Healthy Babies Program – Phase II
Ucayali, Peru

Dining for Women
Sustained Program Funding Final Report

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Healthy Babies Program/Peru – Phase II
Final Program Report 2013-2015

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
   d. Contact Person: Mary-Lynne Lasco, mlasco@inmed.org
   e. Address: 21630 Ridgetop Circle, Suite 130, Sterling, Virginia 20166

2. Priorities and Objectives
   Dining for Women’s three-year Sustained Program Funding grant supported INMED Partnerships for Children’s Healthy Babies program in Ucayali, Peru. The overall program goal was 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.

   The Healthy Babies program was designed to focus on four major priorities, which were defined in Phase I and continued through this Phase II program cycle:
   1. Specialized training and capacity building for community health workers, who serve as the vital link between women and life-saving health services and education.
   2. Education on reproductive and maternal/child health for women and adolescents of childbearing age.
   3. Adaptation, translation and dissemination of health education materials into indigenous languages.
   4. 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.

   To address these program priorities, six objectives were established for Phase II to achieve positive outcomes:
   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.
   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.
   3. 50% of adolescents reached by community health workers report promoting reproductive and sexual health among their peers.
4. 50% of pregnant women develop a birth plan that includes labor and delivery in a health facility.
5. One new maternity waiting home is established, and three homes are fully outfitted with appropriate equipment and supplies.
6. Maternal and child health education materials are developed in three indigenous languages.

3. Accomplishments
INMED succeeded in accomplishing a wide range of activities to meet program objectives. While we did not revise the originally stated objectives, we did expand the scope of some objectives to most directly address community priorities, and in doing so, leveraged Dining for Women’s support to further maximize the impact of its sustained funding grant. Since the program began, the intervention area expanded to include additional communities. 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 (DIRESA) or by the communities themselves. In addition to targeting the original communities of Monte de los Olivos, Atalaya, and San José de Yarinacocha, we also conducted activities in the communities of Campo Verde and San Alejandro. Activities also extended into the neighboring region of San Martín. Below is a summary of INMED’s accomplishments associated with each of the six stated objectives over the project period.

**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.

INMED trained a total of 287 community health workers, in addition to 80 other health center/health post personnel in seven communities in the Ucayali region, significantly exceeding the objective and representing 100% of the front-line health staff in each community. In addition, at the invitation of health department leaders in the neighboring region of San Martín, we also trained 70 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 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.

Community health workers reported that 100% of the pregnant women in their service areas and family members— representing 1,447 individuals—took part in education to some degree. In
particular, organized childbirth classes were well received and attended by many expectant mothers and their partners. We also collaborated with the municipalities to organize baby showers for expectant mothers, providing an incentive for pregnant women to attend health education sessions. In the past year alone, we organized 12 baby showers in three maternity waiting homes for 359 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. In addition to the baby showers and educational workshops for expectant mothers, we led educational sessions for an additional 806 adolescents regarding sexual health, pregnancy prevention, family planning, domestic violence, sanitation and healthy lifestyles.

Testimonials from some of the women served highlight the importance of the community health workers’ outreach and education. Sonia Cecilia Ventura, pregnant with her sixth child, attended a baby shower where she learned about dangers signs during pregnancy, such as heavy bleeding, severe headache, exaggerated vomiting, and swelling of legs and arms, and reported that “I am happy because they have taught me things I did not know before.” Unlike her previous pregnancies, one of which involved a frightening complication, Sonia now receives prenatal care and plans to give birth at the health center in San Alejandro. Ayda Lucía Cabrera Piña also attended a baby shower to learn about prenatal care and warning signs during pregnancy. During the baby shower, she learned of the services offered by the casa de espera and, living two hours away by boat and taxi, decided to stay until delivery (her first, due in a few days) in order to give birth at the San Alejandro Health Center.

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

Community health workers 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 806 adolescents (noted under Objective #2 above) in health communication issues, including providing information on the Peruvian government’s youth-related policies, which contributed 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.

Furthermore, in 2015, we participated in advocacy forums with adolescents and youth to support implementation of a regional ordinance to increase access to health services and promote teen pregnancy prevention. We strengthened the Committee for Mentoring Adolescents and Youth in Ucayali and the Regional Youth Council, and organized activities during Adolescent Pregnancy Prevention Week and in celebration of Indigenous Adolescent Day.

