FIGO SAVING MOTHERS AND NEWBORNS PROJECT IN PERU

Improving Obstetric and Neonatal Emergency Care in Morropon-Chulucanas Health Network, Piura, Peru

FINAL EVALUATION

Nina Louise Frankel

February 2011
**ACRONYMS**

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>Description</th>
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<tbody>
<tr>
<td>ALARM</td>
<td>Advances in Labour and Risk Management</td>
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<td>EOC</td>
<td>Emergency Obstetric Care</td>
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<td>FIGO</td>
<td>International Federation of Obstetrics and Gynaecology</td>
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<td>INPPARES</td>
<td>Instituto Peruano de Paternidad Responsable</td>
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<td>MC</td>
<td>Morropon-Chulucanas</td>
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<td>MCHN</td>
<td>Morropon-Chulucanas Health Network</td>
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<td>MDG</td>
<td>Millennium Development Goals¹</td>
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<td>MINSA</td>
<td>Ministry of Health, Peru</td>
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<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MVA</td>
<td>Manual Vacuum Aspiration</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>SMN</td>
<td>Saving Mothers and Newborns</td>
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<td>SEGO</td>
<td>Spanish Society of Gynecology and Obstetricians</td>
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<tr>
<td>SPOG</td>
<td>Peruvian Society of Obstetricians and Gynecologists</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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¹ Adopted by world leaders in the year 2000 and set to be achieved by 2015, the Millennium Development Goals (MDGs) provide concrete, numerical benchmarks with measurable targets and quantifiable indicators for tackling extreme poverty in its many dimensions. Goal 5 is to Improve Maternal Health by reducing the MMR by 75% and increasing the proportion of births attended by skilled health personnel. Goal 5 also has the target of achieving universal access to reproductive health by 2015.
ACKNOWLEDGEMENTS

Profound thanks to Dr. Juan Trellis Yenque, Project Coordinator on behalf of SPOG, Tania Salazar Palacios, the MINSA Local Coordinator and Beto Palacios, MINSA driver and all around savoir-faire for bringing me up to speed on the Peruvian health system and the project in record time, and for all their support of every kind in the field.

Appreciation to all the Morropon-Chulucanas health network MINSA staff, regional and local authorities, and health center and hospital patients and families who shared their experiences and perspectives with me. Further gratitude to Dr. Trellis for resolving logistic loose ends, and to Rosa and Yolanda, SPOG staff in Lima, for so generously sharing their time and office facilities with me.

Thanks also to Piya Shome at Options for assistance with setting up the evaluation and dealing with administrative issues.
EXECUTIVE SUMMARY

This project has been highly successful, despite its limited size and budget, in its goal of supporting the Morropon-Chulucanas district health network in northern Peru to reduce maternal mortality. Upgrading the network’s technical capacity for emergency obstetric response; enhancing quality of care; extending service access and stimulating, in partnership with the community, demand for pre-natal care and professionally attended deliveries are linchpins to the project’s success.

The catalysts for such dynamic coalescence of these inputs were raising awareness among health staff, government authorities and civil society of the inverse relationship between maternal mortality and human rights, gender equity and community participation; constant reinforcement of obstetric risk indicators; and marshaling a unified response to reducing maternal deaths.

Between 2007 and 2010, the MMR in the MC network fell by almost 60% from 144 to 36, well below the MMR for the region of Piura as well as many other parts of Peru with better health indicators overall. A broad-based constituency has converged at all levels to reduce maternal mortality. Doctors, nurses, and midwives demonstrate marked positive changes in their attitude, confidence and commitment to emergency obstetric care, and service access has been extended. These changes have greatly enhanced the network’s credibility with local communities and increased client satisfaction, thereby driving demand for pre-natal attention. Institutional deliveries, now more acceptable because of increased sensitivity among staff to traditional practices, have improved birth outcomes. For SPOG, this first significant foray out its previous academic focus has proved to be a real confidence and capacity builder and opened new worlds of opportunity.

The project has, however, had its fair share challenges and shortcomings. It has grappled with initial stakeholder resistance, unmet expectations, frequent broken promises and ongoing logistic, political and human resource setbacks. The capacity of the MCHN to keep quality of care high and continue to meet the increased demand for services cannot be taken for granted. Technical and material follow up is weak because on-the-job performance monitoring and evaluation and in-service refresher training have been largely overlooked by SPOG and MINSA alike. Fluctuating political support, disruptive changes pending in project and MINSA leadership, and ongoing health sector resource constraints are among other salient threats to the milestones and momentum achieved to date.

Key Lessons Learned

✓ People are more likely to use the health services and cooperate with health personnel when they are treated with respect and dignity.
✓ A team approach, and respect for local ethos and human rights and community participation are essential to efforts to bring down maternal mortality.
✓ Upgrading institutional capacity and quality of care should precede increasing demand for health services.

Key Recommendation:

✓ FIGO, SPOG and others committed to helping Peru reach its MDG mortality target should give priority to upholding and extending the project’s powerful legacy.
1. INTRODUCTION

This report presents the findings of the final evaluation of the International Federation of Gynecology and Obstetrics (FIGO) project in Peru: “Comprehensive Action to Save Mothers and Newborns in Peru”. This is one of ten FIGO projects worldwide funded under its Saving Mothers and Newborns Initiative. The goal of the FIGO project in Peru, “Improving Obstetric and Neo-Natal Care in the Morropon-Chulucanas (MC) Health Services Network”, was to reduce maternal mortality in the network by at least 50% through improving the quality of maternal care and increasing coverage by skilled attendants to 90% of deliveries in the catchment area. It also sought to increase the demand for skilled obstetric care, especially among those at highest risk, and strengthen the ability of the Peruvian Society of Obstetricians and Gynecologists (SPOG) to collaborate with regional professional associations, government partners and the community.² Central to the project strategy was highlighting the inverse relationship between maternal mortality and human rights, gender equity and community participation.

The report is structured into the following sections (Box 1)

<table>
<thead>
<tr>
<th>Box 1: Signposts for Report Sections</th>
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<tbody>
<tr>
<td>Section 2</td>
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<td>Section 7</td>
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<td>Section 8</td>
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² Throughout the life of the project four SPOG Presidents and committees were involved:
1. Dr Valentin Jaimes President and his committee (2003-2005): project formulation
2. Dr. Miguel Gutiérrez President and his committee (2005-2007): FIGO sign up and initiation of activities.
4. Dr. Adolfo Rechkemmer President and his committee (2009-2011): project finished.
5.
2. BACKGROUND

2.1 Context
The Ministry of Health in Peru (MINSA), paying heed to the U.N. Millennium Development Goals (MDG), has long had in place strategies to reduce maternal mortality. Despite this standing policy commitment, however, maternal mortality continues to exceed national and global reduction targets. Challenges to meeting the MDG of reducing maternal mortality by 75% by 2015 include inconsistent and inadequate political support for sexual and reproductive health, haphazard financing, human resource constraints and frequent staff turnover, compounded by infrastructural limitations, the continuing secondary status of women and other cultural barriers that impede access to health care for those most at risk.

The Peruvian Society of Obstetricians and Gynecologists (SPOG) had long identified maternal mortality as a salient national concern. The FIGO Saving Mothers and Newborns (SMN) initiative offered a welcome opportunity for SPOG to take a leadership role by bringing together an alliance to address it. The project was conceptualized in 2004 in conjunction with Pathfinder International, the Spanish Society of Gynecology and Obstetrics (SEGO), the regional Ministries of Health and Education, the University of Piura, regional chapters of obstetric professionals, regional and district governments and local non-governmental organizations (NGO). Following partner review and FIGO approval, the project started in December 2006, with SPOG and the MC Health Network as the lead implementers.

2.2 FIGO-SPOG Project
The SPOG project in Peru was designed to support MINSA to operationalize more effectively its commitment to reducing maternal mortality through a holistic and participatory approach emphasizing human rights, gender equity and community participation. Project activities centered on improving the technical capacity of the health network in Morropon-Chulucanas district (in the northern region of Piura) to identify and attend high risk pregnancies, and to increase the proportion of deliveries attended by skilled obstetric personnel by raising community awareness of obstetric risks and maternal health. The project targeted the Morropon-Chulucanas Health Network (MCHN) area because of its continuing high rates of maternal mortality (MMR) relative to other parts of the Peru.
3. EVALUATION METHODOLOGY

The final evaluation, based on the methodology summarized below, took place between 14-17 February 2011. A full listing of those contacted is included in the annexes.

