

An elderly Indigenous woman with grey hair and a serene expression is walking towards the camera on a dirt path. She is wearing a vibrant blue and white checkered shawl draped over her shoulders, which is tied at the neck. Underneath, she has a white lace-trimmed blouse and a dark skirt with a wide, bright pink horizontal band. She is barefoot and holding a small black object in her left hand. The background is a lush, green field with tall grass and some small yellow flowers.

# At the Heart of Maternal Health:

## Indigenous Women Are Leading the Way

Global Pediatric Alliance  
2024 Impact Report



Global  
Pediatric  
Alliance





## A Message of Gratitude

Dear Friends of Global Pediatric Alliance,

No matter what form GPA's work takes—whether training midwives, engaging with health professionals, accompanying regional midwifery movements or supporting grassroots organizations—Indigenous women are at the center.

In 2024 we worked with more than 500 Indigenous women in Southern Mexico and Guatemala, including 324 Mayan midwives. These midwives improved their capacity to provide essential and life-saving care to thousands of women living in remote, marginalized areas. They also responded to potential obstetric-related emergencies, referring 116 pregnant women for advanced-level care.

Across our programs, Indigenous midwives extended their expertise and commitment. Through midwifery movements, they advocated for systemic improvements in healthcare for Indigenous women. They established direct communication lines with hospitals, insisted on access to interpreters, and worked to ensure that children delivered by midwives receive legal recognition through birth certificates.

Thanks to your generosity, we also equipped 500 doctors and nurses with the skills to provide culturally respectful care to underserved populations—impacting tens of thousands of people. Your support helped fund seven grassroots health projects in work that ranges from training health promoters in neonatal first aid and reversing child malnutrition, to preventing respiratory illness and organizing mobile medical clinics for people living in poverty in rural Guatemala.

Despite these advances, the challenges remain urgent. A recent Pan American Health Organization report found that maternal mortality rates for the poorest women in Latin America are over seven times higher than for the wealthiest. For children, the mortality gap is nearly fivefold.\* We can prevent these deaths! And as global support for maternal and child health programs continues to shrink, it is more critical than ever to strengthen community-based care and support midwives and health promoters—the most essential frontline workers.

At the heart of these efforts are Indigenous women: protecting women and children's health, safeguarding ancestral knowledge, and leading the way forward. In 2025, with your continued support, we will redouble our efforts—fortifying community efforts so that vulnerable women and children have access to quality, respectful, and equitable maternal and child health services.

Thank you for all you do to improve the lives of others. We are grateful, and inspired by your generosity and solidarity.

With gratitude,

Stacey Ramirez  
Executive Director

Scott Cohen  
Founder & Medical Director

\*The Urgency of Investing in Health Systems in Latin America and the Caribbean to Reduce Inequality. 2024 PAHO, WHO



## At the Heart of Maternal Health, Indigenous Women Are Leading the Way

Across the rural communities of Mexico and Guatemala where GPA works, Indigenous women are the heart of our work. They are traditional midwives and front-line health workers, mothers accessing care, leaders in advocacy movements, innovators of health and safety, and fierce champions of their communities. They are the backbone of women's and children's well-being.

They are also the faces of the most marginalized. Indigenous women in Latin America must navigate a world of discrimination and exclusion: for being Indigenous, for being women, and for being poor. They are more likely to experience obstetric violence, receive culturally inadequate care and die due to pregnancy-related complications.

Despite these challenges, they are unrelenting in their commitment. Indigenous women are the caretakers of their communities, managing resources and preserving traditional knowledge and practices. They are emerging as leaders at the forefront of movements advocating for their communities' rights, including land rights, food security, environmental protection, and social justice.

Increasingly, they are claiming space on the global stage, including at the United Nations, to demand recognition of their role as central to Indigenous identity, health, and survival. Indigenous women are resilient, and their work is crucial. They deserve the world's respect and support.

This year's report is dedicated to Indigenous women—in all their roles—as leaders, midwives, mothers, and champions of women's health and rights. They guide our mission and call us to reimagine maternal health with Indigenous women at the center.