**Objective 4: 50% of pregnant women develop a birth plan that includes labor and delivery in a health facility.**
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 the health facilities associated with the maternity waiting homes in the target communities, 100% of which reported accepting and performing the traditional cultural practice of vertical birthing for indigenous women. In Atalaya, for example, 70% of all deliveries in the community took place in a health facility.

Additionally, to support neonatal maternal health, we established strategies for the promotion and greater utilization of our maternity waiting homes, casas de espera, through which we have been able to raise awareness, reduce geographical barriers to health care access, and overcome some of the cultural barriers to using institutional health services. A total of 130 pregnant women were housed in four waiting homes, providing culturally appropriate maternal health services.

Also, primarily through organized baby showers, more expectant mothers have been reached and attend prenatal checkups. A total of 1,651 pregnant women received prenatal care at health facilities, and 826 had institutional deliveries. INMED is combining efforts with health facilities to improve access to health care services, ensure timely care for emergencies and other complications, and reduce maternal mortality.

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

INMED established three new maternity waiting homes in Phase II, for a total of four casas de espera in the Ucayali region, all of which have been fully outfitted with appropriate equipment and supplies. Two of the waiting homes are also being used for expanded health care and education purposes. These waiting homes are located in the communities of Atalaya, San José de Yarinacocha, Campo Verde, and San Alejandro. Additionally, INMED helped establish an area within the health care facility in Manantay where pregnant women receive training and preparation for delivery. All of these locations are actively helping to prevent maternal mortality as expectant mothers receive prenatal care and await delivery in nearby health facilities. We are also initiating plans to establish additional casas in the municipalities of Nuevo Progreso and Sepahua within the neighboring region of San Martín, which has poor maternal health indicators and will benefit greatly from such services.

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

INMED completed the translation, printing and distribution of 1,000 sets of educational materials in the Shipibo-Conibo language, including flipcharts, posters, calendars, picture cards, brochures and coloring books for children with information on vertical births and danger signs during pregnancy and postpartum, with commitments from individual municipalities to print additional
copies as needed. Additionally, we produced and printed training manuals on gender violence. Future indigenous-language educational materials are being explored to address other priorities identified by the municipalities, such as natural resource management and environmental protection, in addition to materials on maternal and child health.

4. Challenges
As noted in our interim progress reports, a key challenge 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 rather than a waiting home, which was determined locally to be the greater need. The casa de espera in San José de Yarinacocha now has a dual purpose and is also used for community-based health education and prenatal education, including our community health worker training. It is important to note that the other 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. We have addressed this challenge by maintaining communication channels as much as possible, encouraging data sharing and requesting information directly from the municipalities and local health departments.

Another challenge has been maintaining attendance and participation at the maternity waiting homes by expectant mothers for prenatal care and delivery. We were able to generate 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 utilize the casas de espera and deliver at nearby health facilities.

Another challenge that has emerged is achieving the involvement of husbands or partners in outreach activities, as, culturally, men can represent a barrier to women’s health care. “Machismo” often prevents women from receiving education or health care when male partners exercise control over women by deciding what they and cannot do, simply to maintain power over decisions. This issue is not yet entirely resolved, but we have encouraged husbands to attend baby showers and training workshops with their partners and we plan to pursue future opportunities to educate and empower men on issues related to maternal and child health.

5. Program Situation
INMED did not experience any significant changes in our program situation, organization or staffing over the course of the project.

6. Lessons Learned
The most important lessons learned during the project were that:
• Building trust and providing incentives increases participation of expectant mothers in prenatal checkups and institutional deliveries. The baby showers have proven to be extremely successful in this regard, enticing women to participate in educational activities, raising awareness about warning signs and potential complications, introducing them to the services offered by the waiting homes, and offering the benefits of prenatal care and delivery at nearby health facilities.

• It is important to empower women and girls to improve attitudes and behaviors toward sexual and reproductive health. We learned that women and girls who become educated in reproductive health issues gain confidence and are better able to make informed decisions regarding pregnancy prevention and prenatal care. Health awareness should be initiated with children of preschool and primary school age to develop positive attitudes early in life, supporting positive decision-making regarding health issues and the advancement of women.

