



## **Healthy Babies Program/Peru – Interim Progress Report December 2014**

### **1. Organization Information**

- **Organization Name:** INMED Partnerships for Children
- **Program Title:** Healthy Babies Program – Phase II
- **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 Jose 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**

We had been receiving complementary funding for the Healthy Babies program through our collaboration with the through 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. As noted in previous reports, we are targeting adolescents in particular through our partnership with UNFPA, 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 includes 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 available 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, between 2014-2016 to help launch a nationwide campaign led by INMED. Building on this foundation, we have mobilized the support of public and private sector leaders, including from Peru's national nutrition center and the Ministry of Health, which has established a national directive for the campaign.

#### **4. Organizational Changes**

Other than the program-related issues described in item 3, we have experienced no other major organizational or staffing changes.

#### **5. Challenges**

One challenge of note 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 has 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 the casa in San Juan de Yarinacocha is a site for community-based health education and prenatal education through baby showers for expectant mothers (one of which was attended by the DFW travel group in November 2014) and other activities, including our community health worker training. It is important to note that the other three maternity waiting homes established with INMED's support still maintain their original function, although now that they are fully administered by the local government, as planned, we lack direct access to patient records and data on birth outcomes.

## 6. Revision of Objectives

We have not revised the original program objectives, but as described 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.

## 7. Progress Toward Objectives

**Objective 1:** 90% of the 180 community health workers to be trained (20 per community per year) can identify and recognize the presentation of maternal and neonatal health danger signs.

**Progress:** To date, we have trained a total of 180 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 nine target communities. In addition, 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 to 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 290 individuals in the past year—have taken part in education to some degree. In particular, prepared childbirth classes have been particularly well received among women and their partners. We also join the municipalities in baby showers that provide an incentive for expectant mothers to attend health education sessions.

Testimonials from some of the women served highlight the importance of the community health workers’ outreach and education. Thanks to her community health worker, expectant mother Pezo Aleli Shahuano learned that her frequent headaches and dizziness could be a sign of serious pregnancy complications. “In the first pregnancies I had, I wasn’t aware of the risk,” Pezo admits, “but I thank God for this project because I learned a lot about the risks in pregnancy.” Now she is teaching her oldest daughter what she has learned about pregnancy and health.



An INMED trainer and obstetrician leads a class in prepared childbirth. The sign in the background says “We prepare you for a birth without fear or pain.”

Alicia Vargas Rengifo describes a similar situation. “I got pregnant as a teenager and I didn’t know the risks of pregnancy,” she recounts. “I lived with bleeding and a urinary tract infection, but I didn’t know what was happening.” Alicia had assumed her symptoms were just a part of pregnancy, but learned from her community health worker that she had an extremely severe infection that could lead to her death if left untreated. For Alicia, just becoming educated about symptoms was the first step in saving her life. “With what I learned, I can teach a number of women who are pregnant.”

**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 communications techniques that help youth convey messages about substance abuse and teen pregnancy prevention. In September 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.

**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 that serve them promote the development of birth plans, and we know that institutional births continue to gain acceptance among indigenous mothers who are confident that their cultural birthing traditions will be respected. However, as discussed in the Challenges section above, we have not been able to access specific data on the number and percentage of pregnant women who do in fact develop such plans. We will continue to work with the municipalities to secure a data sharing agreement.

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

**Progress:** We have in fact exceeded this 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. As noted in the Challenges section, two of these casas 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.

**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 in pregnancy and in the newborn, with commitments from individual municipalities to print additional copies as needed. 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. Development of materials in the Ashaninka and Cashibo languages is ongoing, in collaboration with partner municipalities.

## 8. Project Time Frame

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

