

## Chapter 2

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# Communities Organize for Women's Health



**W**hen people think about improving women's health they often think about treating the specific health problems an individual woman experiences, and this is important. But improving women's health also means working with others to make changes that affect the health of all of the girls and women in a community. That process of community organizing often involves many steps, with more and more people getting involved with each step. A group working together to improve women's health may need to build alliances and work with many different people in order to make change happen. When communities address the conditions that affect women's health, everyone in the community can benefit.

## Women organize for better health care

In this chapter, we tell the story of a women's group in Peru that organized for better women's health services in their community. When they started organizing, many families in the town of Vilcashuamán, or Vilcas, had recently moved there from rural areas high in the Andes mountains. Armed conflict in the region had destroyed homes and crops, and forced people to migrate. Most of the refugees came from indigenous Quechua communities and were very poor. The community health center in Vilcas was also poor, but the nurses and doctors did the best they could. When one young mother died after a difficult birth, her midwife and a friend decided to take action so that no other woman in the community would die needlessly for lack of care.

### Never again! How a needless death became a call for change

Like most girls in the indigenous community where she grew up, Sonia did not go to school. Her brothers went for a few years, and they learned to speak, read, and write in Spanish. At home, everyone spoke Quechua, the language of their ancestors. Sonia grew up learning to weave and to cook, to plant and harvest potatoes, take care of animals, and sing Quechua songs.

When Sonia was 16, she married José. Her 2 daughters were born at home with the help of a midwife. Sonia was 19 years old and 7 months pregnant with her third child when the military forced her and her family to move from the countryside to the town of Vilcashuamán, Peru. Soldiers had destroyed their farm and killed one of Sonia's brothers.



In Vilcas, Sonia soon met Luz, a midwife who agreed to help with the new baby's birth. José was far away working when Sonia's labor began. His sister Tomasa came to take care of the children. Luz massaged Sonia and made her teas to ease the birth. But after many hours, Luz knew something was wrong. Sonia was very weak, and the baby was not moving. Luz knew she had to go to the health center to save Sonia's life.

Sonia had never been to the health center. No one there spoke Quechua, and she did not speak Spanish. Luz did not like to go there, because the doctors and nurses often ignored or criticized her when she brought women to them needing help.

When Luz and Sonia arrived, the clinic was closed. After it opened, they had to wait a long time for a nurse to examine Sonia. The nurse accused Luz of waiting too long to bring Sonia for help. Luz did not say anything because she did not want to upset the nurse. She asked respectfully if she could stay with Sonia to explain what was happening and help her stay calm. But the nurse said no and reminded her of the health center rule that women were not allowed to have companions.



Sonia was terrified and did not understand what was happening. In a cold room with bright lights, a strange man speaking Spanish delivered her baby boy. Sonia never saw the baby, and no one told her that he was already dead. Afterward, the doctor came to the waiting room and asked for Sonia's husband. Luz tried to explain that Sonia's husband was away and that she was Sonia's midwife, but the doctor did not pay attention to her until one of the nurses explained who she was. Then he told Luz that the baby had died and Sonia had lost a lot of blood. He said that the health center did not have blood to give her or transportation to take her to the regional hospital 4 hours away. Luz was telling the doctor she would find a way to transport Sonia when a nurse came and told the doctor that Sonia had died.



Luz was very sad but also very angry. She knew Peru was not a poor country, yet so many poor families had little access to health care or other services. She knew Sonia's death could have been prevented and perhaps the baby's death too. Luz left the health center thinking about all the things she wished she could change so that what happened to Sonia would never happen again.

## Learning from each other

When Luz returned from the health center with the sad news, Tomasa was with her friend Paula. Paula had finished high school in Vilcas and had also participated in a young women's leadership program. Now she and Tomasa were both training to be community health promoters in a project run by a non-profit organization. After listening to Luz's story, Paula said she thought Sonia's death was the result of a bigger problem. Tomasa suggested they talk about it more in a few days, after the funerals for Sonia and her baby.



Luz, Tomasa, and Paula knew that the government wanted women to give birth in health centers. They also believed that the nurses and doctors at the health center had a responsibility to treat all women equally and respectfully, even if they were poor and indigenous. And they knew that indigenous women living in poverty often had the least access to resources and basic human rights. Many of them were tired of suffering and ready to take action. Paula had learned that a key step towards taking action was to understand the problem more fully.

To learn more about women's experiences at the health center, they decided to talk with other women in the community. Over the next few weeks, they visited friends and neighbors in their homes and listened to their stories.



