Healthy Babies Program:
Saving the Lives of Mothers and Infants in Peru

Grant Report to Dining for Women

April 2011
INMED Partnerships for Children’s Healthy Babies Program: Saving the Lives of Mothers and Infants in Peru

Program Overview
In the remote Amazon jungle region of Ucayali, Peru, where INMED’s Healthy Babies program is based, maternal and infant death rates are among the highest in the western hemisphere. Most local cases of mortality and morbidity are preventable—a tragedy for those whose health is compromised and whose lives are lost, yet a reason for hope that real change can be achieved. Nearly every incidence of death or illness can be attributed in part to one or more of five basic factors:

- **Lack of access.** The nearest health facility may be up to 12 hours away, and in the event of an emergency during pregnancy, many families have no hope of reaching a hospital in time to save mother or child.

- **Lack of adequately equipped health facilities.** Many of the region’s local health posts are inadequately furnished with medicines and supplies. Staff are often poorly trained and unprepared to handle emergencies.

- **Lack of transportation.** When rivers flood or dirt roads are washed out, women in labor are forced to walk to the nearest health center, often through dangerous territories. Some don’t make it in time, giving birth by the side of the road.

- **Lack of communication.** Many indigenous women speak no Spanish, leaving them unable to communicate with health personnel and leading to potentially fatal delays in treatment for women and infants in distress. Language and cultural barriers often discourage indigenous women from giving birth at health centers. Instead, many choose to deliver with untrained attendants, following traditional birthing customs that can be dangerous.

- **Lack of knowledge.** Women often do not know health danger signs that indicate trouble in their pregnancies or with their infants. Education is key— and in remote areas where health centers are unavailable, community health workers play a critical role in reaching pregnant women and new mothers with the knowledge they need to recognize danger signs and to keep their babies healthy.

INMED’s Healthy Babies program is working to overcome all of these barriers and save the lives of Ucayali’s vulnerable women and infants. On the front lines are community health workers (CHWs) who serve as the vital link between women and life-saving health services.
and education. With quality training provided by INMED and supported by funding from Dining for Women, these dedicated volunteers—in partnership with the health care system and their communities—are now prepared to overcome the five major root causes of maternal and infant deaths in the region:

- **Access.** Where women live far from health facilities, community health workers bring basic care and education directly to them. CHWs also staff *casas de espera* or maternity waiting homes—small guest houses located next to birthing facilities, where women from remote areas can stay for the few weeks or days leading up to delivery, ensuring that they are close to the care they need when labor begins, and for the immediate postpartum period.

- **Adequately prepared health facilities and staff.** Both CHWs and medical professionals take part in INMED training on best practices for prenatal care, safe delivery and newborn health. In addition, our monitoring visits to local health posts have encouraged systems change for better equipping these vital links in the health care system for isolated populations.

- **Transportation.** CHWs serve on local boards tasked with developing emergency transportation plans to help pregnant women, new mothers and infants who need urgent care reach a health facility.

- **Communication.** All CHWs are members of their local communities. They speak the same language and share the same customs as the women they serve, ensuring effective communication and demonstrating respect for long-held traditional practices while encouraging the use of modern guidelines for safe pregnancies, delivery and infant care.

- **Knowledge.** CHWs deliver vital education on preventive health and hygiene, prenatal care and nutrition, developing a birth plan, breastfeeding and weaning, immunization, and signs of health emergencies through home visits and culturally and linguistically relevant educational materials in formats appropriate for the low-literate population. This one-on-one education is supplemented community-wide by a series of radio messages on prenatal and infant health.

Reinforcing the efforts of the CHWs on a broader scale, the Healthy Babies program also leads health campaigns targeted to the general population. Most notably, we have treated more than 300,000 women of reproductive age, children and their family members for intestinal parasitic infections. In conjunction with semiannual deworming treatment, handwashing campaigns educate community members about one of the single most important means of reducing intestinal parasitic infection, diarrhea and other infectious diseases that can lead to severe illness or even death, especially in infants.
Results of Community Health Worker Training

The health education delivered by the grassroots volunteer network of women committed to serving their neighbors has proven effective in saving lives of mothers and their newborns. Critical health behaviors increasingly adopted at the community level through promotional activities and advocacy from peer support groups and trained CHWs include establishing birth and emergency plans; delivery by a trained, skilled attendant; early and regular prenatal care; learning to recognize danger signs during pregnancy and in the newborn; hand washing to help prevent infection; and early and exclusive breastfeeding.

