



## 2014-2015 Annual Report

# SAIL

Salud y Autosuficiencia Indígena  
en La Guajira, Colombia

# Letter from the CEO

*"During 2015, we saw more than 3,400 patients and trained more than 300 healthcare professionals."*

In our second year operating with the Baylor College of Medicine Children's Hospital Foundation in Colombia, we have achieved being remembered by our beneficiaries: The Wayúu indigenous communities from the municipality of Manaure, in the Department of La Guajira.

On 2014, the Baylor College of Medicine Children's Hospital Foundation in Colombia began working for the benefit of the La Guajira population. This initiative became a reality with the support of various private entities such as Chevron Petroleum Company, Fundación Éxito (Éxito Foundation) and Ecopetrol. Government actors also joined the project, including the Health Vice-Ministry, Sociedad Colombiana de Pediatría (the Colombian Society of Pediatricians), Federación Colombiana de Obstetricia y Ginecología (the Colombian Association of Obstetrics and Gynecology Professionals), the Colombian Institute for Family Well-Being (ICBF, for its initials in Spanish), other foundations, and the Offices of the Majors of Riohacha and Manaure, represented by their public hospitals.

On the other hand, international actors such as the BIPAI Foundation and the Texas Children's Hospital in the United States guided the beginning of the SAIL (Health and Indigenous Self-Sufficiency in La Guajira) program.

Four principles have shaped our efforts in Colombia: Innovation, Interaction, High-Quality Medicine and Deep Knowledge of our beneficiaries.

We are proud to be the only foundation offering, along with the healthcare system: pediatrics, obstetrics and gynecology services in rural areas; satellite prevention, identification, and early treatment services for children less than 5 years old and expectant mothers; nutritional monitoring for the benefited population; and training for the healthcare staff in the department by a group of bilingual collaborators (Wayunaiki-Spanish), on topics such as health promotion, specialized medicine, and social work.

During 2015, we directly saw more than 3,400 patients, reached 6,875 indigenous people with the program, and trained more than 300 health professionals. We were also nominated to a childhood award for children malnutrition, and we were acknowledged for our best practices in social investment in the hydrocarbons sector. Besides, since October 2015, we had 214 live births, and successfully took care of 31 children less than 5 years old within the outpatient nutritional recovery framework.

The challenge for 2016 is still to decrease the maternal and child morbidity and mortality rates in the department of La Guajira. In order to accomplish this goal, we will require many more partners than we initially thought. We are assisted by BIPAI's experience in leading global health programs through a network that has operated in different continents for more than 20 years, and we hope we also have its support.



Ana María Galvis

CEO  
Baylor Foundation Colombia

---

**Publication** Enero 2016

**Prepared by** Ana María Galvis  
CEO  
Baylor Colombia Foundation

James Thomas,  
Scientific Director  
Baylor Foundation Colombia

**Collaborators /  
Consultants /** Christian Daza, Gynecologist  
Gynecologist, Baylor Foundation Colombia

Arnaldo Palomino, Pediatrician  
Pediatrician, Baylor Foundation Colombia

Eliana Villera, *in situ* Coordinator  
Baylor Foundation Colombia

**Aprobado por** Mike Mizwa  
International Programs  
Senior Vice-President

**Diseño y  
diagramación** PI Interactiva  
<http://www.pi-interactiva.com>



*Four principles have shaped our efforts in Colombia: Innovation, Interaction, High-Quality Medicine and Deep Knowledge of our beneficiaries and partners.*

# CONTENTS

<b>1</b>	<b>A PEAK INTO BAYLOR FOUNDATION COLOMBIA</b>	<b>p. 4</b>
1.1	Vision	5
1.2	Mission	5
1.3	Values	5
<b>2</b>	<b>BIPAI NETWORK IN THE WORLD</b>	<b>p. 6</b>
<b>3</b>	<b>SAIL PROGRAM</b>	<b>p. 8</b>
<b>4</b>	<b>WORKING AREAS</b>	<b>p. 10</b>
4.1	Education (Prevention and Promotion)	11
4.2	Healthcare and treatment	15
4.3	Research and development	23
<b>5</b>	<b>PLAN MONITORING AND EVALUATION</b>	<b>p. 26</b>
<b>6</b>	<b>ACHIEVEMENTS 2015</b>	<b>p. 28</b>
<b>7</b>	<b>LEADERSHIP TEAM</b>	<b>p. 30</b>
7.1	Head Office	30
7.2	Colombia Team	30



# 1

# A PEEK INTO BAYLOR FOUNDATION COLOMBIA

The Baylor College of Medicine Children's Foundation was established in Colombia by the end of 2014, when cooperation letters were signed with the Hospitals of Manaure and Riohacha. This was done with the support of Chevron Petroleum Company, Ecopetrol, the Office of the First Lady, and the Ministries of Foreign Affairs and of Health and Social Protection.



*Agreement signature  
Nuestra Señora de los  
Remedios  
Hospital - Riohacha*

2015		
Employees	TOTAL: 17	CEO: 1 Social workers: 1 Wayúu healthcare promoters: 8 Wayúu Nursing assistants: 2 Management: 2 Pediatrician: 1 Gynecologist: 1 Nutritionist: 1
Locations	Manaure Riohacha Bogotá, D.C.	La Guajira La Guajira Cundinamarca
Premises integrated into medical care	1. Healthcare centers of Pájaro, Mayapo and Aremasaín. 2. Armando Pabón López Hospital in Manaure 3. Nuestra Señora de los Remedios Hospital in Riohacha	
Beneficiaries seen 2015	TOTAL: 6.158	Pediatrics: 1,678 Gynecology: 1,794 Other services: 3,403
Rancherías with direct intervention	172	
Budget*	US 911 K	

*\* Including resources in cash and in kind*

## 1.1 Vision

To create a healthier future for all expectant mothers, children, and their families in Colombia.

## 1.2 Mission

By means of our global and intercultural community, we provide high-quality influential medical care focused on families, using state-of-the-art technology, medical ethics, healthcare education and clinical research all around the world. Our goal is to have an effect in the health and the well-being of expectant mothers, children, and their families.

## 1.3 Values

- **Team-work:** We support each other and work together for the sake of our beneficiaries. We communicate actively and openly. We are reliable and loyal, among us and with the organization. We build trust by fulfilling our commitments. We show respect for ourselves and for others.
- **Care:** We treat every person we serve the same way we wish to be treated. Our goal is to be kind and patient all the time; with our users, trainees, and others.
- **Excellence:** We provide high-quality influential and ethical medical care focused on families, healthcare education, and clinical research all around the world.
- **Innovation:** We are creative in the application of problem resolution methods and technologies, always looking for ways to improve. We see opportunities in every challenge; we focus on solutions, instead of on problems.



*Agreement with the First Lady signature*



*Baylor Colombia Team*



# 2

## BIPAI NETWORK IN THE WORLD



### CENTERS AND SATELLITE CLINICS (15)

- 1 in Romania, CDE
- 1 in Botswana, CDE and youth center
- 5 in Lesotho, CDE and 4 satellites
- 3 in Swaziland, CDE and 2 satellites
- 1 in Malawi, CDE
- 2 in Tanzania, 2 CDE
- 1 in Uganda, CDE



### OFFICES (6)

- 1 in Angola
- 1 in Colombia
- 1 in Ethiopia
- 1 in Liberia
- 1 in Papua New Guinea
- 1 in the US.

