



Five Years On: *The Need for GPA's Work Grows*

Arriving in the small town of Yajalon in northern Chiapas last month, we were greeted by a group of midwives who call themselves Grupo Chichil. These midwives had received training from Global Pediatric Alliance over several years, to address the major causes of maternal or infant mortality during pregnancy and childbirth. They told stories of several complications that had arisen in recent months, and explained how they had appropriately treated the mothers or identified problems in time to bring them to the hospital— with safe and happy outcomes.

Seven years ago, at the United Nations Headquarters in New York, heads of state from around the world announced their goals for the new millennium as follows: "As leaders we have a duty...to all the world's people, especially the most vulnerable and, in particular, the children of the world, to whom the future belongs." Among their key goals for the next few years, these world leaders identified reducing maternal and infant mortality as high priorities.

Sadly, in a recently issued report, the United Nations acknowledged that little progress has been made since that declaration in reducing maternal mortality rates across the globe. Half a million



Midwives in Chiapas demonstrate ways they support a woman in labor.

women continue to die every year in pregnancy or childbirth, despite the fact that we have the technical knowledge in modern medicine to eliminate most maternal deaths. For infants, survival rates have increased slightly, but the mortality rates are still unacceptably high given the medical knowledge and resources we have available.

And while the alarming statistics may help world leaders in identifying this silent epidemic of maternal and infant death, the tragedies are felt one by one. Many of the families and communities affected still confront this epidemic virtually alone. In poor, rural communities in Latin America where GPA works, most women give birth at home - usually attended by a lay community midwife. Most families have virtually

no access to modern medical care, or to economic support when confronted by a death in the family. If a woman has complications during birth, there is often no time and no resources to transport her to a health facility that could save her life. The tools that GPA offers – training in proper prenatal care, early identification and response to complications, and postpartum care – provide critical life-saving skills to the frontline workers in the fight against maternal and infant death.

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Message from the Founder

It is hard to believe that more than 5 years have passed since we started GPA. I remember my early dream of creating an organization that would form alliances with grass-roots health groups in remote regions of Latin America. The statistics for poor women and children in the world then and now are astounding; each day, everyday, tens of thousands of women and children die from preventable causes.

My dream was to build an organization that addressed these issues on a grass-roots level. While as an American physician it was exciting to travel abroad and treat patients, it has always been my belief that empowering local people to care for the health of their own community can have a truly sustainable long-term impact.

I envisioned GPA as an agile organization that would teach people how to save lives, while also being cost-efficient. Five years later, with the tremendous commitment of our donors, staff, and volunteers, this dream continuous to be a fruitful reality. We are an effective, grass-roots organization directly improving the skills of health workers and the overall health of women and children in Latin America.

My heart goes out to all of you who have made the implementation of GPA's mission possible. You as donors are directly responsible for saving lives of countless women and children by supporting our program directors in Mexico and Ecuador, a remarkable midwifery training program in Chiapas, run by American midwives, and a new micro-grant program, which empowers local health organizations in Latin America to carry on their GPA-related projects.

Thank you so much for your belief in Global Pediatric Alliance these past years. I invite you to continue to support us this year with a gift of any size in order to support our continued efforts of improving the health and well-being of children and women in Latin America.

- Scott Cohen, MD



Advocacy Forges Bonds Between Midwives, Health Center and Hospital



Grupo Chichil midwives see the emergency room during their tour of the Yajalon hospital.

The group of midwives in Yajalon, Chiapas, known as Grupo Chichil has come a long way working with them. Over three years, the GPA midwifery team (Kelly McBroom, CNM, Angie Fujioka, RN and Lauren Jaye, CNM) has offered these midwives a series of obstetrical training programs focused on prenatal and postnatal care, and prevention and management of obstetrical

complications. In the process, the midwives have had opportunities to share their experiences with one another, and to build more effective relationships with the formal health care infrastructure within Yajalon.

