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USAID/PERU
STRATEGIC OBJECTIVE CLOSEOUT REPORT
Date: June 28, 2002

1. **SO NAME & NUMBER:** Improved Health, including Family Planning, of High-Risk Populations – 527-003

2. **GEOGRAPHIC LOCATION OF SO:** Nationwide

3. **CHANGES IN RESULTS FRAMEWORK DURING THE LIFE OF SO:**
   Neither the SO nor the IRs have changed

4. **SO LEVEL IMPACT (EXPECTED VS. ACTUAL)**

USAID has contributed to improving the health of high-risk populations in Peru by helping people take appropriate preventive, promotive and curative actions and by strengthening sustainable institutions and operations. SO 3 implemented an integrated population, health and nutrition strategy through which it supported U.S. and local NGOs and Peruvian public sector institutions in efforts to: (1) strengthen the quality of basic health services, including immunization, family planning, oral rehydration therapy for diarrhea and reproductive and maternal and child health services; (2) extend the coverage and increase the use of these services by population groups in which mortality, morbidity and fertility have remained high; (3) promote health in homes and communities; (4) encourage long-term sustainability by strengthening local organizations that deliver health services; (5) improve capacity in the health sector to report and diagnose emerging diseases; (6) test new models of service delivery; and (7) expand the participation of public and private sector entities in HIV/AID prevention.

SO 3 generally exceeded expectations. Public health and family planning services, and the institutional base that supports them, maintained their level or improved as a consequence of USAID assistance, despite the political and economic uncertainty which has continued to plague Peru. Outcomes are reflected in such indicators as proportion of births attended by trained personnel, incidence of malaria, proportion of children with diarrhea who come to the health facility dehydrated, and proportion of children with acute respiratory infection who come to the health facility with pneumonia and/or complications.

In some cases it is possible to show changes attributable to activities supported by USAID. For example Project 2000 had a significant effect on behaviors, attitudes, and health outcomes in the areas in which it operated - knowledge of alarm signs for childbirth has increased, and maternal mortality has decreased by 25% while in other areas it increased by 1.9%. The VIGIA infectious disease program implemented a new policy for anti-malarial drugs, a surveillance and control system for hospital infections, and the evaluation of alternative tools for malaria control (intermittent rice irrigation, rapid tests for malaria diagnosis). The Reprosalud Project incorporates women in the prioritization of reproductive health problems, and provides community-based participatory education and advocacy. The Reprosalud mid-term evaluation shows significant gains, compared to controls, in such indicators as women obtaining prenatal care, child birth attended by a trained health professional, and women with unmet needs for family planning.

Examples of SO level results obtained are presented below. The tables in Annex 1 show actual and planned values for indicators included in the Performance Monitoring Plan (PMP).

- Infant mortality rate has declined steadily, reaching 57 deaths per 1000 live births in 1991, 43 in 1996 and 33 in 2000.
- Maternal mortality ratio declined from 265 maternal deaths per 100,000 live births in 1996 to 185 per 100,000 in 2000.
- Total fertility rate declined from 3.5 children per woman in 1996 to 2.9 in 2000.
- Child mortality rate (under 5 years) decreased from 59 in 1996 to 47 per 1000 children.

5. IR-LEVEL IMPACT:

- Institutionally strengthened 89 "model health centers" certified by the Ministry of Health in priority regions of the country.
- Thanks to Peruvian family planning program 96% of married women of reproductive age are knowledgeable about modern contraceptive methods.
- Starting from near total dependence on USAID donated contraceptives; the GOP increased its contraceptive budget to $2.0 million in 2000.
- Peru's Child Survival Program has improved child health as evidenced by the following results:
  - between 1996 and 2000, as a result of USAID assistance, immunization coverage of recommended vaccines increased from 63% to 66%.
  - 80% of children under five years of age suffering from diarrhea are correctly treated with extra liquids and/or oral rehydration therapy.
  - 90% of infants are breastfed at least part of the time.
- With USAID assistance, the Ministry of Health developed a basic package for monitoring child growth and development, which is now implemented in health facilities throughout the country.
- Under VIGIA, the USAID infectious diseases activity, a study on rice irrigation showed that productivity levels could be maintained while reducing the number of malaria-transmitting mosquitoes.
- The VIGIA project coordinated the development and implementation of "Sanitary Intelligence Units" in 10 Health Directorates.
- A USAID supported non-governmental organization officially transferred thirteen high school-based reproductive health education and counseling programs to school authorities.
- With USAID support, CARITAS developed a rotating fund for basic medications, supplying over 300 health establishments. The fund is self-sustaining and generates additional funds to support free or low cost health services.
- A private entity, the Center for Training in Primary Health Care, graduated from USAID assistance and was certified by the Ministries of Health and Education to train nurse assistants. (Due to economic crisis in the region students are unable to pay very modest Center fees, and the Center has been forced to temporarily suspend this course.)
- USAID supported the Ombudsman's Office in the implementation of a system to monitor quality of family planning services as well as compliance with Tiahrt Amendment.
- Max Salud, a local NGO supported by USAID to manage a network of primary health care centers, has been able to recover 51% of costs meeting the expected sustainability level at this point in its development.
- With technical assistance from Project 2000, the Ministry of Health installed a new Budgeting and Programming System, based on service delivery costs, in all 34 Regional Health Directorates of the country, and quality training was implemented to ensure its efficient utilization.
- In areas of emphasis of USAID health projects, the maternal mortality ratio decreased by 25% as compared to non-USAID areas where it decreased only by 5%.
- Reproductive health guidelines, developed with support from USAID, were approved and are being used by the Ministry of Health to standardize quality family planning services.

