Reproductive Health Equity Gaps & Achievements
the Salud Mesoamérica 2015 Experience

Dr. Emma Iriarte
Executive Secretary
“A women attends her family planning visits: The women had been using the 3 month injectable. When she arrived at the health center, I explained to the patient that we didn't have any. Later, I gave her a 1 month injectable. She came back a month later for her injection, but again, we didn’t have the method because we were in a shortage.”
Availability, Equity, Quality & Choice

- % of health facilities that have permanent availability of all 5 types of modern FP methods
- % female health facility patients of reproductive age that are given FP counseling (norms)
- % unmet need for contraception
- SM2015 focuses in the poorest 20%
- Increase in types of methods available in the 8 Mesoamerican countries
Key Messages

5 things unique to SM2015

- Changing conversations and practices
- Working with governments
- Using incentives to accelerate results
- Establishing clear rules of the game
- Results
I. Changing conversations and practices

Inequality in the region

Only 1 of every 2 pregnant women give birth assisted by trained personnel

Twice as many children <5 years of age in the poor population die compared to the regional average

A 5-year-old child from the poorest 20% is 6 cm shorter than a child from the wealthiest 20%
I. Changing conversations and practices

Inequality in the region – Family Planning in SM2015 Areas

**Availability of Family Planning Methods and Contraceptive Prevalence Rate in SM2015 areas**

- **Permanent availability of modern family planning methods** (condom, pills, injectables, IUD)
- **Contraceptive prevalence rate**

![Graph showing the availability and prevalence rate of family planning methods across countries.](image-url)
II. Working with Governments

**Focus**

20% poorest: rural & hard to reach areas, indigenous populations
+ 1.8 million women and children under 5

**SM2015 RBF-Model**

Donated funds: $66m (SM2015) + domestic funds: $40m (countries)
Disbursements based on results-incentives
$30 per person

**Set and negotiate objectives with governments**

6 changes in national policies
Performance indicators per country
Indicators for monitoring implementation and decision-making

**Proper synergy with stakeholders**

Private sector: 2 donors: BMGF and ICSS
Public sector: 8 countries and 1 donor: GoS, greater scale and sustainability
IDB: experience and presence in the region
III Incentives to scale-up results

SM2015 RBF Model: Contract IDB/Countries

**Operation Funds**
(to be used only in SM2015 target areas)

- ~50% Donation Funds
- ~50% Country Funds

**Performance Incentive**
(for discretionary use in the health sector)

- ~25% Performance Tranche (PT)

Country meets targets

Investment Tranche (IT)
Counterpart Funding (CN)
IV Clear rules of the game

- Target the poorest 20%
- Cost-effective, evidence based strategies
- Minimum List of Indicators
- Independent robust verification of results
- ‘All or Nothing’ Scoring
### IV Clear rules of the game

Example of SM2015 Targets – Guatemala

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Baseline</th>
<th>54 Month Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmet need for family planning</td>
<td>74.9%</td>
<td>-7 PP</td>
</tr>
<tr>
<td>Institutional birth by trained personnel (CAPs and CAIMI)</td>
<td>16.7%</td>
<td>+13 PP</td>
</tr>
<tr>
<td>Post-partum care within 48 hours</td>
<td>9.6%</td>
<td>+ 8 PP</td>
</tr>
<tr>
<td>Post-natal care within 48 hours</td>
<td>8.6%</td>
<td>+ 8 PP</td>
</tr>
<tr>
<td>Anemia in children 6-23 months</td>
<td>68.8%</td>
<td>- 15 PP</td>
</tr>
<tr>
<td>Management of Obstetric Complications</td>
<td>0%</td>
<td>+ 40 PP</td>
</tr>
</tbody>
</table>
V Results – SM2015 Baseline

Child Health - SM2015 Areas

- Complete vaccination for age (opportunity), according to vaccine card
- Anemia, children 6-23 months
- Stunting, children 0-59 months
V Results – SM2015 Baseline

Women’s health – SM2015 Areas

- Modern Contraceptive Prevalence Rate
- Institutional Birth by trained personnel

Chiapas: 47.3%
El Salvador: 53.5%
Guatemala: 25.1%
Honduras: 66.8%
Nicaragua: 81.6%
Panama*: 9.7%

Chiapas: 29.4%
El Salvador: 21.3%
Guatemala: 86.2%
Honduras: 80.7%
Nicaragua: 87%
Panama*: 9.7%

Chiapas: 29.4%
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V Results – SM2015 Baseline

Neonatal health – SM2015 Areas

- Post-natal care within 24 hours
- Post-natal care within 48 hours
- Post-partum care within 7 days of birth
V Results – SM2015 Baseline