*The doctors are all men from the city. They only speak Spanish, and they call us "mamita" and other things that make us feel small and stupid.*

*They always make us wait a long time. And they get angry if you ask how much longer before you can see the doctor.*



*I got pregnant when I was 13. The doctor made me feel ashamed and unwelcome.*

*They do not respect our customs. I do not understand how any woman gives birth lying flat on her back.*



*Basic supplies used to be free. Now, if you need an injection, you have to buy the syringe first at the pharmacy.*

*The nurses tell young women like me we are too young to ask for birth control.*



The women named many problems that made it difficult for them to get care at the health center. Sonia was not the first woman to die for lack of blood or other supplies. And Luz was not the only woman who avoided the health center because she felt the nurses and doctors were disrespectful.

Tomasa and Paula had learned that to work for change, they needed to bring together people who shared similar problems and who would most benefit from finding solutions. Wealthy women did not depend on the government-run health center. They went to private clinics. So the women who would most benefit from an improved health center were poor, indigenous women of all ages. They decided to organize a meeting and invite the youth and women to share information and discuss changes that would help them get better health care.

## Form a group to work together

Paula began the meeting by introducing herself and then asking each of the other women to do the same. At first, most of the women were shy and uncomfortable talking in front of the group, so Paula asked each woman to turn to the person next to her and tell her something about an experience with childbirth, either her own experience or something that happened to a friend or someone else in her family. Luz then told the group what had happened to Sonia.

Tomasa asked some of the women she and Paula had spoken with before to talk about difficulties they had receiving care at the health center. Others joined in to share their own stories and opinions.



The women decided that they wanted to form a group and work together to improve care for women at the health center. They talked about how much time they could give to the group, and they agreed to share childcare and cooking to make it easier for all the women to participate. Paula proposed a process for their meetings that would help make sure everyone had an equal voice and a role. For example, they agreed they would take turns leading discussions. They decided to call their group Vilcas Women's Voices and to invite more women from the community to attend the next meeting.

While walking home, Luz said to Paula, “That meeting went really well. Everyone spoke and we got a lot done.” Paula explained that meetings work best when they are well planned:

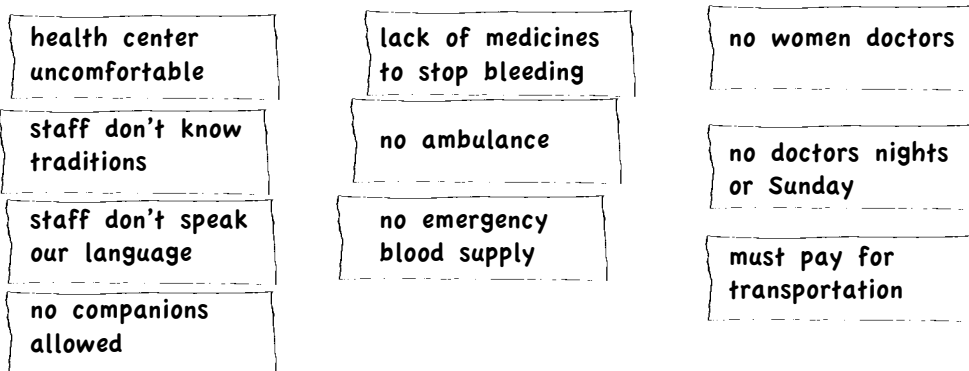
- Create an agenda in advance.
- Review the agenda with the group and change it if needed.
- Choose a person to lead the meeting and someone to keep time.
- Agree on the rules for the meeting (see page 84).
- Evaluate the meeting afterwards.

For more ideas about how to plan successful meetings, see Appendix B: Good meetings from start to finish, pages 305 to 316.