- Critical review of available project documentation (including FIGO and SPOG project proposals, SPOG project baseline evaluation, narrative reports and project-generated materials, and where possible patient registers.
- Field visits to Piura Region Department of Health, Chulucanas District Department of Health, Chulucanas District Department of Education, Chulucanas Hospital and health centers and referral facilities in Chulucanas, Morropon, Canchaque, Faique, Chandro, Paccha, Buenos Aires and Matanazas.
- Extended dialogue about project activities, project management, partnerships and linkages, community involvement and other project related issues with present project staff.
- Personal interviews and focused group discussions with project personnel from SPOG and MINSA, local, provincial and national stakeholders, project beneficiaries, health center staff, clientele and community members.
- The evaluation team tried to meet with the Mayor of Chulucanas and the newly elected President of Piura Region, but both were unavailable.
- Written feedback from the Project Mentor.
4. PROJECT ACHIEVEMENTS

Overall the results of the evaluation demonstrate that the project has been highly successful, despite its limited size and budget, in its goal of supporting the Morropon-Chulucanas district health network in northern Peru to reduce maternal mortality. Specific achievements are detailed below.

4.1 Foremost is that between 2007 and 2010, the MMR in the MCHN dropped from 144 to 36/100,000. This change constitutes an almost 60% decrease in maternal deaths during the project period; this exceeds the project’s objective of reducing MMR by 50%. The Network’s 2010 MMR rate is not only significantly below the MMR of 108/100,000 in 2010 for the entire region of Piura, but also dramatically below many other parts of Peru with better health indicators overall.

<table>
<thead>
<tr>
<th>Year</th>
<th>Maternal Mortality Rate (MMR) and # of Maternal Deaths in MC Network vs Total for Region of Piura 2005-2010</th>
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<tbody>
<tr>
<td></td>
<td>Maternal Mortality Rate #/100,000</td>
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<td>MCHN</td>
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<tr>
<td>2005</td>
<td>313</td>
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<tr>
<td>2006</td>
<td>144</td>
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<td>2007</td>
<td>153</td>
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<td>2008</td>
<td>87</td>
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<td>2009</td>
<td>181</td>
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<td>2010</td>
<td>36</td>
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</table>

4.2 Network health staff has taken a leadership role in marshalling colleagues to reduce maternal mortality. The project owes the bulk of its success to the tireless efforts of a few key personnel, especially Tanya Salazar Palacios, the head midwife in charge of maternal health for the Network at the onset of the project. In taking on local coordination of the SPOG project, on a volunteer basis, in addition to her other responsibilities, the head midwife took selflessness, dedication and leadership to a level hitherto not experienced in the network, and that would be the envy of any professional endeavor. Likewise, the first two Network directors invested considerable time beyond their regular responsibilities attending to project matters. Neither they nor anyone else with the MCHN received additional compensation for the extra time required to ramp up community involvement or to attend to the larger obstetric emergency caseload that resulted from the project’s interventions.

4.3 Health staff and the community alike now recognize and respond faster to signs of obstetric risk and deliveries; and the community is more aware that routine pre-natal care and professionally attended deliveries yield better birth outcomes and reduce maternal deaths. This has been achieved through intensive and collaborative capacity building of almost all professional staff (doctors, nurses and midwives) assigned to the MCHN between 2007-2010, as well as selected administrators and other stakeholders. A five-day team-building workshop for health professionals applied human rights, gender equity, domestic and gender-based violence and community partnering with upgrading emergency obstetric care, safe delivery techniques, and sexual and reproductive health. The project also provided punctual support for more specialized training of selected staff.

At all training events pre- and post-workshop knowledge levels were evaluated. Unfortunately quantitative data on changing levels of knowledge were not available during the evaluation, however, the project team summarized the results as showing that nurses showed the greatest levels of increased knowledge and doctors’ showed the lowest levels of change in knowledge levels. This was viewed as, in part, as
being due to a less receptive attitude towards the training. Health staff interviewed during the evaluation cited various examples whereby their upgraded skills were effectively put into practice and enabled them to treat obstetric emergencies more quickly and effectively. Significant is that emergency response kits are now in place at most health facilities. Staff are using them and in many cases, replenishing them from petty cash to avert stock-outs. According to obstetric staff, pregnant women, now more aware of signs of trouble, are increasingly inclined to seek assistance at an intermediate rather than crisis stage. The increase in institutional births coupled with the decrease in maternal deaths testify to an improved overall capability among health staff and the community alike.

Key to the overall success of the capacity building work was constant reinforcement of obstetric risk indicators and marshaling a unified response, namely that everyone knows and follows the same procedures when dealing with a maternal emergency. Teachers and education administrators were provided with advocacy tools to garner more community awareness and involvement, through parent-teacher forums.

4.4 Improvements in the quality of care have been implemented at all levels of services and referral facilities in the MCHN. Protocols and guidelines for responding to obstetric emergencies and improving birth outcomes have existed for a substantial period of time but have been infrequently followed. These have now become standard practice and additional techniques and technologies have been introduced. These include manual vacuum aspiration (MVA) and nonpneumatic antishock garment. Personnel and material changes, such as providers actually being on the premises and proper use of emergency kits, have been implemented at Chulucanas hospital. Consequently, it is now more receptive and responsive to emergency referrals and deliveries.

As part of its arsenal against maternal mortality, MCHN staff activated an emergency response team. Based in Chulucanas, comprising a doctor, nurse, midwife (the project's local coordinator), and driver, the team made itself available 24/7 by phone or on-site to respond to obstetric emergencies exceeding field capacity. Noteworthy is that staff received no remuneration for the substantial additional time and responsibility this required. For its extraordinary efforts, the team was awarded the Pathfinder International's Sara Faith Prize in 2009, bringing national (and international) recognition to its indefatigable commitment to fighting maternal mortality (details summarized in box below).

Doctors, nurses and midwives frequently commented how workplace morale has improved in response to the training's emphasis on team building. Turf wars and professional rivalries have largely been replaced with a team-driven response to obstetric emergencies and patient care. Nurses and midwives have strengthened outreach efforts to identify pregnant women and provide them with regular pre-natal care. Health staff are also partnering with teachers to raise greater community awareness of maternal risk signs and have been in successful in marshaling more male involvement in pregnancy care.
THE MC NETWORK’S SARA FAITH AWARD FOR ANONYMOUS HEROISM

The MCHN team won national recognition with the Sara Faith Award ($20,000 donated to network for upgrading health facility) for an extraordinary emergency response. The case occurred in a remote community in the Sierra during seasonal rains. They had to abandon their vehicle and then by foot TEN hours, through the night on muddy washed out mountain trails to reach the patient in distress. There, they came up against a recalcitrant husband who, notwithstanding her critical situation, refused consent for his wife to be moved. When staff appealed to the patient, she deferred. While sensitive to local fatalism, absent referral, the patient was likely to die. They were mounting a last appeal to the husband, when his wife suddenly consented to be transferred! Turns out that, in true team spirit, the network’s driver, seeing that the woman and her family were not paying heed to his colleagues, tried the incentive approach; new cooking pots if she would consent for referral. She quickly acquiesced! Never mind the unorthodox strategy—the team was elated. With the patient and family in tow, the brigade embarked another ten hours on foot to get back to the beached ambulance. They got her to the hospital just time; without their heroic intervention, she would have died. Saving a life is what won them the prize.

4.5 Barriers to accessing services have been tangibly addressed and reduced. Although officially prenatal and delivery care are provided without cost in Peru, this does not translate to reality nor provide for emergencies. Under the aegis of the SPOG project, the MCHN established a fund to cover outstanding costs of indigent patients in need of urgent referrals. This has enabled more emergency cases to be treated and referred more quickly and aggressively. In collaboration with local authorities, “casas de espera” (waiting houses) have been established in two outlying municipalities, Santo Domingo and Frias, to accommodate patients from afar approaching their due date. Two others, in Yamango and Lalaquiz were in the process of construction at the time of the evaluation. A casa de espera on the grounds of the district hospital in Chulucanas, which was identified early on as a high priority, still has yet to receive full local approval to move forward. Thanks to the project’s initiative, women coming to deliver at health centers in areas not served by casas de esperas are offered temporary accommodations through community partnerships.

4.6 As a result of outcomes 4.4, 4.5 and 4.6, births attended by skilled personnel increased substantially between 2007 and 2010. From an average of 1550 institutional births registered annually the project onset in the MCHN, this had increased to 2898 births by the end of 2010.

4.7 The project’s rights-based approach has engendered greater cultural sensitivity among health staff and enhanced their relationship with the community. Obstetric staff at all levels of delivery facilities now appear to have a better understanding of patients’ rights and are more respectful and accommodating about traditional birthing practices—for example, equipping the delivery room as appropriate for women to give birth kneeling, crouching or standing rather than supine on a table and allowing ceremonial accouterments and traditional attendants to be present. These efforts, coupled with extended outreach activities, have made the community feel more comfortable about delivering in a health center and, thus, more inclined in general to seek prenatal care.

4.8 Service delivery has become more accountable. The project has played a catalytic role in operationalizing dormant regional and district committees charged with auditing maternal deaths. This mechanism has raised awareness of provider accountability and resulted in disciplinary measures of health staff inexplicably
absent from their posts when an obstetric emergency arose, and thus deemed to be directly at fault for an otherwise preventable death.

