

PHALAROPE

The Rotary Club of Skidaway Island
The Vista Hermosa Rotary Club

Maternal and Child Health Community Surveillance System to Decrease Maternal Mortality



GUATEMALA

A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality

I. THE PROBLEM

Guatemala has among the highest maternal mortality rates in the Latin American and Caribbean region with 113 maternal deaths per 100,000 live births, compared to a regional average of 85. While the percentage of mothers giving birth with a skilled birth attendant rose from 29 to 51 percent in the past decade, half of these deliveries are still done by traditional Mayan midwives (Comadronas). There are vast inequalities between poorer, rural, and predominantly indigenous regions and urban areas. Guatemala has a large cadre of community health service providers, including more than 23,000 comadronas, of which about 15,000 are registered with the Ministry of Health (MOH), have a high school diploma and have been trained with UNFPA to support clean and safe birth attendance. However, there is still a large segment of the midwives who are illiterate and are not qualified to manage emergency cases.

Several interventions have been implemented by the government and other NGO's. These interventions include:

1. Employment of health staff who are more culturally and linguistically appropriate to the Mayan populations.
2. The development of a cadre of women to verify and report on the quality of maternity services provided in indigenous areas.
3. Training and support of traditional birth attendants along with formal registration with the government.
4. The construction of Casas Maternas, either for managing high-risk pregnancies referred from outlying areas or routine deliveries with auxiliary nurses where a traditional midwife just accompanies the patient.
5. Training of technical midwives at the University.

II. PROGRAM AREA OF FOCUS: Maternal and Child Health

III. MAIN GOAL: Reduce maternal mortality in Guatemala among women living in Rural

IV. COOPERATIVE ORGANIZATION

Phalarope, Inc. is a non-profit 503(c) NGO with operations in USA and Guatemala since 2016. Phalarope's mission is to children's lives by empowering women through education, community outreach and opportunity, enabling families and communities to reach their full potential. The organization has no religious or political affiliations. Phalarope has six priority areas: maternal and child health, women's economic empowerment, education, food access-agricultural, professional training, and technical support of other nonprofits. Phalarope members have more than 25 years of experience working on the medical field, with expertise in public health,

A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality

epidemiology, medical anthropology, program development, implementation and evaluation in the USA and Guatemala.

Currently, Phalarope is part of the task force formed by Rotary district 6920 for a GA state wide project called Savings Lives with Medicine for Georgia. The project is an initiative of MAP International to bring free medications to the uninsured and undeserved in Georgia. Phalarope has been instrumental in the implementation and success of the program.

V. PREVIOUS RESULTS (IXCHEL-1) AND THE NEED FOR EXPANSION

Last year, Phalarope, as a collaborative organization, with Rotary International, district 6920, the Rotary Club of Skidaway Island and the Vista Hermosa, developed and implemented a training program for comadronas in 8 communities of the department of Chimaltenango, Caserio Los Pinos, Caserio Xejuyu, Aldea Hacienda María, Caserio Centro, Aldea Palama, Aldea Zaculeu, Aldea Agua Escondida, and Aldea Chajalajya. The program was unique as the comadronas were trained as traditional medical teams; they learned how to detect hypertension using sphygmomanometers, high blood sugar using glucometers, and conduct fetal monitoring using medical equipment such as a portable fetal Doppler. They also learned how to identify signs, symptoms, and underlying causes that put the pregnant women and their babies at risk. Some of these causes needed immediate referral, while others needed a closer follow-up and referral to a physician when the due date for the delivery was approaching. During this first phase, the program provided health education training to 367 members, with the provision of 180 educational sessions, and the certification of 26 traditional midwives after 1 year of training.