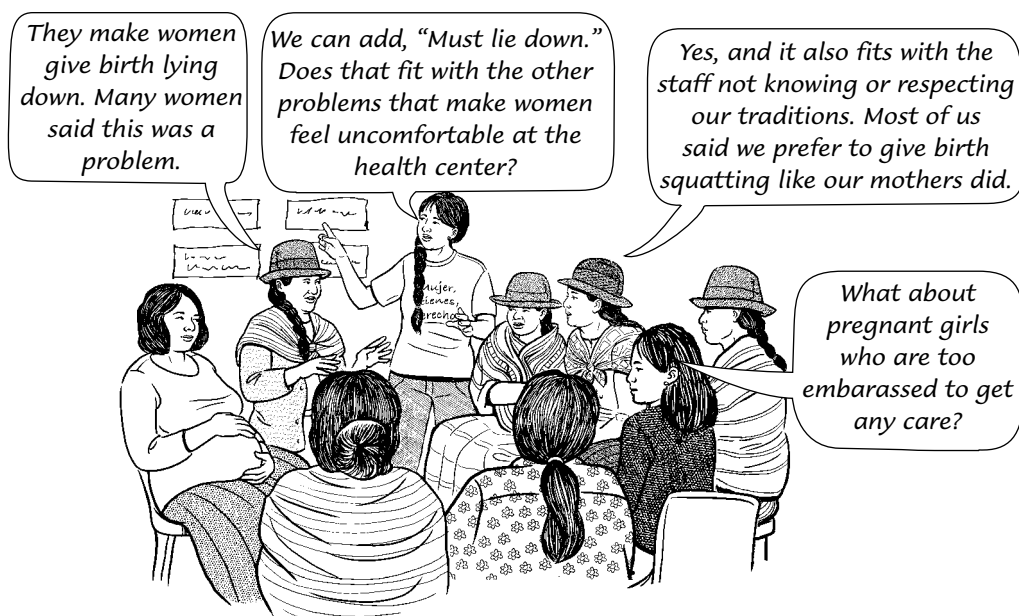
## Discussion deepens understanding

Vilcas Women’s Voices held their second meeting several weeks after forming the group. Luz led this meeting and asked everyone to introduce themselves again, since there were many new women present. Then she asked for volunteers to summarize the discussions from the first meeting, and she invited the newcomers to share an experience receiving care at the health center if they had something different to add. The women were surprised at how many difficulties with the health center had been mentioned. They wondered how they could solve so many different problems!

Paula suggested an activity to group similar types of problems together. She wrote each problem on a card and posted it on the wall. Then she asked which other problems were most similar to it and why. Seeing how problems could be linked helped the women think about their experiences receiving care at the health center. Focusing on the patterns they observed then helped them look more deeply at the problems.







## Identify problems to focus on

When they finished the activity, they looked at their work and noticed that many of the problems were related to the women not feeling comfortable seeking care in the health center because of the disrespectful treatment of indigenous women. Many of the other problems were about the lack of basic medical supplies. Everyone agreed that these were the things that they wanted to focus on and learn more about.

After the discussion, Tomasa asked the women how they felt about the meeting. The women all said that they enjoyed the activity and discussion. They felt that it helped them understand that the individual experiences of many different women are part of bigger problems. It also helped them realize that making the health center welcoming and comfortable for all women was important.

Next the group needed to decide what they could do to make changes, working together with others in the community. Paula knew this would take a lot of time, reflection, and discussion. So the women decided to gather more ideas by talking to health workers, family members, community leaders, teachers, and people organized in other community groups.

## Gathering more information

Luz talks with Mario, a nurse who works for an international organization that was helping the Peruvian government set up programs to enable women in places like Vilcas have safer births.

*Mario, you have worked to make health clinics friendlier and safer places to give birth. How did you do it?*



*Well, it was a long process and I didn't do it alone. We brought together indigenous women, local health promoters, and nurses and doctors from the health center to share ideas on how to make the clinic more welcoming to indigenous women. It worked! More women are now coming for pregnancy care.*

*Mr. Quispe, will you talk with our group about human rights for women and girls?*

*I will be pleased to. Peru's constitution states that everyone has the right to health care. We can discuss how the obstacles they face are violations of this right. They will be able to make a powerful argument for improving women's health care in the community.*



Yesenia, a high school student, talks with Luis Quispe, a history teacher. He helps the group understand they have a basic right to health care.

## Make an action plan

The group continued to meet regularly and discuss different points of view. They finally agreed to focus on improving care for all pregnant women and on more respectful care for indigenous women. They felt ready to decide which changes to advocate for and which actions to take. They were ready to make an action plan.

**Choose what actions to take.** The women made a list of all their ideas for improving women's health care in the community. Then they considered how well each action would help make the health center welcoming and comfortable for all pregnant women, and respectful for indigenous women. They discussed which actions would be easiest to do with the resources they had. And they weighed which actions would improve health care for most women in the community and for the most vulnerable women.

With so many ideas and opinions, it can be challenging to make decisions. Even when you have built trust in the group, there can be disagreements. An activity such as Voting with dots (page 225) can help build consensus.

**Set short-term and long-term goals.** Next the group thought about what they could accomplish in less time (short-term goals) and what might take years to accomplish (long-term goals). Then they imagined what kind of care women would receive if they were successful with each of these goals, or what a successful outcome would be.

