

MCSP Community Health Contributions Series: Guatemala

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Background

The Maternal and Child Survival Program (MCSP) is a global, \$560 million, 5-year cooperative agreement funded by the US Agency for International Development (USAID) to introduce and support scale-up of high-impact health interventions among USAID's 25 maternal and child health priority countries, as well as other countries. To support community health structures in countries, MCSP advocated for institutionalizing community health as part of national health systems, strengthening the capacity of community health workers, and supporting community infrastructure in partnership with country governments and civil society organizations. This brief is one of an eight-part series developed by MCSP to review and understand the processes of community engagement in MCSP-supported countries and identify how the community health approaches that the project implemented contributed to changes in health service uptake and behavioral outcomes.



Health workers and nutritionists from San Juan Ostuncalco Health Service in Quetzaltenango visit a family to do cooking demonstrations and talk about healthy eating for babies transitioning from breastfeeding to solids. Photo by Karen Kasmauski, MCSP.

MCSP in Guatemala was implemented from October 2016 to June 2019. The project focused on reducing maternal and newborn mortality and rates of chronic malnutrition in five departments of the Western Highlands region of Guatemala: San Marcos, Quiché, Huehuetenango, Totonicapán, and Quetzaltenango. The project's overall goals were to provide technical assistance to the Ministry of Health (MSPAS) to increase coverage and utilization of evidence-based, sustainable, high-quality reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH/N) interventions at the household, community, and health facility levels, and strengthen and increase quality of health care services provided in USAID priority municipalities in the Western Highlands. MCSP undertook this review of the project in Guatemala to understand the process and outcomes of community engagement.

Community Health Focused on RMNCAH/N

MCSP's global community health strategy combined community service delivery with community capacity strengthening and community social and behavior change. In Guatemala, this strategy was used to reduce barriers and increase demand for and use of RMNCAH/N services. Activities the project undertook to enhance community engagement are outlined in Table 1. MSCP worked at various levels within and outside

the Guatemalan health system, strengthening horizontal and vertical linkages among actors to facilitate collaborative, mutually reinforcing actions to improve RMNCAH/N. Additionally, as previous USAID-funded health projects in Guatemala came to an end in 2017, MCSP offered continuity for best practices and helped maintain their momentum and impact. MCSP responded to new and evolving gaps by working alongside the Government of Guatemala to adapt and test interventions for incorporating RMNCAH/N into future projects. To generate innovative approaches to longstanding health problems, MCSP forged relationships among diverse public institutions, the private sector, and community actors on local, regional, and national levels, including health actors, such as the MSPAS and the Secretary of Food Security and Nutrition (SESAN), as well as non-health actors, local indigenous leaders, and traditional birth attendants.

Table 1. Three pillars of MCSP’s community health approaches in Guatemala

Service Delivery	Capacity Strengthening	Social and Behavior Change
<ul style="list-style-type: none"> Conducted a formative assessment, disseminated results, and facilitated the co-design of strategies to improve respectful care in three districts, involving six communities and three hospitals in participatory analysis and collective problem-solving to improve how women are treated during delivery. In partnership with MSPAS, SESAN, UNICEF, the World Food Programme, and others, adapted the Baby-Friendly Community Initiative implementation guidance to strengthen breastfeeding support at the community level and improve linkages from the community to the facility. 	<ul style="list-style-type: none"> Piloted implementation of the Partnership Defined Quality (PDQ; explained below) approach in 17 communities, which was later expanded by MSPAS to 67 additional communities in Quiché, San Marcos, and Huehuetenango. In collaboration with MSPAS and the University of San Martin de Porres in Lima, Peru, supported the design and implementation of the first professional Midwifery Technical Training Program in Guatemala to improve women-centered care that is responsive to the needs of indigenous peoples of the Western Highlands. Certified 36 MSPAS facilitators in the newly adapted eLearning program, Diplomado Maternal and Child Nutrition within the First 1,000 Days. Collaborated with MSPAS to develop a mentorship training curriculum, and certified 90 clinical and managerial mentors in all six of the project’s health area directorates. Designed mobile applications and trained civil society organization members on the use of mobile application and strategies for conducting collaborative monitoring. 	<ul style="list-style-type: none"> Developed and adapted social and behavior change materials, including job aids, field guides, and training materials on newborn care, PDQ, nutrition, and gender. Worked with communities to develop a health campaign on maternal and newborn health. Facilitated biministerial pilot youth champions initiative led by MSPAS and Guatemala’s Ministry of Education in Cunén, Quiché to reach youth and adolescents with key information on sexual and reproductive health and contraceptive methods.