**BIPAI** is an international organization aiming to provide high quality pediatric aid focused on families. Some of the issues we work with are: clinical research, HIV/AIDS treatment, tuberculosis, malaria, malnutrition, and other diseases affecting the health and well-being of children and their families all around the world.

BIPAI is present in countries such as Angola, Botswana, Lesotho, Liberia, Malawi, Papua New Guinea, Romania, Swaziland, Tanzania, Uganda and the USA.

2015		
Gabriel M. Anabwani, M.B.Ch.B., M. Med.	CEO	Botswana
Peter N. Kazembe, M.B.Ch. B., F.R.C.P.C.	CEO	Malawi
Adeodata Kekitiina, M.B.Ch. B.	CEO	Malawi
Michael A. Tolle, M.D., M.P.H.	Temporary CEO	Tanzania
Lumumba F. Mwita, M.D., M. Med.	CEO	Tanzania
Edith Q. Mohapi, M.D., M.B.	CEO	Lesotho
Hailu Nida Sarero, M.B.B.S., F.A.A.P.	CEO	Swatziandia
Mogomotsi Matshaba, M.D.; Ch.B.	Temporary CEO	Swatziandia
Ana Maria Schweitzer, M.Sc.	CEO	Romania
Ana Maria Galvis	CEO	Colombia

This is accomplished by means of healthcare tripartite programs (communities, governments and private actors) including the building and management of Centers of Excellence, with the aim of integrating both pediatric care and HIV/AIDS treatment.



*Baylor in Haiti*



*Anthropometric measurement in La Guajira*



# 3

## SAIL PROGRAM

The Baylor College of Medicine Children's Foundation Colombia has channeled its efforts through the Health and Indigenous Self-sufficiency in la Guajira program, also known as SAIL for its initials in Spanish.

The program is designed to work together with the existing health system in La Guajira. Activities are guided by strategies directed at providing integral solutions, driven by the local community centered in the areas of Manaure and Riohacha, and are focused on five goals:



*Ultrasound scan services*

1. **Access:** to increase the availability and use of high quality health care services for children and expectant mothers in the area.
2. **Capacity building:** to increase the strength of indigenous and non-indigenous communities, as well as the healthcare system, for them to face and support their own health needs.
3. **Oversight:** to identify the most relevant diseases and the groups and individuals under a higher risk to contract them.
4. **Prevention and early intervention:** to start up mechanisms facilitating disease prevention, early recognition, and timely care and treatment.
5. **Integration:** to carry out what has been proposed in an efficient and transparent manner, measuring the impact of our most important interventions, in order to provide the healthcare system with a proved pilot under a differential approach, integrating all stakeholders.

Three operation focus areas were established during the strategic planning exercise for the Foundation —in order to leverage the achievement of these goals, which will be described in detail below.



## BAYLOR COLOMBIA FIELDS OF WORK



### EDUCATION (PREVENTION AND PROMOTION)



### HEALTHCARE AND TREATMENT



### RESEARCH AND DEVELOPMENT



*Medical check-up*



*Anthropometric measurement*

# 4

## FIELDS OF WORK

### BAYLOR COLOMBIA

#### 4.1



##### EDUCATION (PREVENTION AND PROMOTION)

- Strengthening of Safe Maternity Promotion and Prevention Actions
- Training Intern and Professional Physicians from Manaure and Riohacha Hospitals
- Training Programs for Healthcare Promoters Focused on Integrated Management of Childhood Illness (IMCI)
- Training for Management of Severe Malnutrition on Children 0-59 Months Old
- Birth Attendants Training
- Ethno-Educational Training in Community Healthcare

#### 4.2



##### HEALTHCARE AND TREATMENT

- Extra-mural specialized care
- Nutrition
- Community Approach for the Comprehensive Management of Malnutrition
- Food Security Project - Fundación Éxito
- Diagnose Exams
- Ethno-Educational Monitoring of Community Healthcare
- Vaccination

#### 4.3



##### RESEARCH AND DEVELOPMENT

- Evaluation of maternal and child morbidity and mortality cases in the program's beneficiaries
- Manaure's Hospital Healthcare Center Survey – WHO Standards
- Comments on the comprehensive guidelines for the treatment of malnutrition
- Research on malnutrition proposal.

# 4.1



## EDUCATION (PREVENTION AND PROMOTION)

- Strengthening of Safe Maternity Promotion and Prevention Actions
- Training Intern and Professional Physicians from Manaure and Riohacha Hospitals
- Training Programs for Healthcare Promoters Focused on Integrated Management of Childhood Illness (IMCI)
- Training for Management of Severe Malnutrition on Children 0-59 Months Old
- Birth Attendants Training
- Ethno-Educational Training in Community Healthcare

Baylor Colombia focuses its efforts on building local healthcare capacity, by training the community and healthcare staff serving the mother-child duo. On 2015, six areas were strengthened by execution of the following initiatives.

### 4.1.1. Strengthening of Safe Maternity Promotion and Prevention Actions

One of the causes identified for maternal mortality is the lack of adherence of expectant mothers women to health care services.

Hence, the Baylor College of Medicine Children's Foundation Colombia, along with the Departamental Healthcare Office of La Guajira, started the project Fortalecimiento de las Acciones de Promoción y Prevención para contribuir a una Maternidad Segura (Safe maternity promotion and prevention actions strengthening). The main objective is to implement strategies to decrease the high rates of maternal and perinatal morbidity and mortality, by promoting expectant mothers' health, preventing their diseases, and overseeing and monitoring healthcare actors, involving the academy and the community from the department in the process.

Every year, there are approximately 12,500 pregnancies in La Guajira, with teenage pregnancy increasing.

During 2015, a four cycle training was designed covering the issues of obstetric complications prevention, labor assistance, adequate prenatal care, and identification of risk factors for expectant mothers in order to mitigate them from prenatal check-ups and achieving early and timely health interventions.



*Pregnant women*



*Newborn babies*

National and international speakers<sup>1</sup> performed trainings for health care professionals working at Instituciones Prestadoras de Servicios de Salud (Healthcare Services Providers), covering the following topics:

- Prevention of HIV perinatal transmission
- Hypertensive disorders during pregnancy
- Code red
- Obstetric sepsis
- Extreme maternal morbidity
- Preterm birth threat management
- Abortion
- Gestational syphilis
- Congenital syphilis
- Hepatitis B
- Prenatal care
- Preconceptional assessment
- Fetal monitoring

#### **4.1.2. Training Interns and Professionals from Manaure and Riohacha Hospitals**

Working along with the medical and scientific sub-divisions of Nuestra Señora de los Remedios and Armando Pabón López Hospitals, in Riohacha and Manaure, respectively, weekly trainings and follow-ups are performed, in order to improve the mother and child components of the healthcare staff in charge of medical attention.

#### **4.1.3. Training Programs for Healthcare Promoters Focused on Integrated Management of Childhood Illness (IMCI)**

The Baylor College of Medicine Children's Foundation Colombia attempts to focus its efforts on protecting the health of children less than 5 years old, by promoting prevention and monitoring actions. The Integrated Management of Childhood Illness strategy, designed by the World Health Organization and UNICEF, started operations in Colombia in 1999. The goal was to promote best practices, in order to foster children's health and prevent childhood illness and death, by strengthening ties between the community and the healthcare services providers.

Indigenous healthcare promoters working with the Baylor Foundation were trained and certified on IMCI, due to the partnership established with Servicio Nacional de Aprendizaje (the National Learning Service - SENA, for its initials in Spanish).