The program showed improvement in knowledge about diseases, use of preventative services like pap-smear, self-breast examination, and nutrition. In one-on-one interviews midwives of the Ixchel-1 expressed that they felt better prepared, as they were able to detect high-risk patients before labor and better present their patients to the firemen when a referral was needed. The program increased their credibility and respect by the firemen who are instrumental in getting patients to hospitals. The midwives were acknowledged in public for their achievement by the COCODES (Mayan local government). Because of the success of the program the Mayor and the COCODES of 2 municipalities (Tecpan and San Jose Poaquil) have requested in writing to expand the program to 8 more communities in their municipalities. (See Annex-1)

A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality



A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality

The needs assessment shows that there are 1445 families living in these communities and approximately 20 midwives to care for them. Midwives not only perform the function of delivering babies, but also are consulted for other health conditions. Health posts and health centers are typically located 1-1.5 hours away so families rely on the comadronas. The extension of the Ixchel-1 into these other 8 communities will help expand medical coverage (traditional), improve identification and referral of high risk pregnancies, and decrease maternal mortality.

IXCHEL-2 TARGET AREA FOR 2020- MUNICIPIO DE SAN JOSE POAQUIL

No.	Community	#Household	#Families	Category	Tot Pop
1	Patoquer	250	264	Aldea	1321
2	Hacienda Vieja	180	190	Aldea	950
3	Paxcabalche	110	120	Aldea	600
4	Paley	240	246	Aldea	1003
		780	820		3874

IXCHEL-2 TARGET COMMUNITY 2020 MUNICIPIO DE TECPAN GUATEMALA

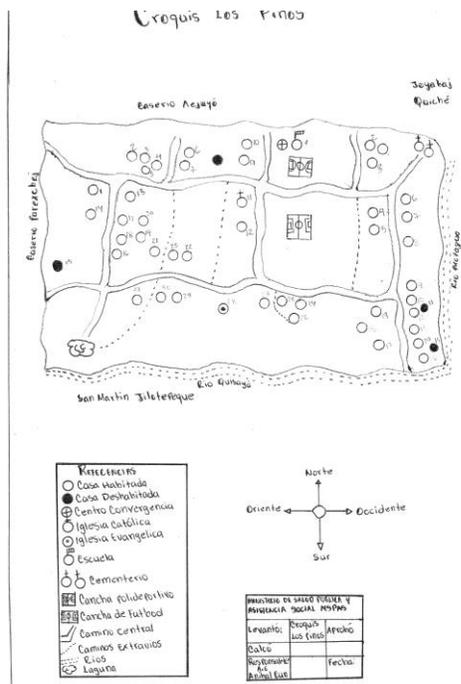
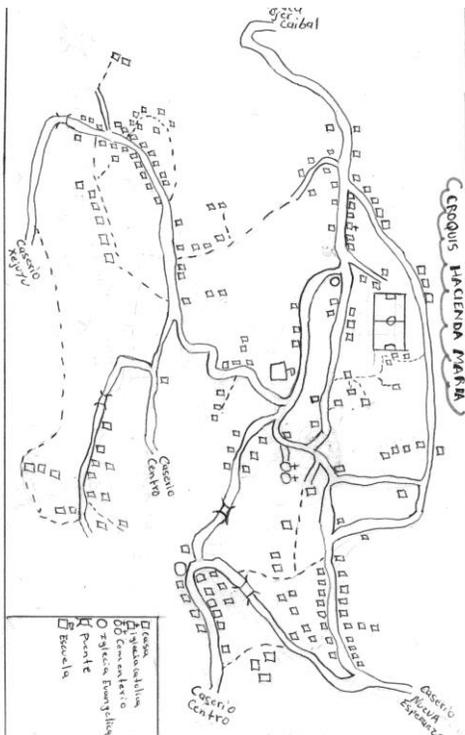
No.	Community	# Household	# Families	Category	Tot Pop
1	Pueblo Viejo	303	319	Aldea	1912
2	Paxixil Iximche	99	103	Caserio	616
3	Caserio la Unión	91	95	Aldea	569
4	Patiobolas	104	109	Caserio	652
		598	625		3749

A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality

VI. COMPONENTS OF THE PROGRAM

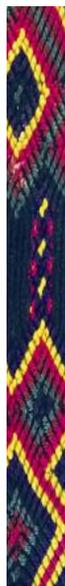
1. Community needs assessments of all 8 target communities

- Mapping of all community
- Implemented by health promoters and vocational team member
- Meeting with local authorities and other community leaders.



