Guatemala

EOP Summary & Results

Geographic Implementation Areas

Regions
- 5/22 (23%)—Huehuetenango, San Marcos, Quetzaltenango, Quiché, and Totonicapán

Health areas
- 6/29 country total (21% of country total)

Municipalities
- 30/340 (9% of country total)

Population

Country
- 17.3 million

MCSP-supported areas
- 1.64 million

Technical Areas:

Program Dates

October 1, 2016–October 31, 2019

Total Funding through Life of Project

$10,814,419

Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births)[1]	108
NMR (per 1,000 live births)[2]	18
U5MR (per 1,000 live births)[2]	39
CPR (modern)[3] • National • In 30 municipalities	 60.6% 34%
SBA[2]	65.6%
Stunting [height for age (<5)][3]	59.3%

Sources: [1] Ministry of Public Health and Social Assistance Report 2015, whereas in ENSMI 2014/15 the data are 140; [2] ENSMI 2014; [3] 2018 INCAP Annual Survey representative of the 30 MCSP municipalities

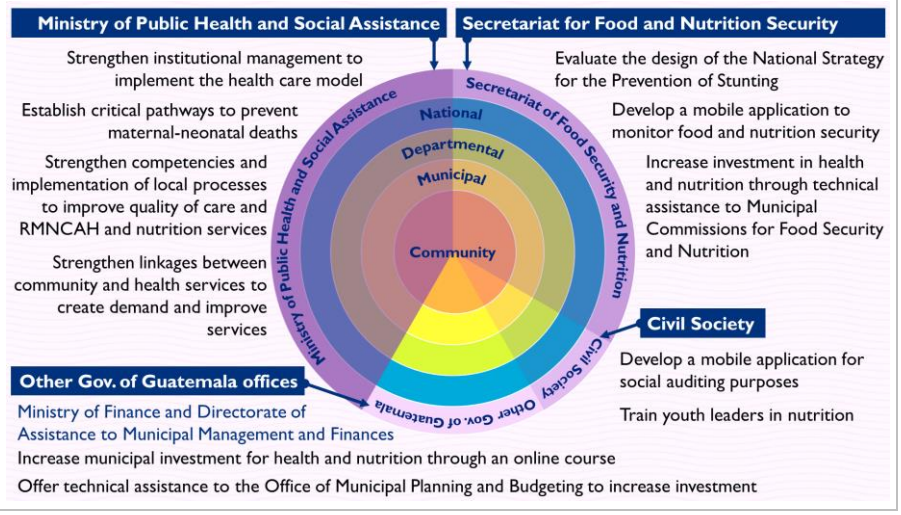
Strategic Objectives through the Life of Project

- Provide technical assistance to the Ministry of Public Health and Social Assistance to improve the provision of RMNCAH and nutrition services within the context of the primary health care model.
- Increase the visibility, collaboration, and multisectoral efforts to prevent chronic malnutrition in the Western Highlands region of Guatemala.

Highlights through the Life of Project

- Supported the Ministry of Public Health and Social Assistance to update and disseminate the Health Management and Care Model for primary health care.
- Worked with the Ministry of Public Health and Social Assistance, University Da Vinci, and University of San Martin de Porres to implement Guatemala's first midwifery technical training program to improve women-centered care that is responsive to indigenous peoples of the Western Highlands.
- Established a national health facility-based WASH strategy, based on MCSP's CCA, and piloted it in 11 health facilities.
- Designed and implemented an evidence-based Continuous Service Delivery Improvement Model in 15 health facilities to systematically assess and improve quality of care in six processes related to day of birth.
- Assisted eight municipal food security commissions to promote inclusion of nutrition interventions in 2019 annual operations plans, resulting in inclusion of nearly USD 650,000 for these activities.
- Implemented the Partnership Defined Quality approach, which increased teamwork among health services, community leaders, civil society, and families in 17 pilot communities and 67 expansion communities.