<sup>1</sup> Speakers at the Safe Maternity Project: CRISTIAN RAFAEL DAZA ATEHORTUA M.D - Assistant Professor, Baylor College of Medicine - Houston Texas JORGE LUIS BORREGO FUENMAYOR M.D. - Maternal and Perinatal Mortality Disminution Advisor, Departamental Healthcare Office. JIMMY ESPINOZA M.D.- Perinatologist, Baylor College of Medicine - Houston Texas - Associate Professor - Gynecology and Obstetrics - Baylor College of Medicine



*Baylor College of Medicine Children's Foundation Colombia Team*



Some of the topics covered on this exercise with Wayúu healthcare promoters from the Baylor Foundation Colombia are:

1. Child care process
2. Family practices which protect children's health
3. Nutrition
4. Vaccination
5. Development oversight
6. Home accidents prevention
7. Childhood illness: causes and means of prevention
8. General pre-emptive measures

#### 4.1.4. Training for Management of Severe Malnutrition on Children 0-59 Months Old

Working with UNICEF and the Ministry of Health, the group of healthcare professionals from the Baylor College of Medicine Children's Foundation Colombia had field training on the implementation of guidelines for the comprehensive care of children 0-59 months old with severe malnutrition.

UNICEF and the Ministry of Health provided a support tool for the proper identification, treatment and monitoring of moderate acute malnutrition and severe acute malnutrition, by addressing:

- Conceptual bases
- Basic principles for management of moderate and acute severe malnutrition
- Inpatient care of children 0-59 months old with severe malnutrition but without medical complications.
- Outpatient care of children 0-59 months old with severe malnutrition and medical complications.

#### 4.1.5. Birth Attendants Training

Perinatal morbidity is an indicator of the risks of death related to reproduction. It is a very important one, given it provides evidence of the quality of prenatal care during labor and after, by signaling both the quality of maternal and child healthcare services and the nutritional condition of the mother and the environment she lives in.

Indigenous communities have a high rate of perinatal morbidity and mortality. With the aim of qualifying birth attendants, who are in charge of child delivery in the communities, the Baylor Foundation —working with SENA, municipal and departmental health authorities, the Wayúu people dialogue and agreement working table, and the Division of Human Talent Development in Healthcare of the Ministry of Health, has established the goal of providing additional training to Wayúu birth attendants.

This initiative aims to prepare the process of additional training for



*Food donations delivery, Baylor-Fundación Éxito Partnership*



*Patricia Deluque  
Healthcare Promoter  
Baylor Foundation*

*"I've helped my community growing, and I've grown even more"*



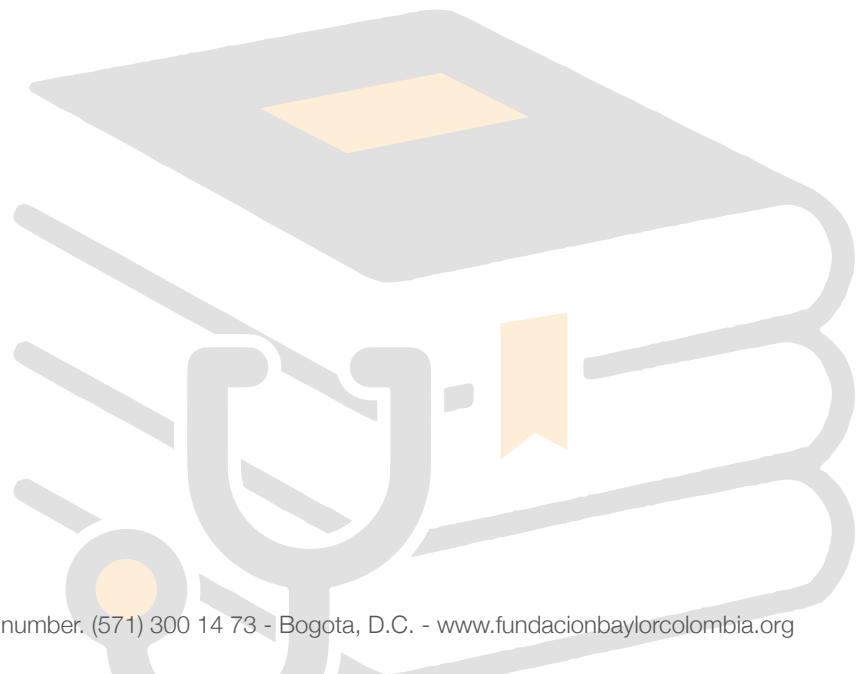
*"Knowledge dialog"*  
*Breastfeeding promotion*

traditional birth attendants from the Wayúu people in La Guajira, on a methodological, technical, logistic and financial level. Besides, the goal is to promote best sanitary practices which help bridging gaps. All of this with the conviction that the decrease of both maternal and neonatal mortality can be slowly and efficiently achieved when there is educated staff, and effective and coordinated strategies are integrated.

#### **4.1.6. Ethno-Educational Training in Community Healthcare**

The team of Wayúu healthcare promoters helps addressing the needs of the indigenous people, and completes their monitoring and follow-up by integrating the cultural and social contexts.

This education model works by training the healthcare promoter to teach the community how to see itself as a source of solutions for their own health issues, by organizing and strengthening their own development. The promoter also tells them about their rights and obligations under the healthcare system, and helps them integrate their customs and habits.



# 4.2

## HEALTHCARE AND TREATMENT



- Extra-mural specialized care
- Nutrition
- Community Approach for the Comprehensive Management of Malnutrition
- Food Security Project - Fundación Éxito
- Diagnose Exams
- Ethno-Educational Monitoring of Community Healthcare
- Vaccination

The Baylor College of Medicine Children's Foundation Colombia has been developing an extra-mural care model for the indigenous population living mostly in the rural area of the municipality of Manaure, in La Guajira.

Being the leading program for the decrease of maternal and child morbidity and mortality rates in La Guajira, the Baylor Foundation has structured an care model with the following components:

- To provide primary care services as an “entry door” (equitable access to basic health services), granting users with proximity, intersectoriality and participation.
- To integrate different levels of specialized, outpatient and inpatient care, and other healthcare services.
- To introduce coordination and integration mechanisms (referral and counter-referral systems, information, planning, monitoring and evaluation systems) and care financing and coordination mechanisms.

The approach proposed by the Health and Indigenous Self-sufficiency in la Guajira (SAIL) initiative is assembled under the framework explained in the chart on the next page.



