

Mayan Sexual and Reproductive Health Project: Summary (2 pages)

1. Date: October 1, 2006
2. Project name: The Mayan Sexual and Reproductive Health Project
3. Name and title of primary contact: Dr. Susan Beattie, Project Coordinator
4. Legal name of organization and address: Schools for Chiapas
1631 Dale Street
San Diego, CA 92102
5. E-mail address of primary contact: info@schoolsforchiapas.org
6. Website address: www.schoolsforchiapas.org
7. Phone and fax numbers: 619-232-2841 (phone) 503-291-2637 (fax)
9. Project budget in US Dollars: \$36,000/year over 3 years

10. Three sentences summarizing the organization's mission:

Schools for Chiapas is an international organization of people-of-conscience from a great diversity of backgrounds who voluntarily act together in a democratic, autonomous, and dignified manner to advance Zapatista models for democracy and education worldwide, while promoting peace with justice in Chiapas. We work hand-in-hand with the autonomous Mayan communities to provide on-going support in education for literacy, education for health, and education for ecological-agriculture. We lead trips to the Mexican southeast for those wishing to learn first-hand about the Zapatistas and their efforts.

11. Project summary/abstract:

This dynamic and innovative program is training sixty Mayan women in Women's Health Care at three remote rural health clinics in the highlands and Lacandon Jungle regions of the southeastern Mexican state of Chiapas. Each month, a core group of five experienced women health promoters gather in a centrally located health center to meet with specialized teams of medical professionals. During the week-long session, the "trainer of trainers" group creates, through discussion and exchange, a thematic module or curriculum which will then be shared with the Indigenous Women's Health Care Promoters in four outlying regions. In the weeks between the monthly training sessions, the women who have participated in the development of the training modules travel to rural centers and train 60 Indigenous women health promoters in a continuing monthly training cycle.

The weeklong trainings are presented in three different parts of Chiapas in order to minimize costs of time and transportation for the participants, most of whom are fulltime housewives and mothers in rural indigenous communities. This monthly training cycle is envisioned as a three year project and is the first time that specialized information of this depth and specificity regarding sexual and gynecological functioning has been made available to Indigenous women health promoters for use in their community based practices. The cost to support and train the women who are participating in this training (5 trainers and 60 Indigenous women health care promoters) is about \$3,000 a month for an annual budget of \$36,000. This figure includes expenses for room and board, travel, and training supplies for the trainers and all 60 women.

12. List the project's specific target population, constituents, and geographic communities:

The indigenous women of Chiapas are among the most impoverished and underserved global populations. Still, in these Indigenous communities, it is the women who are most often the providers of healthcare. This project will advance the training of 60 Mayan women many of whom are already serving as health promoters in their communities. These women health care promoters serve the health care needs of several hundred autonomous communities in two of the five autonomous Mayan zones of Chiapas. These trainings will broadly impact the quality of health care received by 1,000's of people living in the autonomous communities of these two large zones. Having healthcare workers trained specifically in issues related to women's health care is expected to greatly increase access to appropriate information and treatment, reduce infant and maternal mortality, and generally increase the quality of life, especially for women and children, through out the zones.

13: For projects that do include training, state the number of persons to be trained and the length of training in days, weeks, or months:

60 Mayan women will receive one week intensive training per month over a period of 36 months.

14. List the project leadership and their qualifications

Funds committed to this project will be administered by The Organization of Community Health of the Indigenous Mayans of the State of Chiapas (Organización de Salud Comunitaria de Indígenas Mayas del Estado de Chiapas (OSIMECH). Schools for Chiapas will be responsible for "on the ground" coordination and monitoring of funds which are specifically committed through Schools for Chiapas to this project. We currently have two full time staff in Chiapas in this capacity:

Peter Brown, M.ED. is the Administrative Coordinator of Schools for Chiapas. He is a founding member of Schools for Chiapas and has worked in this capacity since 1996. He has developed long standing, productive relationships with the autonomous communities through out Chiapas. He resides full-time in Chiapas.