4.9 Stakeholders from different sectors are demonstrating a greater commitment to sharing resources in the fight against maternal mortality. Both casas de espera were established with donated materials on land designated by the municipality. The project also invited providers and other individuals not associated with the network to participate in the training. Teachers and education specialists are forging forward together with health center staff to involve the community more in averting maternal emergencies and death.

4.10 SPOG has gained significant experience in project management and enhanced credibility though its largely volunteer efforts to improve obstetric capabilities in the field and to marshal greater attention and commitment nationwide to reducing maternal mortality. The manual on administrative procedures that SPOG developed in preparation for taking on the project has since been adapted for use in other FIGO SMN projects. SPOG has also nearly completed, together with the MCHN and other stakeholders, a training package to facilitate replication of the project’s methodology and approach.

Box 2: Examples of change

<table>
<thead>
<tr>
<th>Locally adapted training methodology</th>
<th>Upgraded staff to handle post-partum complications</th>
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<tr>
<td>SPOG’s core group of six collaborators quickly realized that the ALARM materials were not going to be relevant to the project. In spite of myriad competing demands on their time, they pooled their public health training and extensive experience to up with the project’s far more appropriate alternative.</td>
<td>Prior to SPOG training, only physicians were equipped to suture perineal tears due to childbirth. The project extended this capacity to nurses and midwives, thereby greatly enhancing staff capacity to handle post partum hemorrhaging</td>
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<tr>
<th>Chulucanas Hospital</th>
<th>Enthusiasm and participation</th>
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<tr>
<td>Thanks to the project, the hospital not only has staff regularly in place, and is better prepared for emergencies, but also accommodating to traditional birthing practices. Noteworthy is that usually hospitals are not inclined to do this.</td>
<td>Health staff, in Matanzas, including the husband of one of the midwives, together with teachers and other community members have developed local appropriate imaginative and creative training graphics. These have greatly helped to extend EOC information to non-literate populations. Male participation absent initially has been slowly increasing.</td>
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3 A small core group received a monthly salary. These were: the Project Coordinator, the Project Director and the Finance Coordinator.

4 The ALARM (Advances in Labour and Risk Management) course is a Canadian training aiming to improve the Emergency Obstetric and Neonatal Care provided to women and their newborns. This evidence-based course offers case-based plenary sessions, hands-on workshops and a comprehensive examination process.
5. PROJECT CHALLENGES

Whilst the project has made many significant achievements, it has also encountered its fair share challenges and shortcomings. Many of these were overcome as a result of the project team's efforts. Other challenges have yet to be resolved; these are largely dependent on obtaining commitments from external stakeholders.

5.1 The project faced unrealistic and often presumptuous expectations among stakeholders from the onset. Many of those approached to support the project assumed that it was well endowed because of its international funding, and thus a cornucopia for gain. Learning otherwise was a disappointment. A project driven almost entirely on good will was a real anathema to many. Those who bought into it did so with zeal. But making the pitch, whether successful or not, has carried a high opportunity cost. Project staff have navigated this labyrinth of expectation pitfalls with laudable dignity and integrity.

5.2 The majority of medical professionals willing or available to share their expertise with the project were either approaching retirement or already retired. This was due to the level of volunteer commitment involved. Although those who did volunteer were all well received and proved to be captivating trainers, an integration of younger trainers could help build a more durable constituency to uphold and extend the project’s momentum and goals.

5.3 The project is raising the bar beyond health sector capacity to keep pace. In many cases, staff are denied the opportunity to apply their new skills, because of absent or missing equipment. This poses a further burden on already overstretched human and material resources. For example, the MCHN is hard pressed to capitalize on upgraded staff ultrasound capacity because most of the sonograms that were in evidence at facilities designated for this level of care were either antiquated or non-functional. There is a mobile ultrasound team intended to reach women in dispersed areas. It now has the additional responsibility of servicing communities within easy access to the procedure at a health center, if only it were duly equipped. The project has made an ongoing effort to advocate on behalf of the network, bring on board more partners, and encourage municipal and district administrators to give greater budgetary and planning priority on meeting primary health needs. But mustering the requisite resources to keep pace with network and community needs is a constant struggle.

5.4 The change of power at the regional helm, following the October 2010 elections, has engendered substantial uncertainty for the sustainability of project achievements. Sweeping personnel changes in regional and district health, education and administrative leadership have rendered political support for the project in limbo. Where this threatens to hit the hardest is at the operational level: the local coordinator instrumental in the project’s success, was summarily transferred out of maternal health in early February 2011. She was replaced with a midwife from outside of the area, whose commitment to the project objectives and responsibilities is, at present, unclear. A number of other network staff directly engaged with project oversight and implementation has also been taken out of commission with almost no

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5 A project team that included the FIGO mentor met with newly appointed regional and district authorities just after the elections. Highlighting the MC network’s progress, they advocated for retaining key personnel critical to maintaining the project’s momentum. Assuring them at the time that there was “no reason to change something that works”, the new regional government, once it came into office, almost completely reneged on that promise.
notice, either moved to a less operational position or made redundant.

Administrative changes at the municipal level in Chulucanas have resulted in further delay of already pending project initiatives, including the long promised Chulucanas casa de espera.  

5.5 Network patient registers and other project related data instruments indicate shortcomings in quality control and inadequate standardization of information systems among stakeholders. As traditional home deliveries occurring without complications often do not show up in health facility registers, births are under-reported. While this is beyond the network’s control, it nevertheless makes it difficult to get an accurate reading on the proportional increase in institutional or attended births over the project period.

5.6 Scant attention has been given to project sustainability. It is striking that neither the project nor the network has considered how to provide on-the-job-performance monitoring and in-service refresher training, inputs critical for sustainability.

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6 During the evaluation, the project coordinator met with the newly appointed Director of Health to brief him on the project and enlist his support in mitigating the damage (ideally by reversing the staff changes) that these recent political moves portend for the project. The immediate response was favorable; however only time will tell how substantive...
6. PROJECT MANAGEMENT

6.1 Excellent high level project management. In addition to the very high level of involvement by the entire project team (see Annex 5), the SPOG coordinator for the project, a former President of SPOG, was also involved in the project’s conception. He has done more than justice to a leadership role that he inherited by default. The only principal of the project compensated (albeit very modestly) for a part-time position, he has remained undaunted in the face of high opportunity cost administrative, logistic and reporting responsibilities that amounted to a full time job plus. His experience has served to both to inform SPOG and motive its membership to identify other opportunities for similar engagement.

6.2 Likewise, the dedicated performance of the local midwife coordinator, who has been with the project from the onset, is highly praiseworthy. Although uncompensated, she has invested innumerable hours of her own time (as well as resources from her pocket) on behalf of the project, while juggling her other demanding network responsibilities. Her seamless collaboration with the SPOG coordinator has been a real bonus for the project. Their highly fluid communications has kept him fully up to date with activities, whether he is in the field or not. MCHN colleagues acknowledge that her commitment and charisma have been central to the project’s acceptability and success. According to the project mentor, however, greater credit by SPOG as a whole for the local midwife coordinator’s leading role would be appropriate. He has formally recommended that she be duly recognized at the upcoming FIGO international Congress in Rome later in 2011.

6.3 The guidance and periodic visits of the FIGO mentor from Spain were of tremendous technical assistance from the onset to the end of the project. The mentor provided helpful input in the design process, enhanced the project’s credibility among host country stakeholders and validated the tremendous efforts of the project principals on the ground, as did the visits of FIGO head office staff to Peru. SPOG’s advisory board’s bi-weekly meetings also provided a forum for technical input and guidance for the project. Other inputs envisaged in FIGO’s SMN global design, including the institutional twinning mechanism and partnering with other local professional associations did not feature prominently in the Peru project; internal politics between some of national and local health associations limited the degree of their collaboration.

6.4 The ALARM curriculum recommended for use in FIGO’s SMN global proposal was quickly judged to be inappropriate for the Peruvian situation. Designed for training health staff working in highly equipped hospitals in dense urban areas, there was not even any point to trying to adapt it for the project in Peru. Instead, the Pathfinder International programme was judged to be more appropriate as this had already been used successfully in seven regions in Peru.

6.5 The project log frame and work plan provided a reasonable roadmap and most milestones were met. That the project strategy gave initial priority to upgrading institutional capacity before raising community awareness and demand for services attests to holistic vision and thoughtful strategic planning of those who conceived and designed it—aside from the curious omission of major attention to follow up and sustainability.

6.6 Project design and internal evaluation of capacity strengthening activities. According to feedback from the project mentor, not all project objectives
were clearly defined from the beginning. Some objectives were adapted or incorporated during implementation, thereby making it difficult to measure benchmarks. He surmised that an insufficient understanding of the local reality may have the compromised the initial project design, and that a field visit from either the head office of SPOG or FIGO to the project site before final approval of the project could have helped to mitigate this. He also noted that evaluating a project predicated on professional development is inherently challenging. And even more daunting in this case, given the project’s absence of skills assessment beyond the pre and post training testing. This was further complicated by the high rate of personnel turnover within the MCHN. In his opinion, the MCHN, as a partnership condition, should have been urged to commit, from the beginning, to retain all staff trained by the project for the duration of its implementation. Indeed, the project staff advocated valiantly, and on an ongoing basis, for continuity of trained staff and network focal points, but it had limited leverage in the face of resource constraints, political flux and partisan expediency. The project mentor cautioned that this level of personnel turnover seriously undermines the sustainability and effectiveness of building up staff capacity to reduce maternal mortality.