The midwives of Grupo Chichil have always worked in their communities on an informal, volunteer basis, and historically have had little interaction with the hospital or health center in town. Faced with language barriers (many of the indigenous Tzeltal-speaking midwives speak little Spanish), and huge issues of cultural, gender, and race discrimination, they have largely worked independently of the formal health structure. But this year, through GPA's advocacy, Grupo Chichil has received increased recognition from the health center and hospital of Yajalon, so that the health center personnel now recognize the midwives and treat them respectfully when they bring their patients in for visits. And recently, for the first time, the midwives were invited to tour the Yajalon hospital facility, personally escorted by the hospital director. This personal visit helped lessen fears the midwives have of bringing their patients to an unknown place and helped bridge the gap between lay health workers and the public health sector in Yajalon. For pregnant women and their babies, a more effective cooperation and respect between the midwives and the doctors, nurses, and health workers in the municipality is very beneficial and, sometimes, life-saving.

Healthy Mothers and Children, One Latrine at a Time

A Closer Look at a Grassroots Health Partnership Grant to Build Compost Latrines in Chiapas

Providing access to proper hygienic disposal of human excreta is one of the primary ways to improve health. Latrines quite directly prevent diarrhea and save lives of children and their families by preventing the spread of disease by flies and by contamination of water. In our first round of grants to Chiapas, Mexico, GPA has awarded a grant to Caritas of San Cristobal to build model compost latrines in five communities throughout Chiapas.

Caritas will select the communities according to urgency of need, focusing on the most marginalized areas. During the project, families will learn how to build and maintain a compost latrine. The project will also include on-going educational components for both men and women: women will participate in health, hygiene, and nutrition classes for the family, while the men will participate in a family garden project.

Most rural communities in Chiapas depend on maize and bean agriculture for their income and for family consumption. Without variety in their diets, children often grow up malnourished. In order to increase access to different fruits and vegetables, each male head of family will be given seeds and taught the importance of supplementing family diet by planting a family garden. They will also be instructed on how to make fertilizer from the compost latrines for their gardens.



Caritas Project Coordinator, Rebeca, explains how the compost latrine works.

At the end of the project, Caritas will invite the community to participate in a maternal and infant health celebration, where the focus for the day will be on the importance of mothers and children in the community. In the end, five communities will have participated in the project and an estimated 500 people will have gained knowledge on how to provide proper hygiene, sanitation, health and nutrition for their families.

“ 1.8 million people die every year from diarrhoeal diseases, mainly children under 5 years of age, and 88% of these diseases are attributed to unsafe water supply, inadequate sanitation and hygiene. ”

- WHO, 2004

News from our Ecuador Program

Building a Community Grants Program in Ecuador

This fall, we are taking a two-pronged approach in Ecuador: support the two-year projects we are funding in Azuay and Pastaza Provinces and look for new one-year projects from communities in Napo Province.

In Pastaza, licensed nurse and project coordinator Fany Ashanka is assembling a team of Kichwa women from three villages, including her own, to train them in family planning and maternal health so they can help promote good health practices among their neighbors. Fany will be working with Ecuador Program Director Mary Fifield and the GPA team to design a community-level curriculum that blends useful, successful techniques from Western and traditional medicine.

In Azuay, project coordinator Dr. Lupe Chusete is giving intensive training in family planning to a team of nine health promoters who completed a child nutrition series last year as part of their Grassroots Grant. But as Lupe has worked with the group since 2003, she and Mary are also focusing on empowering the health promoters to take a greater leadership role: to teach all workshops themselves, build networks with other organizations and health agencies, and report their results so they can seek other support and sustain the project after the grant period.

Meanwhile in Napo Province, Mary has visited more than 20 rural communities, helping them brainstorm on child/maternal health needs and projects they want to design to address them. Often people cite health problems that affect the entire community but have a particularly strong impact on children and pregnant women: lack of potable water and sanitation, lack of adequate nutrition, lack of access to medical



Ecuador Program Director Mary Fifield meets with women's group to discuss grant projects.

facilities, and lack of reliable information on prevention.