Susan Beattie, PhD is a Clinical Psychologist and Project Coordinator for Schools for Chiapas. She has worked in this capacity for 3 years. She also resides full time in Chiapas.

15. Are you an IRS 501(c)(3) nonprofit (non-governmental, tax exempt, charitable organization)?

Yes X no _____ Grassroots Events, Inc. is our fiscal sponsor and is a tax exempt 501(c)(3) California corporation organized for charitable educational and cultural activities.

A. PROPOSAL NARRATIVE

The Mayan Sexual and Reproductive Health Project: A grassroots program currently training autonomous, indigenous women's healthcare promoters in rural communities of Chiapas, Mexico.

1. Profile of your organization

1A. Brief summary of organization's history, goals, and key achievements. We are interested in knowing what organization is managing the project "on the ground".

Schools for Chiapas was formed in 1996 at the request of the autonomous Mayan communities of Chiapas. These communities requested support and collaboration in creating an autonomous, indigenous education system which respected the languages, cultures, economies, religions, and traditions of the Mayan peoples of Chiapas. More specifically, these communities sought partners in constructing democratic schools dedicated to the survival of the Mayan peoples of Chiapas "beyond the 21st century and into the period of their Sixth Sun".

Early in 1997, after six months of intensive discussion with the communities, Schools for Chiapas agreed to support the construction of the first autonomous, indigenous middle school to be located in Zapatista territory. The school, Primero de Enero, is located in a civilian center near the community of Oventic, Sacamch'en de los Pobres in the highlands of Chiapas, Mexico. During the construction phase of this institution, Schools for Chiapas cooperated with the Zapatista movement to organize teams of people from around the world to work side-by-side with indigenous volunteers from indigenous communities throughout the highlands of Chiapas, Mexico.

In that first amazing summer of work, individuals from more than twenty-five countries on five continents and volunteers from every state of the Mexico republic joined with hundreds of Tzotzil farmers, masons, carpenters, poets, philosophers, students and educators in the construction of four concrete block classrooms with concrete floors and tin roofs. Students began attending this boarding school in 1999 and the first class graduated in 2001.

Now less than ten years later, the Zapatista schools operates in thousands communities (although some communities prefer indigenous descriptions for their educational programs rather than using the term "school"). These educational institutions serve Mayan adults and children throughout the southeastern Mexican state of Chiapas. And, in the last ten years, Schools for Chiapas has also continued to evolve... into an international organization of people of conscience from a great diversity of social, political, spiritual, and religious backgrounds who voluntarily act together in a democratic, autonomous, and dignified manner to advance Zapatista education worldwide while promoting dignity, democracy, and justice in many countries.

Today, Schools for Chiapas still focuses broadly in the area of education and we have kept our original name. We have, however, often been reminded by the indigenous communities that education does not only take place in school. Today, Schools for Chiapas understands clearly that every autonomous women's collective is a school; that every indigenous coffee co-op is a school; that every corn field is becoming a center for indigenous education; and that every Zapatista health center is also a center for teaching and learning.

Schools for Chiapas continues to collaborate with the Zapatista movement because we believe these indigenous communities are uniquely positioned to offer real alternatives to the raging consumerism, environmental degradation, and neo-liberal policies which are devastating our planet. The Zapatistas seek to preserve and refine a dignified, viable, indigenous way of life, retaining ancient indigenous values while establishing a legitimate place for themselves in the modern world. We at Schools for Chiapas are proud to join our efforts with those of our Indigenous brothers and sisters.... working together to create “a world where all worlds fit”.

Schools for Chiapas projects are born in response to Zapatista efforts to develop autonomous programs related to this indigenous vision.

From stocking schools with needed supplies, to raising funds for training indigenous health care workers in issues related to reproductive health, to sponsoring nurseries for the propagation of Neem trees, to providing training in marketing for womens’ artisan cooperatives, Schools for Chiapas is deeply committed to advancing the Zapatista ideal of fostering a dignified, viable, way of life for everyone on this planet. To this end Schools for Chiapas also sponsors national and international solidarity projects designed to raise consciousness and educate about the popular struggles to build a better, and sustainable, world.

