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Maternal and Child Survival Program

FutureGenerations
Empowering Communities to Shape Their Futures

Training Community Leaders for MNCH in Peru

PROJECT DATES
October 2010 – September 2014

PROJECT BUDGET
USAID contribution: $1,499,566
Future Generations contribution: $375,386

LOCATION
Chinchao, Churubamba, Santa María del Valle, and Umari Districts, Huánuco Region, Peru

CONTEXT
Peru has met important targets toward its Millennium Development Goals, such as reducing the proportion of people living in extreme poverty. Inequalities remain, however, particularly in rural areas. In the Huánuco region, which is 90 percent rural, it can take hours to reach a health facility. Huánuco's maternal mortality ratio (130 per 100,000 live births) is higher than the national average, and 40 percent of children under 5 years suffer from chronic malnutrition. To help close these gaps, Health in the Hands of Women worked to sustainably improve maternal and child health in four districts. (Data sources: Peru CDCS 2012–2016; DIRESA Huánuco, 2009; Peru DHS, 2009)

Peru - Huánuco Department (locator map) by Huhsunqu (derivative work via Wikimedia Commons)

BENEFICIARY POPULATION
Total population in the project area: 93,441
23,974 women of reproductive age (15–49 years)
16,641 children under 5 (0–59 months)

PROJECT AT A GLANCE

	Maternal	Newborn	Child
Household	✓	✓	✓
Community	✓	✓	✓
Facility	✓	✓	✓
District	✓	✓	✓
National			

Project Approach

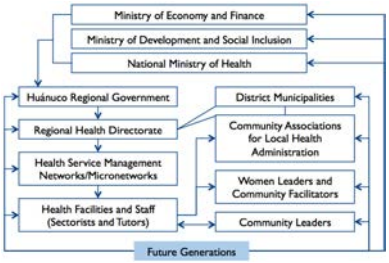
Despite Peru's impressive progress in health and poverty indicators in recent years, rural and impoverished Peruvians still lack equitable access to maternal, newborn, and child health (MNCH) services. Health in the Hands of Women worked to bridge this gap, testing two strategies to sustainably improve MNCH and reduce chronic child malnutrition in the mountainous region of Huánuco. The first, SEED–SCALE, emphasizes local decision-making, government-community partnerships, and use of local data for local action planning.

The second strategy, "Sectorization," aligns with Ministry of Health goals for community-focused primary health care. Sectorization makes individual health workers responsible for strengthening community health promotion and local planning in one or more communities. The project strengthened MNCH training and supervision of volunteer female community health workers (women leaders) to help them achieve household-level behavior changes. A new cadre of community facilitators was introduced to support women leaders, based on the Care Group model, and link them to health services.

DESIRED OUTCOME	MAIN ACTIVITIES AND SELECTED OUTPUTS
Increase use of MNCH best practices by mothers/families	✓ 779 women leaders and 42 community facilitators trained by 96 "tutors" (selected health personnel) to conduct more than 5,000 home visits for health education and 270 infant food preparation demonstrations
Strengthen community capacity to monitor and lead MNCH promotion	✓ 385 leaders in 62 communities trained in MNCH planning ✓ 62 communities established evacuation committees for obstetric and newborn emergencies
Strengthen health system capacity for financing and managing community MNCH	✓ 283 health workers trained in the Sectorization strategy ✓ 96 tutors trained as trainers of women leaders and community facilitators for MNCH promotion
Increase local government capacity to manage and finance community MNCH	✓ 48 members of community associations for local health administration (CLAS) trained in CLAS law/regulation ✓ 141 health service managers, community leaders, and municipal officials trained in health budgeting systems
Improve public policies to promote scale-up of community-oriented MNCH and primary health care	✓ Scale-up of project interventions advocated with regional and national governments and civil society ✓ Sectorization policy officially adopted for the organization of community-oriented primary health care ✓ Observation training center officially designated to scale-up the health promotion model

Partnerships

The project worked at all levels of the region's health system, creating modular MNCH training for community health workers under Sectorization to strengthen management of primary health services and promote household-level behavior change. The project worked with community leaders, health system partners, and district government partners to improve collaborative local management of community-oriented health promotion for MNCH.



