

# HORIZONS OF FRIENDSHIP Horizons

NEWSLETTER

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BUILDING PARTNERSHIPS TO END POVERTY IN CENTRAL AMERICA AND MEXICO

## Eradicating Gender Violence in Honduras



Young women with Visitación Padilla march for their rights in the streets of Honduras.

“Being a woman in Honduras is synonymous with danger and discrimination,” says Merly Eguigure, director of Visitación Padilla (the Visitación Padilla Women’s Movement for Peace). As Horizons of Friendship’s newest partner, Visitación Padilla is redoubling its decades-long feminist struggle to promote and protect the rights of countless Honduran women and girls whose lives have been affected by violence.

Honduras is afflicted by some of the highest levels of violence against women (including femicide, the killing of women because of their gender) in Central America and in the world. Official statistics show at least 380 women were killed in 2018. The numbers reflect an appalling reality: approximately every 23 hours, a woman in Honduras is violently killed.

The epidemic of violence against women in Honduras is rooted in a combination of legal, economic and social issues. Visitación Padilla has identified the formal education system as one of them. Primary school textbooks reinforce gender stereotypes that assign an inferior position to women in relation to men.

Secondary and post-secondary institutions fail to treat women’s issues with the depth that the gender violence emergency in the country demands.

This is why Visitación Padilla has chosen to carry out an initiative with Horizons’ support that strives to develop awareness of women’s rights and feminist perspectives among young women. Since 1987, the organization has worked

to provide youth with the tools to view their reality ‘through a gender lens’ that dismantles the ideas and structures perpetuating inequality.

Ten young women who were trained with Visitación Padilla are leading an innovative cyber-activism campaign, creating and sharing online messages that question gender stereotypes and propose new types of relationships between men and women.

A further 25 young women at the National University of Honduras have started training with Visitación Padilla on women’s issues such as sexual and reproductive health and rights, women’s rights and femicide. The actions of both the cyber-activists and the university students are increasing community engagement in support of gender equality.

Finally, supplementary teaching materials are being created based on Visitación

Padilla’s accumulated knowledge gained over 30 years as one of the leading women’s rights organizations in Honduras.

“Ignorance, discrimination and resistance to new ideas are monsters that we must confront in different arenas,” says Eguigure. By supporting Horizons and partners like Visitación Padilla, you are helping build inclusive societies where women and girls can live dignified lives free from violence.



### OUR STRUGGLE

*Merly Eguigure’s biggest dream is to help build a country free from violence against women.*

The daughter of a teacher and a labour activist, Merly Eguigure, director of Visitación Padilla, credits her family for nurturing a willingness to stand up against injustice.

When she joined Visitación Padilla as a young woman in the 1980s, the organization provided an opportunity to focus on the injustices committed against women in Honduras. “Visitación Padilla was the ideal space to learn what it actually means to be a woman in this country, and how discrimination marks all aspects of our lives,” says Eguigure.

“I want to live in a country where women can walk down the street without fear. The steps we take in our struggle to bring that reality about is what makes me most happy.”



### INSIDE THIS ISSUE



#### MNCH UPDATE

New Equipment Saving Lives.....	2
Sharing Best Practices.....	2
Allies in Nutrition.....	3
A House Call with Marina.....	3
EDUCATIONAL TOUR Trip of a Lifetime for Students.....	4

# New Equipment Saving Lives



Donated equipment includes one of only two paediatric ventilators in public hospitals in Guatemala.

The newly opened high-risk obstetrical unit at the Tonicapán National Hospital is bustling. Doctors, nurses and patients interact in a busy but organized fashion, their actions mediated by new, state-of-the-art equipment donated by Horizons over the last few months. Dr. Hannaly Ruiz, Chief of Obstetrics/Gynecology, beams with pride as she insists on an interview smack in the middle of the hustle and bustle. “This way you can feel for yourself the difference this newly equipped unit is making,” she explains.

Indeed, the difference is palpable. Horizons’ Maternal, Newborn and Child Health (MNCH) Program Manager first visited the hospital in the fall of 2017 to address gaps identified in a baseline study. That first visit left an indelible impression. The commitment from hospital staff was there, but the

resources were not. The hospital had aging neo-natal care equipment, no high-risk obstetrical unit, a half-operating blood bank and no intensive care unit. The resulting high maternal and infant mortality was inevitable.

Careful and collaborative planning followed with Horizons’ civil society and government project partners in Tonicapán. Beginning in early 2018, with the generous support of the Government of Canada, Horizons has been responding to the expressed needs of the hospital with a historic, robust

contribution of new, high-quality equipment totaling more than \$800,000 to date.

In addition to equipping the new high-risk obstetrical unit, the MNCH project has replaced much of the hospital’s neo-natal intensive care unit’s aging equipment, provided vital, life-saving equipment to the blood bank and invested in the tremendous and innovative potential of the hospital’s UNICEF-certified Human Milk Bank.

The equipment contribution also coincided with the Ministry of Health’s hiring of dozens of new hospital frontline staff. The hospital is now better able to respond to higher public demand and ensure the equipment is put to full effect. The MNCH project team’s goal is nothing short of completely revamping the hospital’s capacity to successfully address complicated MNCH cases in-house for years to come.

With Tonicapán’s residents increasingly seeking out the hospital for specialized MNCH care, Dr. Ruiz and her colleagues recognize the importance of Horizons’ support. “We’ve been working hard to make the required improvements to our hospital’s capacity,” she says. “Thanks to Horizons’ support, those efforts are coming to fruition – and lives are being saved.”



