INMED Partnerships for Children
Healthy Children, Bright Futures

INMED Partnerships for Children – Healthy Babies Program
Interim Program Progress Report
July 2013

Accomplishments to Date

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.

Also in Ucayali, INMED is collaborating 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. Through our partnership with UNFPA, we are targeting adolescents in particular, 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.

An indigenous woman from Atalaya visits the local health post and INMED's volunteer nurse-midwife.

Program Context

Although steady and significant improvements have been achieved at a national level over the past decade, Peru—and the Ucayali region in particular—still have among the highest rates of maternal and infant mortality in the western hemisphere as a result of critical gaps in access, communication and knowledge, as well as the lack of adequately trained health personnel and adequately equipped health facilities.

The 2011 maternal mortality rate in Ucayali was 209.75/100,000, as documented by the Ministry of Health, more than three times the national rate of 67/100,000. The infant mortality rate between 2005-2010 was 42/1,000, one-third higher than the national rate of 32/1,000. But even these elevated figures may be underreporting the true toll of maternal and infant deaths, due to inadequate documentation in the health care system—for instance, one in every four children in the region lacks a birth certificate, so the maternal mortality rate among *registered* births is even higher than the total regional rate, at 266.67/100,000. In fact, the Pan American Health Organization has estimated that mortality is underreported by as much as 50% in poor regions of Peru.

A mother seats her baby girl in a suspended scale as part of her well-care check-up. Community health workers prioritize the promotion of regular preventive care for infants at the local health posts.

A 2012 report by Ucayali's regional health directorate (DIRESA) notes that religious and supernatural beliefs represent a significant causal factor in local maternal mortality; indigenous women commonly attribute health danger signs to "witchcraft" and obtain advice first from traditional healers or spiritualists before seeking medical care, by which time it is often too late. This situation represents one of the intercultural health issues that the Healthy Babies program is confronting, and highlights the critical role of community health workers in communicating accurate health information to the women and adolescents in their neighborhoods, in monitoring pregnant and postpartum women closely, and in linking them to qualified medical care.

Overall, Ucayali falls within Level II of national poverty classifications, meaning that between 80%-90% of households have at least one unmet basic need. In the rural areas, where the Healthy Babies program operates, two-thirds of residents live in extreme poverty. Only 10% have access to public water sources, and 94% lack access to adequate hygiene and sanitation facilities. The population of Ucayali is also classified at high risk for social exclusion. Among indigenous groups, as few as 15% of residents (the Ashaninka, in particular) have completed primary education.

Indigenous community members in Atalaya wear traditional dress for a municipal cultural celebration.

Adolescent pregnancy rates are high; 25% of females ages 15-20 have already given birth at least once, with the majority of these births occurring among the indigenous Shipibo-Conibo and Ashaninka groups with whom we work. Atalaya, one of the Healthy Babies project sites, has the highest adolescent pregnancy rate in the nation, with 46% of 15- to 20-year-olds having delivered at least one child.

Progress Toward Goals and Objectives

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.

The community health worker team in San Jose de Yarinacocha assembles in front of the local health center, where the message painted on the building advises, "Your health is your greatest treasure. We will help you guard it."

At the first six-month milestone in our three-year sustained funding period, our progress toward the objectives associated with the three-year grant is as follows:

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: We have trained a total of 80 community health workers to date, 55 of whom took part in pre- and post-knowledge assessments (one group of 25 trainees was not assessed). Among them, 100% demonstrated increased knowledge maternal and neonatal health danger signs and documented their application of this new knowledge through their work with local families.


Community health worker trainees break into small groups for focused discussion of health challenges—and strategies for confronting them—in their areas.

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: Approximately 400 women have taken part in local health education events. It is important to note that this total represents limited participation as the result of a "red alert" declared in Ucayali due to an outbreak of dengue fever from Fall 2012 until Spring 2013. As a result, travel in the region was restricted, and residents were advised to limit exposure to others until the epidemic subsided.

Objective 3: 50% of adolescents reached by community health workers report promoting reproductive and sexual health among their peers.
Progress: At this early point in the program, we have not yet documented this objective. One important development, however, is that a related project for which INMED was a member of

the working group, "Programa Mi Comunidad: Young People Who Tell Stories to Inspire Changes in the Prevention of Teen Pregnancy," won UNFPA's Latin America and Caribbean regional award for best practices in working with adolescents.

Objective 4: 50% of pregnant women develop a birth plan that includes labor and delivery in a health facility.
Progress: To date, 64% of women served by INMED's maternity waiting homes had a pre-existing birth plan, developed with the assistance of a community health worker or other health personnel, indicating their intention to deliver in a health facility. As the casas gain further acceptance—in part, as community health workers continue to educate indigenous mothers that their cultural birthing traditions will be respected in an institutional birth—we believe that the percentage both of women who have a birth plan, and who elect to give birth in a health facility, will rise.

Objective 5: One new maternity waiting home is established, and three homes are fully outfitted with appropriate equipment and supplies.
Progress: Thanks to Dining for Women's flexibility in allowing us to reallocate grant funds to the casas upon the notification that DIRESA would supply a generator to the health post at Mariscal de Caceres—an expense included in our original budget at the request of members of the DFW travel group who visited our program—we were able to complete construction and furnishing of the maternity waiting home in San Jose de Yarinacocha in late June 2013. Therefore, we now have three casas outfitted and operational, fulfilling our target.