### GOALS

#### SHORT-TERM:

Health center staff understand and respect indigenous culture and traditions

#### LONG-TERM GOALS:

Health services meet all women's needs and support their right to health

Safe Motherhood House built and sustained by community and health center, free for pregnant women

Local emergency transport brigades

### WHAT WILL SUCCESS LOOK LIKE?

Indigenous women give birth at health center because:

- Staff speak our language
- We can wear our clothes
- We can squat to give birth
- We can bring a companion

Complete health services offered for women of all ages

Clinic hours fit our community's needs

Trained staff with sufficient blood and medical supplies in stock at all times

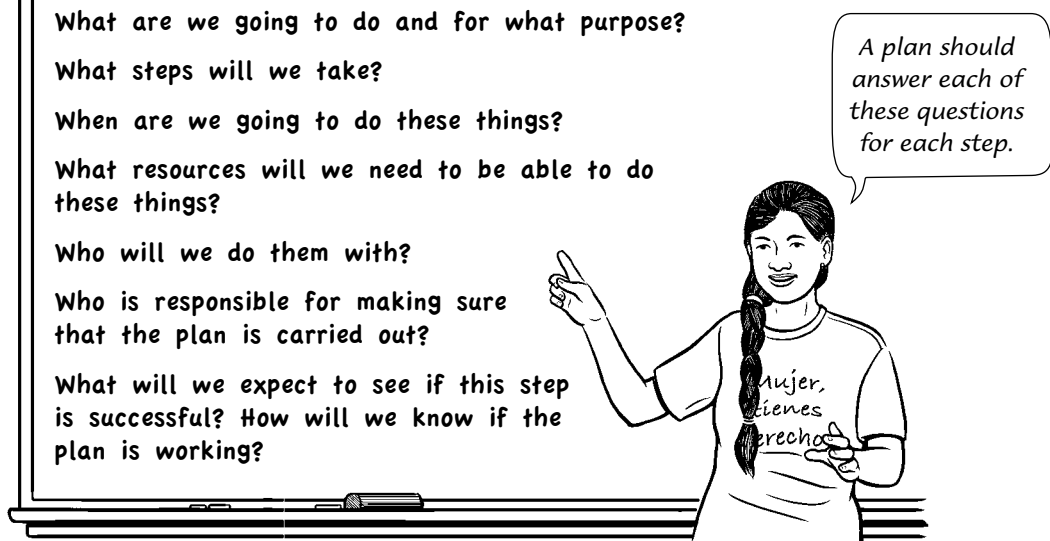
Safe Motherhood House built



**Make detailed plans to achieve each goal.** Having clear goals helped them decide on the strategies they would follow in their organizing work. A strategy is a series of steps carefully planned to reach a final goal. For example, if you are cooking for a big wedding, you will do a lot of planning, including thinking about who can help you, what foods will be available and affordable, and which jobs you can give to which people. With a good strategy, you can achieve your goal of having enough delicious food for everyone, and it will be ready on time!

The Vilcas Women's Voices group also talked about the barriers they would face in working toward each goal. They discussed the human and material resources they would need, and the skills and knowledge that would help them.

Then they made a detailed plan by listing tasks and deadlines, and they divided responsibilities so that each woman in the group had a role. They agreed to review their progress each time the group met to see how well the plan was working.



Vilcas Women's Voices decided their first step would be to meet with the health center director, Doctor Mora. They planned to present the information they had gathered and propose changes at the health center to meet their short-term goal of having the staff understand and respect their traditions. They expected that if they went as a group and were well prepared with a clear message, Doctor Mora would understand and accept their proposal.

The group decided to choose a small committee of 5 women to plan the meeting. They asked Paula to coordinate the committee, and Tomasa volunteered to help present the group's proposals. They asked Yesenia to speak about the need for youth services, and they asked Alicia, a woman pregnant with her third child, to speak about problems women faced getting prenatal and emergency care at the health center.

## First action: Meet with clinic staff

Luz knew that Mario already had a good relationship with Doctor Mora, so she asked Mario if he would arrange the meeting. He agreed and 2 weeks later the committee representing Vilcas Women's Voices met with Doctor Mora in his office at the health center. Doctor Mora had also invited Nurse Flores to the meeting. Paula began their presentation by asking Luz to briefly tell her story about trying to help Sonia. Then Paula explained why Vilcas Women's Voices had formed. Alicia and Yesenia both spoke, and then Tomasa read aloud the group's proposals to improve care.

*Women in labor should be allowed to wear our traditional clothes and always have a companion who speaks Quechua. We should be allowed to walk and squat if we choose.*

