Improving the Health of Women and Children in Latin America

Photo courtesy of Andrea Balazs
Global Pediatric Alliance’s mission is 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.
GPA Timeline and Milestones

**2002:** Founded by Dr. Scott Cohen, Pediatrician, in Guatemala & Nicaragua

**2012—Ten Year Anniversary**

- Trained: > 90 midwives
- >160 health promoters
- Supported: 18 Capacity-building project

**2013**

- By 2014 GPA had impacted a population of ~100,000*
- 175 Midwives trained
- 65 Communities engaged
- 125 Health promoters trained
- 58 Water chlorinators

**2014**

- By 2016 GPA had impacted a population of ~100,000*
- 280 Midwives trained
- 70 Communities engaged
- 233 Health promoters
- 136 Women trained
- 367 Students trained
- 110 Water chlorinators

**2015**

- NYT Article “Calling the Midwife in Chiapas, Mexico” features Ofelia, a GPA midwife and trainer

**2016**

- 280 Midwives trained
- 70 Communities engaged
- 125 Health promoters trained
- 58 Water chlorinators

**2017**

- 1,300 midwives and health promoters in Latin America
- > 25 Capacity-Building projects

* Cumulative numbers based on sites engaged, workshops, and other training activities.
Global Pediatric Alliance focuses its work in Chiapas, Mexico, where we have an office, and Chimaltenango, Guatemala, regions that have large indigenous populations and are characterized by extreme levels of poverty, high rates of maternal and infant mortality, and which lack access to quality health services.
GPA has established a holistic working model which focuses on reducing maternal & infant mortality and improving the quality of life for women and children by influencing factors that can have a significant impact on maternal & child health. The model is based on five pillars:

- Training Midwives & Community Health Workers
- Increasing Access to Quality Health Services
- Building Capacity: Supporting Community-Designed Health/Training Projects
- Empowering and Developing Leadership Skills of Women and Girls
- Building Links between Communities and the Public Health Sector

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What We Do
IMPROVING THE HEALTH OF WOMEN AND CHILDREN IN LATIN AMERICA

Five Reasons to Celebrate Our Work in 2017

REASON #1

Teaching Skills That Save Lives

In 2017, we trained 245 midwives and community health promoters to provide comprehensive prenatal, newborn, and first-aid care to more than 40,000 people in Mexico and Guatemala.

In poor regions, where access to state health services is limited, traditional midwives, or birth attendants (TBAs), and community health promoters often provide initial and essential maternal and child health care. In many communities where we work, at least 80% of births take place at home with assistance of TBAs. We support these important practitioners by offering workshops in evidence-based pediatric primary care, prenatal care, birth techniques and management, the recognition of risk factors and danger signs, and the integration of traditional medicine.
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Five Reasons to Celebrate Our Work in 2017

REASON #2

**Bringing Clean Water to Communities**

Through our Small Grants Program we supported the installation of clean water filters in nearly 400 households, a hospital and a school, benefitting more than 19,000 people in Mexico.

When communities have access to clean water, children and babies suffer dramatically less from diarrheal and other waterborne diseases, women and girls have more time to spend on education, and communities are healthier and more vital. We are collaborating with the Chiapas-based organization CATAS to manufacture and install ceramic filters at the household-level in 5 remote communities. Community workshops are given on filter use, maintenance, and good habits, to improve sanitation and hygiene in the home and community.
REASON #3

Reversing the Crippling Effects of Malnutrition

In the rural Guatemalan community of Xejuyú, nearly 80 children and women suffering from malnutrition showed improvements to their nutritional and physical health over the year.

GPA supports the Guatemalan organization Ixpiyakok Women's Association (ADEMI), which brings together women of the Kaqchikel Mayan ethnic group to create family-based organic gardens, with the goal of reversing the trend of severe malnutrition destroying the health of their children, and training on nutritional health. Their work is focused in a region where 80% of children suffer from chronic and severe malnutrition. This holistic program provides women living in extreme poverty with surplus crops which can be sold at local markets to generate additional income for their families.
REASON #4

Giving Teenagers the Tools to Effect Change

225 high school girls and boys participated in a 9-day program teaching healthy relationships free of violence, sexual and reproductive health, and the importance of developing a plan for the future.

GPA believes young people are powerful agents for improving the health and well-being of their communities. In 2017, two schools in the Highland region of Chiapas, Mexico, made up of Tzeltal- and Tsotsil-speaking indigenous communities, were trained. In these communities, the maternal mortality rate reaches up to four times the national average due to factors such as poverty, discrimination, inadequate healthcare access, gender inequality, violence, early marriage, and adolescent pregnancy. Young people want to change that and GPA is supporting this effort.
REASON #5

Teaching Health Staff Respectful Maternity Care

In 2017, 147 hospital staff, from emergency care doctors to receptionists and cleaning staff, committed to providing improved care to patients.