*Medical examination*

# Basic Model for Healthcare and Treatment



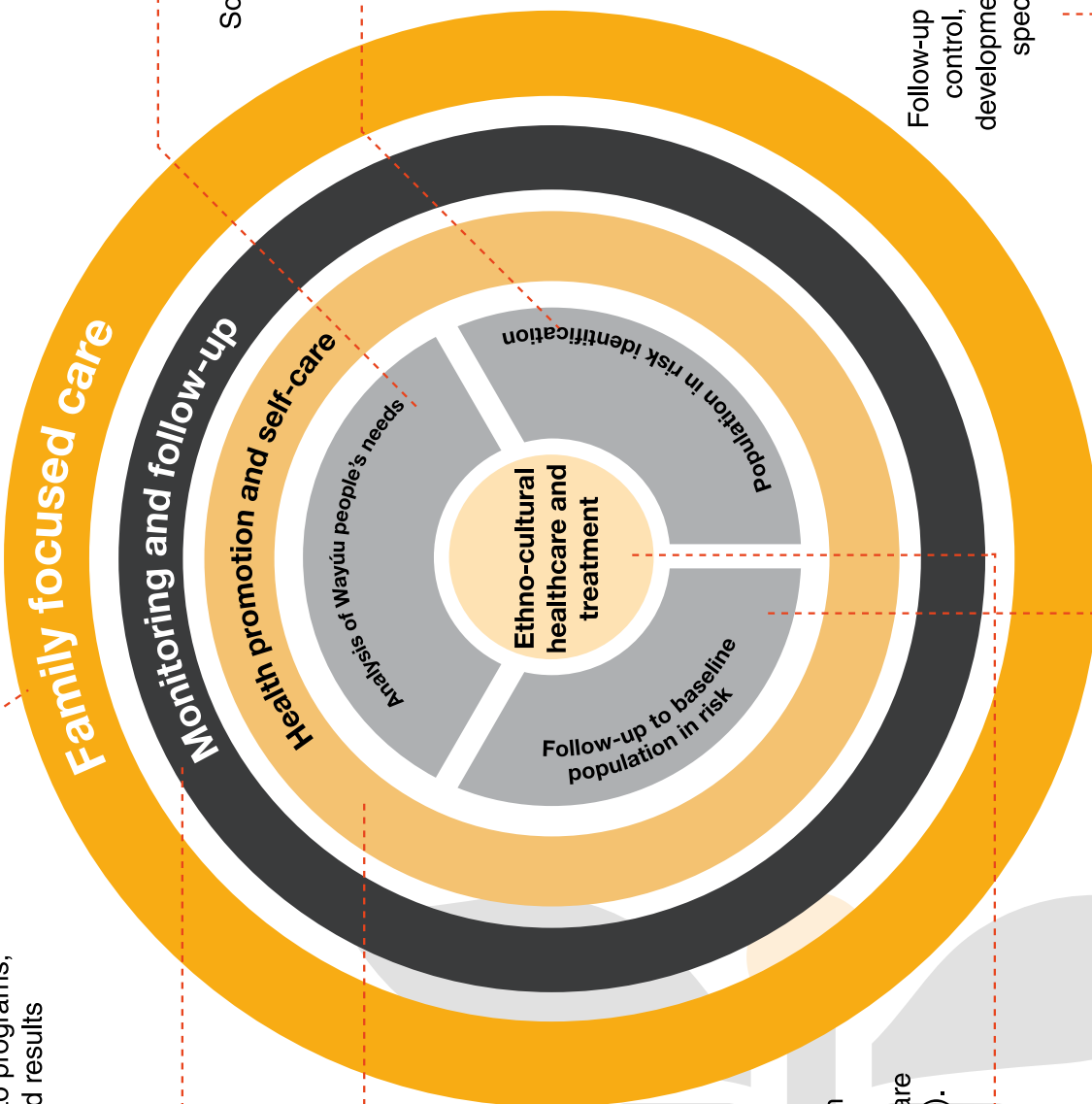
Research and public policy

Continuous follow-up of information relevant for goals related to programs, products and expected results planning.

Socio-economic health raise.

Criteria for the population in risk of maternal or child mortality.

Follow-up based on prenatal control, and growth and development monitoring with specialized care.



Model with a balance between collective and personal services oriented towards health promotion and self-care. Ethno-education in health.

Re-orientation of services with healthcare systems based on health promotion and primary care renewal (community approach).



Now, the services the Foundation has been providing, working together with the current healthcare system, will be described.

### 4.2.1. Extra-mural specialized care

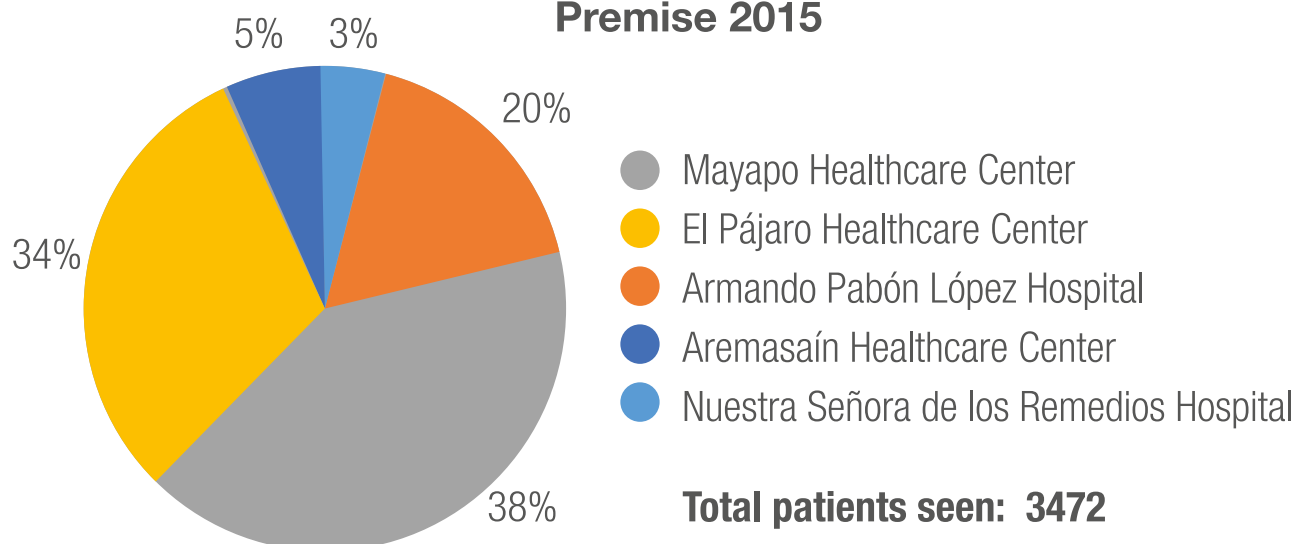
BIPAI, a Foundation of the Texas Children's Hospital, assigned two specialists (a gynecologist and a pediatrician) living permanently in La Guajira. The specialists provide specialized care at the premises of Armando Pabón López and Nuestra Señora de los Remedios hospitals, and at the healthcare centers in the Mayapo, El Pájaro and Aremasain townships<sup>2</sup>.

During 2015, the Foundation performed more than 3,400 consultations, fostering directly attention to the mother-child duo. The attention distribution at the healthcare premises is as follows:



*Anthropometric measurement*

### Specialist Consultations by Healthcare Premise 2015



Distribution of patients by specialty or patient type	Total Q1		Total Q2		Total Q3		Total Q4		2015	
	Total 1Q		Total 2Q		Total 3Q		Total 4Q		Total	
<b>Total pediatric patients</b>	36	12%	548	52%	415	42%	679	60%	1678	48%
<b>Total OB/GYN patients</b>	268	88%	497	48%	584	58%	445	40%	1794	52%
	304	100%	1045	100%	999	100%	1124	100%	3472	100%

- Entities such as Ejército Nacional (National Army) Anauta, Policía Nacional (National Police), Profamilia and Confaguajira, among others, were added into the healthcare structure.
- Due to this joint work, a population of 6,875 beneficiaries was impacted.
- The additional population received dentistry, general medicine, hair dressing, and recreation services, among others.

<sup>2</sup> The Aremasain Healthcare Center was included in the program on February 2015.



*Food Security for Expectant Mothers and Children Less Than 5 Years Old Program*



*Food Security for Pregnant Women and Children Less Than 5 Years Old Program*

Furthermore, with the aim of addressing more efficiently the healthcare needs of the Wayúu people, two types of extra-mural specialized care intervention have been established:

**1. Extra-mural care of patients in risk:**

Primary healthcare at *rancherías* with children and expectant mothers identified by the Wayúu promoters group, in accordance with the risk criteria established for addressing the maternal and child morbidity and mortality rates.