Achievements

Respectful Care

Guatemala’s Western Highlands have a long history of violence, social conflict, gender inequity, and racism. Thus, a deeper understanding of mistreatment and promotion of culturally appropriate, respectful care is essential to improving the quality of care, increasing the percentage of births attended at health facilities by skilled birth attendants, and decreasing maternal and newborn mortality. To explore the health care experiences and perceptions of rural women, as well as provider’s experience of providing care, and to identify barriers to high-quality, respectful care in health institutions, MCSP completed a formative, mixed-methods assessment and facilitated co-design processes on respectful care within three Quiché hospitals and six surrounding communities. To carry out the assessment, MCSP conducted more than 250 surveys and interviews with patients, hospital personnel, mothers who had given birth in a health institution, pregnant mothers, and community members. The most common type of disrespect mentioned was verbal abuse, characterized by harsh words, shouting, humiliations, and offensive comments about sexual activities.

MCSP led a collaborative process to begin addressing findings from the respectful care formative assessment, convening actors from national, municipal, and community levels for a 1-day co-design workshop. The goals

of the workshop were to establish a shared vision between communities and health care workers about respectful care, and to begin to develop and document action plans and strategies in response. During the workshop, key stakeholders developed work plans that outlined actionable solutions to reduce mistreatment and promote respectful care, assigning people responsible and timelines for implementation. MSPAS and other stakeholders may use the assessment findings and action plans to design and implement a comprehensive intervention package to strengthen culturally sensitive, person-centered maternal care.

Critical Pathways for Obstetric Care during Emergencies

Families in rural areas of the Western Highlands face significant barriers to seeking care during emergencies (e.g., lack of recognition of danger signs, high transportation costs, bad experiences with health personnel). The Critical Pathway, a model based on the four delays (see Table 2),¹ is widely used to counter maternal deaths in this context. The strategy strengthens the emergency referral network at the community level and improves management and transfer of obstetric emergency cases between different levels of care. The pathway consists of linking families, community members, and service providers along an “emergency route” in response to complications during pregnancy or labor, and encourages mobilization of community leadership to prevent maternal and newborn mortality.

Table 2. The four delays

Delay 1:	Families’ have poor understanding of complications and the urgency of seeking medical help.	Delay 3:	Even if the family decides to seek care, logistical barriers can be daunting.
Delay 2:	Even if families learn the danger signs, they face cultural and financial barriers to seeking care.	Delay 4:	Even if the family is able to overcome the logistical barriers, health facilities are often not ready to provide the emergency care required.

Source: Nutri-Salud Final Report

MCSP assessed the delays and the pathways, analyzing progress and documenting challenges, and shared the findings with MSPAS and the leadership of the five health area directorates (i.e., of Huehuetenango, Quiché, Ixil, Totonicapán, and San Marcos). MSPAS authorities recognize this approach as an important strategy to strengthen coordination between community organizations and the health services network, and plan to expand interventions around the four delays in the Western Highlands. Additionally, MCSP worked with community health committees in Pologuá in the Momostenango health district of Totonicapán to strengthen the capacities of key actors within the Critical Pathway to respond quickly and effectively to obstetric emergencies within their coverage area. **From 2017 to April of 2019, there were no maternal or newborn deaths in communities covered by the Critical Pathway.**

Partnership Defined Quality (PDQ)

Throughout rural communities of the Western Highlands, major gaps in health access, resources, high-quality care, and gender equity affect health outcomes. Health workers often lack awareness of and sensitivity to indigenous health practices or are unable to communicate in local indigenous languages. Thus, health services and personnel fail to establish positive rapport in communities, limiting community use of formal health services. PDQ is a promising approach for creating change from the community up. It not only mends community-health facility relations, which can be conflictive in rural Guatemala, but also develops leadership competencies in both parties as quality improvement teams create solutions to problems they themselves have identified.