Despite these caveats, however, the project mentor felt that the SPOG project represented a worthy educational endeavor and collaborative exercise for all involved.

6.7 **Financial oversight of the project has complied with FIGO standards.** SPOG has consistently met FIGO financial disbursement and reporting obligations in accordance with the procedures mapped out at the project onset. To compensate for time lost to competing demands in July 2010, SPOG extended the project through the end of January 2011. When the books closed, a balance of $2 remained. It was observed SPOG reporting requirements solicited minutiae on project activities.
7. LESSONS LEARNT

7.1 Lessons learnt for FIGO

- A team approach, respect for local ethos and human rights, and community participation are essential for reducing maternal mortality.

- Full ownership by concerned government stakeholders, while imperative for any project aligned with the public sector to root and thrive, is too often mercurial, and should never been taken for granted.

- Upgrading institutional capacity and quality of care should precede raising awareness or increasing demand for services.

- Project teams need to be reminded and supported to include on-the-job-performance monitoring and in-service refresher training in their action plans. These inputs are critical for sustainability.

- Project roles and responsibilities need to be clearly defined and delineated from the onset to avoid competition for leadership and to ensure consistent messaging and coordination with local counterparts.

- Evaluation of capacity strengthening and professional development activities is challenging and support may be needed by projects to enable effective evaluation of achievements.

- Greater levels of support may be needed by projects at the project design phase to ensure that project objectives are appropriate to the local and institutional situation on the ground. During the design phase it would also be helpful to obtain support from external institutions working in the region, such as Instituto Peruano de Paternidad Responsable (INPPARES), Pathfinder International and the United Nations Population Fund (UNFPA). Maintaining these alliances can also support continuing improvement of projects.

7.2 Lessons learnt for the Project

- People are more likely to use the health services and cooperate with health personnel when they are treated with respect and dignity.

- Frequent rotation of project-trained providers undermines staff morale, health sector capacity and community confidence.

- Improved and expanded communication infrastructures, particularly wider cell phone use and coverage, has proved an indispensable tool for extending access to emergency health services, especially for dispersed communities.

- The project team report that pre-service training in Peru at present results in a high incidence of health professionals (especially physicians) who have inadequate cultural sensitivity, and a very limited concept of team work, gender
equity, human rights or community partnering. These knowledge/skills areas need strengthening substantially. 

- Volunteerism has failed to take hold among many who really could afford to contribute their time and good will and have the skills to help bridge health disparities in Peru. 

- Carefully selected recently retired health professionals can be a highly effective resource for projects with limited budgets and a need to optimize voluntary inputs; however, there is also a need to support younger health professionals to become trainers in order to build a durable constituency to uphold and extend the project’s momentum and goals.

- Partnering with the education sector can have a much greater impact in reaching the community. Impact is increased through on-going sensitization workshops regarding preventing maternal mortality, introducing a gender dimension to sexual and reproductive health messages and increasing awareness of gender based violence in messages to students. This greatly facilitates increasing community awareness and increases opportunities for increasing the sustainability of the project’s objectives.

---

7 As direct as possible a summary translation of SPOG members and project staff reflections on lessons learned from this experience.
8 IBID
8. CONCLUSION AND RECOMMENDATIONS

8.1 Conclusion

This project has achieved remarkable successes, especially given its limited size and budget. Thanks to the constancy, commitment, resourcefulness and flexibility of the leadership team it achieved the bulk of its stated objectives, overcoming expectations of financial support from external stakeholders, initial stakeholder resistance, frequent broken promises and ongoing logistic and human resource setbacks along the way. For SPOG, this first foray out of its usual academic focus has proved to be a real confidence and capacity builder and opened a new world of opportunity.

The association can now leverage the experience gained through the FIGO project to extend its credibility and networks beyond academic circles, build up a project portfolio and encourage more social activism and humanitarian involvement among its membership. The real challenge will be creating an equivalent to the extraordinary and unique management dynamic so central to the success of this first project in Morropon-Chulucanas.

These achievements, however, are not without caveats. The durability of technical and humanistic improvements to service delivery and health outcomes in the MCHN currently remain in limbo. Factors contributing to uncertainty include, inter alia, inadequate monitoring and follow up, health sector resource constraints, wavering political support and leadership in flux. A lot is at stake. FIGO, SPOG and others committed to helping Peru reach its MDG mortality target should give high priority to mobilizing means to uphold and extend the project’s legacy.

A footnote to the project is that the Ministry of Health in Peru recently declared its intention to staff every health facility in the country with a full obstetric team (doctor, nurse, midwife) to strengthen efforts to bring down nationwide high maternal mortality rates. This is indeed welcome news. Assuming it translates to reality, the onus is on SPOG, partner professional associations and other concerned stakeholders, to advocate intensely for in-service training prior to deployment. This training should incorporate the lessons learned in Morropon-Chulucanas. Otherwise there is the very real risk that human capital will be invested in vain.

8.2 Recommendations

a) FIGO

- Support SPOG to sustain the project’s achievements in Piura and explore feasibility of applying the model more broadly in Peru to help MINSA maternal mortality in compliance with MDG targets.

- Support SPOG to document the project’s experience, including modules on financing and logistics, such that professional associations and other interested parties in countries, like Peru, where the ALARM curriculum is not applicable, can adapt it for their own use. 9

9 Some of what would be required for this may already be contained in the manuals now in process of completion.
• Formally acknowledge the incredible contribution of the Local Coordinator, Tanya Salazar Palacios to the project's success and leverage it by nominating and supporting her for advanced training in management or public health, be it in Peru or elsewhere.

• Reduce the detail required in FIGO reporting templates, for example: itemizing all project-related communications during a given period; unless there is a compelling justification for it. Likewise, streamline administrative and reporting requirements for primarily volunteer-driven field projects to a minimum, or preferably revise their budget to accommodate a full time coordinator.

b) Project/SPOG

• Consider including medical technicians in the training pool to bring them up to speed on rights based approaches to interacting with and treating patients. Also extend training in use of MVAs to lower level health facilities in isolated areas where miscarriages are often prevalent.

• Frequently re-visit and re-cement any agreements with concerned authorities and stakeholders and never assume support is steadfast.

• Ensure that support for monitoring and evaluation of on-the-job performance and refresher training features prominently in any project to strengthen human resources.

• Invite media coverage of the project's successes and challenges as an advocacy tool for pressuring government officials to uphold and honor any verbal obligations and broadening the constituency committed to reducing maternal mortality in the MC Chulucanas network and beyond.

• SPOG should leverage its academic and professional capital at the national and regional levels to advocate for reviewing and revising pre-service curricula for health professionals (especially physicians), to increase the opportunity for graduates to emerge as better, culturally-sensitive team players prepared to partner with the community and apply a rights based approach to service delivery.

• SPOG should document and disseminate the experience of the project and lessons learned among colleagues, academic institutions, donors, elected (and appointed) government officials and other parties relevant to maternal health.

• Showcase this project among different health professional associations and pre-service training institutions in Peru to raise greater awareness of how much they can contribute to the fight against maternal mortality through active involvement in short- and longer-term voluntary initiatives.
### ANNEX 1: LIST OF PEOPLE CONTACTED