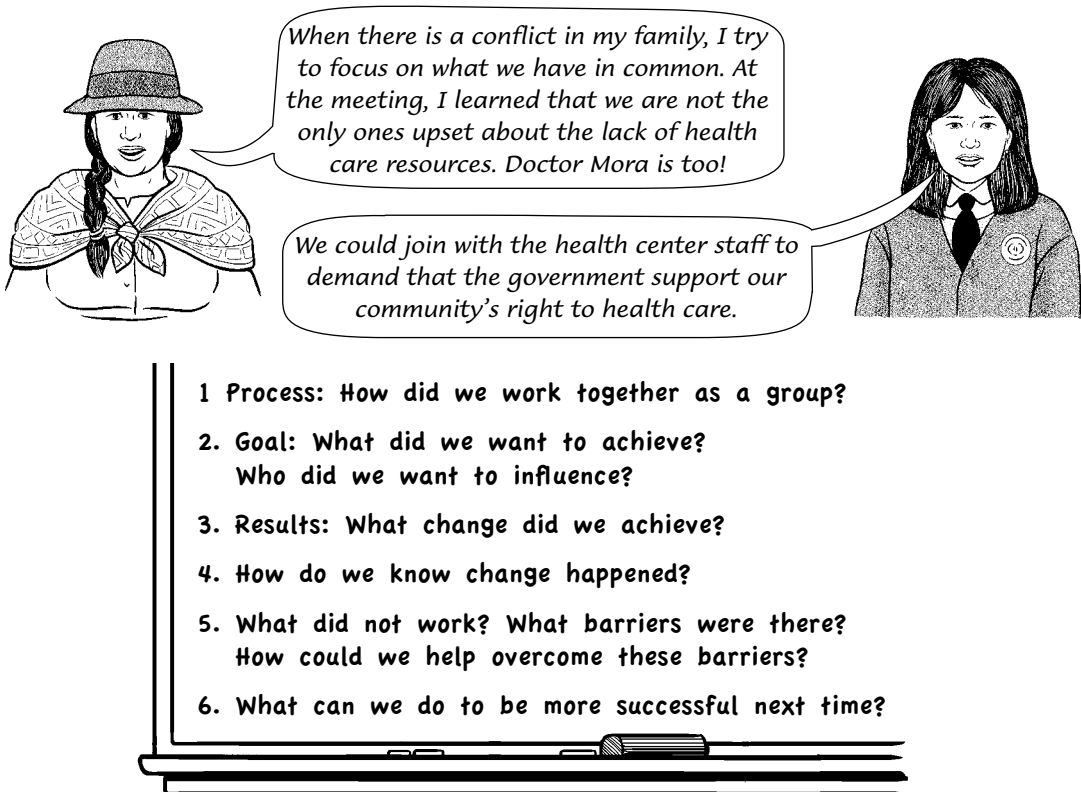


Doctor Mora and Nurse Flores grew more and more impatient as the women spoke. When Tomasa had finished, Doctor Mora said he was sorry they were dissatisfied with the services offered by the health center, but he did not have time to discuss all their concerns. Nurse Flores said that the real problem was the women who did not follow the rules, and she criticized Luz and the other midwives for bringing pregnant women to the health center when it was too late to give them proper care.

Paula stood up and said that the health center rules denied women their right to health care. Doctor Mora responded angrily that the real problem was not the health center rules. He told them that without supplies and support from the government, he had a hard time keeping the health center running at all. Then he ended the meeting.

## Evaluate the action

Vilcas Women's Voices felt that their first action was a failure. They had done well gathering information and understanding the problems that indigenous women face. They felt they had a strong case, yet the meeting ended abruptly and they could not see a way forward. At their next meeting, Tomasa encouraged the group to evaluate their action in the same way they think about their own lives and how change happens.



## Revise the action plan

After evaluating the meeting with Doctor Mora and Nurse Flores, the group realized that perhaps it was not such a failure after all. They decided to revise their proposal to take into account Doctor Mora's point of view and to focus more on the right to health care. Discussing this idea helped them decide their next step: to convince Doctor Mora that the changes they proposed would also help him meet the health center's obligations toward the community. Vilcas Women's Voices brainstormed the challenges they would face to do this and decided they would need more allies who could help convince Doctor Mora to meet with them again.

## Work with allies to involve the community

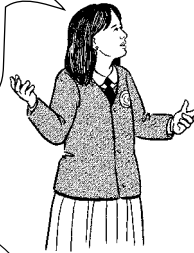
In the following weeks, Vilcas Women's Voices shared their ideas with the allies who had already helped them.

Can you talk with Doctor Mora and find out more about his problems as director of the health center?



Sure, and I can get more information about Peru's right-to-health law and about government funding for community health centers and women's health programs.

Doctor Mora says the government does not meet its obligations to keep the health center operating.



I know the mayor. Once he sees how organized you are, he might support you.

Julio, you lead the farmers' organization. Their families all would benefit if they joined our efforts to improve women's care at the health center.



They worry about their women speaking out in public, but they also want better care for them. I will talk to them.

We think you should consider the Vilcas Women's Voices proposal. Here's why...



Not everyone you approach will be an ally. That's OK, you don't need everyone to be an ally. Little by little, keep increasing the number of people who are on your side.

