



# Replicating What Works

Findings from the CARE Learning Tour to Peru

June 2-4, 2010



*Placida Canchari Meza, mother of six,  
holds her newborn at the Ayacucho Regional Hospital.*

# Introduction

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CARE's Learning Tour to Peru was an opportunity to see firsthand the strategies behind a successful maternal health program. At the heart of this trip was the rural town of Ayacucho where maternal mortality was reduced by **50 percent** between 2000 and 2005, **twice the reduction seen in a comparison region**. Most attribute this to the dedication – ‘the heart’ – of the health provider, but in addition, the tremendous results in the region are due to several other key factors that may not be as visible: the commitment of political leaders and communities to improving maternal health and a focus on promoting patient rights through the provision of culturally appropriate health services. The delegation met families who have lived through the changes in their community and visited facilities at each level, from urban health centers and isolated rural health posts to medium-sized regional hospitals and national facilities with state-of-the-art technological capabilities.

## List of Participants

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**Secretary Donna Shalala**

President of the University of Miami  
Former U.S. Secretary of Health and Human Services  
Co-Chair of Mother's Day Every Day

**Representative Kay Granger**

U.S. Congress (TX-12)

**Representative Luis Gutierrez**

U.S. Congress (IL-04)

**Soraida Gutierrez**

Wife of Representative Gutierrez

**Andrea Hsu**

Producer & Editor for NPR

**Karen Kelly**

CARE Action Network District Chair for TX-12

**Ashley Hale**

Staff for Representative Granger

**JoDee Winterhof**

Vice President of Policy & Advocacy for CARE

**Sarah Lynch**

Deputy Director of Learning Tours for CARE

**Luis Ortiz-Echeverria**

Communications and Knowledge Manager of Health for CARE



*From left to right: Congressman Luis Gutierrez, Secretary Donna Shalala, and Congresswoman Kay Granger.*

# Peru

Peru, the third largest country by area in South America, deserves attention for the enormous strides it has made in development over the past 20 years. However, maternal mortality indicators continue to lag behind, despite very successful programs in concentrated regions where deaths due to pregnancy or childbirth have dramatically decreased.

In 2008, Peru was among eight countries added to the Countdown to 2015 list of priority countries under the criteria of high maternal mortality ratio and numbers of maternal deaths. There is a strong correlation between impoverished communities and high maternal mortality rates. More than 14 million people in Peru nearly one in every two people live below the poverty line. The pregnant women and mothers most at risk of being excluded from quality health services are largely from rural, poor, indigenous communities in the Peruvian Amazon and the Andean Sierra. Attention to education, services, and health care for these overwhelmingly indigenous populations is very low.

Our focus, on this trip, therefore, was on rural women. Our delegation visited both rural migrant families in Lima as well as families in the Andean region of Ayacucho.

In Lima, the population has risen because people fled the rural areas during the war with Maoist rebels in the 1980s and 1990s, where an estimated 69,000 people were killed in rural areas. These communities, like San Cosme, in the center of the city, have exceedingly high rates of disease and poverty. The volume of people has strained the health care system and its precious few resources. Since 1980, the population of Lima has almost doubled from 4.8 million to almost nine million.

In Ayacucho, the maternal death was almost five that of Lima: the maternal death rate is 52 per 100,000 in Lima, but it was 240 per 100,000 in Ayacucho in 2000. Due to focused efforts in this area it is now 120 per 100,000 in Ayacucho, a reduction in maternal mortality of 50 percent.

This Ayacucho example became the focus of the trip for the delegation. The goal was to highlight the series of interventions that contributed to this result and show the efforts being made to scale-up this successful work, including national advocacy that has resulted in the Peruvian government's adoption of these strategies to be implemented in every region.



## On the beat: Day One

With eager anticipation of the trip ahead, the delegation was briefed on the maternal health landscape by Milo Stanojevich, CARE Peru Country Director; Erik Janowsky, Chief of the Office of Health at USAID; Carlos Acosta from the Peruvian Ministry of Health; and Mario Rios from Foro Salud a network of organizations advocating for the rights to health. Carlos Acosta said about the reduction in maternal mortality, “This isn’t sufficient, we will continue to improve it. The goal was to highlight the series of interventions that contributed to this result and show the efforts being made to scale-up this successful work...but we feel this is a major change.”

