



Guatemala PY4 Summary & Results

	<p>Geographic Implementation Areas</p> <p><i>Directorate areas</i></p> <ul style="list-style-type: none"> 6/29 (20.7%)—Huehuetenango, Ixil, Quetzaltenango, Quiché, San Marcos, Totonicapán <p><i>Municipalities</i></p> <ul style="list-style-type: none"> 30/338 (8.9%) 	<p>Population</p> <p><i>Country</i></p> <ul style="list-style-type: none"> 17,302,084 <p><i>MCSP-supported areas</i></p> <ul style="list-style-type: none"> 1,637,289 																																
<p>Technical Areas</p> 																																		
<p>Program Dates July 1, 2017–June 30, 2019</p> <p>Cumulative Spending through End of PY4</p> <p>██████████</p> <p>Demographic and Health Indicators</p>	<p>Strategic Objectives</p> <ul style="list-style-type: none"> Provide technical assistance and collaborate with the Ministry of Public Health to improve provision of services related to reproductive, maternal, newborn, child and adolescent health, and nutrition (RMNCAH&N) within the context of the primary health care model. Increase visibility, collaboration, and multisectoral efforts in the prevention of chronic malnutrition in the Western Highlands region. 	<p>Key Accomplishment Highlights</p> <ul style="list-style-type: none"> Improved management capacity of municipal health districts through the design and implementation of management skills course. Implemented the CCA in 11 health facilities to improve IPC in labor, delivery, and newborn spaces to reduce maternal and newborn mortality. Implemented a mentorship and QI approach in 15 health facilities, focused on 16 clinical competencies related to the day of birth. Completed an assessment to understand the disrespect and abuse that women face during facility-based deliveries in three hospitals in Quiché and to identify barriers to high-quality, equitable, and respectful care. Strengthened linkages between health care providers and communities using the Partnership Defined Quality approach in 17 pilot communities, which the Ministry of Public Health is expanding to 54 additional communities. Provided technical support to the Ministry of Finance in the design of an online course to promote local investment in nutrition and to strengthen the competencies of municipal planning and financial staff in MCSP's 30 target municipalities. 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. Designed mobile applications and dashboards for use by civil society to monitor the 1,000-day window of opportunity for interventions and to hold government accountable for implementing lifesaving maternal and child health and nutrition interventions. 																																
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Guatemala

Key Accomplishments

MCSP supports the Ministry of Public Health in increasing coverage of high-quality health services in 30 municipalities in the Western Highlands. Its objectives focus on collaboration with the ministry to improve the provision of health services related to RMNCAH&N within the primary health care model. It also works to increase the visibility of and collaboration and multisectoral efforts in the prevention of chronic malnutrition in the Western Highlands.

Support for the Ministry of Public Health Revision of the Management and Care Model

MCSP supported the revision of the ministry's health care model, which was endorsed by the vice minister and signed off by the minister of health. Technical assistance included document review and participation in working groups and workshops with the Strategic Planning Unit (*Unidad de Planificación Estratégica*) and the Integrated Health Care System (*Sistema Integral de Atención En Salud*), as well as the development of a tool to validate the model with the health area directorates (*direcciones de area de salud*). MCSP is currently supporting the revision of operational manuals focused on defining the roles of health personnel, management processes, and provision of health services.

Health Management Capacity Strengthening in the Western Highlands

MCSP developed and implemented a course to strengthen health management competencies of 95 participants from 30 municipal health districts (*distritos municipal de salud*) and six health areas. Course design was informed by meetings with key actors from the central-level Ministry of Public Health, visits to primary and secondary health services in Totonicapán and Quetzaltenango, and a workshop with representatives from the six health area directorates and 30 municipal health districts. The course includes five modules: problem identification, information for decision-making, planning and mobilization of resources, intersectoral coordination and collaboration, and supervision and motivation of personnel.

Health Service Network Strengthening

MCSP provided technical assistance to the health service network multidisciplinary teams in six health area directorates for the continuous improvement of comprehensive MNH care. The technical assistance included assistance to teams to conduct a participatory analysis of baseline evaluation data to identify gaps and root problems and develop an intervention plan to address them. MCSP supported the following processes to close identified gaps in 15 health establishments: triage for pregnant adolescents' differentiated care, active management of the third stage of labor, immediate newborn care, and immediate postpartum care. In addition, MCSP provided technical support to 20 health districts that provide ambulatory care services, such as ANC, postpartum care, and newborn care.