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
<th>OBSERVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Juan Trellis</td>
<td>Project Coordinator</td>
<td></td>
</tr>
<tr>
<td>Tanya Palacios Salazar</td>
<td>Midwife/Coordinator</td>
<td></td>
</tr>
<tr>
<td>Dr. Anibel Calle</td>
<td>Medical Specialist, Chulucanas Hospital</td>
<td>Involved w/ project from onset</td>
</tr>
<tr>
<td>Dr. Hector Rodriguez Bastos</td>
<td>Director of Health, Piura</td>
<td>Newly appointed as of 1/11</td>
</tr>
<tr>
<td>Dr. Cesar Moron</td>
<td>Director de Salud de Las Personas</td>
<td></td>
</tr>
<tr>
<td>Dr. Luis Saavedra Juarez</td>
<td>Director, Red Morropon, Chulucanas</td>
<td>Newly appointed to post; previously MD at clinic; trained by project</td>
</tr>
<tr>
<td>Gerson Herrera Giron</td>
<td>Tecnico de Laboratorio, Centro de Salud Paccha</td>
<td></td>
</tr>
<tr>
<td>Yulitza Yamunaque Castillo</td>
<td>Tecnico Enfermeria, Centro de Salud, Paccha</td>
<td></td>
</tr>
<tr>
<td>Dr. Jhony Sandoval Garay</td>
<td>Subdirector, Hospital de Chulucanas</td>
<td>Newly appointed to post; trained by project</td>
</tr>
<tr>
<td>Dr. Elmer Huachez Jimenez</td>
<td>Director, Hospital de Chulucanas</td>
<td>Newly appointed to post; trained by project</td>
</tr>
<tr>
<td>Dra Luzgarda Muro Rentiria</td>
<td>Directora de Ob/Gyn, Hospital de Chulucanas</td>
<td>Newly appointed to post; trained by project</td>
</tr>
<tr>
<td>Socorro Valladolid</td>
<td>Midwife, Hospital de Chulucanas</td>
<td>Involved w/ project from onset</td>
</tr>
<tr>
<td>Lic Bertha Diaz Aquino</td>
<td>Neonatal Nurse, Hospital de Chulucanas</td>
<td></td>
</tr>
<tr>
<td>Ingrid A Rodriguez Aquino</td>
<td>Nurse, FONPE Chandro</td>
<td>Newly appointed to post, not trained by project</td>
</tr>
<tr>
<td>Judith Llacahuanga Campoverde</td>
<td>Head Midwife, FOMBE, Chanchacas</td>
<td>Assigned to post, trained by project</td>
</tr>
<tr>
<td>Dr. Marco Antonio Escobar Timana</td>
<td>Doctor, FOMBE, Chanchacas</td>
<td>Trained by project</td>
</tr>
<tr>
<td>Dr. Jose Recondo Covenas Yanique</td>
<td>Lead Doctor, FOMBE, Faique</td>
<td>Trained by project</td>
</tr>
<tr>
<td>Miriam Elizabeth Silva Salva</td>
<td>Midwife, FOMBE, Faique</td>
<td>Trained by project</td>
</tr>
<tr>
<td>Dr. Ana Cherre</td>
<td>Intern, FOMBE, Buenos Aires</td>
<td>10 months served of year rural posting; did not receive training</td>
</tr>
<tr>
<td>Erica Gutierrez Palacios</td>
<td>Midwife, FOMBE, Morropon</td>
<td>10 yrs at post, trained by project. Only prof staff at facility at time of visit</td>
</tr>
<tr>
<td>Dr. Juan Carlos Palco Palacios</td>
<td>Doctor, Matanzas E1-3</td>
<td>Trained while posted at Sanitral; 7 mos at Matanzas</td>
</tr>
<tr>
<td>Rosario Acuna</td>
<td>Midwife, Matanzas E1-3</td>
<td>18 years at post; trained by project; actively</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Additional Information</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kelly Lizana Tolto</td>
<td>Midwife, Laynos E1-1</td>
<td>Involved in community component</td>
</tr>
<tr>
<td>Lorgia Melania Pointa Palacios</td>
<td>Director of Education, Yapatera</td>
<td>Participated in project training of teachers and education administrators</td>
</tr>
<tr>
<td>Walter Saranago</td>
<td>Administrator, UHEL</td>
<td>Formerly Education Specialist. Helped coordinate project training of teachers and education administrators</td>
</tr>
<tr>
<td>Manuel Huachez Jiminez</td>
<td>Newly Appointed Director of Education, Chulucanas</td>
<td>Brother of newly appointed director of Chulucanas hospital. No project participation to date. Briefed during evaluation</td>
</tr>
<tr>
<td>Dr. Oscar Berru Vargas</td>
<td>Medical Specialist, Chulucanas Hospital</td>
<td>Director of MC Network from 9/2008-1/2011</td>
</tr>
<tr>
<td>Dr. Carlos Miguel Sanchez Lopez</td>
<td>Redundant as of 2/2011</td>
<td>Deputy Director of MCHN from 1/2009-1/2011</td>
</tr>
</tbody>
</table>
Annex 2: TORs

FIGO Saving Mothers and Newborns (SMN) Project Final Evaluation
Terms of Reference

Background:

The goal of this 4 year project has been to reduce maternal and newborn morbidity and mortality and contribute to the achievement of MDG goals 4 and 5 in a series of low income countries. Secondary objectives of the project include:

1. Strengthening the capacity of national professional societies to engage in maternal-newborn health through the design and implementation of projects in the field;

2. Strengthening cooperation between FIGO and national societies, and also between societies in regions or of different economic levels;

3. Strengthening cooperation between national societies and national stakeholders involved in safe motherhood and newborn health;

4. Increasing the credibility of national societies locally to provide technical support to Ministries of Health and national professional councils.

The project has been implemented in a number of countries wherever possible through twinning mechanisms between ob/gyn societies of developed countries with those in the implementing countries (north-south partnerships). In turn, the ob/gyn societies in the low income countries were expected to partner with national midwifery societies, Ministries of Health, civil society organizations and other relevant stakeholders to ensure harmonization of the project with the health policies and practices in the countries and the proper implementation and sustainability of the tenets of the project.

The key innovation of this initiative has been to increase women’s access to new, cost-effective and evidence-based technology for the reduction of maternal and newborn mortality in the countries concerned. Thus, the individual projects should have included staff training and re-training using modules such as the ALARM International program, maternal mortality audits, improvement of antenatal and delivery services, improvement of emergency obstetrics care (EOC) in selected districts, the development and dissemination of obstetric management protocols and algorithms, introduction and dissemination of partogram monitoring of labor and consolidation of the use of essential drugs like misoprostol and uninject for the prevention and treatment of post-partum hemorrhage. Projects were also intended to work with local communities to increase awareness on issues related to safe motherhood, and to promote increased utilization of interventions to reduce maternal and newborn morbidity and mortality.
Scope of work (general):
FIGO has engaged Options to undertake a final evaluation, in the form of a critical review, of each project and to provide individual country reports and an overall evaluation report to submit to the funder (SIDA). These reports will summarise and state to what extent the objectives of the project have been achieved.

Individual projects have been sited in ten countries and individual reviews are required for each project. Five reviews will take place in-country (Peru, Uganda, Pakistan, Haiti and Nigeria) and five will be desk-based (Kosovo, Kenya, Moldova, Uruguay and Ukraine). The reviews will take place between April 2010 and July 2011. Concise individual reports will be submitted to FIGO after each review. A summary report will also be prepared when all reviews are completed.

FIGO recognizes that measuring the maternal health impact of this project is not feasible. However there may be areas/examples where this has occurred. In this case, vignettes could be provided in the report to illustrate this. This final evaluation needs to take into consideration and highlight in the report the fact that the project has had limited funding.

Objectives of each review:
- To evaluate the acquired capacity of the ob/gyn and midwifery society to conduct projects relevant to the promotion of safe motherhood and the improvement of maternal health
- To report on and evaluate any of the following indicators that were listed in the initial project proposal:
  - Improvements in access to essential obstetrical care services and new technologies
  - Improvements in access to skilled birth attendants
  - Improved health facilities
  - Lowering of maternal case fatality rate
  - The level of community mobilization and participation
  - Improvements in access to health facilities with basic equipment, supplies and medication for basic obstetrical care services and new technologies such as tamponade and unject
  - How social and cultural barriers to maternal care have been identified and addressed
  - Improvements in collaboration and the engagement of health providers, governments, community organizations and civil society to understand why women and newborns are dying and how to prevent it
- To describe what the project has meant to each country project and professional society as well as FIGO as an organization
- To list the lessons learnt for FIGO
- To present the successes, challenges and shortcomings of the project, together with a discussion of possible recommendations for the future direction for each country’s project (if the project is continuing beyond the period of FIGO funding)

Scope of work (Peru):
In-country to include:
- A critical review of any written material (narrative reports etc), and other evidence individuals in the project can cite to support the endline review.
- Interviews with key individuals within the project including the partners etc. (A full list of interviewees will be provided in advance of the review).
• Interviews with mentors, FIGO staff and SMNH Committee members as necessary.
• A site visit may be undertaken if time permits.

A draft interview schedule will be provided before the evaluation, together with a draft report structure. However, the consultant will need to use his/her professional judgement in deciding if there are other issues that also need to be explored and/or which key issues need to be investigated in greater depth than the draft interview schedule provides. Both qualitative and quantitative evidence should be presented in the report to support the consultant’s findings.

A brief summary of the project is provided at the end of this document.

**Deliverables:**
Report of the individual country evaluation. (Individual country reports will be approximately 10 pages long, although this will be confirmed prior to the evaluation).

**Timeline:**
The evaluation will occur following completion of the project’s funding from FIGO and SIDA (December 2010). It is intended that the project will have submitted final documentation which will be made available to the consultant, as will other key documents such as the report of an earlier baseline review, annual narrative reports etc.

The review will take place in-country between 14th – 17th February. **The total assignment should take no more than 7 days.** The breakdown of days is:

<table>
<thead>
<tr>
<th>Days</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Preparation</td>
</tr>
<tr>
<td>4</td>
<td>On-site project review</td>
</tr>
<tr>
<td>1.5</td>
<td>Report writing</td>
</tr>
</tbody>
</table>

The evaluation should be submitted to Options 10 days after the field visit. Options will provide the first comments on the draft written outputs within 2 weeks of submission and will share the report with SOGC for feedback. The consultant will finalize written outputs, responding to comments received, and submit final versions within two days of receipt of comments.

