Maya Midwifery International
RISE Final Report

Organization Name: Maya Midwifery International/ Asociación de Comadronas del Área Mam
Project Title: Improving access to reproductive, maternal, and newborn healthcare in rural Guatemala: ACAM's Mobile Clinics
Grant Amount: $50,000
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Recap of Expected Outcomes
The goal of the Mobile Clinics Program is to prioritize the health and wellbeing of women, infants and children and thereby reduce maternal and infant mortality and morbidity in Concepción Chiquirichapa and four surrounding rural communities - Las Barrancas, Las Victorias, Tuilcanabaj, and La Nueva. This will be achieved through the provision of evidence-based mobile RMNH services, strengthening of referral systems and capacity-building/continuing education opportunities for local midwives.

Objective (1):
Provide regular, local access to critical RMNH services in 4 hard-to-reach communities, by deploying 1 mobile clinic to each community per month, reaching an average of 100 clients per month across the 4 communities

Objective (2):
Improve clinical education and training opportunities for midwives and other health workers, by providing mobile trainings to community midwives and clinicians

Objective (3):
Improve referral and transportation linkages between communities and higher-level facilities (including the ACAM birth center and the hospital in Quetzaltenango) for complicated pregnancies, deliveries, and newborn care, and emergencies

Accomplishments of Stated Objectives
Objective (1):
109 prenatal consultations have been provided in La Nueva Concepción, 241 in La Victoria, 186 in Miramar, and 137 in Las Barrancas from January to September 2023. Unfortunately, we have recently lost all mobile clinics data from the remainder of the grant period, October-February, and are in search of any way to figure out how to reassess at least the most basic outputs.

I think it is best to be transparent with RISE for the reason why we have fallen behind in data collection in the second half of the grant cycle. Before dawn on April 17, 2024, unidentified men in a black pickup truck set fire to the house of the elected Legal Representative of ACAM, midwife Guadalupe, while she was finishing her shift at the birth center. Though it cannot be confirmed, we do believe it is in relation to the legal cases of corruption and the three midwives who were asked to leave, as we have faced other safety and secure events as well over the last year. Though the neighbors banded together to put out the fire and save the majority of the residence, the folder with information from all seven of our clinics was lost as Guadalupe had recently collected all consultation forms to consolidate the mobile clinic data in our Google Drive. If we are able to recuperate basic information of the clinics, we will send it your way as soon as possible.

That being said, our consultation numbers remained relatively steady throughout the period in all communities except Miramar. We remain confident that we provided over 1,000 consultations in the grant period.

All prenatal patients continued to receive prenatal care for the price of 5 quetzales, approximately 64 cents, and this fee is waived if the patient is unable to pay. During their consultations, pregnant women receive quality prenatal care in their maternal language, including an ultrasound, as well as a month's supply of prenatal vitamins, additional nutritional supplements, and any required medications.

Objective (2):
Training continues to be provided to community midwives in the mobile clinic communities once a month. In the Community of La Nueva Concepción, 14 community midwives continue to participate in these monthly trainings. An additional 14 midwives continue to participate in La Victoria. 13 midwives continue to participate in Miramar, and 10 midwives continue to participate in Las Barrancas.

Themes covered during the grant cycle have included prenatal consultations, the use of ambu bags for neonatal resuscitation, IV placement, hemorrhage management, breech birth, fetal heart rate monitoring with the doppler, cervical dilation, blood pressure manual and electronic, training with use of PartoPants, gestational age based on first day of last period utilizing the gestogram, vital signs of the mother, and danger signs in the first, second, and third trimester.

Objective (3):
During mobile clinics, ACAM midwives have been able to identify various high risk pregnancies and provide the necessary referrals to higher level services. These include: preeclampsia, miscarriage/risk of miscarriage, domestic abuse, extreme anemia, preterm labor, twins, transverse and breech positioning, underage mothers, extreme malnutrition, neurological seizures during pregnancy, etc.

Number of Beneficiaries and Lives Touched

Though this is another number that we cannot currently determine with 100% accuracy due to the loss of the mobile clinic prenatal consultation forms in the fire, we are confident that we were

able to stick with our original goal of increasing the number of patients receiving care at the mobile clinics by 30% as number increased in all communities served. I believe over 1,040 women and girls in the community have been directly impacted by this project. The number of predicted midwives receiving direct benefit lowered by approximately 6 midwives, to 65 midwives. This still allows us to have made a direct impact for a total of over 1,105 women and girls.

However, this number does not take into consideration the baby in gestation for the pregnant patients, which would essentially double the direct impact of patients, though sex or gender can not be determined.