Establishment of a National Health Facility-Based WASH Program Using the CCA

MCSP is supporting the implementation of the CCA in 11 health facilities that provide childbirth and newborn care services. A national workshop on the CCA was held. Baseline results from the target facilities were presented, and actions to strengthen WASH in health facilities—specifically in delivery and newborn spaces—were planned. This meeting also resulted in the alignment of WASH standards, indicators, and criteria for continuous QI.

Interventions to Support the Prevention of Maternal and Newborn Deaths

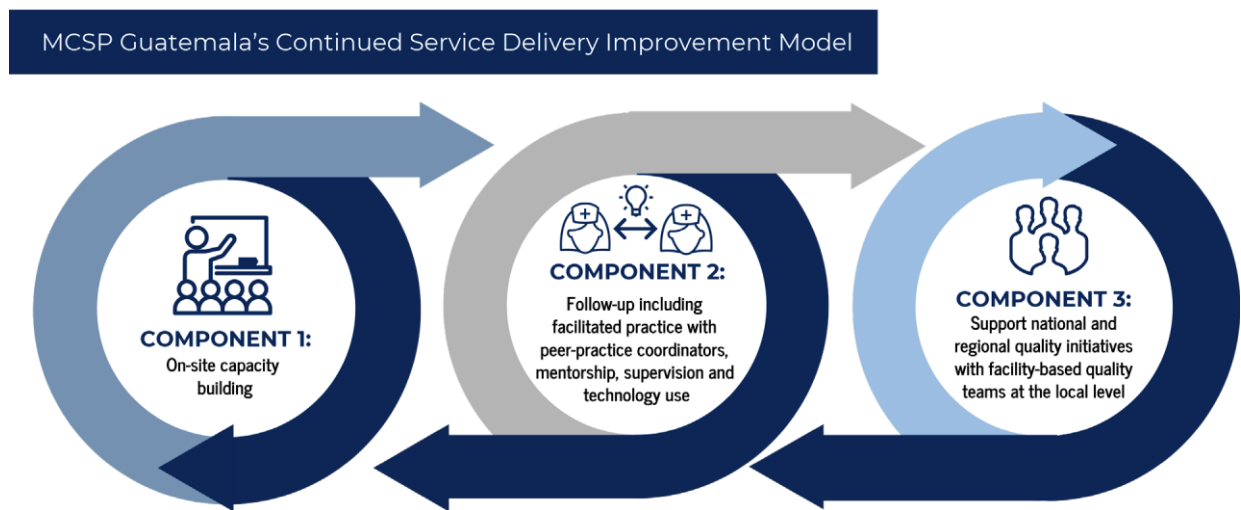
MCSP provided technical support to central-level and health area directorate teams participating in the analysis of maternal and newborn deaths, and shared the critical pathways strategy as an intervention that links communities to health services to enable rapid and timely care to pregnant mothers. To date, critical pathways have been strengthened in Huehuetenango, Quiché, and Totonicapán. In San Marcos, the health area directorate and the health district of Tajumulco consolidated the critical pathway in the municipality, forming 10 health commissions in 10 communities where maternal deaths have occurred in previous years.

The commissions will be responsible for activating the emergency plans within the critical pathway to prevent maternal and newborn deaths.

Development of a Continuous Service Delivery Improvement Model

MCSP developed a continuous Service Delivery Improvement Model (Figure 1), which included quality indicators for five health care components (maternal, newborn, child, reproductive, and adolescent health) and two cross-cutting components (gender and nutrition). An initial measurement was carried out in 10 prioritized health facilities that provide childbirth care and in a sample of outpatient services to determine gaps. Based on these results, improvement plans were established to close gaps. The model focuses on capacity-building in the day-of-birth services, specifically in 16 clinical skills related to danger signs during admission, management of labor/birth for women under 14, active management of the third stage of labor, Helping Babies Breathe, immediate/exclusive breastfeeding, and PFFP. Mentorship plays a central role in MCSP's Continuous Service Delivery Improvement Model. To support mentorship activities, MCSP led a training of Ministry of Public Health master mentors in February 2018. There were 31 participants representing district health areas and hospitals, including a mix of doctors, nurses, administrators, and representatives from teaching committees. To date, MCSP has implemented three of the seven phases defined for mentorship, capacity-building, and QI.

