



Giving sugar and salt drink to cure diarrhea

### 2010 Milestones

- Five illiterate women in three remote indigenous communities have received intensive, year-long training as community health workers ('qhalis').
- First aid treatment centres and small dispensaries for non-prescription medical supplies have been established in project communities.
- No maternal, neonatal or under-five child deaths have occurred since commencement of community health worker training and health activities.
- Qhalis have assisted with emergency home births - bringing sterile materials and basic skills to high-risk deliveries - and have directly saved lives by providing first aid in numerous cases of accidental injury.
- 152 biosand water filters have been locally constructed and installed in homes and schools.
- Weekly health clinics have provided treatment to over 950 people.
- 50% improvement in hygiene and sanitation practices has been reported by teachers and qhalis, and nurses and qhalis have observed a significant decrease in diarrheal disease.
- A manual for training illiterate, unilingual Quechua people as community health workers, complete with culturally-relevant illustrations, is in the final stages of preparation.



DESEA nurse and qhali at new community dispensary.

### The DESEA Perú Approach

DESEA has a three-pronged approach which includes the construction and installation of biosand water filters in homes and schools, with hygiene and sanitation education; weekly health clinics in each community; and training of Quechua-speaking women as community health workers (qhalis). This community-based approach is significantly improving health outcomes.

### 2011 Project Goals

- Program expansion to four high-elevation indigenous communities.
- Installation of 150 biosand water filters in community schools and remote homes.
- Training of 10 additional women as health workers and further training of existing qhalis.
- Operation of weekly medical clinics in each of the seven project communities.
- Establishment of first aid treatment centres/dispensaries in each community.
- Training of an additional community health nurse and project administrator.
- Work with local government toward project sustainability and health model promotion.



Clean hands!

***Tax-deductible donations in Canada and the U.S. can be made by mail or on-line.***

***Please visit [www.deseaperu.org](http://www.deseaperu.org) for complete details.***

***Thank you for your generous support! Asociación DESEA Perú, Lamay, Cusco, Perú***

### Challenges

- Peru has the second highest mortality rates for maternal, neonatal and under-five children in Latin America, due to high incidence of diarrheal disease, upper respiratory illness, and chronic malnutrition.
- Health conditions are particularly poor in remote Andean communities, where many indigenous families live in extreme poverty (<\$1 USD/day).
- In Andean communities, low literacy and deep-rooted practices necessitate sustained family education to improve health outcomes.

### Supporting DESEA Perú

- Both general and targeted contributions (such as the following) can be made via our website.
- Purchase a permanent biosand water filter for a family with education & support for \$90.
  - Support a qhali salary for \$60/month.
  - Provide first aid supplies and basic medicines to a community for \$30/month.
  - Establish a medical dispensary for a community for \$50.
  - Provide parasite medication for 20 under-five children for \$25.