



Healthy Babies Program/Peru Interim Progress Report July 2015

1. Organization Information

- a. Organization Name: INMED Partnerships for Children
- b. Program Title: Healthy Babies Program – Phase II
- c. Grant Amount: \$45,000 over three years
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2. Outcomes Summary

Dining for Women's three-year Sustained Program Funding grant supports INMED Partnerships for Children's Healthy Babies program in the Ucayali region of Peru. Now in Phase II of operations, the Healthy Babies program is addressing the four major ongoing priorities defined in Phase I of the program:

- Specialized training and capacity building for community health workers, who serve as the vital link between women and life-saving health services and education
- Education on reproductive and maternal/child health for women and adolescents of childbearing age
- Adaptation, translation and dissemination of health education materials into indigenous languages
- Development and implementation of maternity waiting homes (casas de espera) that bring pregnant women who live in remote areas far from a health center, close to quality obstetric care in the period shortly before and after delivery.

The goal of the Phase II Healthy Babies program is to strengthen local capacity to improve maternal and neonatal health in three remote Amazon jungle communities in the Ucayali region of Peru (Monte de los Olivos, Atalaya, and San José de Yarinacocha), with a special focus on indigenous populations whose social exclusion and physical isolation from health care facilities put them at high risk for maternal and infant mortality. The Healthy Babies program takes a community-based approach to establishing a continuum of care for mothers and infants throughout pregnancy, labor and delivery, and the neonatal and infancy periods, mobilizing resources and empowering communities to lead the way in protecting the health of every mother and every child.

3. Funding Update

As noted in previous reports, we received complementary funding for the Healthy Babies program through our collaboration with the United Nations Population Fund (UNFPA) on the intercultural adaptation of health services and reproductive health education in the region, helping to bridge the gap between the health system and indigenous populations. We targeted adolescents in particular through this partnership, since within the local indigenous groups, girls often start having babies

at age 11 or 12, with multiple repeat births during their teen years, factors that put them at increased risk for mortality and morbidity—both their own and among their infants. Our work included education among these at-risk adolescents not only about reproductive and sexual health issues, including birth spacing, but also about gender violence and human rights. Funding to the in-country UNFPA affiliate was put on hold in 2014, however, which therefore affected our funding for this program component.

In another complementary program area, we initiated a major expansion of our preventive health and nutrition education interventions and deworming treatment in partnership with Johnson & Johnson, one of our longest-standing global partners. Deworming represents a major public health priority in the Ucayali jungle area, since clean water and adequate sanitation facilities are widely lacking. In previous years, we implemented deworming campaigns to treat and educate 700,000 individuals annually in the Healthy Babies program region of Ucayali, as well as in the neighboring region of Huánuco. Now, Johnson & Johnson has made a commitment to donate 36 million doses of deworming treatment, plus cash grants, during 2014-2016 to help launch a nationwide campaign led by INMED. Building on this foundation, we mobilized the support of public and private sector leaders, including from Peru’s national nutrition center, the Ministry of Education, and the Ministry of Health, which has established a national directive for the campaign. This mobilization effort continues to gain momentum and initial deworming efforts have begun.

Furthermore, in November 2014, the Bill and Melinda Gates Foundation awarded INMED a Grand Challenges award to provide education in health, sanitation, and nutrition, deworming treatment, and access to nutritious foods through an innovative, resource-efficient, climate change-adaptive technique known as aquaponics in a school in one of the Healthy Babies project communities, San José de Yarinacocha.

4. Organizational Changes

We have experienced no major organizational or staffing changes during the past reporting period.

5. Challenges

One challenge noted in our previous report in fact stems from a success—namely, that the municipalities and local health departments in which the maternity waiting homes are located have taken full ownership of the facilities, as intended for long-term sustainability. As a result, however, the usage of these buildings and the health personnel allocated to them have changed in varying degrees, and INMED continues to have less access to data about the women and families who use them. For instance, the first maternity waiting home established through the program, in Monte de los Olivos, is now used primarily as a general health care facility, which was determined locally to be the greater need. The maternity waiting home in San José de Yarinacocha is now a site for community-based health education and prenatal education, including our community health



INMED is working to ensure that young girls in Peru can look forward to healthy, empowered futures.

worker training. It is important to note that the other three maternity waiting homes established with INMED’s support in Atalaya, Campo Verde, and San Alejandro still maintain their original function, although now that they are fully administered by the local government, as planned, we lack direct access to data on patients and birth outcomes.

Another challenge as we move forward is maintaining attendance and participation at the maternity waiting homes by expectant mothers for prenatal care and delivery. In the past year, we have been generating higher attendance by organizing baby showers for expectant mothers, employing a successful participatory approach that involves maternal and child health education and incentives for mothers to deliver at health facilities.

6. Revision of Objectives

We have not revised the original program objectives, but as described below in item 7, we have expanded the scope of some of the objectives to most directly address community priorities—and in doing so, have leveraged Dining for Women’s support to further maximize the impact of its sustained funding grant.

Since the project began, targeted intervention areas have changed. After realizing the local strengths and capabilities that existed in some target areas, we evaluated the situation and mobilized our efforts in other areas that were in greater need of intervention. These areas were identified either upon request by Ucayali’s regional health directorate or by the communities themselves. These modifications were discussed with and agreeable to the Dining for Women members who traveled to Peru in November 2014.