**Languages:**
There are no specific language requirements for this assignment.

**Summary of the Peru project:**
“The project aims to Improving Obstetric and neo-natal emergency care in the Morropon-Chulucanas Health Network, Peru.”

The Peruvian Society for Obstetricians and Gynaecologists (SPOG) is working to decrease maternal and newborn mortality and morbidity by improving health care services as well as increasing the demand for these services in nine health facilities. Their project focuses on providing technical support in the implementation of the Ministry of Health’s (MINSA) strategy through activities such as training, supervision, maternal death audits, implementation of protocols and guidelines and community sensitization.
ANNEX 3: PROJECT FINAL REPORT

FIGO Safe Motherhood & Newborn Health Project
Period covered: 1st July to 31st December 2008
Narrative Report

Section A.
Please complete the following details:

1. Country:
PERU

2. Title of Project:
Saving Mother and Newborns in Morropon Chulucanas, Health Region of Piura

3. Details of Country Project Staff:
Please complete with as much detail as possible.

<table>
<thead>
<tr>
<th>Table 3.</th>
<th>Country Project Director</th>
<th>Country Project Midwife Co-director</th>
<th>Project Researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Title</td>
<td>Juan Trelles Yenque Executive Coordinator</td>
<td>........................................</td>
<td>.................................</td>
</tr>
<tr>
<td>Address</td>
<td>San Ignacio 306 Centro Comercial Monterrico Surco 511- 435 9119 511- 999 340907</td>
<td><a href="mailto:Jtrellesy1@comcast.net">Jtrellesy1@comcast.net</a></td>
<td>.................................</td>
</tr>
</tbody>
</table>
4. Details of Project Country Professional Associations

*Please complete with as much detail as possible.*

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Country President of Obstetric &amp; Gynaecology Society. Or the contact person for the Society</th>
<th>Country President of Midwifery Association or Nursing &amp; Midwifery Association. Or the contact person for the Association.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolfo Rechkemer Prieto</td>
<td>PRESIDENT OF OBSTETRIC &amp; GYNECOLOGY PERUVIAN SOCIETY</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>AV. ARAMBURU N° 321 OFFICE N°4 SAN ISIDRO.</td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td>511-422 4573 511-421 4251</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:spogperu@gmail.com.pe">spogperu@gmail.com.pe</a></td>
<td></td>
</tr>
</tbody>
</table>
### 5. Details of Mentor and Twinning Associations

*Please complete with as much detail as possible.*

<table>
<thead>
<tr>
<th>Table 5.</th>
<th>Mentor</th>
<th>Twinning Association President of Obstetric &amp; Gynaecology Society. <em>Or the contact person for the Society</em></th>
<th>Twinning Midwife</th>
<th>Twinning Midwife's Association: President of Midwifery Association or Nursing &amp; Midwifery Association. <em>Or the contact person for the Association.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Title</td>
<td>LUIS CABERO ROURA</td>
<td>JOSE BAJO ARENAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MENTOR</td>
<td>PRESIDENTE SEGO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:icaberor@meditexs.es">icaberor@meditexs.es</a></td>
<td><a href="mailto:presidente@sego.es">presidente@sego.es</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section B. Progress on Project Activities

The activities of the project relate to:
- Goal of the Project
- Specific objectives
- Interventions
- Activities
- Indicators and Outcomes

Please refer to these in your LFA when completing this section.

1. Progress to date

Please write a summary of the progress of the project since 1st July 2007

*Include any outcomes, achievements, any results obtained, etc.*

I. WORKSHOPS

   "The XIIth Workshop " Analysis of Mother Death " DIRESA PIURA addressed to professionals medical, nurses and midwives of the Region of Health of Piura
   Dates: From March 06 to 07, 2009
   Participants: 24 people. Medical doctors:9, nurses 3, Midwives: 12

   "Workshop of Analysis of the Mother Mortality in the Network of Health Morropón - Chulucanas ", addressed to professionals doctors, nurses and midwives of the Network of Health Morropón – Chulucanas.
   Dates: From April 20 to 22, 2009
   Participants: 24 people. Doctors: 10, nurses 2, Midwives: 9
Workshop " Table of Conciliation of Fight Against the Poverty addressed to professionals doctors, nurses, professionals Doctors, nurses and Obstetrices, of the Network(Net) of Health Morropón - Chulucanas Dates: From Jun 15 to 19, 2009 Participants: 23 people. Doctors: 8, nurses 8, Midwives 7

the XIth Workshop " IMPROVING SERVICE QUALITY OF OBSTETRIC AND NEONATAL EMERGENCIES " addressed to Obstetrices, authorities and other professionals of the province of Morropón - Chulucanas Dates: From May 07 to 08, 2009 Participants: 35 people. Doctors: 5, nurses 4, Midwives: 1, other professionals 25

II. MEETINGS

• VISIT OF SUPERVISION TO MORROPON-CHULACANAS's NETWORK(Net), IN THE FRAME OF THE PROJECT FIGO-SPOG
  Date of the Activity: 07 - On February 08, 2009.

  Name of the Facilitators: ·
  Dra. Lucy del Carpio         Representative of the Department of Health of Peru ·
  Dr. Luis Cabero Roura      Counselor of the Project ·
  Dr. Juan Trelles Yenque    Executive coordinator of the Project:
  Dr. Anibal Calle Chumacero Local Coordinator
  Lic. Tania Salazar Palacios Local Coordinator

  MEETINGS COORDINATIONS · On February 07, 2009:
  MEETINGS WITH THE DR. CESAR TRELLES LARA, PRESIDENT OF THE REGION PIURA.
  The meeting was in his official office and they were present to the Dr Aníbal Calle, the Lic. in obstetrics Tania Salazar (local coordinators of the project), and the Dr. Oscar Berrú, the current Director of the Network(Net) Morropón-Chulucanas.
  it informed him:
  • the advances of the Project, in terms of training of the professional personnel as well as of the results of the mother mortality of last two years, making him notice the great improvement of the indicators foreseen in the project.
some weak points that should be approached to improve the situation.
the eventual possibility of that the methodology used in the project, especially in the area of the training, also could be used in other networks of his region, with similar indicators of mother mortality
the fundamental paper(role) that there can have the " houses of wait ", especially for those mothers who live in distant and slightly accessible zones.
the topic of the human, deficient resources provided that all the desirable shifts cannot be covered. the need of that all the involved estates should go together, in order that they all were forming a part of the solutions and not of the problems.
The counselor requested
major participation of the Region, and of his/her President, in the development of the project
Mr. President
proved to be very interested, and remained highly sensitized by the proportionate information
called on the counselor to have an interview of work, to speak about concrete aspects that they must fix up.
The Dr. Cabero accepted the commitment to return to Piura in the brief weeks only for this meeting.

VISIT TO CHULUCANAS’s HOSPITAL.
Could not speak with the Director of the hospital
VISIT TO THE ZONE OF NEONATALOGY. Us there received the pediatrician, who showed the unit, being able to observe the presence of two premature babies, in very precarious conditions of assistance, and a child with a serious affectation hipóxico-isquémica, fruit of a childbirth controlled in the center, in which there was an important foetal suffering, that it seems to be it was not a question in a suitable way. The neonatólogo did not want to give any more details on the childbirth, still(yet) with the knowledge of that he knew the whole process to the perfection.
VISITS TO THE OBSTETRIC ZONE
It was reported by diverse patients. Never there approached the gynaecologist of guard, who was sat opposite to the hospital in a place of sale of drinks, ignoring of our presence. There has to be mentioned that the information got for the components of the Net makes be concluded by them of that the professionals, have very small training (they do not believe that they need any type of additional education " them already they know of everything and good and nobody needs to teach them of anything ") and they do not expire with his shifts, disappearing of the guards to be going to be employed at his private
consultations, or to celebrate his feasts, out of the hospitable enclosure, being impossible sometimes to locate them when there is an emergency. Made East provokes the most serious distortion in the welfare process. This reality is known by the local peoples who providing that they have resources, prefer not going to the hospital and going directly to the city of the Piura,

MEETING IN THE NETWORK
- Different social representatives Took part representatives of the table of conciliation of fight against the poverty and specially the Civil Governor of the Province and the press.
- In this meeting the diverse summoned mayors were not present,
- All of them were conscious that there has come the moment to go on to the following link of the program that is the social training, that is to say, the formation(training) of the peoples, across the different communities and across the mass media on the fundamental aspects of the prenatal assistance and of the childbirth and familiar(family) planning.
- it put on emphasis in the description of the signs of alarm, the identification of the alterations of the childbirth, the healthy maternity. With them the most interesting topics were revised: Houses of wait, divulgative programs, involvement of the midwives in the process.
- There was a special sensibility on the part of the press, displaying a spirit colaborativo that is completely necessary for the success of this social phase.