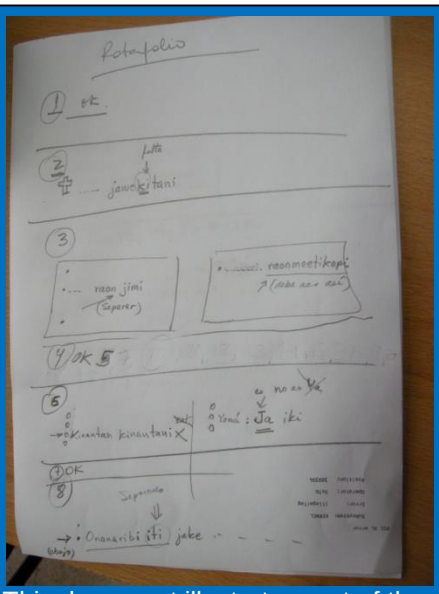

Finishing interior construction at the casa de espera in San Jose de Yarinacocha.

The chief of the local health network, Dr. Raúl Bernal Mancilla, recognized INMED and its partners for the establishment of the casa, noting that "it is a vital and urgent need for empowering the Yarinacocha district and health facility… even more so when one of the national priorities is the strengthening the articulation of maternal and neonatal services and promoting institutional delivery. The casa de espera project greatly advances our progress toward this goal for the overall improvement of the health of our population, which is overwhelmingly rural and economically disadvantaged. The population is deeply committed to solutions to their health problems, desiring immediate improvement, and also willing to support the health center and its development."


A maternity waiting home guest cooks a meal in the communal kitchen.

We are now exploring plans to establish a fourth casa in the municipality of Sepahua, an extremely remote community in Ucayali, which has also expressed the great need—and enthusiasm—for 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. Development of materials in the Ashaninka and Cashibo languages is ongoing.



This document illustrates part of the process of translating and adapting INMED's existing Spanish-language maternal and child health educational materials, with a bilingual native speaker of the Shipibo-Conibo language making notes on necessary changes—in this case, to a flipchart used in group health education sessions.

Changes to Goals and Objectives

We have not made any changes to the original program goals and objectives, but we are more closely integrating the work of the Healthy Babies program with our UNFPA partnership program.

Challenges

One potential challenge inherent in any partnership venture is ensuring that our partner agencies—especially DIRESA and its affiliated health centers and health posts—share the health data necessary for us to report on the relevant project outcomes. Given our strong existing partnership with the regional government and DIRESA, however, we are confident that this data reporting will not represent a significant implementation barrier in principle. Yet other factors also have the potential to affect program implementation or data sharing—for example, as noted above, the "red alert" focus on the dengue epidemic in Ucayali that consumed regional health personnel's attention and restricted travel for all citizens, or, as of the time of this report, a strike among DIRESA staff. We continue to carry out our work to the best of our ability, and to the fullest extent possible, when these challenges arise.

A page from INMED's health education materials translated into Shipibo-Conibo.

Program Timeline

Our program implementation timeline remains unchanged from our original application.

Funding Changes

At this point, our funding projections for the Phase II Healthy Babies program remain essentially the same as originally proposed. It is important to note, however, that we have received cash and in-kind support from Johnson & Johnson, one of our

longest-standing global partners, to expand some of the most critical preventive health and nutrition education interventions first introduced through the Healthy Babies program to a broader population of women and children across Ucayali and in a new area for INMED, the neighboring region of Huánuco. Through this partnership, we will implement a deworming campaign to treat and educate 700,000 individuals annually from 2013-2016. Deworming represents a major public health priority in this jungle area, since clean water and adequate sanitation facilities are widely lacking, contributing to the fact that intestinal parasitic represented the third-greatest cause of illness reported by DIRESA in 2011, after acute upper respiratory infections and infectious intestinal diseases.

This whole family stayed at INMED's maternity waiting home in Atalaya as they awaited the birth of their new son and brother.

Fund Disbursal

As of June 30, 2013, we have disbursed all of the $15,000 awarded for the first year of the three-year sustainability grant period, having front-loaded expenses on the completion of the new casa de espera and the translated materials in particular, as indicated in our program budget.

Organizational Changes

No major organizational changes have occurred since the time of our approved proposal, although we do have additional staff in the field carrying out the complementary activities for our work with UNFPA.

Summary of Impact

In Ucayali, Peru, an Amazon jungle region characterized by deep poverty, lack of clean water and adequate sanitation, and indigenous populations confronting social exclusion and physical isolation—all of which contribute to some of the highest rates of maternal and infant mortality in the western hemisphere—Dining for Women members are supporting culturally and linguistically tailored strategies for reaching out to, educating and improving the health of thousands of women and adolescents. Through a combination of community health worker training addressing critical gaps in knowledge, house-to-house outreach and education in remote villages, translation of health education materials into indigenous languages, and the establishment of maternity waiting homes, the Healthy Babies program is improving health outcomes among at-risk populations while building leadership skills among women committed to improving the health of their families and neighbors as community health educator volunteers. Most recently, Dining for Women funds fulfilled the remaining construction and furnishing needs for INMED's third maternity waiting home in the region, creating a free, safe, welcoming space for expectant families to stay near an appropriately equipped health center as their delivery date approaches, and in the few crucial days after the birth of their infant.