Issues of poverty and poor health, although heavily concentrated in rural communities, are not isolated to the most remote areas in Peru. The delegation saw the glaring realities for Lima – a city of about nine million people – in the poor, urban community of San Cosme. San Cosme is often characterized as an urban slum with houses zigzagging over and across hillsides and valleys. Its narrow streets are cluttered with pedestrians, cars, motorcycles, and bicycles crisscrossing at often frighteningly close proximities. San Cosme is known for having the highest incident of tuberculosis (TB) in the city and is where CARE and The Global Fund support a small health facility. Located just a short walk from the local market, the San Cosme Health Center is already busy at 8 a.m. with expectant and new mothers as well as many TB patients.



*San Cosme, a slum in Lima that has the highest rate of tuberculosis in the area.*



*Congressman Gutierrez meets Jessie Cahuana Castro (left) and Jeny Lizet Sarayasi Keiyess (right), two expectant mothers at the San Cosme Health Center.*

Mary Arlene Castillo, Marlene Díaz, and Roza Tápia are the core team of nurses providing care. At this health post, women learn about their pregnancy and nutrition, but also get blood work and testing for HIV and TB. In addition to seeing dozens of pregnant and new mothers on a daily basis, the nurses provide information and counseling on family planning methods, help women develop birth plans, advise families on how to receive insurance, as well as how to identify complications at the time of delivery and the referral process. The nurses also conduct home visits to women who miss their appointments or have not come to the health center in a long time.

When we visited the San Cosme Health Center we had the opportunity to meet with several pregnant women for an informal discussion on their experience at the health center.

Jessie Cahuana Castro is eight months pregnant, but she has come every month for her antenatal check-ups. She lives close to the health center and her daughter is ten so she can leave her at home when she comes to the center. Jeny Lizet Sarayasi Keiyeiss is pregnant with twins. She is only two months along, but she was just in a car accident and is now considered a high risk. She and her husband, Javier, are there together. He said she is really strong and her spirit is great, so she will be fine. They have two other boys, so they hope one of the twins is a girl. The delegation was thrilled to engage them, and within a matter of minutes, four other pregnant women who had just walked into the health center for their various checkups were also included in our growing circle.



*Congresswoman Granger, Karen Kelly, and Ashley Hale visit the maternity ward at Dos de Mayo Hospital in Lima.*

The women talked about their families, and their struggles living in a densely populated, poor community. But they also talked about how grateful they are for the health center. We asked them what changes had taken place in maternal health since their moms gave birth to them. Jessie told us she was born in her house where her mother's friend helped her. She was thankful her mom was so strong.

Jessie is going to give birth in the referral hospital for the health center, called Dos de Mayo Hospital. So off we went to Dos de Mayo ourselves and got a tour of the facility by Dr. Jose Fuentes, the General Director. He talked of the needs but boasted about the improvements too.



*Congresswoman Granger looks in on the Neonatal Intensive Care Unit at Dos de Mayo Hospital.*

The Dos de Mayo Hospital first opened in 1538. Today its architectural beauty masks the infrastructural issues that the hospital deals with on a daily basis. Because the hospital is considered a national historical monument certain renovations are prohibited. This has caused the hospital wards to become sprawled across the hospital property. Taking us on a tour, Dr. Fuentes leads us from the point in which a woman with an obstetric emergency is admitted through the winding hallways she must pass to receive the care she needs. Although there are plans to build a maternity ward with interconnecting hallways, the hospital currently lacks the funding to make this possible.

As a national hospital with modern equipment in the country's capital, the majority of patients are not like Jessie, but instead from rural areas. By the time they arrive at Dos de Mayo, many are facing serious obstetric risks. Dr. Fuentes shared with us that, because of this obstacle, 35 percent of births are caesarean sections – significantly higher than the national average. Despite this large demand (about 4,000 births per year), Dos de Mayo only has 40 maternity beds and 12 emergency beds in its maternity ward. Additionally, Dos de Mayo lacks

the human resources to fully staff its neonatal intensive care unit, resulting in the separation of mother and newborn whenever there are more than four incubators in use. Despite the elaborate referral system from local and regional health facilities, the high demand for emergency obstetric care, inadequate human resources, and infrastructure contributes to the hospital's maternal deaths – 6 in 2009.