- There were checked the different documentations corresponding to the mother deaths of the year 2008. They were 4, three for postpartum, and different hemorrhage for shock hipovolémico for detachment of placenta, during the movement to the hospitable center. There were checking each of the weak points of these cases, and that educations could obtain with a view to the future. I have to say that all the analyzed cases had correctly well all the reports and the information of each one of them exhaustive age, fruit of a great labor of the midwives Mrs. Tania Salazar.

On February 08, 2009

VISITS to THE CENTERS OF HEALTH OF THE SLAUGHTER, MORROPON, AND GOOD AIRS. ·
- He visited each of his dependences.
• The realized work was analyzed.
• One was speaking with the entered patients.
• It was conversed by the equipments(teams) of guard, who demonstrated his knowledge with the trainings of the FIGO, though they were requesting major dedication to increase knowledge in other areas as(like) in basic ultrasound scan or in legados aspirativos for incomplete abortions. This point was spoken by the persons in charge of the Network(Net) to look for the suitable form of training of these professionals.

MEETING WITH THE DECANA OF PIURA's MIDWAVES COLLEGE
It transmitted the need of her collaboration to look for a support to Miss Tania, provided that when she is not, the service that she offers does not cover, for lack of human resources. The Decana said that she would study it, but that already she could improve of that possibly two midwaves might join to the equipment of Tania (without any cost), to be able to give the pertinent support. This action(share) will have to be treated from the Society and from the Direction of the Network

On March 05, 2009:

MEETING WITH THE DR. GINO CORNEJO, THE REGIONAL DIRECTOR OF HEALTH OF
It reported
• of the advances of the Project.
• of the training that had been carried out and the result of the same one.
• of the need to realize a meeting with the authorities of the Region of Health, of the Network(Net), of the micro nets and the mayors districts, to sensitize them on the mother happened deaths, to see the needs of every district and the possibilities of solving them.
• One compromised his support for the activities of the Project.

On March 06, 2009
MEETING WITH THE DR. RICARDO MENDOZA. PRESIDENT OF THE PERUVIAN SOCIETY OF OBSTETRICS AND GYNAECOLOGY, SUBSIDIARY PIURA.
It informed him:
• Of the accomplishment of the workshop of analysis of the mother death in the Region Piura.
• Of The functioning of the Committees of Prevention of the Mother Mortality and Perinatal Mortality
• Of the possibility of being the alternate member of the SPOG before the Committee of Prevention of the Mother Mortality and Perinatal Mortality

MEETING WITH LICENTIATE IN OBSTETRICS, LILY BEGINS, COORDINATOR OF THE STRATEGY OF REPRODUCTIVE HEALTH OF THE REGION PIURA

It informed him:
• of the advances of the Project.
• of the training that had been carried out and the result of the same one.
• of the need to realize a meeting with the authorities of the Region of Health, of the Network(Net), of the microrredes and the mayors distritales, to sensitize them on the mother happened deaths, to see the needs of every district and the possibilities of solving them.
• one compromised his/her support for the activities of the Project.

"MEETING OF THE COMMITTEE OF PREVENTION OF THE MOTHER MORTALITY IN THE NETWORK(NET) OF HEALTH MORROPÓN - CHULUCANAS. PIURA"

Dates back: March 07, 2009

Participants
Berrú Vargas, Oscar Arnaldo  Médico Director Ejecutivo Red de Salud Morropón - Chulucanas
Gonzales Navarro, Raúl Junior  Médico Sub – Director Red de Salud Morropón - Chulucanas
Sanchez López, Carlos Miguel  Médico Jefe Oficina de desarrollo Red de Salud Morropón - Chulucanas
Julca Yangua, Nancy  Obst. Gerente
Nieves Camacho, Guillermo  Obst. Coordinador de la Estrategia de Salud Sexual y Reproductiva CLAS Pacaipampa
Menacho Chauca, Carlos  Enfermero asistencial EESS I – 4 Pacaipampa. CLAS Pacaipampa
Abad Jimenez, Luis Enrique  Medico asistencial EESS I – 3 Paccha. CLAS Yapatera
Trelles Yenque, Juan  Médico Coord. Ejecutivo Proyecto FIGO – SPOG. Sociedad Peruana de Obstetricia y Ginecología

The activity fulfilled in the auditorium of the Network of Health Morropón Chulucanas.
Allowed the development of the exhibitions, the discussion of clinical cases for the analysis of the cases of mother death and perinatal happened. The environment was adapted, since he arranges of the necessary equipment Analysis of the cases of mother death and perinatal Diagnosis and Managing filled with cards of mother death. Facilitators: Team SPOG and of the DIRESA. Conclusions: to remove to Pacaipampa managerial personnel: participants Recomendaciones's Realize the follow-up of the plans of activities elaborated by the establishments.

MEETING WITH THE DR. OSCAR BERRÚ VARGAS, THE DIRECTOR OF THE NETWORK OF HEALTH MORROPÓN - CHULUCANASDE PIURA Dates back: April 21, 2009 found out him:
- of the advances of the Project.
- of the need to realize a meeting with the authorities of the Region of Health, of the Network(Net), of the microrredes and the mayors distritales, to sensitize them on the mother happened deaths, to see the needs of every district and the possibilities of solving them.
- one compromised his(her,your) support for the activities of the Project.

MEETING WITH THE LIC. IN OBSTETRICS ALICIA STOLEN PAIVA, COORDINATOR OF THE STRATEGY OF REPRODUCTIVE HEALTH OF THE REGION PIURA Dates back: April 21, 2009 found out him:
- Of The Project and of the advances of the same one.
- Of the trainings that had been carried out and the result of the same ones.
- Of the need to realize a meeting with the authorities of the Region of Health, of the Network, of the micro nets and the mayors distritcs, to sensitize them on the mother happened deaths, to see the needs of every district and the possibilities of solving them.
  One compromised
- her support for the activities of the Project.
- Her participation in the meeting with the mayors distritales and the Table of Conciliation of Fight Against the Poverty

MEETING WITH MR. EDILBERTO FARIAS ZAPATA, PROVINCIAL MAYOR OF THE PROVINCE MORROPON - CHULUCANAS, WITH THE DR. ANIBAL IS QUIET and THE DR. OSCAR BERRÚ, PIURA.
Dates April 21 TO 22, 2009

informed him:

Of the advances of the project
Of 4 deaths happened in the Network(Net) of Health Morropón - Chulucanas · Of the accomplishment of the workshop of analysis of the mother death in the Network(Net) of Health Morropón - Chulucanas.
  • Of The functioning of the Committees of Prevention of the Mother Mortality and Perinatal.
  • Of The evil functioning of the Hospital of Chulucanas's Support

Agreements
  • unconditional Support to the project
  • To summon meeting with the mayors distritales of the Network(Net) and the Table of Conciliation of Fight against the Poverty, on May 8, to treat specifically the topic of mother and, death as a whole, his probable solutions.
  • To look for the support necessary for the construction of a house of wait in Chulucanas.

MEETING ON MAY 05 2009-05-05

Assistants(Attendees):
  Dr. Juan Trelles Yenque
  Luis Tuesta ·
  Dr. Eduardo Maradiegue
  Dra. Elizabeth Acevedo
  Dr. Enrique Guevara

Agenda:

1. Letter sent to Dr. Lalonde and Lucy del Carpio,
   • will have to organize and be had an equipment by it, and to have aptitude to have a project and to have good results.
   • it should have other one sedate for the PROJECT FIGO, to be mas independent, for logistic, countable topics and projects.
     • a meeting will be asked by the Meeting Directica of the SPOG.
     • it will have do a presentation of the program 2009 of the FIGO.
     • the presence needs 2 executives Dr. Lalonde and Dr. Cabero, after what I present this project.
• To ask for appointment of external Cooperaciòn to the Canadian Embassy.
2. To finish the manuals.
   Dr. Maradiegue was checking the manuals
3. 4 mother deaths, 3 hints and 1 direct one.
   • To organize topics to speak with the community.
   • To see results of the indicators.