As mentioned in the application, the average family in Guatemala has 5.9 members, approximately 3.03 of which are female. Therefore, the project indirectly impacted 6,520 people, approximately 3,348 of which are women and girls.

Challenges

In the last quarter of 2023, we started to experience a decrease in the number of patients in the new community of Miramar, a community with generally 40+ patients a month. Numbers quickly and drastically started to decrease resulting in a turn out of less than 10 people in the final months of the grant cycle. At first we attributed this fully to the change in the administration of the Catholic Church, as the original administration was the one to invite us into the space and community and always reminded their congregation about the services and the dates of mobile clinics. However, upon further investigation at the beginning of 2024, we learned that the true major setback is that the local doctor at the health post in the area realized that he experienced a major drop in his numbers of pregnant patient consults as the community favored the mobile clinics provided by ACAM. According to local midwives in Miramar, this made the doctor very angry and he started threatening the local midwives, saying that if they took their patients to the ACAM mobile clinic, he would not sign off on their monthly requirement necessary to maintain their licenses to practice as midwives in Guatemala.

This has been our greatest challenge experienced with the project to date, as we generally collaborate quite well with the local health centers or health posts. In fact, the health posts normally promote our mobile clinics and hang up our calendars in order to further increase access to health care. We are honestly still in the process of trying to increase turnout once again. The board of ACAM midwives will be visiting the health post to speak with the doctor to see how they can better collaborate and value the care provided through both institutions. In the meantime, the midwives who run the mobile clinic in Miramar have started going to the community the weekend before the clinic to advertise directly to community members. This seems to have helped spread the information, and we have already seen a small increase in turn

out. We are hoping that after some clear communication, we will return to our 40+ patients a month.

Differences in Organization or Project

As mentioned in the interim report, we experienced transition at the ACAM Birth Center in March and April of 2023. The abuse of power and financial mismanagement mentioned has led to an external audit and several lawsuits placed against the three midwives who were asked to leave the association. We remain in these legal processes.

The new treasurer of ACAM, Celia, began receiving financial training throughout 2023 to help her fulfill her role. However, at the end of 2023, she came forward and said that the task and responsibility was too much for her alone, especially trying to organize the mismanagement that had previously occurred. For this reason, MMI decided to hire the individual providing the financial training, Lukas Riha, as he had already formed the necessary trust with Celia to help full time. Though he does not come into physical contact with the money, he has been assisting Celia on a monthly basis to ensure proper financial reporting to MMI and to the Guatemalan government, tracking of income and expenditures, including organizations of physical and digital receipts, etc. Lukas joined us in March of 2024 and has spent the last 3 months reorganizing and verifying 2023 finances. For this reason, some changes have been made to the financial tracking provided during the interim report. These changes now reflect an accurate use of grant funding.

As we look forward into the future and aim to ensure that we never face such corruption again, MMI has started reaching out to other nonprofits in Guatemala who have endured similar situations to learn their best practices and how they moved forward. Unfortunately, corruption is not uncommon in Guatemala as it trickles from the top down. Guatemala remains in the top 30 most corrupt nations according to Transparency International. We have begun strategizing to ensure our impact continues to be made and expanded on with more transparency and sustainability. Our first step involves moving forward with the legal registration of MMI in Guatemala as a nonprofit.

Learned Lessons

The most important lesson learned is in regards to data collection and consolidation. As opposed to waiting to the end of the quarter or semester to log information from the physical forms into the google drive, the midwives have now learned that it is best to do this task on a monthly basis, which not only reduces the amount of work at one setting but ensures that nothing is lost if the case of an unforeseen event.

Changes as a Result of Project

As we continued to carry out our project, we realized that we had the majority of the patients arriving at the exact hour we programmed to have the clinic start. As such, we generally have a

line of patients waiting to be attended. There can be as many as 40 patients waiting outside of our clinic when we start the day.

After realizing this, we have started to brainstorm and create a pregnancy education curriculum. As patients are waiting for their consultation, an ACAM midwife will provide a brief lesson covering important themes of pregnancy, birth, and the postpartum period in the maternal language of the patients, Mam.

This is the biggest change that will be implemented in the course of this year as a result of the project. We are excited to continue to increase the health knowledge of the Mam region.

Unexpected Events and Outcomes

One of the major unexpected events was the transition in the association after the corruption was discovered in March 2023. It was absolutely devastating for various reasons and took a toll on everyone who was involved. Some of the negative outcomes have been previously mentioned in both this final report and the interim report. However, I think it is important to shine light on the unexpected benefits that we have seen due to this transition as well.