## Organize a community conversation

With their allies' help, Vilcas Women's Voices started a community conversation about women's health and the Vilcas health center. They invited health workers, midwives, health promoters, and community leaders from Vilcas and nearby villages to the meeting.

The mayor said the purpose of the meeting was not to blame anyone for problems, but to find ways the health center could better meet the needs of everyone, including the health workers. Despite the mayor's attempt to unite everyone, people still disagreed. Because of past experiences, some people did not trust the mayor or Doctor Mora. Others were not used to hearing women speak up. Some people did not want women, especially young women, to have access to so much choice about whether and how to have babies. However, people did agree that saving pregnant women's lives should be a priority. The mayor pledged to use more of the city budget to improve services. The farmers' organization said that volunteers from each neighboring village were ready to help with building and maintenance projects. The teachers offered to help develop health education materials. An officer from a nearby military base promised to help with emergency transportation and creating a safe blood supply.

*Doctor Mora, we want the same thing you do—to improve the health of our community. You have a chance to make such a big difference. How can we support you and work together towards this common goal?*

*I thought about your concerns, and I can see why women don't want to come to the health center. I want to make people feel welcome here, because the health center belongs to the community. Let us find a way we can work together.*





## Organize for long-term changes

In the following weeks and months, Doctor Mora promoted a spirit of dialogue among the doctors and nurses at the health center. They had been resistant to change until Vilcas Women's Voices helped them think about health as a human right. This led the health workers to reflect on their professional commitment to health care and to saving lives. They agreed that their work would improve if they had a better understanding of the Quechua women's point of view. Nurse Flores suggested to Doctor Mora that he invite Vilcas Women's Voices to the health center to discuss their proposed changes with all of the staff.

Through continued dialogue, Vilcas Women's Voices and the health workers slowly gained mutual trust. They agreed on common goals and made small and low-cost changes at first, such as shifting clinic hours to fit community needs. They hired bilingual nurses and assistants and made sure someone was always on duty who could interpret Quechua and Spanish. They also worked with staff to help them learn how to make young people feel more welcomed and supported.

### A welcoming and safe place to give birth

Vilcas Women's Voices and a group of community volunteers painted the delivery rooms at the health center, hung curtains for privacy, and made birthing chairs, so women could deliver in their traditional way of squatting. Doctor Mora changed the rules so women were allowed to wear their clothes, and to have their choice of food and drink. They could also have birth companions, including their partners and traditional midwives. Nurse Flores organized training for the doctors and nurses to help them be more comfortable with these changes.

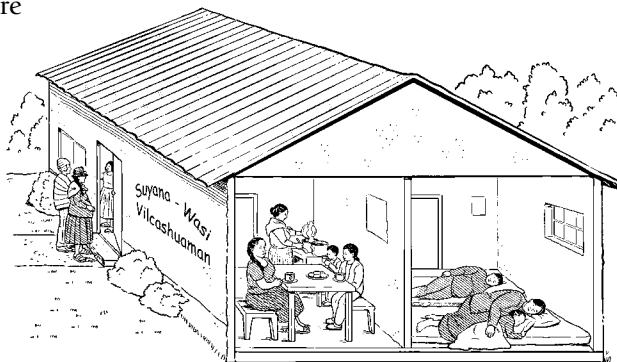


Soon Doctor Mora invited Luz and other midwives to deliver babies in the health center. He saw this as a way for the doctors and nurses to learn more about community traditions that help women have healthy births. He also knew this would encourage the midwives, doctors, and nurses to work together in emergencies, as well as provide midwives opportunities to learn new skills to make births safer.

## The community health committee

Soon after the big community meeting, Vilcas Women's Voices helped form a community health committee that included young and older community members, health workers, and local leaders. The health committee worked with the health center to organize a community emergency plan and build a "safe motherhood house," so that women who lived far away could stay there with their families during the last weeks of pregnancy.

With the help of CARE, an international organization, the committee persuaded the government to send more doctors so that the health center could be open 24 hours a day, and to ensure that they had medical and blood supplies for emergencies.



## Health for all

As relationships between community women and health workers improved, women brought their whole families for care. More women came with their partners for prenatal care and births, and also brought their children for vaccinations. As men became more involved in pregnancy care, they also learned about their own health. Men felt welcome at the health center and began to come for their own needs as well. As women's rights, culture, and dignity were respected, more women chose to have their babies in the health center. Over time, by focusing on everyone's right to health care, the health of pregnant women and their babies in Vilcas dramatically improved, but it also improved for women and men of all ages.

## Women's voices and leadership

The community of Vilcashuamán voted on the town's budget so that every year a specific amount was guaranteed to support women's health programs. The town government also created a permanent elected position for a woman to oversee women's health affairs. This meant that women from Vilcas rotated positions of leadership and had a voice in how decisions were made about women's health and their community's development.