To apply, communities have to think through problems and solutions carefully, design a budget, and submit a proposal that includes a follow-up plan beyond the one-year term of the grant. The process requires intense collaboration and motivation, and though it is a new approach for many communities, they have embraced the challenge and are excited to implement projects themselves instead of relying on others.

César Grefa: Personal Reflections on Community Development

A former river boat captain, rainforest guide, school teacher, factory worker, and community development liaison for the county of Tena in the Ecuadorian Amazon, César Grefa has worn a lot of hats and seen a lot of changes in his 38 years. He spent part of his childhood in Cuya Loma, a small Kichwa village, and now lives in the city of Tena with his wife, Marcia, and six children. He has a deep connection to the rural communities, where the struggle to reconcile modern and traditional ways of life is on-going.

For César, the introduction of a cash economy in the villages, a result of oil exploration and urban development in the 70s, has brought the most dramatic changes. In the old days, "religion told us to have as many kids as we can without realizing what would happen in the future. Of course then people had food and a home, and there was no (formal) education, so they didn't need money. Now people are talking about family planning. Life is expensive."

To cope with such changes, people have to change their way of thinking, César explains, "not to change the culture, but to improve it, to say 'yes' to family planning, 'no' to sexual abuse, 'no' to machismo." As young people lose interest in speaking their native Kichwa, as rivers are threatened by deforestation, and as malnutrition stunts childrens'

development, people are beginning to see that their survival depends on their ability to organize and sustain themselves as Kichwa communities.

In terms of empowerment, César thinks GPA's approach is important because communities are expected to make their own decisions and lead the way. The grant process starts with an open conversation about what the community wants to do, "not just entering and telling them we're going to do this and this," he says. Giving funds directly to the communities is also novel. "People are impressed that (GPA gives them) the power and responsibility to manage funds, with GPA's help," he says. "This is a change—people participate and understand what the project is about."

Since August, César and Ecuador Program Director Mary Fifield have been meeting with motivated communities on their health proposals. "I'm happy to collaborate because I can talk with communities, and I'm gaining new knowledge so we can achieve results," he says. Despite the economic challenges he faces raising his own family, he insists, "I have to keep going forward." He clearly wants to help his community move forward as well.

GPA has been working for five years now to empower lay health workers in Latin America with basic skills that promote health among mothers and children. Like the UN health planners, we have found that addressing the root causes of maternal and infant mortality is no easy task.

Our Mission:

Global Pediatric Alliance seeks to promote grassroots empowerment and improve child and maternal health by providing educational, technical, and financial support for community-based health projects in Latin America.

Contact us today:

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But five years on, GPA is as committed to this work as when we started. This year, we are strengthening our programs and working to expand their scope and impact. From training the midwives of Grupo Chichil, for example, we are now expanding to training other groups of midwives in many surrounding communities. And at the same time we are developing a "training of trainers" program, in which our dedicated volunteers can train local midwives, nurses and health workers, who themselves can share the training throughout the year with other lay health workers in their own communities. By networking with other organizations working in maternal and infant health, we are identifying how we can have the most impact through our Grassroots Grants program, to supplement our own trainings by supporting vital work being done by others. And finally, in partnership with others in this field we are doing advocacy for midwives and health workers, trying to gain recognition and support for their work, economic compensation for their time, and

GPA volunteer Lauren Faye chats with local trainer Natalia and midwife trainees at a workshop in Tenejapa, Chiapas.

continuing education to strengthen their skills.

We are doing this because despite the enormity of our challenge, in every community we work in, we can see the difference we make when we reach out in partnership to local people who are trying to help their own community. We are doing this because every time a mother's or child's life is saved, our work has been worth it. And we are doing this out of our own sense of dutyto all the world's people, and, in particular, the children of the world, to whom the future belongs..... ☸

- Alexa Wilkie, Executive Director



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