Japanese Trust Fund for Scaling Up Nutrition

Technical assistance for supporting the efforts of the Government of Peru to reduce chronic malnutrition and anemia among children

Financial support for this work was provided by the Government of Japan through the Japan Trust Fund for Scaling Up Nutrition.

World Bank, December 2017
Objetives of the Technical Assistance

- Creation of knowledge and having an appropriate monitoring tool.
- Provide recommendations on policies for efficient interventions with emphasis on Communication and intersectoral articulation.
- Elaboration and dissemination of the Peruvian experience.
A. Dissemination of the Peruvian case as one of the best practices to reduce malnutrition worldwide.

① Book: “Dando la talla: El éxito del Perú en la lucha contra la desnutrición crónica” (Reaching the height: Peru’s success in the fight against chronic malnutrition)

② Video and launching and dissemination program.

B. Diagnosis of high levels of childhood anemia.

③ Diagnosis: “Iron deficiency during the early childhood”

C. Technical Assistance on the reduction of anemia and malnutrition policy.

④ T.A. to MIDIS: Pilot program with the families from JUNTOS, on texting to reduce anemia.


⑦ 04 videos for dissemination of messages aiming to prevent/reduce anemia.

⑧ Publication: Social Monitoring Strategy.
A. Dissemination of the Peruvian case as one of the best practices to reduce malnutrition worldwide
A. Dissemination of the Peruvian case

- Book: “Dando la Talla”  
  (Product 01)  
- Video y launching program  
  (Product 02)
B. Diagnosis over the high levels of anemia in early childhood (Product 03)
B. Diagnosis: **ANEMIA AMONG CHILDREN** (lack of iron)

- Having **ANEMIA** (lack of iron) **before aged 24 months** notably affects the cognitive, motor and emotional development for the rest of the child’s life. This group of children need urgent and priority attention.

- It is now recognized that iron deficiency **without ANEMIA** before aged 24 months also has effects on the child's cognitive and physical development. During those months, children increase their iron requirement dramatically. This element is essential for facilitating neuronal connectivity (more than 700 thousand per second).

- The widely recognized key intervention is iron supplementation (in different presentations); however, its implementation presents difficulties, especially due to the **low adherence to the supplement consumption**.
During the first semester of 2017, nationwide, around 43% of children aged 6 to 36 months had anemia. These values remained practically unchanged since 2011. The case of Puno stands out (~ 80%) and four other regions: Loreto, Pasco, Ucayali, Madre de Dios (~ 60%).

Children aged 6 to 12 months are the most affected. Around 70% of children aged 6 months have anemia. This number is very similar in urban, rural and Metropolitan Lima and there is no positive trend since 2011.

Between 2014 and 2016, Peru massively distributed the MMN supplementation (sparks), although coverage stagnated between 30 and 35%. This stagnation is essentially explained by the low adherence to consumption rather than to the lack of availability in the EESS.
B. Diagnosis: Children aged 6 to 12 months are the most affected. Around 70% of the children aged 6 months have anemia.
B. Diagnosis: 43% of the children aged 6 to 36 months have anemia, number that has not changed since 2011. Puno (~80%) stands out as well as other four regions: Loreto, Pasco, Ucayali, Madre de Dios (~60%).

Annual variation in the prevalence of anemia among children aged 6 to 36 months. In five departments.
Among the departments with the highest coverage, Ayacucho ranked second in 2013 and first in 2015. However, in this department, the prevalence of anemia increases between 2014 and 2015.
B. Diagnosis: Between 2014 and 2016, the distribution of MMN supplements (sparks) was widely spread although the coverage stagnated between 30 and 35% due to low adherence to consumption.

% of children aged 24 months that received 1,2,3,4,5, 6 or more medical visits including the delivery of iron (MNP/Jbe) as supplement. Ayacucho

Anemia increased between 2014 and 2015- 5 points
B. Diagnosis: Adjustements to recent policy

✓ With the new regulations, the approach to reduce anemia regarding the use of iron establishes:

- Give iron drops starting at the 4th month (120 days), when around 70% of children have anemia. The hemoglobin dosage is also included.
- **Iron in syrup** will be used again for the treatment of anemia.
- The use of **Multimicronutrient (MMN)** starting at the sixth month and in children without anemia.

