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VOICES from the VILLAGE:

Improving Lives through CARE’s Sexual and Reproductive Health Programs

The FEMME Project in Peru:
Partnerships for Improved Health



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women in Ayacucho felt culturally and emotionally mistreated by health center staff, which is one of the main reasons many did not seek emergency obstetric care in the first place. Health center staff frequently felt mistreated as well – by supervisors, by angry and frightened patients, and by one another – and this negatively affected their work.

“We really couldn’t respond adequately before this FEMME intervention,” says Dr. Jesus Nicolas Huayne, director of the health center in the mountain town of Tambo. “We did not have emergency obstetric training in our classes, and the Ministry of Health protocols were diagnosis-based, not symptom-based like they are now. In addition, the protocols were for hospital-level intervention. We had no supplies or equipment here at the health center to intervene in an emergency, even if we knew what to do.”

Interventions

FEMME not only worked with women, their families and the community at large, it also included health workers and policy makers. Thanks to the multi-layered interventions, health workers in the northern Ayacucho region now have the equipment, knowledge, skills and political support to help them excel at what they all want to do best. Health team members can enhance the chances that a woman will have a healthy pregnancy, birth and postpartum period, with a healthy newborn at her breast and family-planning choices available for her and her partner.

According to Elena Esquiche, registered nurse and former FEMME regional coordinator, “Everything in Peruvian health care was based on a hierarchy and was very centralized. Our idea at CARE was to focus on decentralization, to encourage and not to impose, so that solutions came from (health workers’) own ideas, and they would feel like the owners of their decisions. We were there to give them technical guidance, not rescue them.” Dr. Guillermo Frias-Martinelli, CARE’s previous Health Coordinator in Peru, adds, “We were able to introduce new paradigms, new ways of seeing things, by involving all levels of health workers, not just the doctors or supervisors.”

One critical FEMME intervention involved improving working relationships. The Maternal Perinatal Institute in Lima developed a personalized regional training system in Obstetric Emergencies for rural health personnel. This training is based on teamwork and competency. Staff at the Ayacucho regional hospital became so adept at replicating this

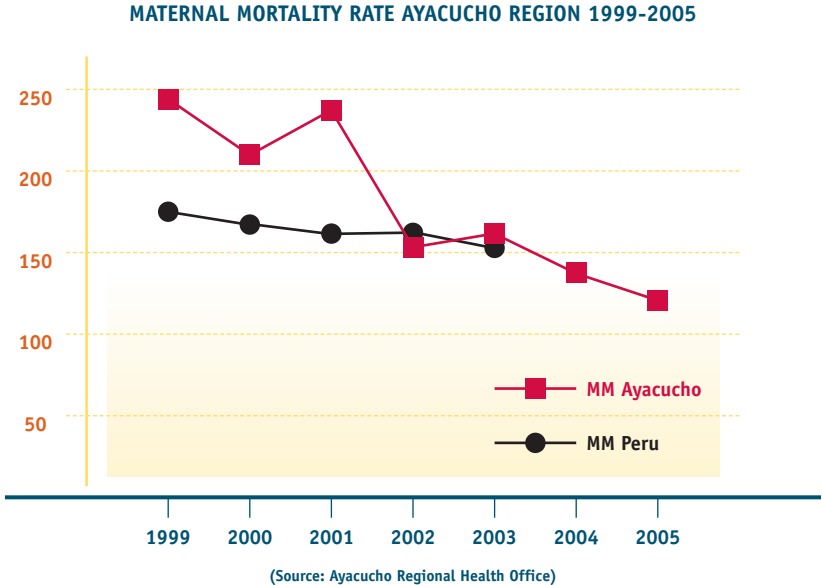
“Thanks to this training, we now know how to work as a team and involve the entire community,” says midwife Maria Luz Gomez at the health center in Tambo. “We know the importance of statistics and how to use them to evaluate our work. We also have the equipment and tools that we did not have before because of the managerial training we received from FEMME. We’ve done so well, the municipality is building us a new health center!”

training, the Institute decided to help them form the first Maternal Perinatal Training Institute outside Lima. Anyone who works for the public health system in Ayacucho must now complete a 17-day, competency-based training program before being assigned to the health center or a health post.

