



MD19 Lions 2011-2012 CARE Project For a 2nd Year of Funding in Ecuador

Project Name:	Maternal Health: To Be a Woman in Ecuador's Andes
Project Location:	Cayambe, Ecuador
Project Duration:	One year (Grant Period: October 2011 – October 2012)
Amount Requested:	\$40,000
CARE Contact:	Dana Tseng

Introduction

Maternal mortality is a global tragedy. Every day nearly 1,000 expectant mothers die; 98 percent of them in developing countries. When a mother dies her family breaks apart. Her children are less likely to go to school, get immunized against diseases and eat well. In fact, children who lose their mothers are up to 10 times more likely to die in childhood than children whose mothers survive.

The good news: Preventing most maternal deaths is possible through investments in maternal health. An April 2010 study published in the health journal *The Lancet* found that the number of maternal deaths worldwide has dropped by some 35 percent – from 500,000 in 1980 to 343,000 in 2008. In fact, Ecuador is among the countries that have reduced their rates of maternal mortality. However, in many poor communities in this South American country, there remains a great unmet need for maternal health services. This is the reality in Ecuador's Imbabura Province of Otavalo, where there has existed multiple and complex barriers between pregnant women and quality maternal health care. Over the past several years, CARE has worked in Otavalo to reduce these barriers and to prevent maternal deaths. We are grateful for the partnership of MD19 Lions which is making this work possible.

Based on the successes of the maternal health program in Otavalo, CARE asks MD19 to consider helping us expand this work into Cayambe, in the Pichincha province (see map at right).

Cayambe is home to almost 70,000 people, mostly indigenous, whose economy is largely based on agriculture, including the flower industry, onion production and traditional livestock rearing for milk and cheese. Seventy-nine percent of the indigenous population in Cayambe lives in poverty and 17 percent are extremely poor. Illiteracy is also prevalent in Cayambe. Thirty-five percent of women can't read or write, compared to 18 percent of men.

Cayambe's health facilities include a hospital and 16 health



clinics. However, most health facilities are not organized to support culturally-appropriate emergency obstetric and newborn care. This is just one of many barriers which prevent pregnant women from receiving life-saving help. From our experience in Otavalo and from our maternal health work in other poor communities around the world, we know the solutions for improving maternal health care in Cayambe. CARE has an opportunity to work with the Ministry of Public Health in Cayambe to ensure women and girls of reproductive age are able to access and receive quality maternal health care services, and we ask MD19 to join us in this work.

On behalf of women and girls in Cayambe, along with the health workers we will train, CARE appreciates the consideration of MD-19 Lions to renew its support to help us sustain and expand the successful work of *Maternal Health: To Be a Woman in Ecuador's Andes* to Cayambe.

Summary of Program Objectives and Activities

Below is a brief summary of the objectives CARE aims to achieve with renewed support from MD19.

Objective 1: Implement a plan for leadership and participation of adolescent and young women around sexual and reproductive health rights in coordination with CARE's girls' education program. CARE will focus on preventing teenage pregnancy and increasing gender equity, which are both national and Andean region priorities.

Objective 2: Improve the quality of maternal and newborn health services in Cayambe, working in partnership with Ecuador's Ministry of Public Health. This involves training health personnel and community leaders, and establishing a referral network for obstetric and newborn care.

Objective 3: Strengthen health centers' capacity to provide culturally appropriate delivery services. For example, indigenous Ecuadorian women prefer to give birth in the vertical position, which they believe is a more natural state for both the mother and newborn. This birthing option is currently not provided in most clinics. Special emphasis will be placed on this culturally appropriate technique, among others, so health care providers are familiar with and can better accommodate the needs of indigenous women. With this in place, women will be more inclined to use health facilities rather than attempting to give birth at home.



CARE trains traditional birth attendants to identify danger signs during pregnancy and delivery.