Currently, 298 CHWs trained by INMED and our partners are active in the field—and since each of these CHWs serves an average of 20 families in their communities at any time, the total number of beneficiaries reached indicates significant leverage of Dining for Women’s grant.

The CHWs were trained utilizing curricula based on the Pan American Health Organization’s Integrated Management of Childhood Illness (IMCI) strategy, with emphasis on maternal and neonatal aspects including:

- Danger signs during pregnancy
- Danger signs during labor
- Danger signs in newborns and young infants
- Referrals to casas de espera, health centers and hospitals
- Health promotion for preventive measures and protective factors

INMED delivered training in Spanish, but also developed training and health education materials in the local indigenous Shipibo-Conibo language.

Overall, the Healthy Babies program has improved the quality of care in the community by greatly increasing the number of CHWs who demonstrate competence in basic IMCI skills. As documented by an independent evaluation, dramatic gains were made in the percentage of women who:

- Recognize three danger signs in pregnant women (from 45% at baseline to 99% in November 2010) and in newborns (from 2% to 98%)
- Breastfeed within one hour of birth (from 52% to 80%)
- Have a complete birth plan with provisions for emergencies (from 21% to 68%)
- Utilize adequate handwashing practices (from 10% to 99%)

Challenges and Their Resolution

Initial utilization rates of the first casa to be established, in the community of Monte de los Olivos, were lower than anticipated. It took several months of active outreach by Healthy Babies program staff and the CHWs for families in the surrounding communities to learn of the existence and purpose of the maternity waiting home. In addition, many local women...
had a history of giving birth at home and were initially reluctant to deliver at the health post until they understood the benefits of having a trained attendant and realized that many traditional birthing practices and customs would still be available to them.

Today, the *casa* project is a success that is enthusiastically embraced by regional officials, local governments and community members. As the project has progressed, the regional health department has become increasingly supportive and is firmly committed to supporting the development of six *casas de espera* across the region. Local governments initially reluctant to commit scarce resources to the project have become convinced of the necessity of doing so. Community members have welcomed the *casa* and provided day-to-day support—helping with construction, bringing water, etc.—that make it a true success.

The construction of two new *casas* has begun in the towns of San José de Yarinacocha and Atalaya. Municipal officials in these communities have contributed the necessary land and have agreed to support the ongoing maintenance of the *casas*, while Atalaya has also committed food and lodging expenses, plus a monthly stipend, for an INMED volunteer health professional to staff the facility for an extended introductory period. We are also pursuing agreements with the municipalities of Aguaytia, Irazola and Nueva Requena to establish *casas* in these locations as well.

**Personal Stories of INMED’s Healthy Babies Program**

**Maternity Waiting Homes**
Prior to the launch of INMED’s Healthy Babies program, there were no *casas de espera* in the Ucayali region. INMED has since worked with communities and their local governments to identify the best locations for these homes, all within easy reach of a 24-hour birthing facility.

Each *casa* has bunk beds, a latrine and a cooking area. The women in residence participate in daily house cleaning and cooking whenever possible, and day-to-day management of the *casas* is under the supervision of CHWs living close by. Oversight by INMED and the local municipality ensure that the *casas* function optimally and that adequate supplies are available.

In 2010, a volunteer nurse practitioner and midwife, Beth Tucker, supported the birthing facility at Monte de los Olivos. She and the health post’s attending nurse regularly visited all 13 of the communities around Monte de Olivos to provide prenatal and
well-woman check-ups and to introduce and promote utilization of the *casa de espera* among both expectant mothers and the CHWs themselves.

Beth maintained a blog throughout her stay, and her posts tell a story of enthusiastic community support. A selection of her birth stories demonstrate the importance of the *casa* for the surrounding communities:

- “Cherlita, 16 and pregnant with her first baby, spent two weeks in the *casa* under medical supervision before being transferred to the hospital at Yarinacocha, where she delivered a very small and stressed baby girl who spent a few days in the NICU, but is now doing fine and gaining weight and receiving the appropriate postpartum care.”

- “Jennifer, 15 and pregnant with her second child, has an unbelievable history of sexual, emotional and physical abuse. Her first baby is a result of sexual abuse. Jennifer was kidnapped as a 12-year-old and held captive in Pucallpa for a month before she discovered a way to escape. A kind woman found her living in the streets of Pucallpa and took her to an orphanage where they learned of her first pregnancy in addition to testing positive for STDs. She went to live with her father in Libertad de Pasa Raya, 11 km away from Monte de los Olivos, where she has raised her first son.