# 2024 in Numbers

## Life Saving Care Across Mexico and Guatemala in 2024



**130,092** People reached through GPA's programs across Mexico and Guatemala.

**324** Traditional Indigenous Midwives trained or supported.

**179** Community Health Promoters trained in Mexico and Guatemala.

**3,788** Prenatal visits carried out by GPA-supported midwives.

**815** Babies safely delivered by GPA-supported midwives.

**116** Emergency referrals made by GPA-trained midwives for life-saving care.

**500** Health professionals trained through our Respectful Maternal Care Program.

**17,000** Indigenous women, children, and community members reached by GPA grassroots partners through programs in pediatric care, nutrition, first aid, respiratory health, maternal health and more.

**20** Advocacy events where midwives united to defend Indigenous midwifery before health authorities and civil registries.

**266** Indigenous women came together to advocate for improved healthcare services.



## Why This Work Matters

In the rural communities in Mexico and Guatemala where we work, **80-90%** of the population is indigenous.

**60-85%** of Indigenous women in these rural areas live in poverty.

Indigenous women face **significantly higher maternal mortality rates** than non-Indigenous women, with deaths twice as likely in Mexico and up to three times higher in Guatemala, one of the region's most extreme disparities.

**1 in 3 women in Mexico** experience obstetric violence while giving birth at hospitals.

**Nearly half of hospital births in Mexico result in C-sections**, much higher than global health recommendations.

**Approximately 20% of births in Mexico** are to very young adolescents (10 - 14 yrs) and teen girls (15-19 yrs), one of the highest adolescent birth rates in the region.

**Guatemala has the highest rate of child malnutrition in Latin America**, and the 6th highest in the world, with nearly half of the country's children suffering chronic malnutrition.

**These disparities are rooted in such factors as poverty, limited access to healthcare, gender inequality, and discrimination.**



# The Making of an Indigenous Midwife

More than 80 years ago, Doña María was born into the hands of her grandmother, Mercedes, a Mayan midwife from the Tzeltal region of southern Mexico. And just like her grandmother, mother, great-aunt and great-grandmother, Doña María became a midwife.

Her mother used to say: *"How could you not be a midwife, when you carry the lineage of all the midwives and healers in the family?"*

She remembers the first time she delivered a baby. Relatives went to the hospital with a woman in labor. The health staff told them it was too early, that the baby might come by dawn. A week passed, and still no baby. Desperate, they came looking for Doña María. She and her husband walked narrow trails by flashlight to reach the community. She examined the woman and saw that the baby was in a potentially dangerous position. They asked her to adjust it. After doing so, she told them, *"Your baby will be born at 5 a.m."* And it was. Although she asked them not to tell anyone, word spread. From then on, people began to seek her out.

When caring for a pregnant woman, before labor, Doña María asks the family to prepare water, alcohol, soap, clean cloths, oils, and plants like myrtle and chamomile. She also asks the mother how she prefers to give birth—kneeling or in bed.

Her role begins well before the birth itself. When women come to her for prenatal care, she emphasizes the importance of prenatal visits, ultrasounds, and taking vitamins: *"Because sometimes the baby doesn't come right. And if you don't take care of yourself, you might suffer during childbirth—and we don't want that."*

She speaks to husbands as well: *"You have to care for your wife. If she wants meat, buy it. Save your money. She may give birth at home but she may not."*

Her daughter Petrona, now 62, has followed in her footsteps. She began as her mother's assistant—bathing the baby, keeping the fire going, preparing the supplies. Now, women seek her out directly.

Doña María has spent a lifetime accompanying women through pregnancy, childbirth and their postpartum period. In "catching babies" she holds the future in her hands, and continues to pass on the knowledge and experience she received from midwives who came before her, the traditions that ensure future generations can thrive.





# GPA in Partnership With Indigenous Women

## Enriching the Skills of Traditional Midwives

Rural areas in Mexico and Guatemala rely on Traditional Indigenous Midwives for **50–90% of all births**.