This is the urgency behind the call for 'health system strengthening.' The strength of a health system depends not only on the number of trained staff, infrastructure, the supplies for emergency obstetric care, but also the cleanliness of the health facility, the system for record keeping, even morale. These elements are crucial, and not universal in every facility.

This was our lesson and a strong foundation for our day ahead in the more remote area of Ayacucho.

Traveling almost 9,000 feet in altitude, the delegation traveled to the Ayacucho region high in the Andes mountains – historically and infamously known for its poverty and role during the Shining Path terrorism of the 1980s and 1990s – when the already fragile health care system fell apart.

The delegation had dinner with the President of Ayacucho, Ernesto Molina Chávez, who talked about his own roots of growing up without shoes. He proudly shared the successes his region has made and warmly welcomed the delegation to the region.



*Congressman Gutierrez, Congresswoman Granger, and Secretary Shalala attend a dinner reception in Ayacucho with Regional President Ernesto Molina Chavez.*

He spoke in depth of the Ayacucho success story and thanked CARE for its focus on maternal health. In collaboration with local and national partners, CARE implemented the Foundations to Enhance Management of Maternal Emergencies (FEMME) in Ayacucho with a primary focus on improving emergency obstetric care. At the very center of the FEMME approach was a focus on promoting patient rights and the culturally appropriate provision of health services to serve the needs of indigenous communities.

At the beginning of the FEMME program in 2000, CARE staff and hospital providers came together to discuss the strategies needed to implement a maternal health program including standardized health information systems, adequate referral system, transportation, skilled staff, supplies, communication, training and capacity building, and building public and political alliances. However, they also looked at other competencies above and beyond their technical professions to better understand the social and cultural barriers that indigenous women faced when entering a conventional health facility.

As in most poor places across the world, the main direct causes of maternal death are hemorrhage, pre-eclampsia and eclampsia, obstructed labor, sepsis, and complications due to unsafe abortion. These are largely preventable with access to appropriate care, medicines, and facilities. While a biomedical approach to maternal mortality is important, it is not sufficient if it does not consider the importance of social factors that influence health: social and cultural norms, discrimination, violence, and the value of a woman's life.

The FEMME program adopted a multi-pronged strategy that linked improvements to emergency obstetric care and the establishment of referral and transportation networks with a rights-based approach that focused on elevating the status of women in the community and ensuring that health services were culturally appropriate.

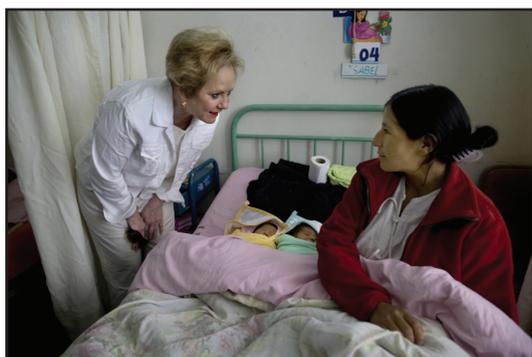
In Ayacucho today, when a woman dies due to pregnancy related issues, the community is mobilized. In the past, a maternal death would have been followed by swift firing of all personnel associated with the care of that particular woman – in a sense getting rid of the problem without addressing its root causes. Now, a maternal death is seen as a failure in the health system. Instead of pointing fingers at providers, efforts are made to determine when and how the system failed that woman and her family and what measures are needed to ensure it did not happen again. This shift did not happen overnight, but occurred over the process of implementing the FEMME program. The program worked with providers at all levels of the health care system, including at home, to show how most maternal deaths are preventable and to demonstrate the important role of indigenous woman in their communities. (See ‘Four Delays’ text box.)

## Immersion: Day Two

The next morning the delegation traveled to the Ayacucho Regional Hospital (HRA). Midwife Julia Haydee Alarcon Castilia greets us with a smile. She tells us that in addition to their general business, as a regional hospital, HRA receives the most complicated and critical of obstetric emergencies from across the region. In 2009, HRA had about 2,984 births, 80 percent being emergencies. Explaining that HRA has about 8 births a day, she proudly said that they are able to successfully resolve about 95 percent of all obstetric emergencies, with less than 5 percent needing referral to a national hospital like Dos de Mayo.