✓ Continue with the promotion of the consumption of iron-rich foods through demonstrative sessions of food preparation for children over 6 months and the CRED Plus.
B: Diagnosis: **The Challenge**

- Peru achieved highly favorable results in the reduction of the Chronic Malnutrition. Its success is an example and a reference worldwide.
- This has not happened with anemia among children. This is probably explained by the low adhesion.

- For iron supplementation, as in other interventions based on the administration of pharmaceutical products (TB, antihypertensive, etc.), the adherence to consumption is critical. **Without it, the effectiveness is very low.**

- Literature recognizes several ways to promote the supplement consumption. Many of them are based on the mobilization and active participation of the community, accompanied by frequent home visits. Text messaging is also being tested, among others.
B. Diagnosis: **THE BUDGET ROLE FOR BOOST POLICY**

1. **RESULTADO** sanitario (ejem % niños desnutridos)
2. **COBERTURA** poblacional
   a. De cada intervención (ejem % niños vacunados)
   b. Paquete de intervenciones (ejem % de niños con vacunas, CRED y sup hierro)
3. **CALIDAD DEL SERVICIO FINAL**
   a. Oportunidad
   b. Contenido del servicio
4. **PRODUCCIÓN**
   a. Volumen atenciones
   b. Persona mes
5. **CAPACIDAD**
   a. Disponibilidad insumos
6. **GESTION**
   a. Plan y Programación
   b. Eficiencia en asignación y ejecución del presupuesto
   c. Eficiencia logística
   d. Seguimiento

**Mecanismo de pago**

- Transferencia de recursos
  - MEF
  - MINSA
  - SIS
  - OTROS

**Puntos de atención**
- donde se entrega los servicios

**Cobertura**
- Resultados

**Pliegos/Unidades Ejecutoras vinculadas con la LÍNEA DE PRODUCCION de los Servicios/Prestaciones**

- Ejecución
- Presupuesto
- Datos
- Logística

**Progresión**
- Datos
- Insumos
- Producción
- Entrega Servicio
- Datos

**Producción**
- Datos

**Insumos**
- Datos

**Entrega Servicio**
- Datos

**Cobertura**
- Resultados

**Cobertura**
- Resultados

**Población que recibe los servicios**

**MEF**

**MINSA**

**SIS**

**OTROS**

**Fuentes recursos**

**Compradores**

**Transferencia de recursos**

**Mejoras en indicadores**

**Condicional a**

**Compradores**

**Mecanismo de pago**

**Resultados**

**DATOS**
C. Technical Assistance for the reduction of anemia and malnutrition policy
C. Technical Assistance to MIDIS

Text messaging pilot to reduce anemia among the JUNTOS families
(Product 04)
Anemia Prevalence in the Junto field (districts) is very high.

Amount of children with anemia according to age; children under two are the most affected (ENDES 2013-2016)
#### Actual situation of anemia and chronic malnutrition among children as per social programs: 2015-2016. Gets worse among most vulnerable children

<table>
<thead>
<tr>
<th>Social programs</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of Anemia among</td>
<td>% of chronic</td>
</tr>
<tr>
<td></td>
<td>children aged 6 to 35</td>
<td>malnutrición in</td>
</tr>
<tr>
<td></td>
<td>months</td>
<td>children under 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>aged 6 to 35 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>years old</td>
</tr>
<tr>
<td>Seguro Integral de Salud</td>
<td>48.9</td>
<td>19.6</td>
</tr>
<tr>
<td>National Program Cuna Mas</td>
<td>46.9</td>
<td>25.4</td>
</tr>
<tr>
<td>A Glass of Milk Program</td>
<td>49.2</td>
<td>22.2</td>
</tr>
<tr>
<td>Program JUNTOS</td>
<td>50.0</td>
<td>29.5</td>
</tr>
</tbody>
</table>