On June 14, 2009:

REUNIÒN WITH THE DR. OSCAR BERRU THE DIRECTOR OF THE NETWORK OF HEALTH MORROPÓN - CHULUCANAS.
It informed him:
   • of the advances of the Project.
   • of the training that had been carried out and the result of the same one.
   • of the accomplishment of courses(years) of constant improvement of the quality directed the personnel of the microrredes at the expense of the Dr. Cesar Arroyo
   • Of the need to realize a meeting with the authorities of the Region of Health, of the Network, of the microrredes and the mayors distritales, to see the needs of every district and the possibilities of solving them.
   • one compromised his(her,your) support for the activities of the Project.
   • It was suggested that the Network should postulate like candidata to the Prize " anonymous Heroes saving mothers, Sarah Faith, 2009 "

On June 16, 2009:

MEETING WITH THE LICENTIATE ALICIA PAIVA HURTADO, COORDINATOR OF THE STRATEGY OF SEXUAL AND REPRODUCTIVE HEALTH OF THE DIRECTION OF HEALTH OF PIURA
informed him:
   • of the events realized in April and May in Chulucanas, needing(specifying) the agreement of removal of the Boss of the CLAS Pacaipampa.
• Of the accomplishment of a workshop for professionals of health of the network( net) who realize his(her,your) SERUM.
• Of The problem of Chulucanas’s Hospital that does not solve problems Major support was requested · to the prevention of the mother death · Major I rest to the project

MEETING WITH THE DR. CESAR TRELLES LARA, PRESIDENT OF THE REGION PIURA
• was outlined the Importance of the Project for the Region Piura and of the decrease of the number of mother deaths of 18 in 2004 in 2008
• it informed 4 about the mother deaths that had happened in the RSMCH, specially those who have happened in Pacaipampa.
• it informed him about the recommendation to replace the boss of Pacaipampa by managerial faults that they had contributed(paid) to the mother deaths.
• there was delivered him(her) documentation of the WHO that was prioritizing the mother health as human right and the Region Atacucho on ordinances of mother death in this region
• It reported of the need to support to the personnel of the Network of Health Morropón - Chulucanas to assure the advance of the Project.
• It informed him about some disagreements with the personnel of the DIRESA Piura.
• It informed him about the accomplishment of an event, in which there would take part the regional authorities of health, of the network(net), of the microrredes, the mayors and the committee of fight against the poverty, noticing the technical character of the same one.
• Of The problem of Chulucanas's Hospital that needs a solution pol'tica there was grateful she by the support to the project

On June 18, 2009
MEETING WITH THE DR. MANUEL BAYONNE THE DIRECT OR OF CHULUCANAS's HOSPITAL: Requested by the Doctor Juan Trelles, with the purpose of achieving the participation of the professionals of health of Chulucanas’s hospital in the attention of the patients.
it informed him
  o about the lack of commitment of the professionals with the project.
  o it informed him about the shortage of supplies of the hospital and about the purchase of medicines for the
network
  o remembered to converse with the equipment(team) of the hospital to find a solution.

MEETING WITH THE MR. EDILBERTO FARIAS SHOE, MAYOR OF THE PROVINCE OF MORROPON - CHULUCANAS
insisted
  • On the need of the houses of wait
  • The possibility that a house of wait should construct the municipality in Chulucanas
  • Meeting with the mayors distritales · To approach problem of Chulucanas's Hospital

MEETING WITH THE GENTLEMAN MICHAEL QUEREBALU, THE DIRECTOR OF THE UNIT OF EDUCATIONAL MANAGEMENT (UGEL)
I converse on the participation of the teachers in the changes of habits of the pupils in order that they have healthy conducts · strategies will be discussed to work with the students

MEETING WITH LICENTIATE IN NURSING, EDA LESCANO, DECANA OF THE NURSES' COLLEGE OF THE REGION PIURA
I coordinate the accomplishment of réplicas a for capacitadoras of her institution, promising to support.

2. Problems or difficulties experienced.
What problems or difficulties have you experienced since 1st July 2007?
Please write a summary of any difficulties or problems with the project since 1st January 2007. For example, have there been any unexpected challenges or problems?

- During the month of January/March there was carried out a strike in the health sector at the national level, which delayed planned activities such as the assessment maternal and Perinatal standards and indicators, and we could not make the workshop to improve skills in the care of emergency obstetric and neonatal for the three groups of professionals of the Morropon-Chulucanas Health Network
- Lack of Support secretarial on the part of the SPOG
- Difficulties to regional level for the removal of his position of the personnel involved with the project
- Diffusion of the project diminished with the changes of authorities

3. Possible solutions.

What have you tried to do to reduce/resolve any problems or difficulties?

Please write a summary of what you have done to solve any problems. Include any ideas you have for reducing or avoiding problems in the future.

- To improve communications with the SPOG Board of Directors and with the Morropon-Chulucanas Health Network local team
- To continue involving regional and Health sector authorities to support FIGO-SPOG Project
- To involve leaders of the community
- To involve to the press

4. Planned Activities for the next six months:

What do you plan to do over the next 6 months?
Please write a summary of what you have planned for the project for the next six months. You can include any details of planned visits, planned training events, planned monitoring activities, etc.

- Meeting of the Counselor, the Executive Coordinator, the local coordinators of the project, personnel of the department of Health with the authorities of the Region Piura
- Reunión of the Counselor, the equipment(team) of the project, personnel of the department of Health with the Director of the project and the managerial Council of to SPOG.
- To finish the coursesof training for the professionals of the network who were removed of this positions.
- Analysis of immediate impact of training courses.
- Development, validation and publishing of training modules.
- Technical assistance to micro-health networks to improve institutional birth coverage and reference and counter-reference system
- To initiate processes of continuous quality services improvement to reach the maternal perinatal standards and indicators at the healthcare centers that attend obstetric and neo natal functions in the 5 micro-health networks of the project.
- Work with the municipalities and the community on rights and reproductive, sexual health, signs of alarm in the pregnancy, childbirth and post partum.

Name of Person(s) completing the report:
Please complete the following details:

Name(s): Juan Trelles Yenque
Title: Executive Coordinator
Date completed: February 11, 2008
### ANNEX 4: PROJECT LOG FRAME

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Measurement methods</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>Network of DISA PLUS</td>
<td>Improving obstetric and neonatal emergency care in the Moropon – Chulucanas Health Network</td>
</tr>
</tbody>
</table>

### Goals - FG0

#### DISA PLUS

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<tr>
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<td>Percentage of routine checkups and follow-up visits</td>
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</table>

### Activities

- 1.4 Annual reports
- 1.5 Quarterly standards of service
- 1.6 Improvement of service and quality standards
- 1.7 Improvement of service and quality standards
- 1.8 Improvement of service and quality standards
- 1.9 Improvement of service and quality standards
<p>| | | | |</p>
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<tbody>
<tr>
<td><strong>2.</strong> To establish technical cooperation and educational agreement with the Peruvian Midwives Regional Council and the Peruvian Nurses Regional Council</td>
<td>2.1  Number of trained professionals as facilitators of trained groups and amount of training courses realized</td>
<td>2.1 Report about training courses 2.2 Report about training courses</td>
<td>Political decision of professional organizations to support the project</td>
</tr>
<tr>
<td></td>
<td>2.2  Number of trained health professionals in obstetric and neonatal emergency care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> To improve the relationship between health personnel, customers and community, increasing Morropon-Chulucanas community service satisfaction</td>
<td>3.1  Development of improvement plan for external health network users satisfaction level</td>
<td>3.1 Copy of the developed plan 3.2 Survey results</td>
<td>Health services personnel has incorporated continuous quality improvement processes</td>
</tr>
<tr>
<td></td>
<td>3.2  Users satisfaction level</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> To increase institutional birth coverage in 50%</td>
<td>4.1  Percentage of delivery coverage in the health network</td>
<td>4.1 Health network report 4.2 Health network report 4.3 Health network report 4.4 Health network report 4.5 Health network report</td>
<td>Decrease of barriers that prevent the access</td>
</tr>
<tr>
<td></td>
<td>4.2  Percentage of delivery coverage by health network establishment 4.3 Number of health establishments that have taken measures to improve its referral and counter referral systems 4.4 Number of establishments that offer 24 hour delivery attention 4.5 Number of Waiting Homes implemented in the health network</td>
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<tr>
<td><strong>5.</strong> Decrease of geographical, economic and cultural access barriers that enable secure delivery attention in Morropon-Chulucanas community</td>
<td>5.1  Number of responsiveness seminars or workshops realized and number of participants 5.2 Number of pregnant women that recognize warning pregnancy signals</td>
<td>5.1 Responsiveness seminars or workshops report 5.2 Training courses to community women report 5.3 Health network pregnancy</td>
<td>1. Community involved in the improvement of its pregnant reproductive health</td>
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<td>Number</td>
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<tr>
<td>5.1</td>
<td>Development of an EMIC and FICG and the number of participants in the EMIC and FICG training and the effectiveness of the EMIC and FICG in increasing the number of participants.</td>
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<tr>
<td>5.2</td>
<td>Family Planning Training Module and the number of participants who completed the training module.</td>
<td></td>
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<tr>
<td>5.3</td>
<td>Collaboration with the Department of Health and the number of participants in the Department of Health who completed the training module.</td>
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<tr>
<td>5.4</td>
<td>Semi-annual report on the Family Planning Training Module and the number of participants who completed the training module.</td>
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<tr>
<td>5.5</td>
<td>Technical assistance to Colombia.</td>
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</table>

**Program Objectives:**

- Strengthen the SPOC's role in promoting and delivering health care services.
- Improve the quality of reproductive and maternal health services.
- Increase the number of participants in the Family Planning Training Module.
- Collaborate with the Department of Health to expand the reach of the training module.

**Report:**

A semi-annual report on the Family Planning Training Module and the number of participants who completed the training module.
| sexual and reproductive rights seminar at the SPOOG's annual meeting | Number of participants in each seminar |