*Congressman Gutierrez listens as Dr. Bacilia Vivanco, head of the Capacity Building Unit, explains how indigenous women give birth traditionally in the birthing room at the Ayacucho Regional Hospital.*



*Congresswoman Granger visits Isabel, the mother of newborn twins, at Ayacucho Regional Hospital.*

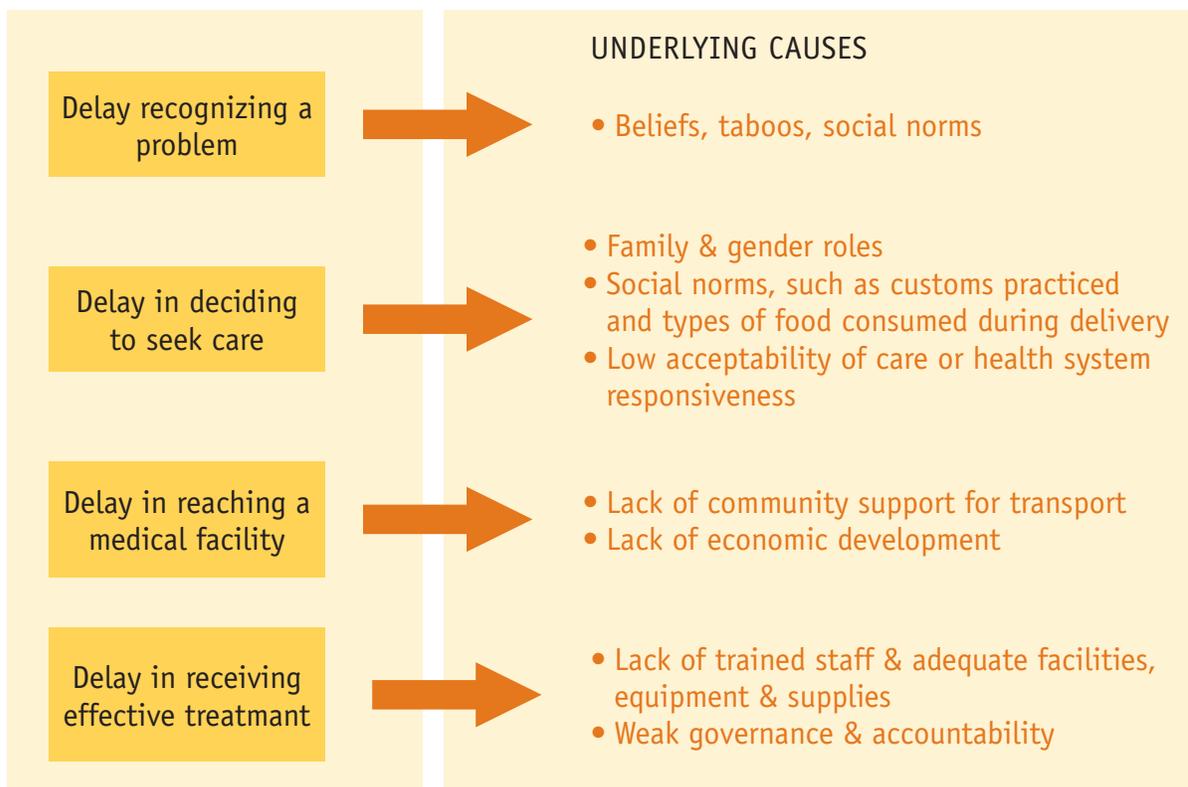
She attributes this to the HRA's acceptability by communities due to their human rights and intercultural approach to health care. She tells us about the importance of calling women by their name rather than by a hospital bed number and also being able to communicate with women and their families in their native tongue, Quechua. At HRA, 95 percent of the hospital staff speak Quechua and are able to provide health services in that language. Those unable to speak Quechua have attended language training classes.

An intercultural approach is more than language. It also includes a respect for local tradition, including the appropriate color for bed sheets and walls. For example, all of the white sheets were stripped off the beds and replaced with pink sheets because the color white is associated with death. Other approaches include types of food and drink typically consumed during delivery, and even the position of a woman’s body during delivery. Indigenous women in the Andes often prefer squatting, or what is called a vertical birth. During the FEMME program, medical staff were trained (technically and socially) in providing care for women who opted for a vertical birth. At the HRA, about 15 percent of births are vertical – a number which continues to increase each year.