- **Seguro Integral de Salud**: 48.9% (2015) - 48.1% (2016)
- **National Program Cuna Mas**: 46.9% (2015) - 49.8% (2016)
- **A Glass of Milk Program**: 49.2% (2015) - 51.3% (2016)
- **Program JUNTOS**: 50.0% (2015) - 53.4% (2016)

Source: INEI. 2017. ENDES
C. Technical Assistance to MIDIS

And among the poorest

<table>
<thead>
<tr>
<th></th>
<th>Quintile 1</th>
<th>Quintile 2</th>
<th>Quintile 3</th>
<th>Quintile 4</th>
<th>Quintile 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Anemia in children aged 6 to 35 months</td>
<td><strong>53.8%</strong></td>
<td>52.3%</td>
<td>43.8%</td>
<td>31.4%</td>
<td><strong>28.4%</strong></td>
</tr>
<tr>
<td>% of chronic malnutrition in children under 5 years old</td>
<td>30.3%</td>
<td>13.2%</td>
<td>7.7%</td>
<td>4.9%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Source: INEI. 2017. ENDES 2016
**C. Technical Assistance to MIDIS**

**Concurrence with MIDIS**

### Articulacion con Programa Nacional Cuna Mas y Programa JUNTOS

<table>
<thead>
<tr>
<th>MIDIS: Programa Nacional Cuna Mas Niños menores de 3 años</th>
<th>Servicio de Cuidado Diurno</th>
<th>Servicio de Acompañamiento a Familias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niños Beneficiarios (133,276)</td>
<td>51,054</td>
<td>82,222</td>
</tr>
<tr>
<td>Con Despistaje de Anemia</td>
<td>27,246</td>
<td>43,359</td>
</tr>
<tr>
<td>Con Anemia</td>
<td>6,524</td>
<td>10,448</td>
</tr>
<tr>
<td>Con Tratamiento</td>
<td>6,524</td>
<td>10,448</td>
</tr>
</tbody>
</table>

Fuente: OGTI-MIDIS – Data HIS 19 set 2017

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**MIDIS: Programa JUNTOS Beneficiarios**

<table>
<thead>
<tr>
<th>Beneficiarios</th>
<th>135,580</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestantes</td>
<td>11,668</td>
</tr>
<tr>
<td>Total</td>
<td>147,248</td>
</tr>
</tbody>
</table>

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**Resolución Ministerial N° 506-2017/MINSA**

Lima, 3 de julio del 2017


CONSIDERANDO:

Que, los numerales I y II del Título Preliminar de la Ley N° 26842, Ley General de Salud, señalan que la salud es condición indispensable del desarrollo humano y medio fundamental para alcanzar el bienestar individual y colectivo. La protección de la salud es de interés público. Por tanto, es responsabilidad del Estado regularla, vigilarla y promoverla;

Que, el artículo 123 de la precitada Ley, modificada por la Única Disposición Complementaria Modificatoria del Decreto Legislativo N° 1161, Ley de Organización y Funciones del Ministerio de Salud, establece que el Ministerio de Salud es la Autoridad de Salud de nivel nacional. Como organismo del Poder Ejecutivo tiene a su cargo la formulación, dirección y gestión de la política...
Behavioral changes can reduce barriers to improve nutrition.

- Lack of information on how to prevent anemia.
- Prejudices and social rules on the use of micronutrients and ferrous sulphate.
- Psychological factors about postponing important actions, and the overload that affects people with low resources (bandwidth), decisions on not thinking about difficult things (cognitive dissonance)
- Reminders that can drive action - change habits and practices
- Empowerment with positive messages - "Being a father is difficult but you can take a step forward by ensuring that your children eat well!"
## C. Technical Assistance to MIDIS