Figure 1. The approach to strengthen the Guatemalan health system



Guatemala

Background

Following the end of its 36-year civil war and the signing of the 1996 peace accords, Guatemala made important commitments to strengthen its public health system. With a robust national regulatory framework, consolidated health-sector institutions, trained personnel, and centralized financial support for health-sector services, Guatemala's health system improved significantly in the decades following the war. However, Guatemala's public health sector is one of the lowest funded in Latin America, and challenges in organizational efficiency, coordination, and continuity of leadership have left many of its institutions incomplete and/or fragile.[14] To address these challenges, MCSP provided technical assistance to the Ministry of Public Health and Social Assistance and the Secretariat of Food and Nutrition Security to improve the coverage of quality health services. The project provided continuity to prior USAID-funded projects in Guatemala (i.e., Nutri-Salud, PlanFam, FANTA III), working in all 30 of the USAID-prioritized municipalities in Huehuetenango, San Marcos, Quetzaltenango, Totonicapán, and Quiché.

Key Accomplishments

Supported the Ministry of Public Health and Social Assistance to Develop a New Primary Health Care Model

After changes in Ministry of Public Health and Social Assistance leadership, MCSP assisted the new vice minister for primary health care and the Directorate for the Integrated Health Care System to develop and disseminate its new Health Management and Care Model, centered on delivering comprehensive, integrated health care through strengthened health networks. MCSP's technical assistance included review of legal and technical documents, facilitation of ongoing communication and coordination among key stakeholders, and participation in working groups and workshops with the Strategic Planning Unit and the Directorate for the Integrated Health Care System. In November 2018, with MCSP support, the office of the vice minister for primary health care presented the final version of the Health Management and Care Model in a dissemination workshop to more than 29 health area directors, financial-administrative managers, health service provision managers, and regional personnel.

Strengthened Health Management Capacities in the Western Highlands

MCSP worked with the Ministry of Public Health and Social Assistance to co-design and implement a health management course to build the skills of district and health area managers to identify challenges impeding delivery of quality RMNCAH and nutrition services and their root causes, develop action plans, and seek funding from local stakeholders to support implementation. The first cohort of 84 managers from 30 municipal health districts successfully completed the course, achieving competencies in problem identification, information for decision-making, planning and mobilization of resources, intersectoral coordination and collaboration, and supervision and motivation of personnel. Of the 75 plans produced by trainees, 38 were implemented with funding from cooperating agencies, municipalities, and NGOs, and the remaining 37 were financed by the Ministry of Public Health and Social Assistance. The course is fully institutionalized within the ministry's Training Department, which formally recognized the program and created a system to grant those who complete the course professional accreditation, including education credits for medical/nursing school. (For more information, see MCSP's brief on Strengthening Subnational Health Systems Management for Improved RMNCH.)

Established a CCA in 11 Priority Health Care Facilities

MCSP assisted the Ministry of Public Health and Social Assistance to adapt MCSP's CCA and pilot a WASH program in 11 health facilities providing labor, delivery, and newborn services in four departments with high rates of maternal and newborn mortality. To institutionalize the approach, MCSP assisted the ministry to convene a national WASH commission with the Directorate for the Integrated Health Care System; the

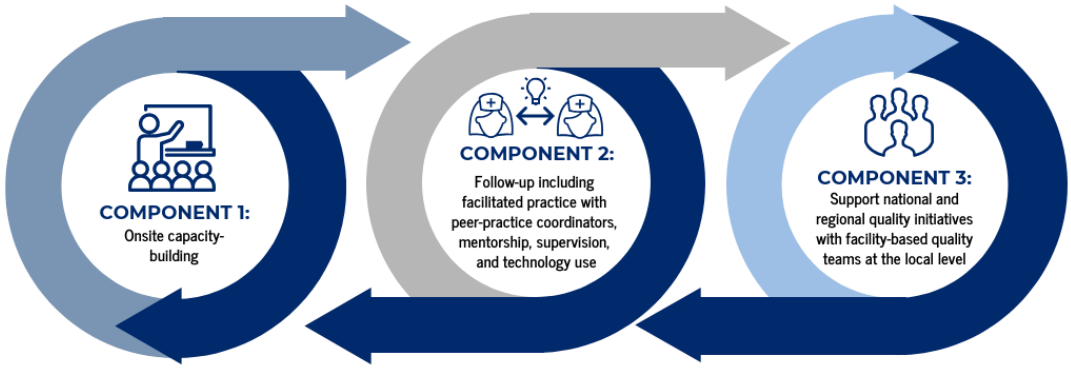
[14] Avila C, Bright R, Gutierrez J, et al. 2015. *Guatemala Health System Assessment.* Bethesda, Maryland: Health Finance & Governance Project, Abt Associates Inc.