In 2024, GPA equipped **133 Traditional Midwives** in Chiapas and Yucatán with life-saving skills—midwives who went on to provide **2,582 prenatal visits**, safely attend **223 births**, and make **116 critical hospital referrals**. Midwives with newly-fortified skills now discuss emergency plans with families, recommend immediate breastfeeding and appropriate vaccinations and respond to neonatal emergencies. More than 90% can spot obstetric danger signs and 88% are offering essential postpartum care at home.

GPA also deepened its support by hosting a statewide meeting of **62 midwives** in Yucatán. And we conducted a vital study which revealed high levels of hospital-related obstetric violence, and the increasing disappearance of Indigenous midwifery in Campeche and Quintana Roo states, leaving women with few options for quality, culturally-safe maternal care. We will launch programs in these areas in 2025.

“It’s important that there continue to be traditional midwives because sometimes women don’t make it to the hospital. As midwives, we can support pregnant women so they can give birth safely.”

- Paulina, Traditional Indigenous Midwife in Mexico





## Strengthening Movements and Advocacy

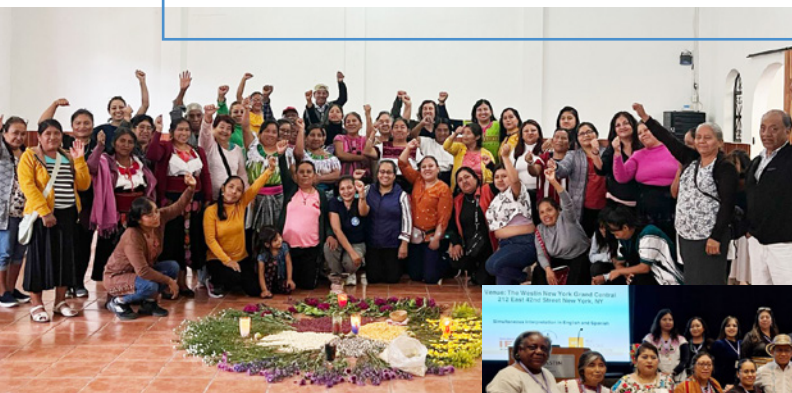
In 2024, GPA strengthened support for movements defending Indigenous midwifery as both a critical component of maternal care and a fundamental Indigenous right.

We actively supported the Nich Ixim Midwife Movement of Chiapas, comprised of more than 600 midwives, by establishing an ongoing series of formal state and municipal-level dialogues with senior health & civil registry officials. The meetings have resulted in important agreements, such as establishing WhatsApp groups for real-time communication between midwives and health staff to improve obstetric emergency response. These meetings also serve to resolve barriers to care, such as the inability of numerous children delivered by midwives to receive an official birth certificate.

We continued to promote our publication *Guide to Midwives' Rights*—the first document that affirms the rights of midwives, the women they serve and the infants in their care.

At the international level, GPA partnered in the launch of the Continental Alliance of Indigenous Midwives of the Americas, made up of midwives from Alaska and the Navajo Nation, to Brazil, Ecuador and Chile, whose objective is to develop strategies and actions for the protection and preservation of Indigenous midwifery on a global scale. Their founding declaration—read at the UN Permanent Forum for Indigenous Issues—continues to shape advocacy in defense of ancestral knowledge and Indigenous women's rights.

“Nich Ixim has united over 600 midwives with a mission to dignify healthcare access for Indigenous women.”



“What I'd like to improve [thanks to GPA's training] is how patients are treated. This training can bring about positive change.”

- Dr. Azucena, Delivery Unit at the Yajalón Hospital

## Promoting Equitable and Respectful Maternal Care

In 2024, GPA worked with over 500 doctors and nurses to promote respectful, rights-based maternal and childbirth care. We organized intercultural dialogues between 82 Traditional Indigenous midwives and hospital staff in two regions to foster understanding, helping staff gain critical insights into the pivotal role midwives play in their communities' health. We also conducted an observation of maternal health practices at the Yajalón General Hospital, the results of which were presented to hospital administrators.