### Text messages

<table>
<thead>
<tr>
<th>During pregnancy</th>
<th>First year of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On time visits to EESS for pregnant women</td>
<td>1. Exclusive breastfeeding during the first 6 months of life</td>
</tr>
<tr>
<td>2. Consumption of Ferrous Sulphate during pregnancy</td>
<td>2. Iron drops consumption starting at the age of 4 months</td>
</tr>
<tr>
<td>3. Early and exclusive breastfeeding during the first 6 months of life</td>
<td>3. Timely screening (4 months) for early identification of anemia</td>
</tr>
<tr>
<td></td>
<td>4. Timely beginning of complementary feeding and use of safe water</td>
</tr>
<tr>
<td></td>
<td>5. Diverse diet with high iron consumption</td>
</tr>
<tr>
<td></td>
<td>6. Consumption of Sparks</td>
</tr>
<tr>
<td></td>
<td>7. Hygiene and hand wash</td>
</tr>
</tbody>
</table>

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![The World Bank Logo](the_world_bank.png)
Types of messages

New Information
• Did you know that...? The consumption of ferrous sulphate during pregnancy helps prevent the anemia among children.

Change of perceptions and rules
• Did you know that...? Most women in your community consume ferrous sulphate during pregnancy to prevent anemia among children.

Reminders
• Remember to take your ferrous sulphate today to prevent anemia in your growing child.

Motivations
• Taking ferrous sulphate every day is not easy but it helps protect your child against anemia. This is an effort you can achieve! We believe in you!
Text messages

• Text messages sent to pregnant women and children under 1 year.
• Frequency: 3 times per week
• Duration: starting at pregnancy or during the first 6 months.
• Schedule: in the afternoon 17:00-20:00 pm or in the morning, before lunch
• Language: Spanish
• Signature: #JUNTOS
• Include the mother’s name
• Use the number #1880 to answer any question
• Emphasis the fact that the messages are free
Impact Evaluation

Question for the investigation: How a text messaging intervention can contribute to the reduction of anemia?

Affiliation of pregnant women or children aged 0 to 6 months. NATIONAL LEVEL (53 districts and others)

Aleatory assignation

- Control Homes: 10,000 pregnant women/children
- Homes with text messaging: 10,000 pregnant women/children

Results: Effects on anemia among the population aged 4 – 12 months in data from SIS/HIS/SIEN

What are the heterogeneous effects of messages if home visits increase in 53 Districts?
C. Technical Assistance to MIDIS

Evaluation Requirements

1. Increase of early affiliation

2. Increase in the telephone numbers data base
   (Registered numbers: 9,848)

3. Effective implementation – increase of home visits in the 53 districts
C. Technical Assistance to MIDIS

Disengagement in Early Affiliation

Actual JUNTOS Registry

- Gestantes
- 0 a 5 meses
- 6 a 11 meses
- 12 a 17 meses
- 18 a 23 meses
- 24 a 29 meses
- 30 a 35 meses

Registrados
No Registrados
C. Technical Assistance to MIDIS

Improve the process of updating the family conformation of households

Automatic update of the family conformation based on information crossed among the SIS, PGH (JUNTOS) bases and the Standard Census
C. Technical Assistance to MIDIS

World Bank Commitments

1. Pilot preparation: contribute to the reduction of anemia among the population (households with children under 3 years of the JUNTOS program).

2. Design and implementation of the Evaluation: how a text messaging intervention can contribute to the reduction of anemia.

3. Operational Manual for the implementation of the pilot.

4. Technical support to JUNTOS and AYNI Lab Social in the design and implementation of a rigorous impact evaluation.
Technical Assistance to the Ministry of Health to promote strategies for the reduction of anemia among children (Product 05)
Improvements in monitoring processes and search of effectiveness:

1. Identification of the "budget map" of the sector's interventions to reduce anemia and monitoring of a set of key performance indicators and results.

2. Analysis of management indicators alignment and financial incentives: Regional and local level.
   - Elaboration of the Meta Anemia proposal for the Municipal Incentives Program 2018 (Product 06 - Attached)
Strategic interventions:

1. Plan for the improvement of the virtual continuous training platform developed by MINSA-National School of Public Health for first-level health personnel and personnel from other sectors.