6. LESSONS LEARNED IN IMPLEMENTATION OF THE SO:

Project 2000

- It is possible to increase the utilization of services and reduce maternal and child mortality through the improvement in the quality of care of MCH services.
- It is possible to establish a system of continued quality improvement of services; however, this requires a support system at the Regional and/or Central level of the Ministry of Health and an adequate human resources policy.
- Accreditation of services provides incentives for health providers and health establishments to improve quality of care, and based on this experience, it is recommended to establish a national system of accreditation of health care services.
- Bilateral Agreements with the Government of Peru (Ministry of Health) should incorporate not only conditions precedent clauses but annual specific objectives in terms of counterpart results to be achieved and products to be adopted and/or produced as a result of technical assistance offered under the agreement.
- USAID contractors providing technical assistance, training and logistical support under a bilateral agreement with the Government need to develop a marketing strategy for new and ongoing activities in order to appropriately inform new authorities and mid level managers who are frequently changed, primarily for political reasons.

VIGIA

- It is both convenient and practical to fully involve counterpart in all stages of project planning and implementation, including acceptance and adoption of products as they are produced, thus ensuring the timing institutionalization of products and sustainability of the project.
- Collaborative work with Health Teams of other Missions is extremely valuable as is South-South collaboration between USAID counterparts and both should be promoted and supported.

Buen Inicio

- Carefully imparting the basic principles underlying the healthy growth of children as a preventive, home-based and community activity, along growth monitoring and nutrition activities, plays an important role in bringing about optimal health, nutrition and well-being of children in poor communities.

Earthquake

- It is not only important to build or rehabilitate the health facilities damaged during a natural disaster, but also essential to teach and organize the population to be prepared for such events.
- Building/rehabilitating facilities should be done to last.
- Populations affected by the earthquake have demonstrated that they are willing to be organized in order to collaborate with authorities to rebuild their communities.

ReproSalud

- Work with both women and men for maximum results in reproductive health awareness, gender equity and improving the use of formal health facilities.

- Women's empowerment impacts upon household decision-making, couple communication and education of the children in the family.
- Reproductive health awareness increases the demand for prenatal visits, birth attendance by trained professionals and family planning counseling.
- Low educational status of girls and women is strongly related to high-risk health behaviors and to poor health.

ALCANCE

- Achieving organizational and financial sustainability of local NGO is not feasible in three years.
- Community based educational services cannot be sustainable without cross subsidies.

SHIP

- Short-term (5 years or less) external funding to establish new NGOs is rarely sustainable.
- There is an unsatisfied demand for quality health services that when tapped by an institution that provides such services, contributes to the sustainability of the institution and the health of the community.
- Public/private partnerships in health improve the performance of both sectors – the private sector contributes innovation, flexibility, adaptability, entrepreneurship, and efficiency while the public sector contributes policy deliberation, coverage, public health normative guidelines, epidemiology, legal structures and experience.
- Clear policies and commitment are required in order to sustain effective public/private partnerships.
- In providing health care services, it is extremely difficult, but not impossible, to maintain a balance between investment in health promotion and prevention of illness and injury and recuperative services and between financial sustainability and social commitment.