**2. Healthcare and promotion services:**

Primary healthcare at *rancherías* where children and expectant mothers are seen as a part of a healthcare promotion effort. Some of the services provided in coordination with Healthcare Services Providers (IPS), Healthcare Services Promoters (EPS), the Manaure Hospital, and the National Police and National Army, among others, are:

- Pediatric Consultation
- Prenatal Care Consultation
- Obstetric Ultrasound Scan
- Hairdressing
- Vaccination
- Dentistry
- General Medicine
- Recreation
- Nutrition

During 2015, there were in the rural area of Manaure 9 health days; 3 out of which included participation of pediatricians from the Texas Children's Hospital. These health days are a set of activities performed specifically and occasionally at premises whose main purpose is not healthcare, or healthcare premises in areas difficult to reach and which do not provide any surgical services<sup>3</sup>.

Extra-mural healthcare activities have been developed in order to guarantee care continuity in the different levels of the current healthcare system.

### 4.2.2. Nutrition

Nutritional care of a child 0-59 months old with severe malnutrition depends on their initial conditions when diagnosed, the medical and nutritional evaluation by a previously trained team, and the type of intervention —inpatient or outpatient, devised. However, in all cases, family involvement is necessary, as well as participation of highly vulnerable communities (such as the Wayúu people)<sup>4</sup>, in order to achieve full recovery.

<sup>3</sup> Resolution 1441 of 2013 Ministry of Health and Social Protection

<sup>4</sup> Inter-American Commission of Human Rights - Resolution 60 /2015 – approval of a preventive measures request for the Colombian Government to protect the life and integrity of the Wayúu people in the face of drought and malnutrition.

The SAIL program performs the following types of nutrition intervention.

- Ethno-educational training in nutrition
- Identification, management and monitoring of children with malnutrition
- Malnutrition community management
- Additional food security measures

### 4.2.3. Community Approach for the Comprehensive Management of Malnutrition

The community approach is the strategy devised by the Ministry of Health and Social Protection (MSPS, for its initials in Spanish) and UNICEF for addressing severe malnutrition. This method is acknowledged for its effectiveness and its respect for the specificities of the Wayúu people.

This initiative aims to establishing and refining the Ruta Integral de Atención de la Desnutrición Aguda (Comprehensive Track for Severe Malnutrition Care), and determines the collective and individual risks, as well as the necessary interventions in order to minimize the health risk, and address both malnutrition and its potential effects.

- The strategy addresses severe malnutrition (moderate and acute) without co-morbidities in an outpatient manner, at the communities in the municipality of Manaure; there is no need to move malnourished children into the healthcare services providers' premises (IPS).
- Children with severe malnutrition and co-morbidities, which must be moved into an IPS, have been seen in accordance with the malnutrition care guidelines issued by the MSPS and UNICEF.
- 977 children less than 5 years old have had growth and development monitoring, which includes psychomotor development evaluation, nutritional and health condition evaluation, and advisory to parents regarding vaccination under the regular framework of the Programa Ampliado de Inmunización (Immunisation Widened Program - PAI, for its initials in Spanish), all of this done by a general and a specialized physician.
- In 2015, 312 expectant mothers identified in rural areas had prenatal control by a general and a specialized physician, and extra-mural health and nutrition care by a nutritionist and a pediatrician.



*Renewal of the Cooperation Agreement Between Fundación Éxito and Baylor Colombia*



*Visit to the Mayapo Healthcare Center by the Texas Children's Hospital, Manaure Healthcare Authorities and Sociedad Colombiana de Pediatría (the Colombian Society of Pediatricians).*





Baylor Foundation Colombia, Initial Team

#### 4.2.4. Food Security Project - Fundación Éxito

Currently, Fundación Éxito (the Éxito Foundation), supports the SAIL program by delivering food packages to 500 families with expectant mothers and 40 children diagnosed with severe malnutrition, either moderate or acute, for a period of minimum 6 months. They are all part of the Wayúu indigenous communities from Manaure and Riohacha, certified by the Ministry of Interior of Colombia.

##### Food packages donated by November 2015

Range by Standard Deviation	Number of children
0 a +1	22
-1 a 0	129
-2 a -1	154
-3 a -2	55
< -3	8
	<b>368</b>

##### Ranges by Standard Deviation

Nutritional Diagnose	Number of expectant mothers
0 a +1	22
-1 a 0	129
-2 a -1	154
-3 a -2	55
	8

The program attempts to fulfill the nutritional needs of the household. Fundación Éxito's investment in this project is 812 million COP, which is the biggest amount provided by this foundation in order to eradicate childhood malnutrition in a specific region.

#### 4.2.5. Diagnose Exams

Obstetric ultrasound scans provide images of the embryo or fetus in the mother's uterus. This is an essential diagnose method during pregnancy. Nowadays, this kind of control is established in all pregnancies with a certain periodicity.

- **First trimester scan (6-10 weeks):** An ultrasound scan will be performed by the beginning of pregnancy, in order to find out the amount of embryos and establish, as certainly as possible, the gestational age.
- **Incipient second trimester scan (11-13 weeks):** This is an evaluation of the ultrasound markers used for calculating the combined risk of Down syndrome. We can also perform an initial anatomic evaluation.
- **Anatomic detail scan (20-24 weeks):** It is usually the longest ultrasound exploration in the whole pregnancy monitoring. During this scan, a complete and comprehensive evaluation of all fetal organs is performed, in order to try to dismiss structural abnormalities. Likewise, certain uterus and placenta parameters are evaluated in order to get information about the pregnancy's evolution.