2. Communicational material: Animation “Rewards of life while growing without anemia”.
   - 04 videos with messages for the reduction/prevention of anemia (Product 07 – Attached).
### PLAN NACIONAL DE REDUCCIÓN DE ANEMIA - 2017

<table>
<thead>
<tr>
<th>NIVEL DE GOBIERNO</th>
<th>PROGRAMAS PRESUPESTALES 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAN</strong></td>
<td></td>
</tr>
<tr>
<td><strong>GN</strong></td>
<td>1. FAMILIAS SALUDABLES -CONOCIMIENTOS PARA CUIDADO INFANTIL, LME Y ALIMENTACION ADECUADA DE MENOR DE 36M</td>
</tr>
<tr>
<td><strong>GR</strong></td>
<td>2. NIÑOS CON SUPLEMENTO DE HIERRO Y VITAMINA A</td>
</tr>
<tr>
<td><strong>GL</strong></td>
<td>3. ATENCION DE OTRAS ENFERMEDADES PREVALENTES</td>
</tr>
<tr>
<td><strong>FAMILIAS SALUDABLES-CONOCIMIENTOS PARA CUIDADO INFANTIL, LME Y ALIMENTACION ADECUADA DE MENOR DE 36M</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NIÑOS CON SUPLEMENTO DE HIERRO Y VITAMINA A</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Educaión Demostrativa de Preparación de Alimentos Ricos en Hierro (Gestantes y Madres 6 a 12m) - Madres con madres

1. **Visita Domiciliaria y Consejería Domiciliaria.**

2. **Prevención de anemia a niños menores de 3 años con suplementos de hierro buen sabor y consejería.**

3. **Suplementos de Vitamina A a niños de 6m a 5 años (rural).**

4. **Tratamiento de anemia a niños menores de 3 años con suplemento de hierro.**

5. **Control de Crecimiento y Desarrollo Infantil mejorado y Consejería desde el Nacimiento (LME).**

6. **Vacunas y atención de enfermedades prevalentes de la Infancia (Diarreas e infecciones respiratorias agudas).**

7. **Desparasitación a Escolares y Familia (2 a 5 años).**

8. **Promoción alimentación saludable-concursos comidas sabrosas y nutritivas-alimentos locales.**

9. **Capacitación a Organizaciones Sociales en Comunidades, Barrios, Sectores.**

10. **Capacitación a Instituciones Educativas y Comités de Padres de Familia de Aula.**

11. **Capacitación y Concurrencia con actores MIDIS, MINAGRI y GOB LOCAL en ámbito local.**

12. **Promoción de Consumo de Agua Segura y Lavado de Manos.**

13. **Suplementación con Hierro y Ácido Fólico.**

14. **Control Prenatal a la Gestante y Consejería.**

15. **Control de yodo en la sal (Sin Producto Presupuestal).**

#### Control de yodo en la sal (Sin Producto Presupuestal)


*Actividades relacionadas con estos productos estarán incluidas en el producto “FAMILIAS SALUDABLES” del 2018 en adelante.
C. Technical Assistance to MINSA

“Budget Map” - Year 2017

A total of 2,056 millions of soles were allocated for budget chains related to activities of prevention/reduction of anemia.

Distribución de asignación presupuestal en intervenciones para reducir/prevenir anemia – PIM al 31/10/2017 – Millones de soles

Fuente: SIAF-MEF

GN: Incluye principalmente el presupuesto de SIS y Hospitales, Redes y Diresas de Lima Metropolitana.
GR: Incluye los Gobiernos Regionales de Lima Provincias, Callao y el resto del país.
GL: Incluye Municipalidades Provinciales y Distritales (más de 1800).
WB technical assistance:

- Collaboration with the Implementing Units of Metropolitan Lima in the identification of the population goals referred to the main budget chains associated with interventions for the reduction / prevention of anemia, and the evaluation of the allocated budget according to the production physical goals
  - It allowed to check the consistency of the costs per unit foreseen according to the intervention. For example: approximate cost of a child with full CRED for age.
  - It allowed to identify financing gaps for key activities. For example: coverage of demonstration sessions.