2. Health Education Teaching Program

- All modules have a PowerPoint presentation for health promoters to use in the community with hands on activities to teach key health concepts.
- All modules have been loaded in tablets and USB drives ready to be used in the field for teaching with portable projectors
- All hands-on activities have been developed and are ready to be used in the field



Como funcionan las vacunas

Las vacunas reducen el riesgo de infección al trabajar con las defensas naturales que protegen al cuerpo- El sistema inmunitario (El ejercito)

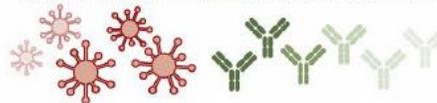


Una forma de la enfermedad muerta o debil se inyecta en el cuerpo

El cuerpo crea anticuerpos (parecido como a armas) para pelear o combatir este germen/enfermedad



Antibodies



Cuando la verdadera enfermedad o germen ataca al cuerpo, el cuerpo esta preparado con los anticuerpos para destruirlo



3. Cultural competence course for the local partners in Guatemala.



CONCEPTOS GENERALES

CULTURA:

- conjunto de creencias, conductas aprendidas y modos de interpretación de la realidad que son compartidos por un grupo de personas
- utilizado para relacionarse entre si y con los demás
- transmitido de generación en generación
- cambiante con el tiempo

ELEMENTOS CULTURALES:

- idioma
- religión
- creencias y rituales
- vestimenta y alimentación



4. Prenatal Care, Labor and Post-Partum Care

- Prenatal care (nutrition, identification of high risk pregnancies).
- Delivery and postpartum techniques
- Fetal monitoring using portable fetal Doppler,
- Identification of fetal position
- Post-partum care, placenta and cord management cord, postpartum hemorrhage, placenta retention.
- Development of a referral system of high risk patients to the hospital
- Birthing simulator is used for the training.
- All midwives received medical equipment that included portable fetal Doppler



A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality



5. Evaluation tools to measure the impact of the intervention and referral system to hospital

Phalarope and members of the Rotary Vocational team developed questionnaires to evaluate the process and impact of the program. Health promoters were provided with tablets that contained touch-screen forms using Survey Monkey for collecting specific patient and community data from the field.

- Baseline questionnaire to assess socio-economic (SES) and environmental characteristics of the 8 communities
- Health education - Pre and Post- test questionnaires to evaluate SES, knowledge, attitudes, use of preventive services by individuals who are enrolled in the educational program
- Cultural Competency Pre and Post- test
- Pregnant women : questionnaire at enrollment and follow-up
- Midwives : questionnaire of general characteristics of each midwife
- Weekly meetings of health promoters with field coordinator
- On-site evaluation by Phalarope and Rotary vocational team members. These onsite evaluations included household visits of pregnant women with all midwives enrolled in the program and how midwives were applying their training in the follow-up of their pregnant women.
- Quarterly One-on-one meetings with health promoters and members of Phalarope and Rotary Vocational teams to evaluate the process on how health promoters were conducting their classes, discussion of challenges, and suggested changes on how the program was implemented.

A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality



Program de Educacion de la Salud - Ixchel

CARACTERISTICAS
DEMOGRAFICAS

1. Fecha de la encuesta

Fecha

DD/MM/YYYY

- Si
- No

10. Si no tiene agua del chorro, de donde tiene agua

- Rio
- Compro agua en garron
- Ecofiltro

11. Servicios de Bano

- Letrina
- Municipalidad

VII. SUSTAINABILITY

Phalarope has committed to bring the first group of traditional medical teams into their operations assuring continuity of the work of the midwives of Ixchel-1. Phalarope will meet with them every month to check that what they learned continues to be implemented, if the midwives need medical supplies, etc. Midwives from the Ixchel-1 program also will help train the midwives of Ixchel-2 and share their experience from participating in the 1st-year of training. Phalarope has demonstrated a successful implementation of Ixchel-1 during the first year and has earned the respect of members of the community. In an amazing unsolicited gesture, a member of San Jose Poaquil has built an office space for Phalarope at no cost to Phalarope.



A Maternal and Child Health Community Surveillance System To Decrease Maternal Mortality