Figure 1. MCSP's Continuous Service Delivery Improvement Model in Guatemala



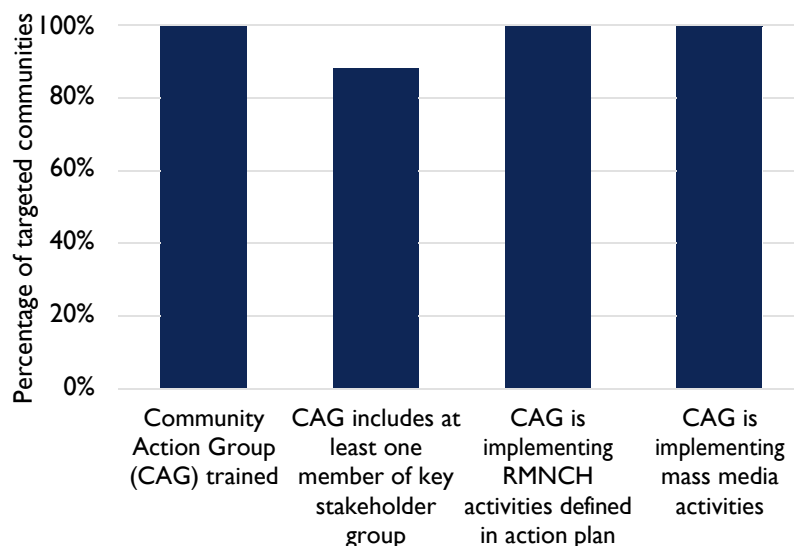
Respectful Care Assessment in Three District Hospitals of Quiché

The objective of the respectful care assessment was to understand the disrespect and abuse that women face during facility-based deliveries in the Nebaj, Santa Cruz, and Uspantán hospitals in Quiché, and to identify barriers to high-quality, equitable, respectful care and potential drivers of disrespectful treatment. Design, validation, and data collection have been completed, including in-depth interviews with 54 women from six communities in the municipalities of Nebaj, Santa Cruz, and Uspantán; focus group discussions with women of reproductive age who gave birth in health facilities or at home; interviews with health staff, including medical staff and nurses in three maternity hospitals, six midwives, and six community links; surveys of 140 immediate postpartum women in the three hospitals' maternity wards; and 31 self-administered health worker surveys. Some preliminary results of women's perception of respectful care included effective communication, respect for their cultural norms and customs, and health providers speaking in their language and asking permission to perform exams. Regional workshops will be held with the communities and facilities in January/February 2019 to disseminate formative assessment findings and codesign implementation approaches and illustrative indicators to inform future programming. National dissemination is planned for April, during closeout events.

Support for Linkages between Health Services and Communities to Create Demand for High-Quality Services

MCSP has been promoting the implementation of a community mobilization approach using the Partnership Defined Quality methodology in 17 pilot communities of nine prioritized health districts. The approach aims to increase coordination between community members and health service providers to create demand for health services, improve the quality of services, and facilitate information-based social auditing processes. Partnership Defined Quality consists of four phases—building support, exploring quality, bridging the gap, and working in partnership—in addition to M&E of the process. Figure 2 shows the progress of MCSP’s 17 pilot communities and their Community Action Group’s efforts to develop and implement action plans to increase demand for health and nutrition services. The Ministry of Public Health has adopted the Partnership Defined Quality approach and expanded implementation to 54 communities in Quiché and Huehuetenango, with leadership provided by the health districts of Ixil and Huehuetenango.

Figure 2. Target communities (N=17) are progressing rapidly in activities to generate demand for health and nutrition services



Health and Nutrition Municipal Investment

Technical assistance was provided to eight municipalities to increase their investment in nutrition-specific and nutrition-sensitive interventions in their 2019 annual operations plans. In collaboration with the Municipal Administrative-Financial Assistance Office in the Ministry of Finance, MCSP developed the content for an online course, Municipal Investment in Health and Nutrition, targeted to the staff of the 30 prioritized municipalities. The course is hosted on the ministry’s virtual platform.

Micronutrient Malnutrition Technical Consultation

MCSP coordinated with the Ministry of Public Health and Western Highlands partners to identify key priorities for addressing micronutrient deficiencies through a technical consultation. As a result, the ministry modified its vitamin A supplementation guidelines in the updated health care norms for first- and second-level care health facilities. Vitamin A supplementation will be provided to children 6–12 months old, as a large proportion of the population does not comply with the minimum recommended diet when introducing complementary foods to children of this age.