In our work to ensure that health institutions provide culturally respectful and appropriate care, we have partnered with the Center for Research and Higher Studies in Social Anthropology, to conduct a 4-module workshop series to increase the cultural competence of the healthcare staff of the Hospital de la Mujer in Chiapas, Mexico. If health workers are able to provide more culturally respectful and un-biased care to their users, then access, use, quality, and acceptance of those services by indigenous women will improve. Hospital de la Mujer serves the indigenous population from more than 60 municipalities.
2017 Financial Summary

2017 Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>$16,798</td>
</tr>
<tr>
<td>Foundations</td>
<td>$184,573</td>
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<tr>
<td>Business/Corporate</td>
<td>$164</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$201,535</strong></td>
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</table>

2017 Expenses

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin/Management</td>
<td>$9,702</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$15,279</td>
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<tr>
<td>Community Health Projects</td>
<td>$65,755</td>
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<tr>
<td>Midwifery &amp; Leadership Programs</td>
<td>$136,685</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$227,421</strong></td>
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</tbody>
</table>

- Foundations: 92%
- Individuals: 8%
- Admin/Mgmt: 4%
- Fundraising: 7%
- Community Health Projects: 29%
- Midwifery & Leadership Programs: 60%
### 2017 Total Net Assets and Liabilities

#### Assets and Liabilities

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
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<tr>
<td>Other Current Assets</td>
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<tr>
<td>Fixed Assets</td>
<td>$15,022</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$54,758</strong></td>
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</table>

#### Net Assets and Liabilities

<table>
<thead>
<tr>
<th>Net assets</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Unrestricted Net Assets</td>
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<tr>
<td>Unrestricted Earnings Balance</td>
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<td>Net Income</td>
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<td><strong>Total Net Assets</strong></td>
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<tr>
<td><strong>Current Liabilities</strong></td>
<td><strong>$38</strong></td>
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<tr>
<td><strong>Total Net Assets and Liabilities</strong></td>
<td><strong>$54,758</strong></td>
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</tbody>
</table>
Luisa is a traditional midwife in Huixtan, Chiapas. She is also one of 35 community health workers studying for a Professional Health Certificate, supported by our Small Grants Program. In 2015, she attended a training session by Dr. Scott Cohen, founder of Global Pediatric Alliance (GPA), on neonatal resuscitation, which changed her life. “Scott used a doll to demonstrate what to do and how to resuscitate a baby. Then we practiced for hours.”

Soon after, Luisa assisted a young woman during her labor. It was a prolonged labor and the family, having had a tragic experience at the nearest hospital, refused to go. After 56 hours, a tiny baby boy was born, but he was not breathing, and the cord was wrapped around his neck, **he was blue, not breathing and not moving.**

Luisa froze. “Suddenly I remembered that little doll we used in GPA’s training. ‘Warm the water and the towels!’, I shouted, as I rubbed the baby’s sides. ‘Not too hard, not too hard,’ I kept saying to myself.” She kept the baby warm, opened his mouth, covered his nostrils, and began blowing gently into his mouth. **‘1, 2, 3, chest pressure…and suddenly…he started crying!’** Soon, his color changed from blue to pink, and his heart began beating regularly. We all cheered and cried”, she explains, as she cries again when she recalls how Scott’s training changed her life, and a newborn’s life.

“We can’t be afraid of the situations where we can act.”

“Thank you GPA for helping us to save lives.”
Become a Board of Directors Member: GPA is looking for committed board members who have a passion for our mission. Members help set the direction of the organization; ensure adequate resources through fundraising; monitor program quality and outcomes, and serve as ambassadors to external constituents and potential supporters.

Make a Contribution: GPA is a small 501(c) 3 organization that greatly welcomes any amount of financial contribution, which will go directly towards reducing preventable deaths of women and children. Consider a tax-exempt monthly donation or a legacy gift. See if your employer has a matching donation program. We also have opportunities for you to adopt a community program. Please contact our Executive Director, Stacey Ramirez, if you would like more detailed information at stacey@globalpediatricalliance.org

Stay Informed: Our newsletter provides regular updates on our programs and their impact. Please sign up at www.globalpediatricalliance.org and share this resource with your colleagues. We respect your right to privacy and will not sell, rent, or trade your information.
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Board Members and Chiapas Staff

Front row: Monika Jarosz, Adela Bonilla, Martha Moreno, Stacey Ramirez
Back row: Kate Kentfield, Gabriel García, Teresa Ramirez-Montagut, Clara Rubio Barredo, Fernando Brito Vera and Scott Cohen (missing is Juan Carlos Pérez, and board member Stephen Kahn); Chiapas, Mexico 2017
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Ofelia Perez, featured in the New York Times in 2015 in the article “Calling the Midwife in Chiapas, Mexico,” is training midwives on child birth in a GPA-sponsored workshop. Role-playing is essential for training since many traditional midwives in Chiapas are low-literate. The workshop is delivered in their language, either Tsotsil or Tzeltal, and learnings are repeated at each workshop, supporting their learning by oral tradition.

GPA, Chiapas, Mexico, 2017