health services largely depends on the ability of regions and municipalities to effectively carry out their new responsibilities. HPI worked with local municipalities to strengthen their capacity to manage the provision of health services. After assessing local capacity, the project helped local governments address the challenges identified. The project's contributions included helping local governments in Junín and Huánuco implement human resources policies; assisting a municipality in Huánuco to manage a control board to monitor changes in health and social development indicators; helping local governments form citizen surveillance committees; and training multisectoral teams from 134 local governments in three regions in public policy management. As a result of this

training, 39 municipalities have already issued local policies to improve maternal and child health.

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