We have been working actively in Chiapas for over 10 years and we have, together with our Zapatista constituency, launched many successful projects. What follows is a non-exhaustive list, roughly categorized into two general areas of work:

I. Goal of halting environmental destruction and saving Mother Earth

1. Established the first community controlled nurseries of the Neem Tree in Chiapas, Mexico during the spring of 2006.
2. In an ongoing project called “Mother Seeds in Resistance from the Land of Chiapas”, we have organized two trainings (or encounters) for Agro-ecology promoters’ and the International community to consider issues of genetic contamination of the native land races of corn. International participants included leading activists and scientists in the anti-GMO movement.
3. Provided funds and scientific consultation which established the first popular seed bank in Chiapas and a community-based testing program for GMO contamination in the native land races of corn.
4. Organize and provide corn for ongoing solidarity grow-outs of Zapatista corn in Asia, Africa, Latin America, Europe, and North America
5. Sponsored of over 50 international delegations to Chiapas and three round trips of the Little Yellow School Bus for Peace between the United States and Mexico.

II. Goal of promoting justice, dignity, and democracy

1. Established an emergency fund (“The Ramona Fund” named for a much loved Zapatista comandanta of the EZLN who died earlier this year) in the Guadalupe Hospital in the Zapatista civilian center of Oventic during the winter of 2006.
2. Funding for, and organization of, direct international participation in the construction of regional educational centers in Oventic, Roberto Barrios, Francisco Gomez.

3. Funding for, and organization of, direct international participation in the construction of primary schools in the displaced community in Pulho and for the returning refugees of Guadalupe el Tepeyac.
4. Funding for, and organization of, the medical and academic support for three primary schools in Chiapas highlands
5. Successful opposition to governmental attempts to declare Zapatista schools unconstitutional which included an international educational campaign with speaking, congressional lobbying, international legal actions, and many demonstrations.
6. Recording and distribution of 15 CD's of contemporary and traditional indigenous music from throughout the autonomous, indigenous communities of Chiapas.

1B. Overview of organizational structure and size, such as board, staff, and volunteer involvement.

“Todos somos Marcos” is an often-repeated Zapatista slogan that insists that everyone is just as important as the media darling and Zapatista movement spokesperson, Sub-commander Marcos. To this end, the autonomous indigenous governments of Chiapas rotate ever three weeks with the expressed goal that every community member should have the experience of leading their own governments!

Schools for Chiapas also believes that everyone is a leader who can and should exercise their opportunity to help shape the organization.

Everyone in the organization is responsible for developing and critiquing strategy. We value organization-wide communication and establish multiple forums to solicit and promote input. Staff, promoters, and coordinators all rotate responsibilities of leading delegations to Chiapas, meeting with indigenous leadership, speaking at a variety of forums, and evaluating programs.

Our organization works primarily by volunteer activity – we have more than 75 active volunteers leading our efforts to protect Mayan indigenous seeds and to provide education to communities in the US about the situation in Chiapas, Mexico. Our volunteers include scientists, healthcare workers, students, teachers, activists, artists, and farmers. Our supporters are located in Mexico, the US and throughout the world.

The six women and four men currently serving on the Schools for Chiapas board include five Mexicans and two indigenous people. Currently our only paid staff person in Chiapas is an indigenous woman from the community Zinacantan in Chiapas, Mexico. We have two other, highly qualified, full time volunteers “on the ground” and living in Chiapas. In the USA, we maintain a small office and employ one part time bookkeeper.

1C. Description of organization's constituents, including number of persons served by the project.

Our international constituency includes farmers, immigrants, health care professionals, activists, students, parents, workers, educators and others from many walks of life who are working to promote dignity, democracy and justice within their own lives, within their workplaces, and within their communities.

Schools for Chiapas works directly with the autonomous indigenous Zapatista communities in every zone of Chiapas. Our programs are designed with leadership and involvement from people within the communities we serve.

The indigenous women of Chiapas are among the most impoverished and underserved global populations. Still, in these Indigenous communities, it is the women who are most often the providers of healthcare.