To promote increased dialogue and coordination among health services and community leaders, civil society, and families, MCSP facilitated the PDQ process in 17 pilot communities of nine prioritized health districts. The PDQ process enabled coordination between MCSP and MSPAS institutions with a strong field presence, such as the Directorate for the Integrated Health Care System and the Department of Health Promotion and Education (PROEDUSA; rural health technicians and health promotion technicians, respectively). PROEDUSA health promotion field staff participated in MCSP trainings and contributed to the monitoring

¹ The global three-delay model was adapted to a four-delay model for Guatemala by the National Reproductive Health Program of MSPAS in the early 2000s to address maternal mortality and was defined as part of the analysis for the maternal mortality surveillance. The model includes a fourth (initial) delay related to a lack of understand or recognition of danger signs early on.

and implementation of PDQ, often serving as neutral parties who could facilitate the methodology with communities and health services in their assigned region of coverage. As a result of the pilot's initial success, MCSP and PROEDUSA were able to create buy-in at the national level for PDQ implementation, facilitating development of MCSP's contextualized operational guide for PDQ facilitators. **The Government of Guatemala adopted the approach locally, engaging an additional 67 communities in an expansion phase fully facilitated with MSPAS and community resources, and supported by the health districts of Ixil, San Marcos, and Huehuetenango.**

National Baby-Friendly Community Initiative

To improve infant and young child feeding practices in Guatemala, **MCSP contextualized and introduced the first Baby-Friendly Community Initiative (BFCl) guidelines.** BFCl is a platform shown to support and promote early and exclusive breastfeeding for children under 6 months as well as timely and adequate complementary feeding practices through intensive, community-based support for breastfeeding. MCSP facilitated a comprehensive process to adapt the guidelines to the Guatemalan context and held two workshops with local and international actors, including MSPAS, SESAN, UNICEF, and the World Food Programme, to obtain buy-in from the Government of Guatemala and local stakeholders, and to prepare for implementation of BFCl in the country.

Automated Civil Society Social Auditing Tool

In Guatemala, civil society plays a role in holding health services accountable for implementing health and nutrition interventions during the 1,000-day window (a critical period of cognitive and physical development between conception and a child's second birthday) through its social monitoring activities. However, civil society organizations often lack the necessary tools, resources, and technical capacities to carry out effective monitoring, evaluation, and collaborative action planning in partnership with health facilities—and health facilities express a lack of trust in information collected. In partnership with GSK and the civil society networks of the USAID-funded Health and Education Policy Plus project, MCSP improved the tools and processes civil society organizations utilize for monitoring health service provision related to the 1,000-day window. **The 1,000 Days Window mobile application digitized an existing monitoring process and, as a result, decreased the amount of time spent per monitoring visit.**

Conclusion

MCSP supported Guatemala in its journey to self-reliance by effectively collaborating with MSPAS and SESAN, providing ongoing technical assistance at the central, departmental, municipal health district, and local levels; working with local government and health facilities; and mobilizing communities to increase utilization of their resources for health purposes. By engaging communities and health service providers in leadership development and increasing collaboration and teamwork between the two parties, MCSP helped improve trust, drive demand for health services, improve the quality of those services, and facilitate information-based social auditing and decision-making processes. Moving forward, it will be necessary for implementers to focus not only on how local governments can be leveraged to support community service delivery but also on the role they may play in shifting social norms and helping to create supportive environments for sustainable behavior change within households and in their communities.

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