Maria del Rosario (left) and Margarita Puac (right) with Inuk Elder Monica Ugiuk after a meeting on maternal and child health in Rankin Inlet, Nunavut.

In late-November 2018, Guatemalan Ministry of Health official Maria del Rosario and Maya K’iche’ traditional Indigenous midwife (comadrona) Margarita Puac visited the primarily Inuit community of Rankin Inlet, Nunavut. Accompanied by Horizons’ staff, the Guatemalan duo were part of a knowledge exchange delegation aimed at sharing experiences and best practices on maternal and child health with Inuit elders and healthcare practitioners working in Inuit communities.

## Sharing Best Practices

The Guatemalan women work in the rural highlands of Tonicapán, Guatemala, in communities that are primarily Indigenous Maya K’iche’. “It was really interesting to see the similarities around maternal health between our communities,” says Maria del Rosario. “There are Indigenous communities in Nunavut working to rescue and re-integrate their cultural practices around birthing through highly-trained and skilled midwives. We have a similar trend occurring in Guatemala with the Indigenous Maya population and comadronas.”

There is still a lot of work to be done in Canada and Guatemala around maternal and child health, says Margarita Puac. “It hurts me to learn that women in Nunavut still have to leave their communities (fly to Winnipeg or Yellowknife) to give birth.” Similarly, high-risk pregnancies in Tonicapán are referred to health centres and the Tonicapán National Hospital – a journey of up to six hours for women living in remote areas of the highlands.

“It’s my dream that one day women in Nunavut and Tonicapán will be able to give birth safely in their communities,” says Margarita.

# Allies in Nutrition

**Mónica Ramos de Ixtacuy**, Head Nutritionist for the Guatemalan Ministry of Health in Totonicapán, faced a daunting challenge when taking up her new role toward the end of 2008. “I was the only full-time nutritionist for the entire province, this despite 82% of children under five suffering from chronic malnutrition,” she explains. “Totonicapán simply didn’t have an established and well-resourced nutrition and food security program.”

Ten years later and after putting to work the dogged determination that so characterizes Ramos de Ixtacuy, Totonicapán has a full and dynamic nutrition program, a qualified nutritionist in each of its nine health districts, and has seen a stubborn chronic malnutrition rate drop 15%. “It’s been a team effort,” she says with a genuinely humble smile.

Despite these concrete improvements, Ramos de Ixtacuy acknowledges that there is still much work to be done. “Our research shows Totonicapán’s predominantly Maya K’iche’ population draws on a rich culinary cultural legacy with plenty of commonly known nutritious everyday recipes,” she explains. “So, the

province’s nutrition challenges have more to do with a lack of access to services and education. Systemic poverty and unhealthy infant feeding practices also play a role.”

Supporting access to nutrition services and promoting healthy feeding practices has been a key component in Horizons’ MNCH project from day one. All areas of work include messaging around healthy eating and monitoring infant nutritional status.

The project also offers monthly protein-rich nutritional supplements (Incaparina and Mi Comidita) to pregnant women and new mothers, benefiting them and their children 6-24 months old. Although the initiative is meant primarily as an incentive for women and children to make more use of Ministry of Health services (the supplements are distributed as part of monthly pre- and post-natal check-ups), it also contributes indirectly to improving nutritional status.

“The MNCH project has been very



Totonicapán Head Nutritionist Mónica Ramos Ixtacuy

welcome as an important part of several coordinated efforts to improve health in Totonicapán,” says Ramos de Ixtacuy, one of several key Ministry of Health allies in the MNCH project. “Its community-based approach is very much in line with the Ministry’s nutrition programming we’ve implemented over the last decade, and its contribution to healthy nutrition in Totonicapán is undeniable.”



Health Educator Marina Chaj (right) counsels a couple who are having their first child.

## A House Call with Marina

During a recent visit to the MNCH project in Totonicapán, we had the opportunity to follow Health Educator Marina Chaj on a household visit. Marina works with our partner PIES (PIES de Occidente), which is implementing the MNCH program.

PIES realized early on that tackling issues like gender equality and women’s access to health information and services required a coordinated training and education effort at all levels of community care – from the household to the health post.

After a winding drive up into the highlands to the rural community of Rancho de Teja, we stopped at a local health post. There, Marina, health care personnel and Community Health Commission (CHC) volunteers explained how they work together to help prevent maternal and newborn deaths in their community.

When they become aware of a new pregnancy, they quickly

inform Marina so she can begin making regular household visits to teach best practices in maternal health and emergency planning in the event of a complication. Marina encourages the new patient to make her prenatal visits at the local health post where she will also be given Incaparina to support nutrition in her pregnancy.

We travelled by van, and then by foot, as Marina made a home visit to a young, pregnant Indigenous girl. Speaking in Maya K’iche’, Marina asked questions and explained important health practices during pregnancy (such as hand washing, nutrition, prenatal check-ups) to both the girl and her male partner and in-laws. Their involvement is key because it is often males who decide whether a woman will access health services.

When Marina was finished she left a “wheel of 19 best practices” nailed to the wall with her contact number and emergency numbers for the health post and CHC. She also provided the couple with a family emergency plan and information on the warning signs of a high-risk pregnancy. The couple agreed to improve three of the best practices before Marina’s next visit.