• It is important to raise awareness and promote the participation of men in educational activities regarding maternal and child health. More and more partners of expectant mothers are participating in training workshops and baby showers. This education begins to address the barriers created by cultural traditions that male partners often invoke for women who seek reproductive health care.

7. Organizational Changes
No significant organizational changes were made within INMED as a result of the project.

8. Unexpected Outcomes
The primary unexpected outcome of the project was the complete control of operations that the local governments and health centers assumed for the maternity waiting homes during the project period. Local management, which is important for long-term sustainability, occurred more quickly than expected. Another unexpected outcome was the re-appropriation of the first waiting home in Monte de los Olivos to general health services when health staff were transferred to other areas. This purpose was identified as a more pressing local need and was repurposed accordingly.

9. Strategy Changes
To overcome obstacles that arose during the project, we changed our strategy to improve outcomes. When fewer women utilized the maternity waiting homes, for example, we developed the creative strategy of organizing baby showers to incentivize participation, which proved to be more effective in reaching women than traditional training workshops. Women were enthusiastic about attending the baby showers, which integrated entertainment into education. Participation also raised awareness and use of the waiting homes for prenatal care and delivery at nearby health facilities.
facilities. We will continue to employ similar participatory approaches for our educational activities in the future to maintain attendance.

Another strategy that we adopted was promoting greater incentives for participation in activities by community health workers who train expectant mothers in maternal and child health, as well as husbands and partners who, when not educated in health issues, often bar women from receiving health services. Greater participation by women’s families and communities will result in a more effective and sustainable intervention, a strategy we will continue to pursue in all of our programs. We also realized the need and opportunity to develop program activities addressing gender violence in indigenous communities, which is a contributing factor to poor health outcomes for women. Finally, we are developing strategies for initiating age-appropriate reproductive health awareness in children of preschool and primary school ages to promote positive changes in attitudes and behaviors toward sexual health issues and the advancement of women.

10. Number of Beneficiaries
The number of lives that have been touched by this project include the following beneficiaries:
- 287 community health workers were trained in the Ucayali region and 70 in San Martín
- 80 other health center/health post personnel were trained in Ucayali and 35 in San Martín
- 1,447 expectant mothers and their partners received education in maternal and child health
- 359 expectant mothers participated in baby showers
- 130 expectant mothers were housed in four waiting homes prior to delivery
- 1,651 women received prenatal health care
- 826 women delivered in a health facility
- 806 adolescents were trained in sexual health

11. Monitoring Activities and Results
Several methods were used to monitor program success, with the following results:
- Attendance records documented participation of community health workers, expectant mothers, partners and adolescents in workshops, baby showers, and waiting home use.
- Health facility records documented prenatal care and institutional deliveries.
- Testimonials from expectant mothers determined increased knowledge about maternal and neonatal health.
- Surveys of adolescents determined improvements in knowledge regarding sexual and reproductive health.

We also had the pleasure of hosting visits from members of Dining for Women in November 2014 and December 2015 to observe, monitor and evaluate project activities.

12. Ongoing Plans, Expected Results and Timeframe
Although the project objectives have been achieved, we will continue to advance activities associated with Dining for Women’s support and seek new opportunities to continue our vital maternal and child health education in Ucayali and other regions of Peru. For long-term sustainability of the waiting homes in particular, the municipalities are acquiring more ownership of and responsibility for the facilities. We will also continue to leverage program successes to expand to other regions. For example, we are currently planning to establish additional casas de
espera in the municipalities of Nuevo Progreso and Sepahua within the neighboring region of San Martín, which has poor maternal health indicators and will benefit greatly from such services.

13. Grant Expenses
An account of expenditures that were covered by Dining for Women over the course of the project has been submitted in a separate file.

14. Other Funding, Partnerships and Recognition
The grant provided by Dining for Women assisted INMED in developing and expanding partnerships with other organizations. During the project, 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. Although funding to the in-country UNFPA affiliate was put on hold in 2014, affecting funding for this program component, we were able to successfully include adolescent education into program activities.

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 INMÉD. 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.

Finally, the Bill and Melinda Gates Foundation awarded INMED a Grand Challenges grant in November 2014 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 San José de Yarinacocha. These additional programs have complemented the successes we have achieved with support from Dining for Women.
Thank you, Dining for Women, for your support in strengthening local capacity to improve maternal and neonatal health in remote indigenous communities in Peru.