Office of Regulation, Control, and Health Monitoring; the Health Promotion and Education Department; Health Area Directorate supervisors; and hospital management. Based on an MCSP-supported baseline assessment of the 11 facilities, MCSP assisted the national WASH commission to adapt the CCA to the Guatemalan context, including defining how to measure eight WASH standards encompassing 79 quality criteria. MCSP provided the facilities with basic cleaning supplies and personal protective equipment, and trained and assisted clinical, administrative, maintenance, and janitorial staff to regularly assess their WASH status and establish improvement targets to achieve locally defined "Clean Clinic" certification. Eight of the clinics certified achieved the "gold" standard (score 81–90%) and three the "diamond" standard (91–100%). The Ministry of Public Health and Social Assistance is committed to expanding the CCA to the national level to involve other health facilities (hospitals, permanent care centers, and integrated maternal child care centers, which provide delivery services), and to adapt the measurement tool to the type of service being assessed. WASH improvements in the 11 facilities are expected to benefit approximately 10,611 births annually (36% of total expected births in these municipalities) as a result of improved quality of care and reduced risk of puerperal and neonatal sepsis infections.

Strengthened Health System Capacity to Continually Improve Quality of Services

MCSP worked with the Ministry of Public Health and Social Assistance to design a Continuous Service Delivery Improvement Model (see Figure 2), which promotes a cyclical, ongoing, and inclusive process of learning, analysis, and improvement, including onsite capacity-building; facilitated practice with peer practice coordinators, mentorship, supervision, and technology use; and supported national and regional initiatives with facility-based quality teams at the local level. The model was approved by the ministry and implemented as a proof of concept in 15 sites with a focus on strengthening critical day-of-birth service competencies. MCSP collaborated with district and facility officials to support formation of QI committees comprising doctors, nurses, and administrative and operational staff, and to help them conduct situational analyses, facilitate collective data analysis using the Collaborative Learning and Exchange of Experiences [15] tool, and generate QI plans. By the end of the project, the 15 proof-of-concept QI committees were actively collecting and reviewing data and using the Collaborative Learning and Exchange of Experiences tool's quality of care assessment methodology as part of regular QA processes. They had also achieved service QIs that included, among other aspects, indicators related to day-of-birth practices and ambulatory care, such as WASH, maternal and neonatal health, and nutrition.

Figure 2. MCSP's Continuous Service Delivery Improvement Model in Guatemala



Strengthened FP Services

MCSP took an integrated approach to expand access to voluntary, high-quality FP services. At the national level, MCSP supported the National Commission for Ensuring the Use of Contraceptives and led a TWG to support and expand use of permanent methods and long-acting reversible contraceptives (LARCs). MCSP and partners assisted the Government of Guatemala in updating FP guidelines, including the *Compendium of Legislation for the Protection and Guarantee of Reproductive Health in Guatemala*. At the facility level, MCSP implemented compliance visits, gap assessments, and a clinical training package applied through MCSP's

[15] An MCSP-developed quality care assessment database known as ACIEX.

mentorship approach. In total, MCSP conducted 129 compliance visits to 66 health services, interviewed 121 health care providers and 186 users in accordance with USG guidance and MCSP's FP compliance plan, and identified and addressed service gaps. Several government institutions have expressed interest in or have adopted MCSP's clinical package and mentorship approach, including the Ministry of Public Health and Social Assistance through its National Reproductive Health Program and the Guatemala Social Security Institute, with which MCSP developed a formal agreement to adopt the clinical package and initiate a mentorship approach to improve FP service quality.

Implemented a Comprehensive Approach to Sexual and Reproductive Health for Adolescents in Rural Guatemala

By age 19, more than 41% of girls in Guatemala have had a child or are pregnant with their first child, and more than 20% of all maternal deaths occur among girls under age 19.[16] Rates of pregnancy in minors ages 14 and under are high, at 197 pregnancies per 100,000 people.[17] Although the Government of Guatemala's legal framework does not prohibit health workers from providing education and promotion of contraceptive methods to minors, findings from MCSP's baseline studies at health facilities indicated that health workers largely lacked understanding of this framework and did not offer contraceptive methods to adolescents ages 14 and under for fear of retribution.