*Congressman Gutierrez is welcomed to the village of Neque.*

## The “Four Delays” Contributing to Poor Maternal Outcomes



It was time to go meet the families of the Ayacucho region. So after a bumpy ride winding up and into the foothills of the mountains, the delegation was greeted by members of the Neque community and escorted by accordion music and dance to the home of Victoria Conckori Enso who had a large table under a tent in her side yard for the delegation to eat lunch.

Victoria told the delegation that her entire life has changed because of a loan she used to buy a few guinea pigs and build a pen to house them. She made a profit by breeding and selling them at the market. Guinea pigs (known locally as *Cuey*) are a Peruvian delicacy. With extra income, Victoria has improved and expanded her home and now has running water. Her two daughters take classes to prepare for college. She said when they are ready to have children they will not deliver at home like she did. They will deliver in a health facility. Victoria received her microfinance loan through EDYFICAR, which CARE originally started 11 years ago. Today, EDYFICAR has become the second-largest microfinance institution in Peru by number of clients, reaching more than 195,000 micro-entrepreneurs like Victoria with loans that they may not have been able to get otherwise.



*The delegation visits a guinea pig farm in the village of Neque.*



*Silvia Carina Nicolas Zamora holds her daughter during CARE's visit to Neque.*

Victoria invited other neighbors to join the delegation's lunch. "Thank God my community has started to change, little by little," said Silvia Carina Nicolas Zamora, 27, and a new mother to 11-month old Jimena Valaria. "Prior to that I wanted to leave this place. There was no water, no electric power. There was a lot of death and diarrheal diseases among children."

Jimena was a high risk pregnancy, but Silvia hired transport to the hospital and was able to deliver her safely there. She too, earns an income from her farm and several guinea pigs.

Down the road about a ten minute drive, we enter Guayacondo village. Guayacondo has the health post that serves the Neque community and eight other communities. Neque is one of the closest communities, yet is easily an hour or ninety minute walk. The health post is served by one nurse, Fara Tendrio Quicano, Monday through Friday. On Saturdays she visits the surrounding communities. Although she treats everyone, she is focused on the mothers and the babies. Her concern is for those who are still considered malnourished.



*The delegation is welcomed to Guayacondo Village.*

Running water is new to Guayacondo. Only five years ago there was no running water in homes and as a result, there was no sewer system, fewer home gardens, and 80 percent of the children were malnourished. Now, most homes have latrines, tap water for bathing, and almost every family raises guinea pigs and has a home garden. There is a significant increase in contraceptive use, as well, because families are focused on working and earning a dual-income for their families. Fara said she really only worries about five percent of the families now.

She is proud of the early childhood stimulation center, which is a new initiative supported by CARE to give mothers a place to bring their babies and young children on Saturdays to learn about good nutrition, hygiene and the importance of play.

That evening to the backdrop of thunderous music and dance, the delegation celebrated the regions' successes with CARE Ayacucho staff and development partners.

## Consulting the Experts: Day Three

An early flight carried the delegation back to Lima the next morning.

At the Perinatal Institute of Lima, CARE provides technical assistance and training and collaborates with health facilities located throughout the country. The Institute uses technologies like telemedicine, an audio-visual system of high-definition cameras that connects the institute with hospitals located in distant regions. In this way, experts from the institute are able to provide guidance, training, and supervision to other health facilities. As Secretary Donna Shalala said after visiting the telemedicine room that connected doctors at the Perinatal Institute into the neonatal intensive care unit in Ancash, "This is the future."



*The delegation meets with Nidia Vilchez (far right), Minister of Women and Social Development in Lima.*



*Secretary Shalala shakes hands with Peruvian Minister of Health, Oscar Ugarte, following CARE's visit to the ministry.*

We learned that in Peru there are several levels of care. The first level is basic and preventative care. The second level is the intermediate care provided by local and regional hospitals. The third level is provided by national hospital and institutions like the Perinatal Institute. In Peru, there are a total of seven institutes, all of which are located in Lima.

Adolescent pregnancy is a serious issue in urban and rural areas alike. Issues related to adolescent sexuality are further encumbered by a national law that criminalizes sexual relations with and amongst people under the age of 18.