For the Final Evaluation Report and other Child Survival and Health Grants Program materials, please visit http://www.mcsprogram.org/CSHGPproducts

TRAINING COMMUNITY LEADERS FOR MNCH IN PERU

A Model for Women-Led MNCH

Health in the Hands of Women demonstrates some promising strategies for empowering women to extend the reach of government-supported promotion of MNCH behavior change to remote communities. Scale-up is aided by the project's adaptation of an existing policy: Huánuco has adopted the Sectorization strategy and established a regional training center to help scale up the approach.

Key Findings

The project evaluation used data from knowledge, practice, and coverage surveys of households with children under 2 years at baseline (2011; n=606) and endline (2014; n=602), as well as in-depth interviews and focus groups; and reviews of project documents.

- **MNCH Practices.** Feeding of children under 2 years saw significant improvement, as did use of postnatal care (Figures 1 and 2). Stunting decreased significantly for children of literate mothers in intervention areas.
- **New Health Worker Cadre.** Community facilitators were introduced to link "sectorists" (health workers assigned to specific communities) and women leaders. Community facilitators reinforced training and supported women leaders to improve health education of mothers.
- **Community Participation through CLAS.** Facility management by CLAS increased from 41 to 70 percent. Facility heads reported that CLAS enabled community links and decentralized financing with community control enhanced budget management.
- **Facility Capacity.** Health facilities in the project area were better organized for health promotion. For example, specification of roles/responsibilities, self-evaluation of organization and management, and training improved health promotion in communities.
- **Municipal Role in Financing Health.** Project-area municipalities surpassed targets for health and nutrition spending and assumed responsibility for paying part-time stipends to community facilitators. Project-area municipalities contributed more than $10 million to health in four years.

Lessons Learned

- **Government Relationships.** Advocating for regional and national adoption of project approaches resulted in gains for community management of facilities, adoption of Sectorization at regional level, and strong relationships with all levels of government.
- **Community/Facility Links.** Engaging women leaders and community facilitators as links to health centers was important for Sectorization's success; health officials agreed that their work was likely to be sustained. A national program to focus municipal incentives on supporting stipends for community facilitators would help with scale-up and sustainability.
- **Teaching Mothers.** The project's modular training program in MNCH for CHW provides empowering teaching methodologies, flipcharts to teach mothers, manuals for health personnel to teach women leaders and community facilitators, and household and system monitoring formats that enable maternal behavior change and empowerment.

Contact for More Information

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Figure 1. Maternal and Child Nutrition Practices

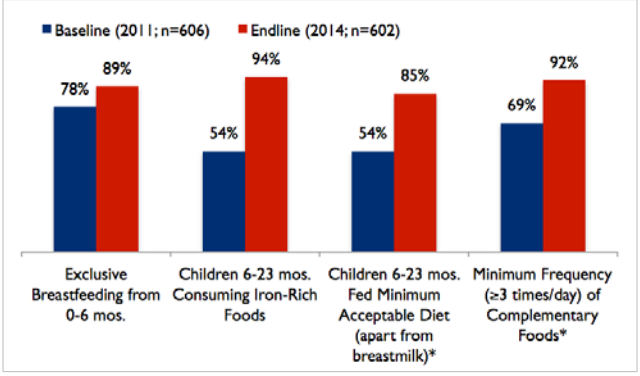
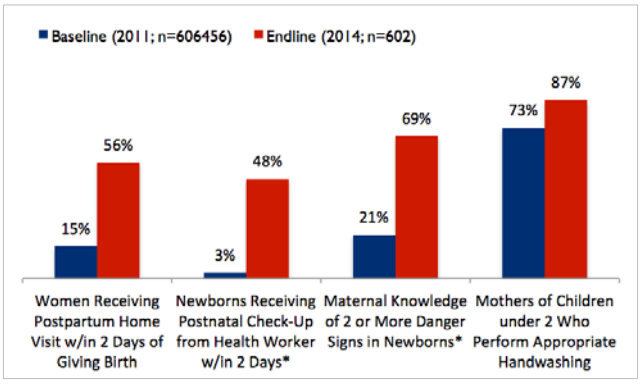


Figure 2. MNCH Knowledge and Practices



** indicates statistical significance at <0.05*

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