To address these challenges, MCSP involved national-, municipal-, and local-level stakeholders, including adolescents. At the central level, MCSP supported the Ministry of Public Health and Social Assistance to revise its strategy for engaging adolescents at facilities. The resulting MCSP-adapted Friendly Services Approach is based on WHO's five dimensions of youth-friendly services and is a two-pronged strategy to increase access to and use of integrated sexual and reproductive services among adolescents. The approach encourages adolescents to seek health services and prepares health workers to provide adolescents with quality services once they do. MCSP also coordinated with USAID's Health and Education Policy Plus project to train health care personnel on adolescent health care processes, including the legal framework, national protocols, and requirements. Using the Friendly Services Approach, MCSP certified 30 health facilities, trained 457 health service providers on site, and delivered "differentiated care kits" to all facilities. MCSP also trained and certified 22 facility-based mentors in its clinical package on differentiated care for adolescents ages 14 and under who lead ongoing capacity-strengthening activities on site. At the community level, MCSP facilitated a biministerial pilot Youth Champions initiative, led by the Ministry of Public Health and Social Assistance and Guatemala's Ministry of Education in Quiché. The two ministries trained 20 adolescent champions, who have since reached 400 additional youth and adolescents with information on sexual and reproductive health and contraceptive methods. The Ministry of Public Health and Social Assistance has endorsed the Friendly Services Approach and published its first guidelines for health providers on contraceptive methods.

Supported Interventions to Prevent Maternal and Neonatal Deaths

MCSP strengthened three critical pathways developed under Nutri-Salud and Support for International FP Organizations/PlanFam in Huehuetenango, Quiché, and Totonicapán, and helped to develop two additional pathways in San Marcos to strengthen the emergency referral network and improve the management and transfer of emergency obstetric cases between different levels of health care. The pathway consists of linking families, community members, and service providers along an "emergency route" in response to complications during pregnancy or labor so that timely care can be provided to prevent maternal and neonatal deaths. As a result of this intervention, the critical pathway of Pueblo Nuevo-Tajumulco-San Marcos documented the successful referrals of 17 mothers with obstetric complications, and the critical pathway of Pologua-Momostenango documented 39 referrals. In both pathways, no maternal or neonatal deaths occurred after the start of the intervention.

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[16] Ministry of Public Health and Social Assistance (MSPAS), National Statistics Institute (INE), Secretariat of Planning and Programming of the Presidency (Segeplán). 2017. *Informe Final, ENSMI 2014-2015*. Guatemala City: MSPAS, INE, and ICF International.

[17] Ruiz M. 2015. *Situación de embarazos en niñas menores de 14 años, Semana epidemiológica*, Presented at: Semana epidemiológica No. 41, Guatemala, 2015; January 11–October 17.

Assessed Respectful Care in Three District Hospitals of Quiché

The objective of this assessment was to understand the disrespect and abuse of women during facility-based deliveries in three hospitals in Quiché and identify barriers to quality, equitable, respectful care, and potential drivers of disrespectful treatment. MCSP completed the design, validation, and data collection for the respectful care formative assessment, collecting quantitative and qualitative data from Nebaj, Santa Cruz, and Uspantán hospitals to understand women's experience during childbirth, including disrespect and abuse, in facility-based births. In-depth interviews and focus group discussions were held with women of reproductive age who gave birth in health facilities or at home; with maternity care providers and midwives; and with local health officials, including hospital directors. Assessment results were disseminated to the three hospitals, which then worked collaboratively to identify their community's/facility's vision for respectful care and the top three findings from the assessment that their community/facility thinks are the most critical to address. MCSP then convened key stakeholders from the community and Ministry of Public Health and Social Assistance for a co-design workshop to establish a shared vision between the community and health workers and develop action plans to improve respectful care.

Supported the Ministry of Public Health and Social Assistance to Develop Linkages between Health Services and Communities to Create Demand for Quality Services

In Guatemala, communities have limited opportunity to contribute to the definition of quality health services. Additional barriers also hinder interaction between communities and services (i.e., physical distances to services, language barriers, inconvenient working hours of services, lack of respectful care by providers).

To improve linkages between health providers and communities, and create mechanisms for open communication, MCSP adapted the Partnership Defined Quality methodology to the Guatemalan context. This effort was geared toward promoting an increased dialog and partnership among health services and community leaders, civil society, and families. The four phases of this methodology included: 1) promoting a partnership to define health service quality; 2) identifying gaps; 3) planning interventions to bridge gaps; and 4) working together to implement plans and to monitor and evaluate implementation.