Our trainings helped staff from IMSS Bienestar and the Ministry of Health recognize obstetric violence and improve services for Indigenous women. Demand for our courses is growing nationwide.

We met with directors of 10 rural hospitals, who began developing improvement plans for providing equitable, respectful care to Indigenous women.

View a video of our meeting with midwives and hospital staff in Bochil, Chiapas [HERE](#).





View a video of “The Women Who Build Their Own Eco-Stoves” [HERE](#).

## Engaging and Investing in Communities

### Community-Designed Health Grants

GPA's Community-Designed Health Grants support grassroots community projects that can make a lasting impact on the health of women and children, and which empower women to lead.

In 2024, we funded seven grassroots organizations advancing women's and children's health in Mexico and Guatemala, **reaching 17,000 people**, including 4,500 children.

In Chiapas, **Sbelal Kuxlejalil** partnered with Tseltal women to build fuel-efficient stoves using local materials—reducing respiratory diseases and acute burns in children and promoting environmental care.

In Guatemala, **ADEMI** worked with Maya women and adolescents to combat severe malnutrition in children under age five. Women are rallying their communities, leading ecological farming, nutrition, food security, and more.

In Zitim, Chiapas, **Camino del Viento** trained midwives and health promoters in maternal nutrition, respectful pregnancy care, and common illnesses—blending traditional and biomedical knowledge while strengthening women's leadership.

In the Palajunoj Valley in Guatemala, **Primeros Pasos** provided access to critical dental and medical services through mobile clinics, addressing upper-respiratory infections, ear infections, gastroenteritis, parasitic infections and other health issues common in women and children living in areas with poor sanitation.

In northeastern Guatemala, **Q'eqchi' Partners** trained 52 Q'eqchi' Mayan midwives and women health workers in midwifery and childbirth techniques.

### Women Caring for Women Program

For GPA, it's essential to support young people who are pioneers in their communities—embracing ancestral values of dignity and respect, and staying rooted in their Indigenous identity.

Through our **Women Caring for Women** program and our **Men's Program**, 80 women and 56 men participated in workshops in Mayan communities to reflect on gender-based violence and reproductive health and rights.

Our workshops create space to reflect on violence against women and girls, the rights of women and Indigenous peoples, and the prevention of early and unplanned pregnancies. These are all vital topics for building healthy adult lives through relationships based on equality and respect.



“[Learning about women's rights ] has helped me realize that the difficult things my family has been through don't have to be repeated. When we start our own families, we have the responsibility to create something better.”

- Women Caring for Women participant



# 2024 Financial Overview

89 percent of our funds directly support communities in Mexico and Guatemala through our Midwifery, Training and Advocacy programs, and our Community-Designed Health Grants