Like ripples in still water, the Mayan Sexual and Reproductive Health Project is uniquely designed to bring specific training in women's reproductive health deep into 100's of isolated and remote Mayan communities. It begins in a central location with a core group of experienced health promoters. These women receive monthly trainings on a broad variety of topics relevant to women's reproductive health.

During the remaining three weeks of the month, these women travel to three widely dispersed, rural health clinics and disseminate that information to interested individuals from the surrounding communities for use in their own practice. Those newly trained community based Indigenous women, in turn, disseminate the new information to the women (and men) in their region who come to them for health care. Eventually, these trainings have the potential of significantly impacting the knowledge base and the quality of health care received by virtually every one of the 250,000 individuals who live in the autonomous communities of these two large zones.

2. Profile of your request

Back ground information shared orally by trainers in The Mayan Sexual and Reproductive Health Project

“At first it was very difficult to even talk about issues related to sex or our bodies,” admitted Paulina as her two young children ran in and out of the rural autonomous classroom. “Over time it became easier to talk, it was just less embarrassing and we got used to it.” In fact, the very existence of The Mayan Sexual and Reproductive Health Project itself is tangible evidence of several significant social changes with the indigenous communities of Chiapas.

The movement that would eventually lead to the development of the Mayan Sexual and Reproductive Health Project was evident on the first day of the North American Free Trade Agreement when the thousands of indigenous Mayan people occupied the five major cities of the highlands of Chiapas and promulgated their far-reaching, ten point “Women's Law” as their first public act. The first priority of the Zapatista movement has been the development of an autonomous health system. As the autonomous government began to grapple with the overwhelming health needs of a chronically underserved indigenous population, they were quickly confronted with the need to address issues related to maternal death and infant mortality which touched the lives of so many of their constituents.

In 1998, the Zapatista health care system was growing, but still in its infancy. “The women kept coming to us with reproductive and sexual problems that we didn't know how to address,” explained Claudia in a September 2006 interview with a Schools for Chiapas team. Today

Claudia is one of the indigenous health promoters responsible for conducting women's health training sessions in rural health clinics.

"All we could do was send them to the hospital in San Cristobal, but no one had any money and so they never followed that advice," ruefully concluded Claudia.

At the time, these women were called "midwife promoters" and their job was to attend and assist in the delivery of babies. "It was a serious problem. If anything went wrong, the woman, and often the baby, died. We made a decision that someone needed to really learn more about women's health and five of us were sent to take a course."

One course became many and the midwife "promotoras" began to understand more and more about the nature of childbirth and about reproductive and sexual health in general.

Now the issue was how to apply and disseminate the information. "We knew this information was important and shouldn't be left with only five people!" was how the talkative Claudia explained the issue.

None-the-less, there were many competing demands on the Zapatista health system in the highlands of Chiapas. The hospital in the civilian center of Oventic was being asked to take on all the pent up health concerns of a chronically underserved population. Micro-clinics were being established in the larger population centers and tiny Casas del Salud (Houses of Health) were beginning to function in several more remote, outlying communities. Community based health care providers (or Promotores de Salud / Promoters of Health, as they are called here in Chiapas) were gaining proficiency in using both herbal and patent medications.

Recognizing the need to gain institutional support, the five "midwife promoters" began to reach out to Zapatista authorities. "We had to first speak directly with the leaders to educate them about these issues," continued Cecilia. "Of course, it helped us a lot that many of high ranking "responsables" are women. We also talked a lot about the Women's Law and pointed out how many women and babies were dying during childbirth."

These appeals to the Zapatista authorities were ultimately successful in gaining top level authorization and support for reaching out to other indigenous women working in outlying health facilities. "Even with the blessing of the authorities, we still had to negotiate and educate," mused Cecilia. "Even experienced health promoters were embarrassed to discuss sexual health."

Paulina jumped into the conversation. "The women came, but they wouldn't tell us about their more embarrassing symptoms. We had to become very good at asking questions and listening to what they could tell us," explains Paulina. "The leaders got behind us, but something more structured was required."