**EXAMPLE:** As per the public Budget allocated on 2017, up to the evaluation date, considering:
- Production physical goal
- Modified Institutional Budget (PIM)

The case of Healthy Families, that include demonstrative sessions = cost per family U.E. San Juan de Miraflores: ~$1200 soles vs. U.E. Lima East (Ate, Agustino, among others): ~$4

The case of child with supplementary iron and vitamin A = cost per child with supplement
U.E. San Juan Lurigancho: ~$27 soles vs. U.E. San Juna de Miraflores: ~$4
C. Technical Assistance to MINSA

“Budget map” and indicators follow up

**WB technical assistance:**

- Collaboration with MINSA OGTI on the simplification of key indicators registration formats for the plan monitoring.
  - It allowed the revision of the individualized registration of the demonstration sessions of food preparation, promoted mainly for mothers / caregivers of children under one year of age and pregnant women.

<table>
<thead>
<tr>
<th>DÍA</th>
<th>H.C. DE IDENTIDAD</th>
<th>FINANC. DE SALUD</th>
<th>PERTENENCIA ÉTNICA</th>
<th>DISTRITO DE PROCEDEENCIA</th>
<th>EDAD</th>
<th>SEXO</th>
<th>ESTABLE</th>
<th>SERVICIO</th>
<th>DIAGNÓSTICO MOTIVO DE CONSULTA Y/O ACTIVIDAD DE SALUD</th>
<th>TIPO DE DIAGNÓSTICO</th>
<th>Lab</th>
<th>Código CIE / CPT</th>
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<tr>
<td>28</td>
<td>APP136</td>
<td>Camaná</td>
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<td>1. Sesión Demostrativa</td>
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<td>R</td>
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<td></td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>2. Actividades de Articulado Nutricional</td>
<td>P</td>
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<td>R</td>
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</tr>
</tbody>
</table>

**BEFORE:**
- Group activity

**NOW:**
- Individual Registry
“Budget map” and indicators follow up

Future projection:

✓ Continue the revision and analysis of the budget allocation per production unit to identify inconsistencies or financing deficits.
✓ Report in regular periods the compliance indicators milestones.
C. Technical Assistance to MINSA

Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)

Anemia Prevalence

- Diferencia: SIS Vs PAN
- Anemia 2015
- Conv.MINSA 2017 (CM)
- Conv.SIS 2017 (SIS)
- PAN 2017 (PAN)
The prevalence of anemia is a common indicator of the 3 instruments analyzed. Even so, there are significant differences in the goals for the same years of the SIS and the PAN.

Although it should be considered that the SIS indicator is only calculated with the affiliates, which could lead to it being more demanding, in some cases it is observed that it is less demanding than the PAN or CM goal.

Although the indicated baseline (2015) is from a period prior to that projected for the goals, CS's seem to follow very similar a pattern to the historical one. In the case of regions with a high level of anemia (Puno, Madre de Dios, Pasco), attention is drawn to the low exigence of the PAN goal. Especially because, being an indicator that comes from the agencies in charge of financial management, it would be a proxy indicator of the fiscal effort that would have been planned to reduce it.
C. Technical Assistance to MINSA

Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)

Preventive iron supplementation in children aged under 36 months

- Diferencia: SIS Vs PAN
- % niños 6m a 36m con Fe (2015)
- % niños < 2a con MM y/o Fe (CM)
- % niños SIS <36m con Fe y DosajeHb (SIS)
- % niños <36m con Fe (PAN)
Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)

• The indicator of preventive iron supplementation for children under 36 months is present in the 3 instruments; however, its specification in each instrument contains important differences.

• In the case of CM, the indistinct supplementation of multimicronutrients and iron is calculated, a characteristic not shared by the other instruments. This being so, it is surprising that it is just as demanding or even less than others that specify the exclusive iron supplementation as a requirement.

• In this sense, the SIS goals are more demanding since, in addition to the iron supplement, it requires to carry out the hemoglobin dosage in the child. Despite this, in some cases the goal is much higher than in the other instruments.

• The differences between goals do not seem to follow a previous reference pattern such as the baseline preventive iron supplementation of 2015.
C. Technical Assistance to MINSA

Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)

Diferencia: SIS Vs PAN

- % niños <12m c/vacunas completas para su edad (2015)
- % niños < 1a con v.rotavirus y neumococo-2da dosis (CM)
- % niños de 13m c/vacunacion completa (SIS)
- % niños <12m v.rotavirus y neumococo para su edad (PAN)
Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)

• In the case of vaccine coverage for children under 12 months, it is surprising that there are no common definitions. In the CM and PAN cases, the indicator focuses on rotavirus and pneumococcal vaccines; while the SIS indicates full vaccination for the age, and apparently, only for children aged 13 months. These differences do not facilitate follow-up.