Coverage with Quality, PASARE, Commodities Logistics Management, Contraceptive Logistics Administration

- Supervision and training of health care providers are key to achieve sustainability, quality assurance and quality control and can be provided economically because they generally do not require heavy material support.
- A strong personnel supervision system helps maintain continuity of services in times of uncertainty and social and political changes.
- The commitment of citizens, users and providers can be achieved through community participation, local health committees and community surveillance activities
- Citizen involvement increases access to and quality of health care.
- It is extremely difficult to bring about change in curriculum and models of instruction in schools of medicine and midwifery if there is not the political will to do so. Lacking such commitment on the part of university authorities, the most that can be done is operations research and the development of training and evaluation tools.
- Health providers are motivated to work by good treatment, sense of belonging to the institution, receiving credits for inputs, opportunities for making decisions and working in environments with clear regulations. Even when health personnel in public facilities are poorly paid, such non-monetary incentives can improve work environment, lag behind the above issues as priorities to improve work environment.
- Health activities will not produce significant impact in the country if isolated and not associated with other development actions such as education, nutrition, work, and democracy.

7. LIST OF EVALUATIONS/SPECIAL STUDIES

- Demographic and Health Survey (DHS IV) 2000.

- ENDES 1996 and ENDES 2000 have been the main source for evaluation during this period. Reports from MoH have also served this purpose on an annual basis. Project evaluations of multiple activities and programs have also been carried out.

Project 2000

- Evaluation of Impact of Improvement in Quality of Care in Maternal Mortality (year 2000).
- Study of Costs in Hospitals and Health Centers in Peru (1995).
- Study of Health Demand in Peru (1995).

VIGIA

- A KAP study regarding prevention and control of hospital infections in selected hospitals.
- A social-anthropological study concerning diseases presenting with fever, jaundice, and hemorrhages in the Cuzco and Ayacucho regions.
- A social-anthropological study of factors associated with severity and lethality of TB in selected areas.
- A study on the costs of hospital infections in selected hospitals.
- Analytical review of ethnographic and other qualitative studies carried out in Peru concerning emergent and re-emergent infectious diseases.
- Design and implementation of an Entomological Surveillance System, including entomological map of Peru.
- Economic assessment of alternative strategies for malaria control.
- Evaluation of a rapid test for malaria diagnosis, as used by health promoters.
- Evaluation of alternative strategies for Yellow Fever prevention and control.
- Evaluation of the National Epidemiological Surveillance Network and the design of an information system for this surveillance network.
- New policy for antimalarial drugs based on study of drug resistance and efficacy.
- Study of social and anthropological characteristics of populations at risk of contracting Yellow Fever, including migration patterns.
- Study of the Economic Impact of Malaria in Peru.
- Study of the Economic Impact of Tuberculosis in Peru, including an evaluation of alternative strategies for TB control.
- Study on the Feasibility of Introducing Intermittent Rice Irrigation as a Tool for Malaria Control.
- The study of factors associated with severe morbidity and mortality in malaria, and the evaluation of protocols for caring for severe malaria cases.

Good Start

- Study on the nutritional status in children under five and women in the Departments of Loreto, Cuzco, Apurímac and Cajamarca..

SHIP

- Alarcon, Jorge, et al. Oct 1996. Evaluación de Impacto de la Cobertura y Calidad de Servicios de Salud (Arequipa, SHIP South).
- Alcantara Chavez, Jorge y Chavez Franco, Carlos. Feb 2001. Compendio, Análisis, Conclusiones y Recomendaciones del Estudio de Investigación , "Conocimientos y Prácticas en Prevención, Control y Atención de Enfermedades de Transmisión Sexual/VIH/SIDA, de Diversos Grupos Poblacionales de las Ciudades de Chiclayo y Lambayeque".
- Bardales, Alejandro, et al. Junio 2000. Estudio de Necesidades y Demanda de Servicios de Salud para la Evaluación de la Factibilidad de Instalar una Clínica Max Salud en el Distrito de la Victoria.
- Begazo Dongo, Hector. 1999. Max Salud: Evaluación de Alternativas para el Autofinanciamiento.
- CARE Peru. Dic 1999. Evaluación Final de los Sujetos Educativos del Proyecto EBADECA.
- CEIDES (Centro de Investigación, Estudios, Evaluación y Asesoría para el Desarrollo). Febrero 1999. Evaluación de Fortalecimiento Institucional y Participación Comunitaria en Instituciones del FIS-CARE, Informe Final. 3 Volumenes: Resumen Ejecutivo, Anexos Arequipa, Anexos Puno.
- Instituto de Investigación Nutricional. Marzo 1997. Proyecto de Evaluación del Estado Nutricional de los Niños que Asisten a los Wawa Utas del Programa CARE/FIS en Puno.
- Malca Villa, Mary (Consultora de CMS). Dic 1999. Evaluación de Opciones de Financiamiento para Incrementar la Sostenibilidad Financiera de Max Salud.