## More challenges

Vilcas Women's Voices had achieved a lot, but there were still many challenges. Poverty and displacement were still obstacles to women's health care. Although the women had gained respect, some people still thought women should focus on raising children. Vilcas Women's Voices knew these ongoing challenges would require ongoing organizing.

## Organizing is a process

As the experience of the women in Vilcas shows, community organizing is an ongoing process that takes courage, time, and patience. Each step along the way brings new lessons learned and new challenges to be resolved. It can take a long time for people to accept ideas and to get used to change after it happens. As more people are involved in a process of change, conflicts are more likely to arise. But involving more people also creates more opportunities for new ideas to emerge, new alliances to form, and new skills to be learned and shared.

Vilcas Women's Voices went through many steps and stages in their organizing process. They took action and then carefully reflected on that action before taking the next. They repeated this process many times, and with each step they deepened their understanding of the problems they wanted to solve, the barriers they faced, possible solutions, and other people they needed to involve.

These are the steps they followed:

### Start from experience

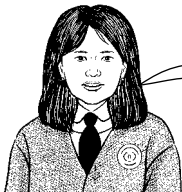


*We started from our own life experiences with pregnancy and birth. We knew what happened to Sonia and Luz. We asked other women in the community to share their experiences.*

*We knew that by herself, one woman would probably not make any difference, but that together as a group we might be powerful enough to make things change.*



### Build on and analyze experience



*We knew many women, especially poor indigenous women, had similar difficulties getting health care. Looking at our similarities helped us understand how the different types of problems are also related.*

*Then we gathered more information. We found allies who helped us learn more about our right to health care.*



**Plan for action**



*We decided what we wanted to focus on in our organizing work. We thought about the short-term and long-term goals we wanted to achieve, and discussed strategies to use.*

**Take action**

*We took our first action – we met with the clinic staff.*

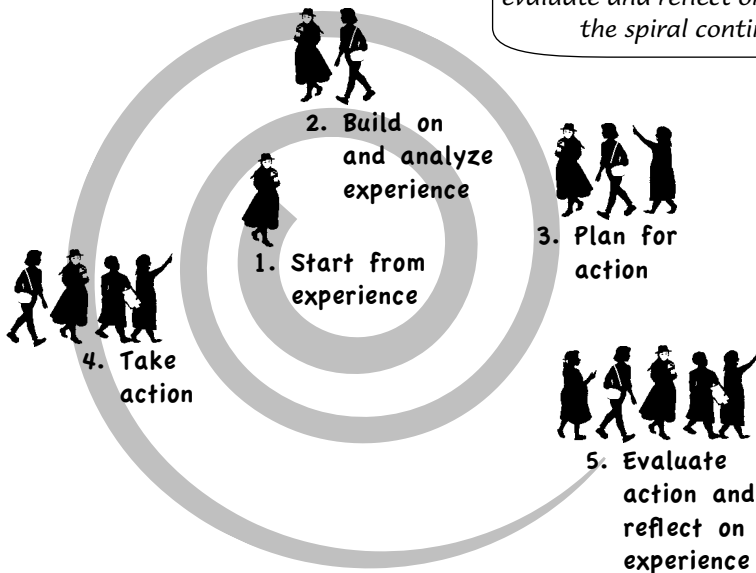


**Evaluate action and reflect on experience**



*We evaluated our experience with the first meeting and used the evaluation to revise our strategy and goals. We learn, grow, and improve with each action!*

*Each action we take is a new experience, and each time we evaluate and reflect on an action, the spiral continues.*



Many people organizing in their communities go through stages like these. Because these steps are repeated over and over, some community organizers refer to this as a spiral.

## Activities to advance organizing

At every step along the way, the activities in this book can help you move forward while organizing in your community. Which activities you use depends on what you want to accomplish.

**Start with experience.** For example, activities can:

- **start a conversation** about an issue.  
See: Use drawings to discuss benefits of family planning (page 180); and A walk in her shoes (page 254).
- **help people feel more comfortable** talking about topics that are difficult to discuss.  
See: Reproductive aprons (page 78); Sexy bingo (page 86); Where do we feel pleasure (page 89); Playing with condoms (page 131); and Story game: A tale of 2 families (page 182).
- **uncover what people already know.**  
See: Secret questions (page 109); More powerful vs. less powerful (page 154); A family planning board game (page 197); and A guessing game with skits: It's an emergency! (page 241).
- **help people gather more information** and share knowledge.  
See: A treasure hunt to find resources for community STI prevention (page 135); Group investigation about roles and duties of local authorities (page 172); A map to safe motherhood (page 218); and A fishbowl about birth experiences (page 234).