Healthcare Promoter

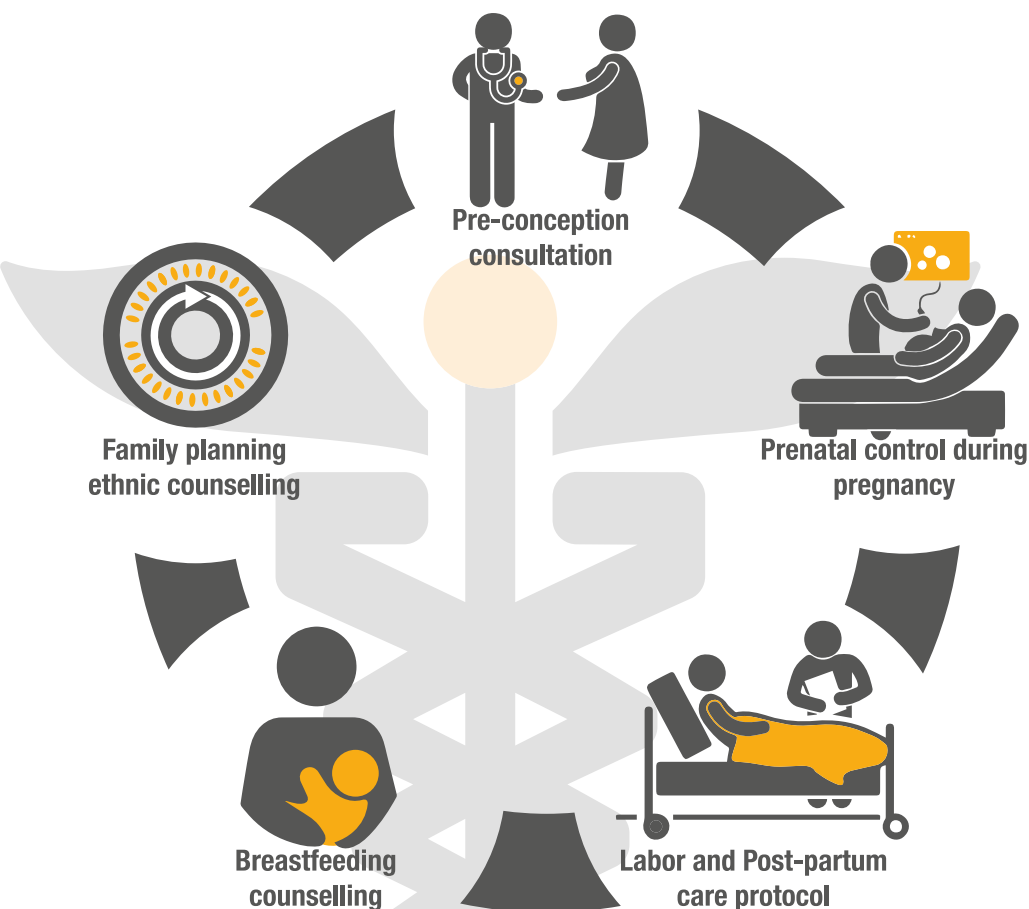


- **Third trimester scan (30-34 weeks):** The purpose of this scan is mostly to evaluate fetal growth. Likewise, the amount of amniotic fluid is evaluated, as well as the possibility of some kind of fetal pathology.
- **Fetal-placental Doppler and fetal biophysical profile:** the doppler study is used for evaluating the fetal and placental circulation parameters in fetuses with intrauterine growth disorders; the biophysical profile is a diagnose tool for evaluating the fetal health in accordance with the amount of amniotic fluid, fetal heart rate, respiratory movements, fetal movements and uterine tone.

Finally, there will be another ultrasound exploration around weeks 39-40, in order to evaluate the fetus' size and position, as well as the fetal intrauterine health. During 2015, 1,230 ultrasound studies were performed.

#### 4.2.6. Ethno-Educational Monitoring of Community Healthcare

The intervention model of the SAIL program is based on the mother-child duo care and interventions related to the vital cycle. The approach is focused on care as a continuous process all along life, including the period previous to conception, pregnancy, labor, neonatal period, and childhood. In an ideal scenario, the program comprehends the following stages:



*Ultrasound scan services*



*Labor*



Children growth and development monitoring

On the other hand, there is Growth and Development Monitoring. Childhood growth and development are two closely related phenomena; however, some differences are worth analyzing. Growth refers to the weight and size increase of the whole organism and its parts; it is measured in both kilograms and centimeters. Development implies cell differentiation and maturity, and refers to abilities and skills in various stages of life.

For the SAIL program, efforts are focused on children less than 5 years old, for whom the following stages are considered:

1. Early identification: at birth or on the first month of life.
  2. First time medical consultation: on the first month of life.
  3. Follow-up consultation:
    - a. < than 1 year: 1-3m; 4-6m; 7-9m; 10- 12m (4 a year)
    - b. 1 year: 13-16m; 17-20m; 21-24m. (3 a year)
    - c. 2 -4 years: 25-30m; 31-36m; 37-48m; 49-60m. (4 times)
- \*m stands for months of life*

The control exercises on pregnant women and children less than 5 years old are leveraged through the Foundation's group of Wayúu healthcare promoters, which have been trained on IMCI as a framework for health interventions with a community approach.

The intervention exercise performed by the foundation and the general healthcare system is presented below:

- **Gyneco-obstetrics**
  - Delivery: general physician or OB/GYN, depending on obstetric risk.
  - Breast-feeding: gynecologist, healthcare promoter and general physician.
  - Obstetric or perinatal warning signs: general physician, gynecologist and healthcare promoters.
  - By-weekly control: general physician or OB/GYN, depending on obstetric risk.
- **Pediatrics:**
  - Prophylaxis, vitamins and ocular: healthcare center.
  - First time medical consultation: pediatrics.
  - First 12 months of life follow-up consultation: general physician and pediatrician.
  - Childcare education: healthcare promoter.
  - Micronutrients and vitamins: pediatrician and general physician.

# SAIL Program Care Model

## Prenatal Time from fecundation to labor

Identification	First Prenatal Control	Prenatal Control Risk Profile	Clinical Exams	Tetanus Toxoid Vaccine	Micronutrients Prescription	Obstetric Risk Assessment	Dentistry Consultation	Prenatal Control until week 36	Bi-weekly Prenatal Control weeks 37-40	Educación materna
Health Promoter	General Physician	General Physician	Healthcare Center	Health Promoter	Health Promoter	Gynecologist	Healthcare Center	General Physician	General Physician or Gynecologist, depending on risk	Health Promoter

## Postpartum Period (third stage of labor) until 42 days after labor

Labor	Breastfeeding	Breastfeeding	Post-natal warning signs and maternal emergencies	Newborn Hepatitis B vaccine	Eye Prophylaxis	VT Prophylaxis
General Physician or Gynecologist, depending on risk	General Physician	General Physician	General Physician	Healthcare Center	Health Promoter	Health Promoter

## Growth and Development Attention to children 0-59 months old

Identification and early enrollment	First time consultation	Consultation every six months after the 15th month	Childcare Education	Breastfeeding counselling	Visual assessment	Dental Health	Audition	Iron	Anti-parasitic
Health Promoter	General Physician	Pediatrician	Healthcare Center	Health Promoter	Healthcare Center	Healthcare Center	Healthcare Center	Pediatrician	Pediatrician

Baylor Foundation Colombia Representative



# 4.3



## RESEARCH AND DEVELOPMENT

- Evaluation of maternal and child morbidity and mortality cases in the program's beneficiaries
- Manaure's Hospital Healthcare Center Survey – WHO Standards
- Comments on the comprehensive guidelines for the treatment of malnutrition
- Research on malnutrition proposal.

During 2015, the Baylor College of Medicine Children's Foundation Colombia has promoted initiatives for bridging the current gaps in the healthcare model for the Wayúu people.

Three main initiatives have been advanced and all of them are currently either in implementation or closure stages.



*Food Security for Expectant Mothers and Children Less Than 5 Years Old Program*

### Background:

The consequences of severe and chronic malnutrition are tremendous, and they affect short-term morbidity and mortality, as well as long-term chronic health, cognitive ability, reproductive health, adult size, and economic productivity.

Whereas the absolute number of childhood illness is mostly focused on low and middle-income countries in Africa and South-East Asia, there are several sub-groups within relatively well fed countries which are disproportionately affected by insufficient nutrition.

The department of La Guajira is located North of Colombia, in the Caribbean. There is a large indigenous population: the Wayúu people. Whereas Colombia has advanced greatly in health indicators such as child mortality and malnutrition, La Guajira has not experienced those benefits as much; it still has the highest mortality rate for children less than 5 years old in the last 20 years.

On 2014, the Baylor College of Medicine and the BIPAI initiative, with the financial support of Chevron Petroleum Company and other



local partners, joint efforts to create and implement the Health and Indigenous Self-sufficiency in la Guajira (SAIL) program, in order to address health disparities and malnutrition in the Wayúu communities.

During the initial evaluation of the population's needs, the SAIL program surveyed households from each of the 172 communities impacted in the beginning.

The Wayúu healthcare promoters group provided an entry line for the SAIL program, using a survey addressed to women and children, approved by BIPAI and applied at the 172 communities.