Continuity of Care – SM2015 Areas

- El Salvador
- Panamá
- Nicaragua
- Chiapas
- Honduras
- Guatemala
- Belice *

<table>
<thead>
<tr>
<th></th>
<th>Modern Contraceptive Prevalence rate</th>
<th>Prenatal care during the 1st trimester</th>
<th>At least 4 prenatal visits by Dr. or nurse</th>
<th>Institutional Birth by skilled personnel</th>
<th>Post-partum care by Dr. or nurse within 7 days of birth</th>
<th>Immediate initiation of Breastfeeding</th>
<th>Exclusive Breastfeeding at 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Salvador</td>
<td>81.4</td>
<td>68.4</td>
<td>53.5</td>
<td>90.1</td>
<td>84.2</td>
<td>87</td>
<td>88</td>
</tr>
<tr>
<td>Panamá</td>
<td>81.4</td>
<td>66.8</td>
<td>47.3</td>
<td>81.1</td>
<td>64.5</td>
<td>86.2</td>
<td>72.7</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>81.1</td>
<td>64.5</td>
<td>44.3</td>
<td>80.7</td>
<td>47.8</td>
<td>81.6</td>
<td>65.4</td>
</tr>
<tr>
<td>Chiapas</td>
<td>81.6</td>
<td>47.8</td>
<td>39.4</td>
<td>47.8</td>
<td>27</td>
<td>57.8</td>
<td>59.5</td>
</tr>
<tr>
<td>Honduras</td>
<td>81.6</td>
<td>39.5</td>
<td>29.4</td>
<td>27</td>
<td>19.8</td>
<td>82.4</td>
<td>59.1</td>
</tr>
<tr>
<td>Guatemala</td>
<td>81.8</td>
<td>39.5</td>
<td>26.9</td>
<td>21.3</td>
<td>11.1</td>
<td>75.2</td>
<td>54.7</td>
</tr>
<tr>
<td>Belice *</td>
<td>81.8</td>
<td>43.1</td>
<td>28.9</td>
<td>8.1</td>
<td>47.3</td>
<td>57.8</td>
<td>45.3</td>
</tr>
</tbody>
</table>
V Results – 1st Operation

Advances in Family Planning

Progress in Chiapas
Continuous availability of modern FP methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Baseline</th>
<th>18-month Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom</td>
<td>93.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Any pill</td>
<td>89.8%</td>
<td>88.1%</td>
</tr>
<tr>
<td>Any injectable</td>
<td>89.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>IUD</td>
<td>71.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>IUD insertion kit</td>
<td>71.4%</td>
<td>84.6%</td>
</tr>
<tr>
<td>Availability of all above methods on the day of the survey</td>
<td>71.4%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Continuous availability of all methods in the previous three months</td>
<td>57.1%</td>
<td>64.4%</td>
</tr>
</tbody>
</table>
V Results – 1st Operation

Advances in Child Care

Key equipment for child care - Belize

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Baseline</th>
<th>18-month Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric scales or salter scales</td>
<td>57.6</td>
<td>62.2</td>
</tr>
<tr>
<td>Stethoscope [a]</td>
<td>56.8</td>
<td>57.6</td>
</tr>
<tr>
<td>Height rod</td>
<td>56.8</td>
<td>59.5</td>
</tr>
<tr>
<td>Measuring Tape</td>
<td>59.5</td>
<td>94.4</td>
</tr>
<tr>
<td>Pediatric blood pressure apparatus [b]</td>
<td>25.0</td>
<td>97.2</td>
</tr>
<tr>
<td>Hand lamp</td>
<td>16.2</td>
<td>80.6</td>
</tr>
<tr>
<td>Reflex hammer [b]</td>
<td>25.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Negatoscope</td>
<td>0.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

[a] Stethoscope
[b] Pediatric blood pressure apparatus, Reflex hammer
V Results

What are we doing to reach SRH Goals?

✓ Policies, Norms and Guidelines
   • New National Norms for reproductive health (BL & CR)
   • Inter-sectorial actions to improve adolescent health (education and health)
   • Inter-cultural approaches

✓ Improving methods and services
   • New family planning methods: Mesigyna (monthly injectable), Jadelle (implant), Mirena (IUD with levonorgestrel) in CR; Emergency Contraception in BL
   • Improving the quality of family planning visits
   • Community distribution of methods (CH, GU, BL, BI)
   • Access to Pap smears

✓ Improving logistics and monitoring to ensure permanent availability
V Results

- Services improved for +1.700.000 women and children
- New nutrition norms will benefit +600.000 children
- 5.000 vouchers distributed to pregnant women to attend their birth in an institution
- +200.000 children will receive micronutrients for the first time
- Zinc included for the treatment of diarrhea in 6 national norms
- +1.000 health units strengthened with equipment, inputs and medications for maternal and child health
- EONC implementing in four countries

Investment per person (48 meses): $38.34

- Chiapas = $21.65
- Guatemala = $39.80
- El Salvador = $120.57
- Honduras = $137.07
- Nicaragua = $14.92
- Costa Rica = $37.85
- Panamá = $288.40
V Results
Challenges and Next Steps

Data confirm that there are many challenges – supply and demand – to providing care in the poorest areas.

The goals of the 2nd operation are harder than the first: coverage and quality.

Focus on building institutional capacity – from what to how.

More work ahead – institutionalizing innovations and committing funds to the poor.
Thank you!