**Build on or analyze experience.** For example, activities can help a group:

- **explore the connections** between different experiences and different issues.  
See: The balance of burdens (page 54); The dominoes game (page 56); What is sex for a man? What is sex for a woman? (page 94); and An STI drama (page 123).
- **look more closely at the underlying causes** of problems in their communities.  
See: A Problem Tree to discuss obstacles to family planning (page 202); Building a chain of causes (page 223); Role play why pregnant women do not get care (page 229).
- **see ideas in a new ways**, or develop new ways of looking at things.  
See: Gender boxes (page 44); Changing the rules (page 65); The world of ads — sexy women and manly men (page 68); and The power shuffle (page 156).
- **understand different points of view.**  
See: A fishbowl to help youth and adults talk about birth control (page 186); Many points of view! (page 259); and Taking a stand (page 261).
- **imagine change.**  
See: What if there were no gender boxes? (page 46); The way we were (page 51); Changing stories, changing lives (page 96); “Happy ending” role plays to think about change (page 153); Crossing the river to health (page 188); and Imagine the health services we want (page 278).

**Plan for action.** For example, activities can help a group:

- **think about who they need to influence** or work with to build support.  
See: Role play a panel discussion on family planning (page 206); Make a power map (page 284); and Make an opinion map (page 288).
- **make a plan.**  
See: Make an action plan (page 26); Reaching your dreams (page 67); Role play the bystander (page 160); A yarn toss to brainstorm solutions (page 205); Voting with dots (page 225), to choose between different issues or strategies; and Making advocacy messages that work (page 290).
- **learn and practice new skills** needed to take action.  
See: Practice talking about sex with a partner (page 100); A guessing game with skits: It’s an emergency! (page 241); Say no to blaming and shaming (page 262); and Replay drama: Saving lives after an abortion (page 265).

**Evaluate and reflect on action.**

See: Pass the cabbage (page 149); and Head, heart, hands (page 236).

## Taking action for women's health improves everyone's lives

The women of Vilcas Women's Voices were transformed by their collective experience. Taking action together helped them find their voice in other areas of their lives. They began to feel differently about themselves and their abilities. Sometimes it wasn't easy to convince their fathers or husbands that the changes were for the best. But gradually their relationships at home shifted, as their husbands and family members saw them take leadership. They felt valued and affirmed, and began to play a strong role in decisions at home and in their lives.

Because they focused on their group process, the members of Vilcas Women's Voices had new ideas about power. They became used to challenging authority and making sure that everyone had an equal voice. Women who could not read or write, or who did not speak Spanish, all felt their ideas were as valuable as anyone else's ideas. Over time, more youth became involved in community health efforts which strengthened their role as community leaders in general.

Some of the important lessons that the women learned in the process of organizing in their community were:

- **value people as the most important resource.** Look for them, don't make them look for you! Talk with women at home and in places where they normally gather, such as markets, bus stops, schools, workplaces, and water sources. Respect each person's ideas, traditions, and decisions.
- **help women help themselves.** Listen to women's concerns, needs and wisdom, and help them identify their own solutions. Plan with, and not for, others, without imposing one idea over any other.
- **share knowledge.** Learn from those you help, and share what knowledge you have. Help others find the information they need to solve their own problems.
- **bring many groups together.** Seek the support of allies, including men, youth of both genders, community leaders, non-governmental organizations (NGOs), and government agencies. Prepare to show them that everyone's lives can be improved by working together toward common goals.

## Small ideas can lead to big changes

Changes that begin with a single community can also spread and inspire others far away. Sometimes one small group's efforts grow to become a movement for major changes in the world.

**Peru's Health Ministry adopts Quechua women's traditions.** Vilcas Women's Voices was not the only group in Peru advocating for safe pregnancy and birth care that respected Quechua women's culture and traditions. Other organizations and health workers also began to see that women's lives could be saved by making health services comfortable and welcoming for all women, and by combining medical skills with women's traditions. Since 2005, women in some parts of Peru can choose to observe traditional customs while giving birth in health centers. The Health Ministry supplies birthing stools and requires that medical staff be trained to provide what it calls "vertical childbirth." There are Safe Motherhood Houses in more than 500 communities. Today, more rural Quechua women are going to health centers for care, and fewer women are dying from childbirth-related causes.

## Safe motherhood is a human right

Grassroots activists, together with health workers, political leaders, and non-governmental organizations (NGOs), advocated for a United Nations Human Rights Council resolution on safe motherhood. Stories from communities like Vilcashuamán convinced people that the preventable death of a pregnant woman is not only a tragedy, but also a violation of her human rights.