Our main goal is to evaluate the frequency and seriousness of malnutrition on Wayúu children less than 5 years old. Additional results would include prevalence of other common illnesses such as diarrhea and skin and soft tissues diseases.

## Goals and Objectives:

- To evaluate the frequency and seriousness of malnutrition on Wayúu children less than 5 years old.
- To calculate the rate of childhood illnesses such as respiratory infections and severe diarrhea, among others, which can be associated to malnutrition cases.
- To establish a set of reference data for impacted communities and to improve the later evaluation of the SAIL program's efficiency.
- To decrease the rate of maternal and perinatal morbidity and mortality in the municipality of Manaure.
- To train healthcare staff on obstetric pathologies and childbirth attention, in order to provide adequate medical care and prenatal control.
- To establish and treat prevailing obstetric and perinatal pathologies in the municipality of Manaure.



*Wayúu girl during a medical assessment.*



*Anthropometric measurement*

# 5

## PROGRAM'S MONITORING AND EVALUATION PLAN

The plan's execution has been translated into data generation, both for internal use —project management and quality improvement, and for external reporting to stakeholders. The expected effects, as envisioned in this plan, are the following:



*Mónica Romero Espinayú*  
Healthcare Promoter  
Baylor College Of Medicine  
Children'S Foundation Colombia

- To support achievement of the planned results.
- To improve and support management.
- To create shared knowledge.
- To support capacity building.
- To motivate stakeholders.
- To guarantee accountability.
- To foster public and political support.

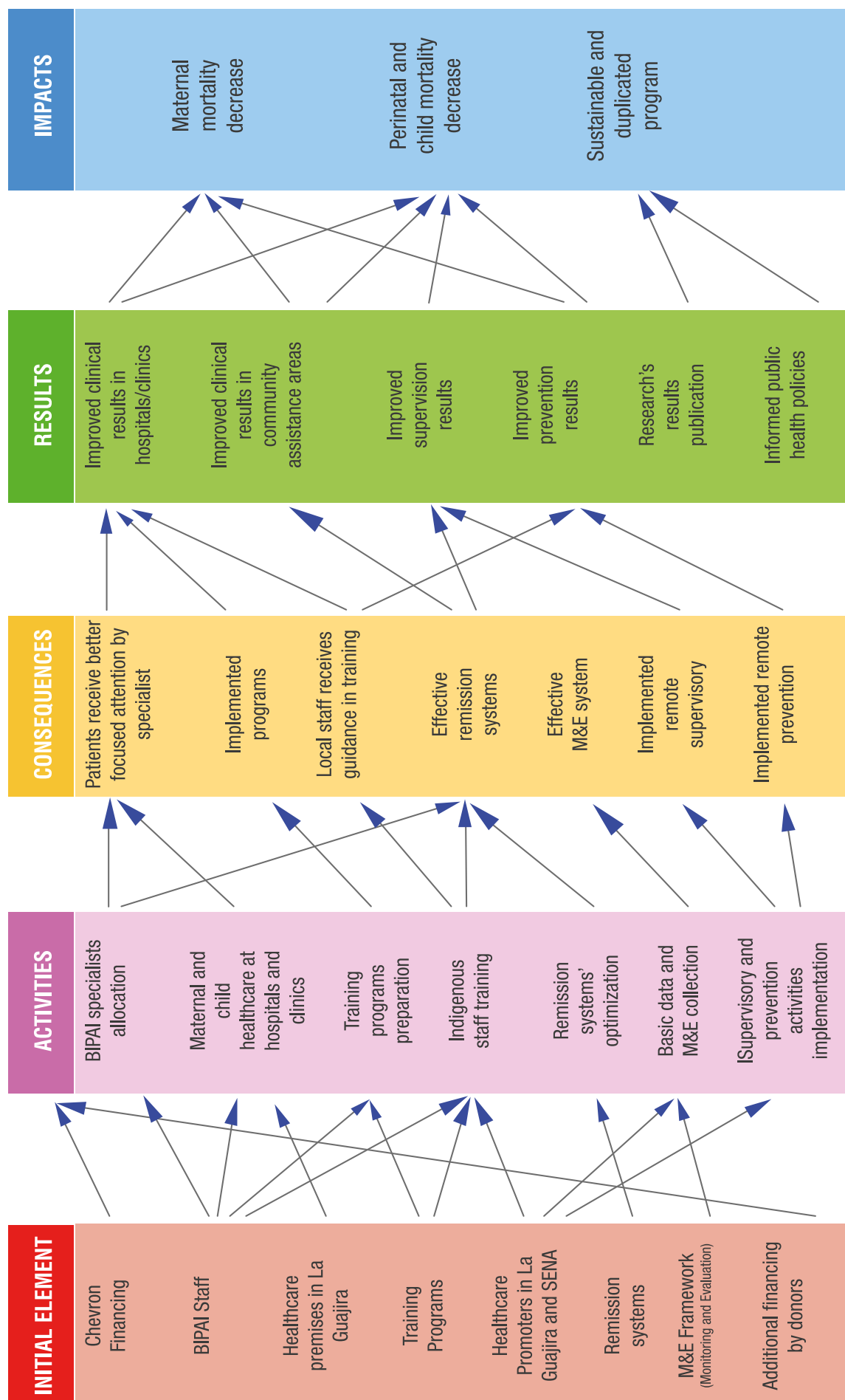
The oversight collected data are used for:

- Establishing an ongoing follow-up of relevant information for the planning of programs, products, results and impacts.
- Providing basis for programs' evaluation.

Thus, 81 indicators have been established as a part of a logic framework, allowing to monitor the program's impacts and benefits, as summarized on the chart next page.

Finally, the indicators are available to the public, so that the collected information fosters articulation of new initiatives related to the common goal of reducing maternal and child morbidity and mortality in La Guajira.