Coverage With Quality, Pasare, Commodities Logistics Management, Contraceptive Logistics Administration

- Georgetown University, enero 2000. Métodos de los días fijos para la Planificación Familiar.
- INOPAL III, setiembre 1998. Base Internacional de Datos de Investigación Operativa Sobre la Atención Postaborto.
- Instituto para la Salud Reproductiva, setiembre 1999. Método de los dos días para la planificación familiar.
- JHPIEGO Corporation, 1994. Issues in Cervical Cancer.
- Ministerio de Salud, 1997. Guías Nacionales de Atención a la Salud Reproductiva.
- Ministerio de Salud/MSH, marzo 1999. Proceso de Mejoramiento Contínuo en Redes de Salud-II.
- Pathfinder International. Dignóstico de los Servicios de Salud Integral para Adolescentes en los Establecimientos Públicos de Salud (Propuesta de Diagnóstico y Línea de Base).
- POLICY, 1999. Derechos Sexuales y Reproductivos.
- Population Council, 1998. Chapter on Access and Quality of Care (Final Report of INOPAL III).
- Population Council, Federico León and Pontificia Universidad Católica del Perú, Sandra Vallenas, 1998. Institutionalizing Operation Research to Strengthen Peru Ministry of Health's Reproductive Health Services in Priority Regions, Final Report.
- PRIME Peru, 1998. Proyecto de Adolescentes, Instrumentos para el autodiagnóstico de Adolescentes.
- Universidad Johns Hopkins, MINSA, 1999/2002. Estrategia Comunicacional en Salud Reproductiva del Ministerio de Salud.

ReproSalud

- Con voz propia (estudio).
- Diagnóstico de la Situación de la Producción y Comercialización de Artesanías del Proyecto ReproSalud (Duval Zambrano).
- Escuchando a las mujeres de San Martin y Ucayali (Género y Salud Reproductiva). Astrid Bant y Angelica Motta.
- Estudio Complementario: Calidad de atención de los servicios y establecimientos de salud desde la perspectiva de mujeres rurales usuarias de los mismos (Jeanine Anderson).
- Estudio Complementario: Significados y Prácticas sobre infecciones vaginales entre mujeres de áreas rurales, peri-rurales y nativas del Perú (Norma Fuller).
- Estudios Complementarios: Embarazo, parto, puerperio y complicaciones asociadas - Sistematizacion del producto de los auto-diagnosticos (Alejandro Diez).
- Estudios Complementarios: Sistematización y Análisis de los Problemas de Salud y las acciones de los proveedores de salud locales (Alejandro Diez).
- Hablan las Mujeres Andinas. Carmen Yon Leau.
- Men as Partners. The Population Council.
- Mid-Term Evaluation ReproSalud Project (in process).
- Prácticas y representaciones de género (Patricia Ruiz-Bravo).
- Significados y prácticas sobre regla blanca entre las mujeres de áreas rurales y nativas del Perú (N. Fuller).
- Tendiendo Puentes. Jeanine Anderson.

8. ESTIMATED OTHER DONOR/PARTNER/COUNTERPART CONTRIBUTIONS:

-Ministry of Health	-	cash and in-kind
-Pathfinder International		
-CARE		
-Movimiento Manuela Ramos		
-UNICEF	-	cash
-PRISMA		
-Universty Research Corporation		
-MAXSALUD	-	income generations
-Consortium of seven Peruvian NGOs		
-PAHO, World Bank and IDB	-	collaborate with USAID on a shared agenda
-Academy for Educational Dev.		
-John Snow		
-Population Council		
-Abt Associates		
-Macro International		
-The Futures Group		
-JHPiego		

9. PEOPLE DIRECTLY INVOLVED WITH THE SO

NAME	TITLE	DATES WORKING ON SO
Susan Brems	Previous SO 3 Team Leader	1993 – 1999
Thomas Morris	Deputy Chief	1996 – 1998
Thomas Moore	Project Coordinator	1995 – 1998
Jennifer Vernooy	Project Coordinator	1993 – 1998
Barbara Feringa	PHI Fellow – Technical Advisor for ReproSalud Project	1995 – 2000
Richard Martin	SO 3 Team Leader	1999 – Present
Luis Seminario	Health Advisor	1993 – Present
Maria Angelica Borneck	Population Specialist/Project Coordinator	1990 – Present
Lucy Lopez	Project Coordinator/Population Advisor	1996 – Present
Kristin Langlykke	Project Coordinator	1998 – Present
Jaime Chang	Project Coordinator	1998 – Present
Raquel Hurtado	Project Coordinator	1997 – 2001
Christine Adamczyk	Deputy Chief	1998 – 2002
Libertad Barraza	HPN Secretary/Team Leader Secretary	1986 – 2001
Giuliana Brescia	Project Secretary	1996 – 2001
Myriam Sarco	Population Secretary/Administrative Assistant	1990 – Present
Nelly Luna	Administrative Assistant	1996 – Present
Carmela Sarmiento	Project Secretary/Administrative Assistant	1994 – Present
Paola Buendia	Project Secretary/Team Leader Secretary	1998 – Present
Ingrid Miranda	Project Secretary	1996 – 1999
Michael Burkly	IDI	1999 – 2001