This places facilities that care for adolescent expectant mothers in the precarious place of providing quality care for the patient while also protecting her and her family from legal action. The delegation visited the adolescent ward at the Institute and met the legal staff in addition to the medical staff dedicated to addressing this serious issue.

With the foundation set, the delegation was able to meet with the Minister of Women and Social Development, Nidia Vilchez, as well as the Minister of Health, Oscar Ugarte, to expand upon what they had seen and heard. The tenor of the meetings was similar in that there is a strong recognition of the success that has been made, but an understanding that more needs to be done.

That night, before the delegation got back on the plane bound for the US, the visit closed with a reception with U.S. Ambassador Michael McKinley and several key Peruvian maternal health partners. The Ambassador thanked the delegation for choosing to come to Peru and focusing its development needs.



*Jay Goulden, Assistant Country Director at CARE Peru, Secretary Shalala, Congressman Gutierrez, Soraida Gutierrez and, Congresswoman Granger at the farewell reception at Huaca Pucllana in Lima with U.S. Ambassador to Peru, Peter Michael McKinley.*

## Conclusion

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The CARE program, FEMME, contributed to the establishment of national guidelines for obstetric and newborn emergencies and a national training curriculum for all practitioners handling maternal health emergencies. Working with the Ministry of Health, CARE has developed detailed guidelines on how to implement the core FEMME strategies and is working with the Peruvian authorities on nationwide implementation. Other countries in the region are also looking at the success of FEMME as a model for their maternal health programming. In addition, CARE has been working with partners to promote participatory approaches to health through the formation of ForoSalud, a network of civil society organizations committed to ensuring citizen's health rights, and the establishment of community surveillance mechanisms that enable communities to monitor health services and hold governments accountable to their health commitments.

What the experience of CARE in Peru shows us is that the interventions exist to reduce preventable maternal deaths in a relatively short period of time (since 2000). The multi-layered strategies of the FEMME program have increased the met need for emergency obstetric care services and reduced maternal mortality. The combination of training, an approach that considers rights and cultural sensitivity, and staff commitment has helped increase the number of institutional births. This has ultimately saved the lives of women in rural Ayacucho – improving their lives and that of their families and communities.



*A woman with her newborn infant at the Ayacucho Regional Hospital.*

# Next Steps and Policy Recommendations

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## Increase Political Will

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### Country government leadership:

The Peruvian government allocates 4% of the budget to health. The lack of adequate resources makes it extremely difficult to plan for the long-term and invest in strengthening the health system.

### U.S. Leadership:

Through robust investments and sound policies, the U.S. plays a critical role in helping countries improve their maternal and newborn health programs through investments in voluntary family planning, access to skilled birth attendants, emergency obstetric care and post partum care.

### Support for national advocacy:

Underlying causes of poverty include current U.S. and Peruvian policy. Policy change only comes by meeting with elected representatives, sharing evidence and results over time and engaging influential leaders in the decision making process. This is typically not a traditional part of development work, but including advocacy as part of the initial planning process, will contribute directly to the sustainability of the intended outcome.

## Put Communities at the Center

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### Listen to local voices:

This is paramount as they are the ones already doing the bulk of the work. Investments in health must be directed at the poorest and most marginalized members of the population. Communities and civil society can play an important role in mobilizing action, monitoring progress and holding government accountable to its commitments.

### Acknowledge discrimination:

Although health system reform is critical, we must address some of the underlying issues that keep people trapped in the cycle of poverty and poor health, including gender discrimination and inequity. Empowering the marginalized as change agents and engaging power brokers, can lead to improvements in the health and equity of families, and increase their voice in their communities.

### Understand health as comprehensive public policy:

Before health was treated as the management of illness and disease, but through the FEMME program, health is promoted as the technical, political, and social process of well-being that addressed rights, responsibilities, and partnership.



The CARE Learning Tours program introduces policymakers and other influential individuals to maternal, newborn and child health issues in the developing world. The goal is to utilize these individuals in ongoing advocacy efforts and help inform recommendations for a long-term U.S. strategic approach to these issues.

We are deeply grateful to the many individuals who generously gave of their time to make this visit a success.

If you are interested in CARE's Learning Tours program, please contact:

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