## SAIL PROGRAM MONITORING AND EVALUATION PLAN





# 6

# ACHIEVEMENTS 2015

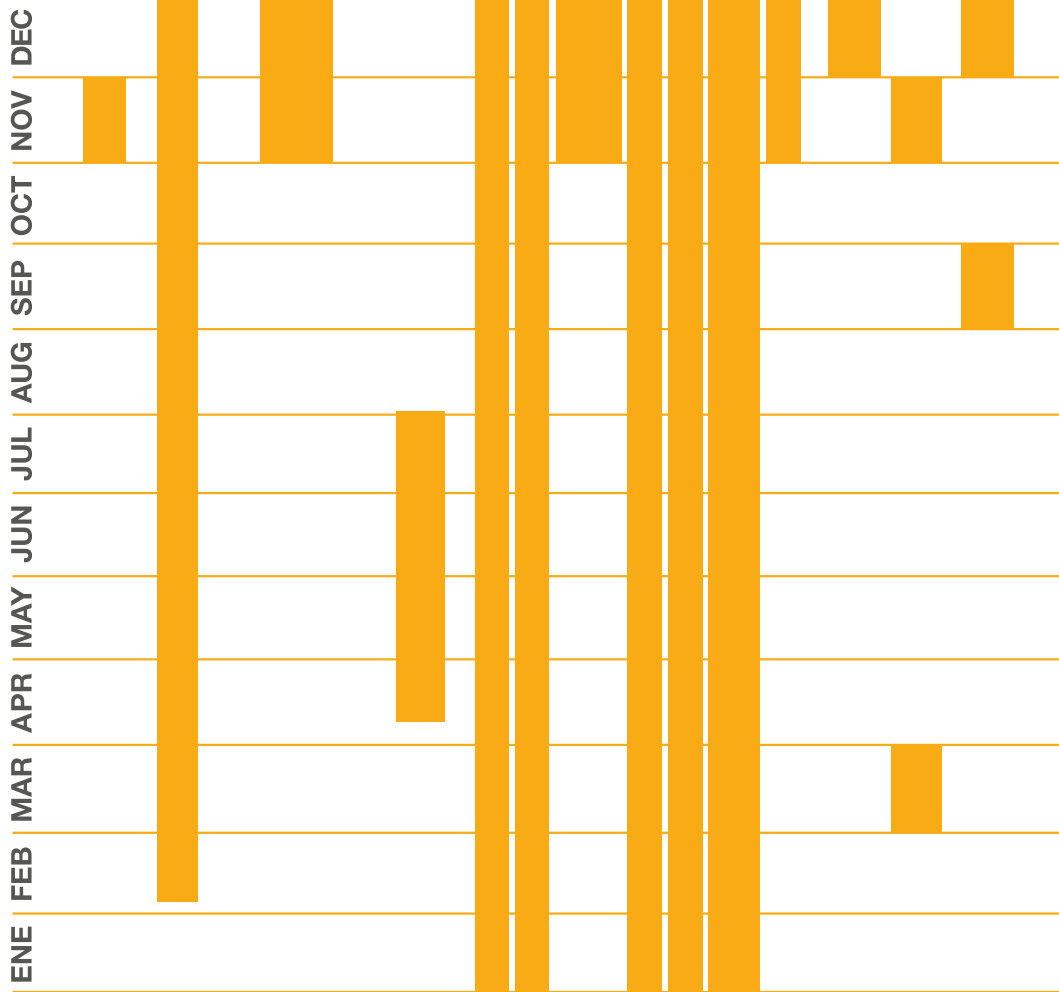
- Expanding the maternal component in the municipality of Manaure, by performing more than 1,600 obstetrics consultations as a part of the program.
- Being nominated to the 11<sup>th</sup> Premio a la Nutrición Infantil (Childhood Nutrition Award) by Fundación Éxito.
- Being chosen as a Best Practices in Social Investment Foundation in the hydrocarbons sector by the United Nations Program for Development in Colombia.
- Training Wayúu healthcare promoters from the Baylor College of Medicine Children's Foundation Colombia in first aid, under the leadership of Universidad Javeriana (Javeriana University).
- Holding 3 international health days in the municipality of Manaure, which included participation of pediatricians from the Texas Children's Hospital.
- Taking part on the training on Guidelines for the Comprehensive Care of Children 0-59 Months Old with Severe Malnutrition by UNICEF and the Ministry of Health.
- Providing training as a part of the Safe Maternity program; a joint effort between the Departamental Healthcare Office of La Guajira and the Baylor College of Medicine Children's Foundation Colombia
- Providing training on Integrated Management of Childhood Illness (IMCI) to healthcare promoters in La Guajira; a joint effort with SENA.
- Being a referent for healthcare institutions regarding analysis of maternal mortality cases at healthcare services providers in the municipalities of Riohacha and Manaure.
- Providing training to healthcare staff, by gynecobstetrics and pediatrics specialists at Armando Pabón López and Nuestra Señora de los Remedios Hospitals, and other entities, such as Instituto Colombiano de Bienestar Familiar (Colombian Institute for Family Well-Being) and Comfaguajira.

## 6.1 Control dashboard

In coordination with our partners, we have developed a control dashboard, in order to follow up achievements of the Health and Indigenous Self-sufficiency in la Guajira program, supported by their donations.



2015



- Strengthening of Safe Maternity Promotion and Prevention Actions
- Training Intern and Professional Physicians from Manauere and Riohacha Hospitals
- Training Programs for Healthcare Promoters Focused on Integrated Management of Childhood Illness (IMCI)
- Training for Management of Severe Malnutrition on Children 0-59 Months Old
- Birth Attendants Training
- Ethno-Educational Training in Community Healthcare



- Extra-mural specialized care
- Nutrition
- Community Approach for the Comprehensive Management of Malnutrition
- Food Security Project - Fundación Éxito
- Diagnose Exams
- Ethno-Educational Monitoring of Community Healthcare
- Vaccination



- Evaluation of maternal and child morbidity and mortality cases in the program's beneficiaries
- Manauere's Hospital Healthcare Center Survey - WHO Standards
- Comments on the comprehensive guidelines for the treatment of malnutrition
- Research on malnutrition proposal.



# 7

## LEADERSHIP TEAM



*Launch Event  
Baylor-Chevron-Ecopetrol Partnership*

### 7.1 HEAD OFFICE

**Mark W. Kline, M.D.**  
Founder and Chair

**Michael B. Mizwa**  
CEO and Senior Vice-President

**Nancy R. Calles, M.S.N, R.N., P.N.P., A.C.R.N., M.P.H.**  
International Programs Development Vice-President

**Gordon E. Schutze, M.D.**  
International Medical Services Medical Vice-President

**Bridgette Naik, C.P.A.**  
CFO

**James Thomas, M.D.**  
SAIL Program Scientific Director

### 7.2 TEAM COLOMBIA

**Ana María Galvis**  
Baylor College of Medicine Children's Foundation Colombia  
CEO

**Cristhian Daza, M.D.**  
Baylor College of Medicine Children's Foundation Colombia  
OB/GYN

**Arnaldo Palomino, M.D.**

Baylor Foundation Colombia Pediatrician and Childcare Specialist

**Eliana Villera**

SAIL Program in situ Coordinator

**Lina Solano**

Baylor Foundation Colombia Nutritionist

**Maritza Medina**

Baylor Foundation Colombia Accounting Coordinator

**Clara López**

SAIL Program Medical Coordinator

**Rubiela Mengual**

Medical Assistant

**Carmen Siosi**

Medical Assistant

**Esther Pushaina**

Healthcare Promoter

**Rita Josefina Pachón**

Healthcare Promoter

**Alexis Mengual**

Healthcare Promoter

**Patricia Deluque**

Healthcare Promoter

**Annyleyvis Iguarán**

Healthcare Promoter

**Edilma Bonivento**

Healthcare Promoter

**Monica Romero Espinayú**

Healthcare Promoter

**Sandry Mengual**

Healthcare Promoter

**Diego Salguero**

Information Officer

**Felipe Ruíz**

Security Technician

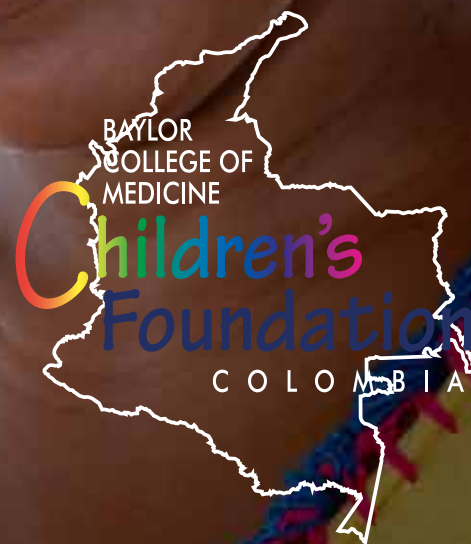
## Sponsors

Our SAIL program was possible due to the generous support of the following companies:



**Texas Children's Hospital®**





Carrera 70 No. 119A - 33  
Telephone Number (571) 300 14 73  
Mobile Number (57) 317 510 52 83  
email: [directoraejecutiva@baylorcolombia.org](mailto:directoraejecutiva@baylorcolombia.org)  
Bogotá, D.C. - Colombia