Out of these concrete experiences The Mayan Sexual and Reproductive Health Project was born.

"The women come from many surrounding communities," says Claudia. "They come in twos or threes. Some of them have just started to learn the work of a health promoter. Others, about twelve, have experience. Three are culenderas who are also midwives in their communities.

They have joined us and become health promoters. They know they also need to learn this information so they can help the mothers.”

Cecilia’s words continued to tumble out enthusiastically, “We begin by talking about gender and about women’s rights within the context of the Zapatista Women’s law. You know...basic human rights; a dignified life style, freedom from abuse, the right to make choices about the things that matter.” Of course all of these issues are central demands of Zapatistas, however, as Cecilia explained, “There are lots of women leaders, but in our communities these issues of gender and sexuality are traditionally just not talked about! Never!”

When the Schools for Chiapas teams asked about the impact of this project on the men in the indigenous communities, Paulina considers for a moment before replying, “The men come with their wives and they listen to everything. They want to learn because they care about the health of the women and the health of the babies. So they are also participating.” Cecilia pauses briefly and concludes, “We promoters very much value the comments and suggestions of the men, too.”

Over seven years, The Mayan Sexual and Reproductive Health Project has continued to evolve and now it is about to become a bonafide part (an actual line item) in the Health Care budget of the Highlands. With expanded recognition and credibility come additional expectations and requirements... all of which require additional funding, especially for the growing costs of transportation, food, and training materials.

“Well, we have just scraped by without calling much attention to what we were doing,” begin Paulina. “There are so many needs. The authorities agreed that we should be in the clinics and this year the health system agreed to cover some food and transportation costs. They also agreed that we could use one doctor to provide the ongoing trainings for our core trainers’ team.”

Both women promoters nodded when Cecilia added, “Before that the doctors were all just volunteers. Sometimes they would come and talk about useful things; other times they didn’t come or they wouldn’t know what to say. Now we are glad to have one doctor who stays with us every month as we prepare our trainings.”

2A. Description of the specific request including measurable goals, objectives, and benefits to people living in the developing world.

This project is designed to have a broad impact on the general health (specifically the health of women and babies) in two large zones of Chiapas, Mexico. The formal training begins with a core group of five experienced Indigenous women health promoters who travel, each month, to a central educational center to meet with specialized teams of medical professionals. During the week-long session, the “trainer of trainers” group creates, through discussion and exchange, a thematic module or curriculum which will then be shared with other women who are functioning, at some capacity, as health care providers in their communities.

The state of Chiapas is geographically a large and diverse area which spans dramatic mountainous regions, dense tropical rain forest and coastal zones. The often unpaved roads are notoriously bad and, for many who live in outlying areas; communities are accessible only by foot. For individuals residing in these communities, there is little or no access to an outside health care system. As a result, health care concerns are most often addressed by some individual

within the community (often a woman) who has assumed responsibility for addressing these needs. The role of “culandera” and other traditional healers is very much alive and well in indigenous Chiapas. These individuals typically have some knowledge of medicinal plants and herbs, are likely to function as midwife and may be imbued by their community with some magical power to do good or evil.

The Chiapas insurrection and the development of the Zapatista autonomous health care system has added a new and valuable element to the “continuum” of health care services available in these remote indigenous villages. The Zapatista model of developing autonomous services relies on the training of promoters. (They are opposed to the use of what they see as the more hierarchical label of doctor or teacher to describe the role.) After training, the promoter becomes, in turn, the trainers of others.

“Promotores”, as they are known here, are individuals identified by their community to assume the “carga” of being a health, education or agricultural promoter. The notion of “carga” is an ancient Mayan idea which assigns individuals to provide essentially unpaid service that is for the good of the community. The cargo of being a Promotore is an especially demanding one in that it requires nearly full time and life long service. As a trade off, the community will take on the support of the promoter but, as these communities are typically extremely poor, the level of support is often insufficient to provide anything beyond corn, beans and basic shelter.