Capacity and Competency Strengthening for Health Care Providers to Address Specific, Critical Nutrition Actions

A total of 430 auxiliary nurses from the 30 prioritized municipalities successfully completed the Maternal and Child Nutrition Program, an online distance learning course on maternal, infant, and young child nutrition aimed at nurses and auxiliary nurses. MCSP developed the course in collaboration with the Institute of Nutrition of Central America and Panama and the Ministry of Public Health. It aims to strengthen nurses' capacities to provide effective care to the maternal and child population, and emphasizes nutritional assessment and effective counseling to promote behavior change related to pregnant women's nutrition, breastfeeding, complementary feeding, and growth monitoring.

Digital Health Solutions for Improved Equity in Maternal and Child Health and Nutrition Interventions

MCSP designed mobile applications and dashboards for use by civil society to monitor interventions for the 1,000-day window of opportunity and to hold governments accountable for implementing lifesaving maternal and child health and nutrition interventions within that window.

Initiation of Midwifery Training Program

In February 2018, MCSP facilitated a meeting with key stakeholders and supported the development of an implementation plan for the midwifery program, helping to standardize the approach and ensure coordination among the Ministry of Public Health; consultants from the University of San Martin Porres, who are providing essential technical assistance; and the two universities in Guatemala starting the midwifery career track. Through technical assistance from the University of San Martin Porres, MCSP facilitated the training of trainers (April 2018) and follow-on training (September 2018) for university faculty members, including those professors in charge of teaching the first cohorts of midwifery students, through a competency-based skills training approach.

Way Forward

In its final year, MCSP will continue to support the Ministry of Public Health in disseminating the updated health care model and train personnel from MCSP's prioritized health directorate areas and municipal health districts. The management course will be completed in the 30 municipalities, and documentation will be handed over to Integrated Health Care System and the ministry's training department to institutionalize it within national systems and benefit other health areas. MCSP will complete training programs and provide technical assistance to support implementation of health service QI plans, including quarterly measurement of quality indicators. MCSP will continue to support the TWG's analysis of maternal and newborn mortality data, and promotion of surveillance, prevention, and care for complications to prevent maternal and newborn mortality.

MCSP will continue supporting the 17 communities completing the four phases of the Partnership Defined Quality approach, specifically those in the fourth phase, in which they work with health services to close gaps to improve the quality of services. Through its mentorship approach, MCSP will continue strengthening clinical competencies in the selected 16 skills.

The Maternal and Child Nutrition Program targeted to auxiliary nurses working in primary health care will also be completed, including provision of equipment to health posts to support growth monitoring and continuous education sessions on preventing chronic malnutrition. As part of the efforts of the collaboration among the United States, Mexico, and Guatemala, MCSP will provide technical assistance to the Food and Nutrition Security Secretariat to conduct an assessment of the implementation of the National Strategy for Prevention of Stunting. To finalize the national Baby Friendly Community Initiative implementation guidance, MCSP and the Ministry of Public Health will convene a second Baby Friendly Community Initiative adaptation workshop in Guatemala City in the Q2, gathering key governmental and nongovernmental stakeholders.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Percentage of active community groups in MCSP target districts implementing RMNCAH activities according to their QI plans	64.5% (target: 100% [17/17], 65% achieved) ¹
Proportion of targeted communities (n=17) with community action groups trained	100% (target 100%, 100% achieved)
Number of personnel in prioritized districts (13) trained as mentors in continuous QI strategies and supervision processes	238 (no target set)
Number of people trained in child health and nutrition through supported programs (health professionals, primary health care workers, CHWs, volunteers, mothers/caregivers, policymakers, researchers, and other nonhealth personnel)	3,765 (target 3,850, 98% achieved)
Number of MCSP target districts that have a systematic approach for continuous QI based on RMNCAH&N indicators	16 (target 24, 67% achieved)
Number of MCSP target municipal health districts that use the dashboard to generate reports or plans, or address performance gaps	16 (target 24, 67% achieved)
Number of personnel trained in maternal and child nutrition	362 (target 475, 76% achieved) ¹
Number of municipal staff trained in municipal investment in water and sanitation	37 (target 150, 25% achieved) ¹

[1] Activities slowed between April–July due to funding allocation delays. Target is for Life of Project and will be achieved.