The first is that as those who were abusing their power in the association left, three midwives who had previously trained and graduated at ACAM and were subsequently forced to leave due to discrimination or humiliation, returned to the association bringing new life and motivation for making an impact in the community. Additionally, two new student midwives were brought onto the team without fear of age discrimination or mistreatment. These returning and new members brought with them a fresh breath of air, a more positive perspective to moving forward, and a sense of rejuvenation to the birth center. With their support, the ACAM midwives decided to paint the birth center a light green color, which represents new life and rebirth. They all feel like this is an opportunity for them to start again.

The second is that after those who were abusing their power in the association left, they took with it much of the attempted erasure of ancestral knowledge of the midwives. As two of the midwives who were asked to leave, and three midwives that followed, were strict Seventh Day Adventists and as they controlled much of the administration of the birth center, they decided that the ancestral knowledge and Maya cosmovision possessed by many midwives and women in the community was a form of witchcraft. Over the years of their control, they pushed these beliefs and practices out of ACAM. Now that they no longer form part of the association, we are seeing a resurgence of ancestral knowledge and Maya cosmovision at ACAM. We believe that providing a model of intercultural healthcare care that is truly a balance between biomedicine and ancestral traditional practices is key to ensuring a culturally competent practice and community accessibility and acceptance.

Changes in Strategy

Previously our mobile clinics and community training days took place as separate days, requiring two visits to each community per month. However, as we increased our mobile clinic outreach in 2023 and expanded to seven communities, we realized this wouldn't be sustainable as it required 14 travel days and it was impossible to coordinate with the midwives' shifts at the birth center. As an attempt to increase efficiency, we decided to change the schedule at the beginning of 2024. Now the mobile clinics are held in the morning and are directly followed by the Community Training Day in the afternoon in the same community, requiring one trip to each community per month. This change has been an extreme success and has also helped us reduce costs for things like diesel and snacks/ lunches for the midwives. However, the community of Las Barrancas, which happens to be the furthest away, continues to operate on a two day schedule as the community midwives refused to come in the afternoon due to their own schedules.

As we continue programming, we will continue to hold both mobile clinics and community training days on the same day, and we hope to revisit this schedule with the community of Las Barrancas as well.

Measurement of Success

Monitoring and evaluation is oftentimes considered to be of utmost importance during project implementation in order to demonstrate the impact or a measurement of success. MMI is generally held to US academic standards of evaluation in order to demonstrate our work with our partner organization, ACAM. We are usually able to measure our success based on the data collected at each mobile clinic. However, as explained, we have lost this information. This makes it the perfect opportunity to discuss how we are moving towards an approach that attempts to educate funders and donors on Indigenous Evaluation Frameworks in order to better represent our partnership with the Maya Mam midwives of ACAM.

It should be kept in mind that the imposition of outside evaluation can be seen as invasive within Indigenous communities and projects. A history of intrusive evaluation has brought little to the communities themselves while increasing the visibility and reputations of researchers, anthropologists, scientists, etc. This form of evaluation is considered to be cultural exploitation accompanied by the loss of intellectual property rights. Furthermore, evaluation is generally assessed against non-indigenous standards and has little or no room for cultural relativism.

As such, Maya Midwifery International suggests that all research and evaluation should shift to focus on local concerns, taking into consideration that the concerns of outsiders are generally not relevant and often paint Indigenous peoples in a negative light.

An Indigenous evaluation framework should be grounded in Indigenous values and led by Indigenous peoples. By providing the proper tools and examples to Indigenous groups receiving

the program, we gain a better understanding of the actual impact of said work within the context. Thankfully several evaluation frameworks have already been created and developed for Indigenous peoples by Indigenous peoples, such as the Indigenous Framework for Evaluation created by The American Indian Higher Education Consortium (AIHEC) to improve indigenous peoples' achievements in Science, Technology, Engineering, and Mathematics (STEM) education and careers and Indigenous Evaluation Framework for healthcare created by Urban Indian Health Institute. These can be utilized as a base of information to individually evaluate each program with Indigenous groups.

By utilizing these frameworks for evaluation, we can truly measure success directly in the communities in which we work. By placing value on the land that the Maya Mam belong to and how it defines them as a people, by recognizing individual talents and gifts such as the "don" of the midwife, by honoring a person's background, lineage, ancestry, and kinship affiliation, and by respecting their sense of place, their language, history, and culture, we can ensure success while working hand-in-hand with Indigenous communities.