10. LIFE OF SO FUNDING (in thousands of dollars):

DA	84,569
CSD	50,180
PL 480 (local currency)	9,851
ESF	0
INL	0
USAID TOTAL	144,600
GRAND TOTAL	144,600

11. SUMMARY LIST OF ACTIVITIES UNDER THE SO:

Activity Title/Short Description	FY 1997-2001 Funding Amount	Start and End Date	Implementing Organizations
Strengthening Private Sector Health Institutions SHIP - identify & evaluate models of private primary health care services delivery which improve access coverage, efficiency and sustainability of services in two areas of Peru.	$13,331,101	8/21/95 8/30/05	CARE (South) Max Salud (North) URC (North)
Reproductive Health in the Community - increase the utilization of family planning and other selected reproductive health interventions in peru-urban and rural areas of high mortality and fertility.	$25,572,519	12/31/99 8/30/05	Movimiento Manuela Ramos
Project 2000 - increase the use of child and maternal health interventions.	$25,734,343	9/30/93 12/31/00	Ministry of Health (MOH) Pathfinder CARE
AIDS Help - strengthen and expand the participation of public and private sector entities in HIV/AIDS prevention.	$1,000,000	9/24/96 6/15/00	Ministry of Health
Addressing the Threats of Emerging and Re-emerging Infectious Diseases – VIGIA - strengthen GOP's ability to identify, prevent and contain illness from infectious diseases through a comprehensive strategy aimed at preventing occurrence.	$10,541,750	9/29/97 9/30/03	Ministry of Health
Coverage with Quality - seeks to strengthen the ability of the MOH to implement stated GOP policy in family planning on a national scale.	$4,780,873	9/23/96 9/25/03	Ministry of Health
Contraceptive Management - seeks to develop a sustainable contraceptive management system in Peru.	$2,713,994	9/23/96 9/25/03	PRISMA

Family Planning within the Reach of High Risk Populations, ALCANCE - increase the use of family planning i.e. contraception and other selected reproductive health interventions among high-risk populations.	$9,755,392	1/10/97 9/30/02	ASDE, CADE, AGROVIDA, ADAR, Vecinos Peru, TADEPA, PLANIFAMI, PLANIFAM, KALLPA, PATHFINDER
Good Start - reduce chronic malnutrition and micronutrient deficiencies in targeted peri-urban and rural communities.	$2,200,000	9/19/01 9/23/04	UNICEF
PASARE - a myriad of activities undertaken by 6-10 cooperating agencies with agreements anchored in the Global Bureaus. **Program Development & Support** **Terminating projects carried Forward to FY 1997**	$39,119,028	1997 2002	

Note: This SO is carrying forward a pipeline of $10,955,192 of Child Survival funds and $8,992,395 of Population funds to support the continuation of some activities under the new Strategic Objective No. 11, Improved Health for Peruvians at High Risk.

Annex 1

SO Level Impact

	Actual	Planned
Infant mortality rate	33 per 1000 live births	40
Under five mortality rate	47 per 1000 live births	50 per 1000
Maternal mortality ratio	185 per 100,000 live births	200
Total fertility rate	2.9	3.1

IR 3.1 People Take Appropriate Preventive Actions

66% only with all vaccines (up from 63% in 1996)

Immunization coverage of children 18-29 months*, by type of vaccine	Actual (%)	Planned (%)
BCG	96.2	95
DPT	84.7	97
Polio	76.4	95
Measles	84.4	92
All	66.3	--

* under one not used in latest DHS

	Actual (%)	Planned (%)
Immunization coverage of women who receive two doses of tetanus toxoid vaccine	58.6	70

	Actual	Planned
No. of condoms consumed	24.6 million	30 million

	Actual	Planned
Incidence of malaria	228.42 per 100,000	644 per 100,000

IR 3.2 People Take Appropriate Promotive Actions

	Actual (%)	Planned (%)
Proportion of births attended by trained personnel	59	60

	Actual (%)	Planned (%)
Contraceptive prevalence rate	69	70

96% of married woman of reproductive age are knowledgeable about modern family planning methods