• This requirement of the SIS, which would seem to imply a greater effort in the provision of services, is not reflected in the differences with the PAN goals. In fact, the PAN goals are, in general, more demanding than those of the SIS, despite their specificity.

• Unlike the indicator related to the prevalence of anemia, the relationship of these goals with their previous baseline reference of 2015 does not seem to be close.
C. Technical Assistance to MINSA

Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)
Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)

• In the case of CRED care, the PAN goals refer to a very different age of the child's evaluation. The PAN, as well as the 2015 baseline, refers to complete CRED care for children under 36 months. In the case of CM and SIS, they refer to newborns (15 days old).

• Still, the big difference between CM and SIS indicators is striking. Although they are not projected for the same year (CM-2016 and SIS-2017), being an important process indicator, such significant differences would not be justified.
C. Technical Assistance to MINSA

Analysis of the alignment of management indicators and financial incentives at the regional level (Health Sector)

**WB technical assistance:**

- We collaborated with the identification and analysis of existing financial incentives in the Health Sector to promote improvements in indicators related to prevention / reduction of anemia.

Future projection:

- Identify the challenges presented by the different measurement methods (various indicators) to define compliance objectives around anemia reduction / prevention interventions.

- Explore the possibility of harmonizing all available tools so that they complement each other synergistically.
C. Technical Assistance to MINSA

Analysis of the alignment of management indicators and financial incentives at the local level

**Joint interventions to reduce chronic malnutrition and anemia**

**Local Government: Municipality**

- **PAN: Healthy Families (1)**
- **(2) Public Investment: FONIPREL, Works for taxes**
- **Incentives Plan (PI) (3)**

**Redefinition of the Operating Model:**
**Municipal actions:**
(Product: Healthy Families)

- Standard census of children under 5 years old updated and used for social monitoring of children (1,3).
- Coordination and inputs for demonstration sessions of food preparation: families with children from 6 to 11 months and pregnant women, and training of social actors (1, 3)
- Fairs of anemia screening, health promotion, adequate nutrition, mass deworming, among others (1).
- Health establishments (1st level care) or community surveillance centers equipped and functioning (1,2).
- Water and drainage systems implemented (2).
In 2012, the product “Healthy Municipalities” was registered in SIAF. PI CPVC goal included Emphasis on initial implementation.


No PI goal in Health

PI anemia goal inclusion: includes sustainability criteria for the USE of previous incentives
Use of Census: Social Monitoring
Use of CPVC: Demonstrative sessions
Support for the elaboration of appropriate formats to present goals related to the reduction of anemia, within the framework of the Incentives Program for Improving the Municipal Management for the year 2018 within the Ministry of Economy and Finance.

The goal was named: “Actions of the municipalities to promote adequate nutrition and the prevention and reduction of anemia in children under 36 months”

The format under Annex 01 and the respective annexes were prepared:

- ANEXO 8.1.1: Anemia per district (% of girls and boys aged 6 to 35 months with anemia)
- ANEXO 8.1.2 Percentage of girls and boys aged one year that received complete supplementary iron (2016).
- ANEXO 8.1.3 Percentage of girls and boys aged 6 to 35 months with hemoglobin dosage (2016).
- ANEXO 8.1.4 Percentage of girls and boys under 1 year old as proportion of the average of records of girls and boys aged 2, 3 and 4 years old.
- ANEXO 8.2.1: Baseline for Indicators of Activity 1: Update of the Standard Census.
- ANEXO 8.2.2: Baseline for Indicators of Activity 2: Demonstrative sessions carried out.
- ANEXO 8.3.1: Health personnel assigned to perform demonstrative sessions on Food Preparation per health establishment, per district (2017)
Analysis of the alignment of management indicators and financial incentives at the local level