  Her small pelvis and previous C-section meant that she would need to deliver by Cesarean again. Despite knowing that she would go to the hospital for her birth, Jennifer was grateful to be able to stay at the *casa de espera* the week prior to her due date in order to have close observation and in case of any emergencies or a fast labor.”

- “Mariluz, who lives deep in the jungle, had a history of miscarriages. She had a beautiful, uncomplicated vertical birth at the health post and spent two days recovering with her family at the *casa*.”

- “Dina had never delivered a baby in a health post (all babies delivered in the home and one she delivered by herself!) and was very hesitant to do so this time. Nonetheless, after education and many discussions about her increased risks with both Dina and her husband throughout the previous months before her baby’s birth, they decided to come to the *casa*. It turned out that Dina’s baby was so malpositioned she had to have a Cesarean birth at the hospital.”
“After two days they discharged her, but instead of returning home to their farm 9km away from Monte de Olivos, fortunately she and her husband returned to the casa for her recovery. On postpartum day 2 she developed gastroenteritis. On day 3 she had unbearable pain from her incision, and in between days 4 and 5 her incision had signs of a mild infection. She had a fever of 38.5 C [101.3 F]. Had they been on their little farm, they would have spent incalculable hours traveling uncomfortably, either walking or by motocar to the health post, or would not have come until she had more severe symptoms. They lived happily in the casa de espera for 4 days postpartum.

“Dina is a true success story. Because of the meconium fluid and malposition of her baby, if they had chosen to deliver at home, either mom or baby could have died or had severe complications far away from a hospital and without easy access to mobility.”

Community Health Worker Testimonials

The following stories are transcribed from video testimonials of two community health workers (also known locally as “community agents”) trained by INMED through the Healthy Babies program:

Hilda’s story. “My experience as a community agent has been very satisfying. Once I went for a home visit to check in on a pregnant woman. At first she didn’t want to see me because she was lying in bed not feeling well. But when she finally agreed to see me, she revealed that she had been feeling strong cramps for the past two days. I asked if she could stand up a little bit so I could give her water, but my real intention was to see what was going on. It wasn’t just cramps—there was a lot of blood in her bed and I got scared.

“The woman said she didn’t have any money to get to the doctor, and she thought the bleeding would stop later. After convincing her, I took her to the closest emergency room. There we learned that it wasn’t just bleeding, it was a miscarriage. The intervention came just in time, otherwise the woman could have died from extensive bleeding. The woman thanked me again and again because I saved her life. After a few years, she gave birth to a healthy baby.”

Anita’s story. “One day I was sitting on the sidewalk when suddenly I saw a poor family running around and screaming in panic. I approached them and saw they were carrying a baby girl. I took the baby’s hand and felt that she had an abnormal body temperature, and that her head was large compared with her body.
“The baby's father didn't want to go with us to a hospital because he was ashamed he didn't have money to help his child. I asked my husband for money to take them to the community clinic. He gave me 20 soles and we went directly to the clinic. The doctor said if the baby responded well to the medicine she would survive. After 30 minutes the baby began to cry and the mother thanked the doctor. The baby's crying became louder and louder.

The mother didn't have any identification, so I told the doctor that I would be responsible for them. I assured the doctor the family would bring their insurance information the following day. The baby stayed in the clinic and was diagnosed with malnutrition, and the case was determined to be high risk. At that time the baby was eight months old. Currently the baby is three years old and is healthy and chubby!”

We are grateful to Dining for Women and its members for the generous support helped make possible so many of the successes of the Healthy Babies program. We look forward to the opportunity to work in partnership once again—and to welcoming the Dining for Women members who will be visiting the Healthy Babies program site in June 2011.
INMED Partnerships for Children - Healthy Babies Program, Peru  
Dining for Women Grant Budget Report  
6/1/10 - 3/31/11

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Number of Lives Impacted by Dining for Women's Grant
- Direct participants: 298 community health workers trained
- Indirect participants: 6,000 women and infants served by community health workers (approximate)

Other Beneficiaries of INMED's Healthy Babies Program
- Pregnant women/teens and new mothers receiving care at the casa de espera: 40
- Women of reproductive age benefiting from improved maternal and child health services in the region: 11,000
- Women of reproductive age and children receiving deworming medication: 300,000