	Actual (%)	Planned (%)
Percentage of infants who are breast-fed exclusively for at least 6 months	57	55

	Actual (%)	Planned (%)
Percentage of women who did not have any prenatal visits during their last pregnancy	15.5	25

IR 3. 3 People Take Appropriate Curative Actions

	Actual (%)	Planned (%)
Percentage of children with diarrhea who come to health facility dehydrated	12.6	60

	Actual (%)	Planned (%)
Percentage of children with acute respiratory infections that come with pneumonia and/or complications	23.2	70

IR 3.4 Sustainable Institutions and Operations in Place

	Actual (%)	Planned (%)
Percentage of total budget recovered by institutions	51	40

	Actual	Planned
MoH expenditure in contraceptives	2,000,000	500,000

Starting from close to total dependence on USAID funds, GOP increased its contraceptive budget to $2.0 million in Y2000

	Actual (%)	Planned (%)
USAID contribution to the overall contraceptives budget (began as 100%)	54	80

	Actual	Planned
Number of facilities certified as model centers in priority zones	89	88

	Actual (%)	Planned (%)
MoH regions reporting data on common infectious diseases on a weekly basis	91.4	85

Clearance:
SO3 Team Leader:RMartin

PDP:ECVarillas

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PERFORMANCE MONITORING PLAN
Strategic Objective 3 and Related Intermediate Results

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APPROACH OF DATA COLLECTION	DATA ACQUISITION BY MISSION		ANALYSIS & REPORTING	
				SCHEDULE/ FREQUENCY	RESPONSIBLE TEAM/COSTS	SCHEDULE BY REPORT	RESPONSIBLE TEAM
STRATEGIC OBJECTIVE 3: IMPROVED HEALTH, INCLUDING FAMILY PLANNING USE, OF HIGH-RISK POPULATIONS							
1. Infant Mortality Rate **R4 Reported**	**Definition:** The estimated number of deaths in infants (children under age one) per 1,000 live births in that same year. **Unit of measure:** Deaths per 1,000 live births	*The Demographic Health Survey (DHS)*, conducted by the National Institute of Statistics (INEI)	. Population-based survey. . Rates will be given both nationally and disaggregated by high-risk populations.	Direct source every 5 years; indirect sources (Unicef) for intervening years	SO3 USAID contribution for DHS is $1 million.	R4 or 6 months after data collection	SO3 & PDP INEI/Macro
2.Under-five Mortality Rate **R4 Reported**	**Definition:** The estimated number of deaths per 1,000 children under age five in a given period. **Unit of measure:** Deaths per 1,000 children under age five	DHS/INEI	. Population-based survey . Rates will be given both nationally and disaggregated by high-risk populations	Direct source every 5 years; indirect sources for intervening years	SO3	R4 or six months after data collection	SO3 & PDP INEI/Macro
3. Maternal Mortality Ratio	**Definition:** The estimated number of maternal deaths per 100,000 live births, from conception through 42 days after childbirth. **Unit of Measure:** Maternal deaths per 100,000 live births	DHS/INEI	. Population-based survey . National ratio	Every five years through indirect methodology	SO3	R4 or six months after data collection	SO3 & PDP INEI/Macro
4. Total Fertility Rate **R4 Reported**	**Definition:** The average number of children women will have at the end of their childbearing years if fertility patterns at the time of survey prevail; calculated by summing the age-specific fertility rates over all ages of the childbearing period, as observed in a given year. **Unit of Measure:** Births per woman	DHS/INEI	. Population-based survey . Rates will be given both nationally and disaggregated by high-risk populations.	Every five years from direct source	SO3	R4 or six months after data collection	SO3 & PDP INEI/Macro

COMMENTS/ NOTES: Data analyzed by socio-economic and geographic variables.
The 1996 DHS was a national survey of 33,498 randomly selected households, 31,241 female members aged 15-49 and a sub-sample of 2,942 male members aged 15-59.
The DHS is conducted every five years; for interim years, indirect sources (UNICEF Annual Report) will be used for trend analysis.