7. Progress Toward Objectives

Objective 1: 90% of the 180 community health workers to be trained (20 per year in each of the original three communities over three years) can identify and recognize the presentation of maternal and neonatal health danger signs.

Progress: To date, we have exceeded our objective, having trained a total of 247 community health workers, in addition to 80 other health center/health post personnel in Ucayali, representing 100% of the front-line health staff in each of the five target communities. In addition, in 2014, at the invitation of health department leaders in the neighboring region of San Martín, we also trained 50 community health workers and 35 other health personnel, with a focus on reproductive and sexual health among adolescents. Our trainers and the community health workers’ supervisors report that 100% of those trained have demonstrated increased knowledge of maternal and neonatal health danger signs, whether through written tests or through application of what they have learned in their work with families in the community.

Objective 2: 80% of the target population (adolescents, women of childbearing age, mothers, pregnant and postpartum women) take part in health education delivered by community health workers.

Progress: Community health workers report that 100% of the pregnant women in their service areas—representing more than 470 individuals in the past year—have taken part in education to some degree. In particular, prepared childbirth classes have been well received among women and their partners. We also join the municipalities to organize baby showers that provide an incentive for expectant mothers to attend health education sessions.

In the past few months alone, we organized baby showers in three maternity waiting homes for more than 80 expectant mothers, involving several hours of entertaining and participatory educational activities. In all cases, we found that participants improved their knowledge of maternal health, neonatal health, the danger signs to recognize during pregnancy, childbirth, postpartum, and newborn stages, and the importance of delivering in a health facility.

Objective 3: 50% of adolescents reached by community health workers report promoting reproductive and sexual health among their peers.

Progress: To date, community health workers have reported that 70% of the adolescents they reach are sharing reproductive/sexual health and violence prevention information among their peers. Further promoting these efforts, INMED has trained a total of 162 adolescents in related topics, including the Peruvian government’s youth-related policies—and contributing to the shaping of a Regional Youth Council—as well as communication techniques that help youth

convey messages about substance abuse and teen pregnancy prevention. In 2014, several of the youth we trained took part in a regional event on teen pregnancy prevention in conjunction with universities and other educational institutions. This year, we conducted training activities for adolescents at an educational institute in San José de Yarinacocha.



An INMED trainer leads entertaining educational activities for expectant mothers in San José de Yarinacocha.



Celebrating a successful baby shower for expectant mothers in the maternity waiting home in San Alejandro, including educational activities and incentives for delivering at health facilities.

We continue to participate in forums with adolescents and youth on advocacy for the implementation of a regional ordinance to increase access to health services and promote teen pregnancy prevention. We are also working to strengthen the Committee for

Mentoring Adolescents and Youth in Ucayali and the Regional Youth Council, and we have begun preparations for upcoming activities during Adolescent Pregnancy Prevention Week and the celebration of Indian Teenager day later this year.

Objective 4: 50% of pregnant women develop a birth plan that includes labor and delivery in a health facility.

Progress: All local health posts and health centers, and the community health workers who serve them, promote the development of birth plans, and health facility births continue to gain acceptance among indigenous mothers who are confident that their cultural birthing traditions will be respected. We obtained information from most of the health facilities associated with the maternity waiting homes reflecting that the cultural practice of vertical birthing was respected and conducted at all facilities.

Objective 5: One new maternity waiting home is established, and three homes are fully outfitted with appropriate equipment and supplies.

Progress: We have exceeded the target for this objective, having established three new maternity waiting homes, for a total of five in the Ucayali region, all of which have been fully outfitted with appropriate equipment and supplies. Waiting homes are located in the communities of Monte de los Olivos, Atalaya, San José de Yarinacocha, Campo Verde, and San Alejandro. As noted in Section 5 above, two of these waiting homes are being used for expanded health care and education purposes, but three remain dedicated for maternity care. We are also now exploring plans to establish additional *casas* in three municipalities of the adjoining region of San Martín, which has poor maternal health indicators and could benefit greatly from such a project.

Objective 6: Maternal and child health education materials are developed in three indigenous languages.



Ucayali now has 5 maternity waiting homes, which provide a place for maternity care, expanded health care, and education.

Progress: We have completed the translation, printing and distribution of 1,000 sets of educational materials in the Shipibo-Conibo language (flipcharts, posters, calendars, picture cards, brochures and coloring books for children) on vertical birth and on danger signs during pregnancy and in the newborn, with commitments from individual municipalities to print additional copies as needed. Development of materials in the Ashaninka and Cashibo languages is ongoing, in collaboration with partner municipalities.

Furthermore, we are expanding the scope of our indigenous-language educational materials to incorporate other priorities identified by the municipalities, including community management of

natural resources and environmental care. Beyond its initial environmental focus, training on community management will also facilitate its effective use with other local priorities, including maternal and child health.

8. Project Time Frame

While taking into account the challenges described in item 5 above, there were no major difficulties in completing our project within the originally defined time frame.

While the project objectives have been achieved, we continue to leverage Dining for Women's support and seek new opportunities to continue our vital maternal and child health education and activities in the Ucayali region of Peru.



Expectant mothers and women and adolescents of reproductive age girls in Ucayali receive culturally appropriate maternal and child health care and education, in a welcoming environment, thanks to the support of Dining for Women and its members.

Photos

Selected project photos have been added to our shared Dropbox. We confirm our right to share these photos, and confer the same right to Dining for Women to use the photos in DFW documents, media and website.

Budget Report

An account of expenditures during this reporting period has been added to our shared Dropbox.