Results

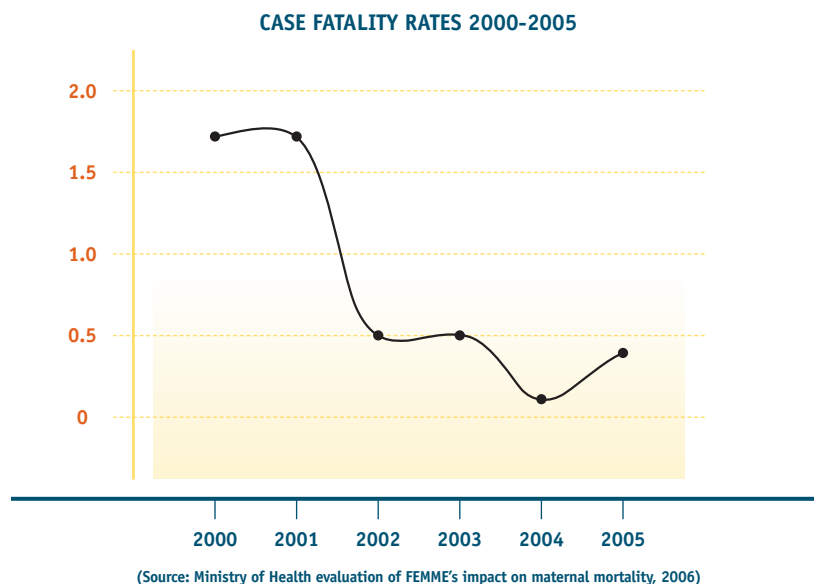
The FEMME project had an overall impact on the use of health services and improved the survival rates of women. There was a dramatic increase in the “met need” for emergency obstetric services – that is, **the percentage of women who needed emergency obstetric services and actually accessed and used those services more than doubled, from 30 percent to 75 percent.** All health centers in the project area, as well as the regional hospital, now have Quechua-speaking staff, bilingual information for patients and visitors, a warm and friendly environment, and multiple options for childbirth, like vertical birthing chairs, which are preferred here. This has helped the **rate of institutionalized births in Ayacucho increase 83 percent in two years.**

In 1999, the maternal death rate was nearly 240 for every 100,000 live births. In 2005, it had plummeted to approximately 120.



The “case fatality rate” (the chances a woman will die once she gets to a hospital) also diminished significantly. Most developing countries, including Peru, have a 2 percent case fatality rate, with the United Nations recommending

a maximum rate of 1 percent. **In only four years, the rate in Ayacucho decreased to under 0.5 percent.** In the final project evaluation, jointly commissioned by CARE and the Ministry of Health, the case fatality rate in the comparison region, Puno, was 5.1 percent, and the met need for emergency obstetric services was 33 percent – similar to Ayacucho before the FEMME project. Maternal deaths, the evaluation found, were reduced by half in Ayacucho, twice the reduction in Puno, despite similar availability of equipment, supplies and staff. What made the difference in Ayacucho were effective tools, systems and structures; increased political will; and improved staff capacities and attitudes toward women.



Guidelines and protocols for emergency obstetric care

With FEMME technical expertise, a working group of doctors, nurses, midwives, midwifery professors and Ministry of Health directors developed emergency obstetric protocols and guidelines based on WHO recommendations – and made them culturally appropriate for clients. The Ministry of Health has evaluated and adapted these protocols for all health institutions in the country, and in January 2007 the Minister of Health launched the new national clinical guides for obstetric and neonatal emergencies, based on those developed by the project in Ayacucho.

The protocols are now being widely used by key midwifery and nursing institutions such Ayacucho's University of Huamanga, one of the oldest universities in Peru. The university has incorporated the protocols into its nursing and midwifery curriculum. The university also now uses the checklists and guidelines recommended by the



Maternal and Perinatal Institute. Professors have received updated skills training, and are helping other universities in Peru replicate the new curriculum.