Intermediate Result 3.1: People Take Appropriate Preventive Actions							
1. Immunization coverage of children younger than one, by type of vaccine. **R4 Reported**	**Definition:** An estimate of the proportion of living children under 12 months (DHS data for 12-23 months) vaccinated before their first birthday. Types of vaccines are polio (3 doses), DPT (3 doses) and measles (1 dose.) **Unit of Measure:** Percent of children under one	DHS/INEI MOH/EPI	. Population based survey . Service statistics. EPI quarterly report . Rates will be given both nationally and disaggregated by high-risk populations	DHS survey every five years MOH/EPI data annually in January	SO3- Public Sector RP	R4 or 6 months after data collection for DHS data or 3 months after data collection for MOH data	SO3 &PDP INEI/Macro MOH/EPI
2. Immunization coverage of women who receive two doses of tetanus-toxoid (TT) vaccine.	**Definition:** An estimate of the proportion of women aged 15-49 who received at least two doses of tetanus toxoid. **Unit of Measure:** Percent of reproductive age women	MOH	. Service statistics. EPI quarterly report . Disaggregation by age and residence	Annually in January	SO3- Public Sector RP	R4 or 6 months after data collection	SO3 MOH/EPI
3. Number of condoms distributed or purchased	**Definition:** Number of condoms distributed or sold through USAID-supported channels in a given period. **Unit of Measure:** Millions of condoms	MOH, NGOs	MOH service statistics, PRISMA, APROPO.	Annually in January	SO3- Facility Based FP compiles data	3 months after data collection	SO3 MOH, NGOs,
4. Incidence of malaria **R4 Reported**	**Definition:** Number of malaria cases identified in a given period as a proportion of the total population per 100,000. **Unit of Measure:** Number of cases per 100,000 inhabitants	MOH	. Service statistics, distribution records . Disaggregation by health region	Annually in January	SO3- Facility Based compiles data	R4 or 3 months after data collection	SO3&PDP MOH
COMMENTS/ NOTES: MOH: Ministry of Health. EPI: Expanded Program on Immunization. In the strategic plan, this intermediate objective had included Couple Years of Protection (CYP) as one of its indicators. Due to its higher relationship with promotive actions, it was changed to the IR 3.2.							

Intermediate Result 3.2: People Take Appropriate Promotive Actions							
1. Proportion of births attended by trained personnel **R4 Reported**	**Definition:** Trained personnel refers to doctors, midwives, nurses, nurse auxiliaries or trained technicians. **Unit of Measure:** Proportion of births	DHS/INEI *National Household Survey (ENAHO),* conducted by INEI	. Population-based survey . Disaggregation by residence, type of personnel, mother's age	Every 5 years for DHS Every two years for ENAHO	SO3	R4 or 6 months after data collection	SO3&PDP
2. Couple-years of protection (CYP) **R4 Reported**	**Definition:** Estimated protection from pregnancy provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed to clients during that period. **Unit of Measure:** Millions of couple-years of protection	MOH, FPP PRISMA, NGOs	. Service statistics, distribution records . Disaggregation by type of contraceptive method.	Annually in January	SO3- Facility-based RP compiles data	R4 or 3 months after data collection	SO3&PDP MOH, NGOs
3. Contraceptive prevalence rate	**Definition:** The percentage of women in union (or their partners) of reproductive age who are using a contraceptive method at a given point in time. Includes all methods. **Unit of Measure:** Percent of women in union aged 15-49	DHS / INEI ENAHO	. Population-based survey . Disaggregation by residence, type of contraceptive method.	Every 5 years for DHS Annually for ENAHO	SO3- Facility-based & Community-based RPs	6 months after data collection	SO3 INEI/Macro
4. Percentage of infants who are breast-fed exclusively for the first six months	**Definition:** Exclusivity refers to non-use of supplements like juices or other solid foods for children under six months **Unit of Measure:** Percent of all breast-fed infants	DHS / INEI ENAHO	. Population- based survey . Disaggregation by residence, parity, mother's age.	Every 5 years for DHS Annually for ENAHO	SO3	6 months after data collection	SO3 INEI/Macro
5. Percentage of women who did not have any prenatal visits during their last pregnancy	**Definition:** A prenatal care visit is defined as a meeting between a pregnant woman and a health care provider in which her and her fetus' health status is discussed. Health care provider is any person, lay or professional, who has been trained in the provision of prenatal care services. **Unit of Measure:** Percent	DHS / INEI ENAHO	. Population-based survey . Disaggregation by residence, age.	Every 5 years for DHS Annually for ENAHO	SO3- Public Sector & NGO Health RPs	6 months after data collection	SO3 INEI/Macro

COMMENTS/NOTES: INEI source: National Household Surveys (ENAHO)- ENAHO is a national multipurpose survey of 20,000 randomly-selected households. A family planning module and a maternal health module are included alternatively every other year.