Consistent with the idea of training “promotores” is a belief that everyone has something to contribute to the understanding and teaching of every subject and that learning is enhanced when everyone’s perspective and experiences are valued. In this spirit, the Zapatista trained health promoters work with the community midwives and culanderas to promote a higher level of health care for all. After some exposure to the Zapatista model, it is not common for these other community healers to “sign up” and become health promotores in addition to continuing with their more traditional identity.

In the weeks between the monthly training sessions, the five women who have participated in the development of the core training curriculum travel to the three rural locations to share their new knowledge with other women who come from the surrounding communities to learn about issues related to reproductive health. Some of them are already experienced health promoters, others are just beginning their training. Some are culanderas. Everyone shares knowledge and experience. The women who have assembled for a week, return to their communities and put into practice the new ideas and information they have gleaned. The trainers return for another round of curriculum development, informed and effected by what they have heard from these rural promoters of women’s health. The training continues and the cycle repeats each month.

This course (or training schedule) is conceived as a three year, 36 month project. Though the curriculum builds from month to month; each month’s training is essentially designed to stand alone. While each month’s curriculum draws on the ever increasing knowledge base of the group, it is the emerging trust relationships and the ability to discuss previously difficult topics with greater ease that fuels the encounter. Therefore the project can, in limited numbers, incorporate new members from the growing pool of qualified health promoters.

Currently, there are about 60 women who regularly attend training sessions in the three rural sites. According to the trainers, the level of discussion is growing ever more dynamic as, over time, the women are developing an increased comfort with the initially highly charged and embarrassing content. Assuming continued participation and available funds, the project (and more generally this model of training) is likely to continue beyond the three year pilot project.

The specific goals and objectives of the project are as follows:

1. Complete another year in the ongoing training of indigenous women promoters of reproductive and sexual health in the autonomous, indigenous communities of Chiapas, Mexico.
2. Improve health of women, children, and men in the autonomous, indigenous communities of Chiapas, Mexico.
 - a. Reduce maternal death in the autonomous, indigenous communities of Chiapas, Mexico.
 - b. Reduce infant mortality in the autonomous, indigenous communities of Chiapas, Mexico.
 - c. Increase the identification and treatment of sexually transmitted diseases in the autonomous, indigenous communities of Chiapas, Mexico.
3. Increase knowledge of the rights of women and children in the autonomous, indigenous communities of Chiapas, Mexico among health promoters and members of the autonomous, indigenous communities of Chiapas, Mexico.
4. Improve women's (and men's) comfort and willingness to talk about their bodies and to describe medical symptoms throughout the autonomous, indigenous communities of Chiapas, Mexico.
5. Increase knowledge about normal and abnormal functioning in reproductive and sexual health in the autonomous, indigenous communities of Chiapas, Mexico.

2B. Needs and/or challenges that this effort will address.

In designing this project, we recognize that the Mayan women who serve their communities as healthcare promoters are often full-time mothers and housewives, and extremely poor themselves (annual incomes among indigenous people in Chiapas is less the 300 US dollars). While they are eager to learn and to serve their communities, their limited resources can make this difficult. The budget for this project generally covers only basic room and board, supplies, and travel expenses for 65 women (5 core staff and 60 indigenous participants). To make the program accessible to as many communities and healthcare promoters as possible, all follow-up training sessions will be held in dispersed rural sites through out the region served by this project.

2C. Opportunities, strengths, and/or assets this effort will draw upon.

This program builds on the strong commitment to community and “local knowledge” of the indigenous women the trainings will serve. Rather than beginning with a Westernized medical model and working to establish a health center in every community, we believe that by training community members to serve as healthcare promoters, we are strengthening the existing indigenous healthcare network and providing these women with more specialized knowledge that will allow them to better serve their communities.

2D. Specific activities and timetable for meeting your stated objectives.

As described above, The Mayan Sexual and Reproductive Health Project functions on a cyclical monthly schedule of preparation, community trainings, and a return to prepare for the next month's cycle of training. These are the specific activities and timetable required to meet our objectives.