“Before FEMME, we had our same old lecture series that we’d had for years, and nothing ever changed,” says Maria Luisa Leon, dean of the School of Midwifery. “Now that we have been through the training ourselves and have lived the experience of developing the protocols, and now that the Ministry of Health has adapted them for the nation, we feel proud to have changed and adapted our training program for our students.”

A multi-sector maternal mortality committee

Organized and directed by the local Ministry of Health directorate, this committee has a diverse membership that includes representatives from the military, police, media, mayor’s office, drivers’ unions, universities and the Red Cross. It is a model that is being replicated throughout Peru. Ayacucho Regional President Omar Quesada explains that Peruvian municipalities have always had multi-sectoral committees “... to respond to earthquakes, floods, fire and other natural disasters. The difference here is that with the help of FEMME, our multi-sectoral committee members became sensitized to the realization that in our region, maternal death rates were some of the highest in all Peru, and this fact constituted a natural disaster.”

A regional referral/counter-referral system

This has become one of the most important facets of FEMME. Often, regional hospital staff felt that obstetric emergency referrals they received from health centers were too late or too misdiagnosed to save women’s lives. As a result, many health center staff felt ridiculed and dismissed by hospital staff whenever they referred someone. With funds from FEMME and Parsalud (Peruvian Health Reform Program, funded by the World Bank), health center staff were able to improve their quality of care through training and new resources, including two-way radios and ambulances (and drivers and gasoline).

“The referral/counter-referral system developed at the Ayacucho hospital has been the best intervention, I believe,” says Dr. Felix Hinostroza, medical director of the Vilcashuamán Health Center. “Before, we just sent everyone, because we didn’t have the resources. We did not know if they would arrive alive or not. We had no way of knowing what happened to the patient once she arrived. The hospital staff was very aggressive toward us and derided us for transfers. It was humiliating. Now we have the radio, we have had the training by the hospital staff, and we have our protocols. They know who we are and they trust our decisions.”

Next Steps

CARE understands that health systems and access to health care are not just technical supply-and-demand problems; rather, they are at the core of people's relationship with government and society. FEMME used a rights-based approach to transform a standard health-system development project (e.g., infrastructure, equipment, drugs and training) into one that approached the health system as a social institution, deeply connected to the communities it serves. Within these communities, CARE engaged political leaders on issues of health care access for women. CARE learned from women why they could not or would not use health care, and worked with the community to overcome these challenges.

Dr. Miguel Gutierrez, president of the Peruvian OB-GYN Society, stresses the importance of recognizing community efforts that affect policy. "We have always talked about the 'three delays' that contribute to a maternal death," he says. "The first one blames the woman for not recognizing her danger signals. The second delay blames someone, usually her husband, for not making the decision to go to the hospital. The third one blames the hospital personnel for not knowing what to do."

Dr. Gutierrez suggests that government, together with NGOs and donors, focus on what he calls the "fourth delay": inadequate government response. "We've seen the results of local governmental action and how it saves lives in Ayacucho with the FEMME program," he says. "The guidelines are now implemented as protocols. The multi-sectorial committee mobilizes the entire community. The Maternal Perinatal Institute has replicated its training program in Ayacucho. The results are evident in the monthly statistics. Government response really affects all the other delays."

Rosa Pomasonco, midwife and epidemiologist at the Regional Health Directorate and volunteer director of Ayacucho's multi-sectorial committee on maternal health, knows this well. Late one night, she was forced to call Ayacucho regional President Omar Quesada as he got ready for bed. "We need blood urgently for a postpartum mother who is hemorrhaging," she told him. "The blood bank has no more of her type. Could you please notify the duty officer on call at the Army post to send some volunteer soldiers over to give blood?" By midnight, five sleepy soldiers had their sleeves rolled up at the hospital laboratory, and the blood transfusion saved the woman's life.

The government response in Ayacucho is evident and thorough. Former President Quesada trusts his local public hospital so much that he and his wife decided to have their first child there. "We could have easily gone to Lima, like my predecessors," he says. "However, I believe in this hospital and this team. We have a beautiful baby boy, named Omar Victor Raul, to prove it."



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