Intermediate Result 3.3: People Take Appropriate Curative Actions							
1. Percent of children with diarrhea that come to the health facility dehydrated **R4 Reported**	**Definition:** The number of children aged 0 to 5 seen at health facilities within the public sector system (MOH) who have acute diarrheal disease with dehydration I-III. **Unit of Measure:** Percent	MOH, Program on Diarrheal Diseases	. Service statistics from the program on diarrheal diseases	Quarterly	SO3- Public Sector RP requests data from MOH	R4 and quarterly	SO3-PDP MOH-CDD program division
2. Percent of children with acute respiratory infections that come to the health facility with pneumonia and/or complications **R4 Reported**	**Definition:** The number of children 0-5 years old seen at health facilities within the public sector system (MOH) who have acute respiratory infections (ARI) of pneumonia. **Unit of Measure:** Percent	MOH, Program on Acute Respiratory Infections	. Service Statistics from the program on acute respiratory infections	Quarterly	SO3- Public Sector RP requests data from MOH	R4 and quarterly	SO3-PDP MOH-ARI program
COMMENTS/NOTES: Health facilities are defined as all units of care (primary, secondary and tertiary) within the public sector systems (MOH).							
Intermediate Result 3.4: Sustainable Institutions and Operations are in Place							
1. Percentage of the total budget recovered by targeted institutions [activity-based]	**Definition:** Average of the amount of total revenues generated in a given year as a proportion of the entire budget of USAID-supported NGOs. **Unit of Measure:** Percent	Annual Financial Reports of NGOs	Revenues/incomes generated as a proportion of total operations budget, excluding any investment.	Annually	SO3 collects and compiles data	Annually	SO3 &PDP
2. Percentage of the national health budget allocated to primary care	**Definition:** Percentage of the Ministry of Health budget allocated to preventive and promotive activities. **Unit of Measure:** Percent	MOH Annual Budget, Congress/ Budget Commission	Budget allocated to the programs of: *Atencion Primaria, Salud Basica, Planificacion Familiar, Epidemias.*	Annually	SO3	Annually	SO3 & PDP
3. MOH expenditure in contraceptives **R4 Reported**	**Definition:** Total amount of dollars spent by the Ministry of Health in contraceptives in a given year. **Unit of Measure:** 1997 dollars	MOH	Quarterly reports.	Annually	SO3 requests data from MOH	R4	SO3 & PDP
4. USAID contribution to the overall contraceptives budget **R4 Reported**	**Definition:** Total value of USAID contributions in contraceptives as a proportion of the total contraceptives budget in a given year. **Unit of Measure:** Percent	MOH USAID records	Value of USAID-donated contraceptives as a proportion of the value of contraceptives distributed by the public sector in a given year, at USAID prices.	Annually	SO3 requests data from MOH	R4	SO3 & PDP
5. Percent of people attended by primary health care workers [activity-based]	**Definition:** Primary health care workers include health professionals, technicians and promoters. Key primary health care interventions are defined above. **Unit of Measure:** Percent	Project 2000 PASARE	. Project 2000 quarterly report . PASARE quarterly report	Annually	SO3 Project 2000	Quarterly	SO3 Pathfinder CARE/ESAN Project 2000
6. Number of people in priority zones that are trained in key primary health care interventions [activity-based]	**Definition:** Key primary health care interventions are defined above. **Unit of Measure:** Number of people	Project 2000 PASARE	. Project 2000 quarterly report . PASARE quarterly report	Annually	SO3	Quarterly	SO3

7. Number of facilities certified as model health centers in priority zones **R4 Reported**	**Definition:** Number of health facilities certified as model centers in priority zones. The health facilities to be certified are: national hospitals, regional hospitals and health centers. The criteria for certification by MOH/P2000/PCMI are: a) the use of MOH standard protocol for maternal and child health services; b) correct data collection through the Perinatal Information System and the Child Information System; c) compliance with at least minimum quality of service standards; and d) community outreach activities with the participation of community health agents. **Unit of Measure:** Number	Project 2000	. Project 2000 quarterly report	Annually	SO3 Project 2000	R4 and Quarterly	SO3& PDP Pathfinder CARE/ESAN Project 2000
8. MOH regions reporting data on common infectious diseases on a weekly basis **R4 Reported**	**Definition:** Number of health regions as a proportion of the total 33 regions that report on common infectious diseases on a weekly basis. **Unit of Measure:** Percent	VIGIA records	. VIGIA quarterly report	Annually	SO3 VIGIA	R4 and Quarterly	SO3& PDP MOH

COMMENTS/NOTES: Sustainability is defined as an organization's financial, institutional and social abilities to implement its activity or program without excessive assistance from donor institutions and in a way that enables community ownership. Indicator #5 may need adjustment in wording and/or definition.

RESULTS FRAMEWORK FOR SO3