The inclusion of incentives to keep a good record of children up to date and hold demonstration sessions is consistent with what was identified as a diagnosis in relation to the effectiveness of the mobilization and active participation of the community. The case evaluation of the Social Monitoring application at the district level to improve nutrition indicators is illustrative to demonstrate the effectiveness of their joint execution.
C. Technical Assistance to MINSA

Analysis of the alignment of management indicators and financial incentives at the local level

**WB Technical Assistance:**

Support to the DGIESP, in coordination with the MEF, for the redefinition of the operational model of the PAN product that will include the actions of the municipalities to reduce / prevent anemia as of 2018:

- It allowed proposing the re-incorporation of a goal related to child nutrition in the Municipal Incentives Program (Proposal of Goal Anemia and Care Observations Report - Product 06).
- Support to the Office of Investment Management of MINSA, in coordination with the MEF, to update the public investment guidelines to reduce child malnutrition and anemia.
- It allowed to elaborate an updated proposal for the MEF’s evaluation (Annex A: Updated guidelines)

Future projection:

- Implement Social Monitoring as an effective tool to improve children's health outcomes, through which the Municipality the progress is monitored in the actions that correspond to prevent / reduce anemia, and the follow-up of interventions from other levels of the Government.
Strategic Interventions: Plan for improving the virtual training platform

Elaboration of Terms of Reference for the improvement and scaling of the virtual training platform developed by MINSA-National School of Public Health for health personnel of the first level care and personnel from other sectors.

MINSA has made progress in building the Platform for ongoing training of health personnel – face to face and virtual- developed by DGIESP, in coordination with the National School of Public Health.

C. Technical Assistance to MINSA

Strategic Interventions: Plan for improving the virtual training platform

TRAINING:
- Improve contents from a pedagogical point of view
- Include a module on budget programming and its respective follow-up.

SCALING UP:
- Scaling up at national level: Regions with high prevalence of anemia: Puno, Cusco and / or according to criteria defined by the Sector

Diversify the educational offer through improvements in the virtual training module (with the corresponding accreditation)

Scaling up to personnel from other sectors with greater contact opportunities and possible synergies:
- Staff from Cuna Más
- Staff from JUNTOS
- Teachers Initial Education
- Teachers high school education
C. Technical Assistance to MINSA

Strategic Interventions: Plan for improving the Virtual training platform

WB technical assistance:

- Support to the DGIESP-Nutrition on the preparation of terms of reference to have a specialized service to improve the virtual training platform *(Annex b: Terms of reference for the design and implementation of the virtual training course on nutrition and prevention/reduction of anemia).*

Future projection:

- Use the existing tools for training health personnel as an input for updating and expansion. It could combine face-to-face and virtual methodologies to scale training.

- Include the opportunity of continuous training in nutrition and reduction of anemia and chronic malnutrition in a virtual way, at national level, for the MINSA health personnel and other providers and personnel from other sectors referred to the strategic interventions of the National Plan 2017-2021 for the reduction of anemia.
C. Technical Assistance to MINSA: 04 videos (Product 07)

Strategic Interventions: Animation “Rewards of life while growing without anemia”

**WB Technical Assistance:**

Collaboration on the creation of the animation with basic messages about feeding to prevent anemia, health controls and anemia treatment for children and pregnant women based on a script provided by MINSA. A 3 minutes video and 3 30 seconds spots were produced, co-financed by MINSA.

[https://www.youtube.com/watch?v=q6Eh10Bvfzw&t=18s](https://www.youtube.com/watch?v=q6Eh10Bvfzw&t=18s)

[https://www.youtube.com/watch?v=sBNy-oUdTHc](https://www.youtube.com/watch?v=sBNy-oUdTHc)

[https://www.youtube.com/watch?v=TOkKzG1kSp4](https://www.youtube.com/watch?v=TOkKzG1kSp4)

[https://www.youtube.com/watch?v=-UUEvJrE1to](https://www.youtube.com/watch?v=-UUEvJrE1to)
C. Technical Assistance on the policy to reduce anemia and malnutrition: Publication – Social Monitoring Strategy (Product 08)
Thank you