## SOURCES OF FUNDING

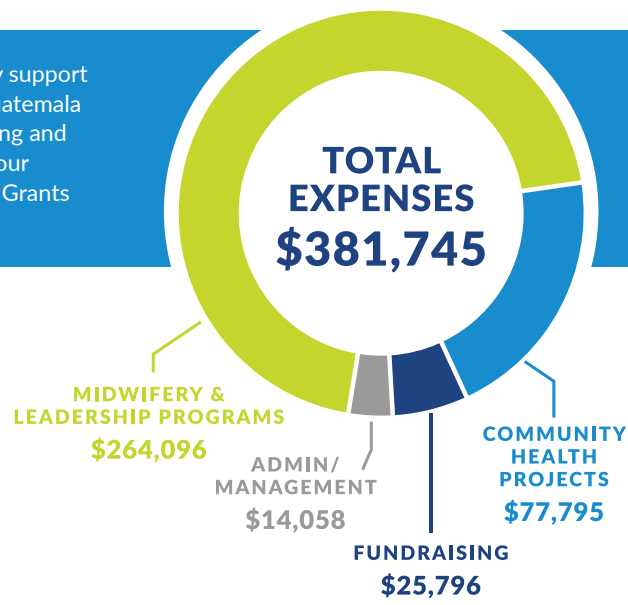
**78%**  
Foundations\*  
\$174,597

**19%**  
Individuals  
\$43,534

**3%**  
Interest Income  
\$7,272

**Total Assets**  
**\$364,520**

\*Includes donor-advised funds and family foundations



## ASSETS

Cash & Cash Equivalents	\$356,841
Fixed Assets	\$7,679
Total Assets	\$364,520

## NET ASSETS & LIABILITIES

Unrestricted Net Assets	\$21,760
Unrestricted Earnings Balance	\$501,197
Net Income	-\$158,437
Total Net Assets	\$364,520
Current Liabilities	\$0
Total Net Assets & Liabilities	\$364,520

## GPA Board of Directors

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Executive Director, Regeneration  
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- Alesandro Larrazabal, MD**  
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Member of the Board

## Organizational Partners

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- CAMATI, AC
- Foca, AC
- Sakil Nichim Antsetik
- Médicos del Mundo Suiza
- Comité por una Maternidad Segura y Voluntaria Chiapas
- Alianza Crecer Juntos por Sitalá
- Kinal Antsetik DF
- Patronato de Beneficencia de Yucatán
- Muuch Kambal A.C.

## GPA Team (HQ & Mexico)

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Administration, Mexico
- Adela Bonilla**  
Midwifery Movement Coordinator
- Beatriz Pérez Cadena**  
Respectful Maternal Care Associate
- Emily Felt**  
Communications
- Dr. Gabriel García**  
Midwifery Programs Coordinator
- María Hernández**  
Community Programs Co-Coordinator
- Dr. Martha Moreno**  
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- Sebastiana Pale**  
Midwifery Movement Associate
- Juan Carlos Pérez**  
Community Programs Co-Coordinator
- Stacey Ramirez**  
Executive Director
- Clara Rubio**  
Communications/M&E Coordinator
- Josaphat Toledo**  
Respectful Maternal Care Coordinator





# Thank You To Our 2024 Donors

To our cherished donors, those listed here and those who chose to stay anonymous, your contributions made it possible for us to reach **130,000 women, men and children in need** with improved access to healthcare. You helped us train hundreds of Indigenous Midwives, hold successful respectful maternal care workshops in hospitals, fund thriving grassroots health projects in rural Indigenous communities across Mexico and Guatemala. Thanks to your support, our work has provided children with health, nutrition, dental and first-aid care, strengthened women's leadership, supported community-driven solutions, and helped ensure women have safe pregnancies and healthy babies. We are deeply grateful.

## A Special Thank You To Our Foundation Partners

Abundance Foundation  
AMB Foundation  
American Online Giving Foundation  
Marin Community Foundation  
Million Dollar Roundtable Fund Foundation  
Rocky Woods Charitable Foundation  
SG Foundation  
W.K. Kellogg Foundation

"GPA facilitates positive outcomes for kids and families in a way that's not top-down but organic. That's what makes their work so meaningful to me."

—Jane Gehring, GPA Donor and Nurse Midwife

"I donate to GPA because, at some point, you realize you have enough to help other people. We're all where we are because somebody helped us. As they say, we all stand on the shoulders of giants."

—Ralph Sklar, GPA Donor



Alan Gibson *In memoriam*  
Alesandro Larrazabal & Christina LaMontagne  
Alexa Wilkie  
Andrew Cohen  
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## A Call to Action

Your tax-deductible gift to GPA is vital to our work, and ensures that more women and children living in precarious situations have access to quality maternal care and child health services, and can get emergency care when they need it. There's no one way to give—donations range from \$10 to \$10,000 and beyond. Every donation matters, and every dollar goes toward improving the health and lives of women and children in Mexico and Guatemala.

Scan here to support  
our work today.



You can also send a check to:  
**Global Pediatric Alliance**  
**PO Box 640046**  
**San Francisco, CA 94164**

People can also donate through the  
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charity/105599](http://paypal.com/us/fundraiser/charity/105599)

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by making a legacy donation or by  
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[info@globalpediatricalliance.org](mailto:info@globalpediatricalliance.org).

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