2E. Level and nature of the involvement of the community-at-large, local residents and/or other partners.

The autonomous, indigenous communities of Chiapas and local residents must be deeply involved with, and supportive of, this project in order to release one of their most active and conscious women members from family and community responsibilities for one week out of each month. In the first place, the community and family must agree to contribute labor to address issues of collecting firewood, preparing food, maintaining the kitchen garden, feeding poultry and other animals, and supervising older children. Currently, the community may also be required help subsidize food and transportation in order for the promoter to attend trainings. In addition, the community must endorse the absence of their primary health care provider one week out of the month for a period of years.

Our partner, the Zapatista Health System, is releasing their only funded physician (subsidized through Doctors of the World) to participate in a week's worth of training once a month. And Osimech (The Organization of Community Health of the Indigenous Mayans of the State of Chiapas) has assumed responsibility for administering food, transportation, and housing for all participants in The Mayan Sexual and Reproductive Health Project.

Finally, and most importantly, the five woman, multilingual team of health promoter trainers spend more than half of their time away from family and community in order to allow this project to proceed.

2F. Staff/volunteers and their qualifications for carrying out this proposal.

Peter Brown, M.ED. is an elementary school teacher, a teacher of teachers and the Administrative Coordinator of Schools for Chiapas. He is a founding member of Schools for Chiapas and has worked in this capacity since 1996. He has developed long standing, productive relationships with the autonomous communities throughout Chiapas.

Susan Beattie, PhD is a Clinical Psychologist and Project Coordinator for Schools for Chiapas. Prior to deciding to volunteer full time with SFC 3 years ago, she spent 20 years developing and running programs to work with chronically mental ill and homeless adults in the states.

Peter Brown and Susan Beattie will be responsible for the on the ground coordination of this project on behalf of Schools for Chiapas. They reside full-time in Chiapas, Mexico.

President, OSIMECH, AC – Enrique is a quiet spoken young Tsotsil man who still spends most days in home communities in the highlands of Chiapas. He was trained as a Health Promoter, but now works full time with his responsibilities as the president of this the Civic Association (AC) of the autonomous communities that has legal recognition in Mexico.

Coordinator, Zapatista Health System of the Highlands of Chiapas – Emiliano is a charismatic young health promoter who also grew up in an indigenous community in the highlands of Chiapas. He was trained and worked as a Health Promoter in the Guadalupe Clinic at Oventic.

Women’s Sexual and Reproductive Health Trainers Team – Celcilia, Claudia, Maria, Paulina, Margarita. This dedicated team of women include four indigenous and one non-indigenous women with a variety of formal and informal education. All have been active for years within the autonomous health system and all are actively engaged in improving their skills. Most are married and have children.

2G. Future plans for sustaining this effort and building your funding base.

This effort will primarily be sustained by the support and determination of the autonomous, indigenous communities of Chiapas, Mexico. The Mayan women, the indigenous health system, and the Zapatista communities of Chiapas involved in this effort are committed to continuing regardless of the availability of funding or outside support. On the other hand access to resources will certainly allow The Mayan Sexual and Reproductive Health Project to expand more rapidly. Therefore Schools for Chiapas plans to continue seeding this project with individual and institutional support.

3. Evaluation

3A. Define your criteria for determining success for the project or need identified in this proposal both in terms of short term and long term goals.

The primary criteria for determining the success of this project will be the number of training sessions held during the course of the year and the attendance of community health promoters at those sessions. The secondary criterion will be objective data related to infant and maternal death during childbirth. The final criterion will be promoters and community members’ knowledge and ability to address issues of reproductive and sexual health.

3B. Outline your evaluation process, and describe how various constituents participating in this grant will be involved in this process.

Schools for Chiapas will work closely with all stakeholders during the evaluation phase of this grant. The core women’s trainers will maintain records of dates, location, and attendance of every training session. The autonomous health system has begun collections of data related to childbirth and this data will be carefully monitored for statistically significant changes. Finally, selected health promoters, Zapatista officials, and community members will be interviewed to evaluate changes in the knowledge of reproductive and sexual health matters.