As our project invests in Indigenous Mam midwives to provide healthcare to Indigenous Mam patients, we can confirm that these notions are held at high value and that their evaluation is not based on the generalizability of a problem to other communities but to truly understanding how this specific context, this specific community works, adapts, and improves.

For example, a measure of success for the ACAM midwives, especially since the transition and as more emphasis has been placed on Maya cosmovision, is approval from the former and creator of the universe and of the ancestors. This is measured through prayer and ceremony. A Maya fire ceremony is performed on specific dates representing different nawales, or spiritual energies. Each day of the Maya calendar represents something different and ceremonies are held for different purposes depending on these days. Gratitud is displayed, things are requested or asked for, offerings are given, etc. It is believed that the former and creator and the ancestors communicate through the fire. It is the role of the Maya priest or priestess to interpret these communications. If a fire grows large, it is said to be a symbol of approval or content. If the fire remains small, it is said to be a symbol of disapproval or discontent. Over the course of the project, the midwives have held more fire ceremonies and at each one the fire grows larger and larger. The midwives take this as a representation of the success of the work they are performing.

Additionally within Indigenous communities there is generally a notion of historical trauma as a result of cultural repression as well as the need to heal and work toward individual and community wellness. In Guatemala, Maya communities have been systemically silenced for centuries, from the Spanish conquest to the 36-year Guatemalan civil war and Maya genocide (which ended in 1996), from the stealing and selling of Indigenous babies children into adoption to the forced testing of STIs on the Maya population. As such, there remains a lack of trust of

non-Indigenous population and specifically services provided by the government's Ministry of Health. The Maya Mam population generally tries to avoid healthcare, except in the case of ACAM, where we continue to see our numbers rise. The Mam people trust other Mam people to heal them and improve their individual wellness, improving the community wellness at large. This healing based on trust is seen as another measurement of success.

A third measure of success for the ACAM midwives is what they gain through face-to-face feedback, the gratitude their patients, the husbands, and the mother-in-laws demonstrate at a consult, after a birth, and during the postpartum visit. They are flooded with verbal positive feedback about their calling, their work, the assistance they provided, etc. They are also often times demonstrated gratitude through the offering of a special food, such as chicken soup, or an additional symbol to place on their altar, etc. This is also a measure of success.

Plans for Ongoing Project

This project will remain ongoing indefinitely in seven rural communities and at the ACAM Birth Center. We continue to expect results of prioritizing the health and wellbeing of Indigenous women, infants and children and thereby reduce maternal and infant mortality and morbidity in the Mam region of Guatemala. This will continue to be achieved through the provision of evidence-based mobile RMNH services, strengthening of referral systems and capacity-building/continuing education opportunities for local midwives. As we look into the future, we hope that we will continue to be able to expand and provide accessible services to other rural communities as well.

Expense Tracking

Detailed list attached separately.

$363.14 were taken from the community midwife transport category and reallocated back to vehicle gasoline, as the midwives in Las Barrancas were provided transport in the ACAM microbus as local buses are not available in the community.

In April 2023, we experienced turnover with our general physician. We hired a new physician who was only on a part time basis, and then he was unable to continue in 2024. As such, much funding remained in this category that was maintained in "additional salaries." $3,635 were applied to the driver's salary. We saw an increase in his pay over the grant period as he was now the only person responsible for driving. Previously the general physician covered many of the driving responsibilities to the mobile clinics. With the remaining $445.46 of these funds were applied to the purchase of medicine.

As the ACAM midwives used the ACAM vehicle to hand out flyers and make loud speaker announcements to increase community outreach, $28.87 were passed from community outreach to vehicles. Additionally, training passed $127.53 to vehicles as the midwives were required to attend training outside of the ACAM birth center. The final $7.12 of medicines were also covered by training.

Please do not hesitate to make further contact for clarification.

Partnerships

I believe this grant and relationship with Together Women Rise did assist our reputation in order to continue to form partnerships with other organizations and receive more public recognition. This grant cycle we have been able to collaborate with the local Ministry of Health, local churches, the local radio station, various spanish schools bringing foreign students to visit the birth center, CEIPA- a local youth group that shadows/interns professionals in order to see if they may have that calling in the future, CODECOT- regional Indigenous midwifery training, Nim Alaxik- the national group of indigenous midwives, a group of pediatricians to provide Helping Babies Breath training, Breech Without Borders, Mishel Whitacer, a US based midwife providing training, a knitting group in the United States who has continued to donate knitted items, Kingsway Charity and SOS Delivering a World of Health and Hope for in-kind medical donations, etc.