MCSP supported the implementation of the Partnership Defined Quality process in 17 pilot communities of nine prioritized health districts and trained Ministry of Public Health and Social Assistance personnel, resulting in the expansion to an additional 67 communities in Quiché, San Marcos, and Huehuetenango. Over the course of the project, 17 action plans were implemented, identifying 69 gaps, 48 of which were closed and 21 of which are in process. These plans addressed improvements in health service infrastructure (particularly bathroom water tanks and hygiene conditions) and in sharing information about available health services, as well as other improvements. In collaboration with the ministry, an operational guide was developed and endorsed for use in other health areas.

Developed Approaches to Prevent Chronic Malnutrition

MCSP supported two processes to improve municipal investment. The first was related to the provision of technical assistance to eight municipal food security commissions to help them plan for and include nutrition-specific and sensitive interventions in their 2019 annual operations plans, resulting in the inclusion of nearly USD 650,000 for nutrition activities. Through the second process, MCSP collaborated with the Guatemalan Ministry of Public Finance/Municipal Administrative Financial Assistance Office. MCSP developed and implemented an online course, Municipal Investment in Health and Nutrition, to sensitize finance staff to the prevalence of chronic malnutrition and build skills for integrating food security and nutrition interventions into annual operations plans and budgets. The course was created on the Municipal Administrative Financial Assistance Office's existing virtual platform and mirrors training activities already carried out by the department. The Municipal Administrative Financial Assistance Office enrolled its first cohort of 83 participants, of which 40 participants from 30 municipalities completed the course and obtained a diploma. The municipal office expressed commitment to scale the course nationally on this platform.
With MCSP support, the Ministry of Public Health and Social Assistance convened a 2-day multisectoral micronutrient technical consultation meeting with international experts (USAID, CDC, Harvest Plus,

Institute of Nutrition of Central America and Panama) and national experts. Taking into consideration that vitamin A deficiency in Guatemala is no longer a public health problem, the ministry modified its vitamin A supplementation guidelines, which were included in the updated National Health Care Norms for first and second level of attention. Specifically, vitamin A supplementation will be provided only to children ages 6 to 12 months and children with moderate or severe acute malnutrition.

MCSP worked with the Institute of Nutrition of Central America and Panama, the Directorate for the Integrated Health Care System, and Guatemala's Food Security and Nutrition Program to expand and update the Maternal and Child Nutrition within the First 1,000 Days Program. The updated program emphasized nutritional assessment and effective counseling to promote behavioral changes related to pregnant women's nutrition, breastfeeding, complementary feeding, and growth monitoring. The methodology trained facilitators responsible for organizing "study circles" at the local level, meeting regularly in small groups with auxiliary nurses to reinforce skills and share experiences and challenges. MCSP certified 36 Ministry of Public Health and Social Assistance facilitators, who formed 37 community nutrition study circles with 458 auxiliary nurses from the six health area directorates, facilitating the course's successful completion.

Developed Digital Health Solutions to Guide Measurements and Improvements in the Enabling Environment and Process for the Provision of Health Services

To strengthen facility capacity to use data to enable health service provision, MCSP developed a mobile application to automate data collection and analysis of health facility readiness, including equipment, infrastructure, service delivery, documentation, human resources, and technology. MCSP provided technical assistance to monitor the use of the mobile application in 56 primary and secondary health facilities, and assisted the teams with conducting a participatory analysis of initial gap assessment data and developing intervention plans to address the identified gaps. The Ministry of Public Health and Social Assistance is committed to using this application and expanding its use by adding a module on blood banks and human milk banks.

In Guatemala, civil society plays a role in holding health services accountable for implementing health and nutrition interventions during the 1,000-day window via social monitoring activities. However, civil society organizations (CSOs) often lack the tools and technical capacities to do this effectively, and health facilities mistrust the process. In partnership with GlaxoSmithKline and the USAID-funded Health and Education Policy Plus project's civil society networks, MCSP designed the 1,000 Days Window mobile application to strengthen data collection, analysis, and dissemination of audit results. A dashboard was developed to facilitate the presentation of consolidated results to local and national authorities. MCSP trained youth CSO members on the mobile app and accompanied them during collaborative monitoring with health facilities. In 2018, CSOs completed 253 monitoring visits (195 primary and 58 secondary facilities) using the mobile app.

MCSP worked with the Secretariat of Food and Nutrition Security to design a mobile application and dashboard to facilitate data collection and analysis of interventions being implemented by the different government actors (Ministry of Public Health and Social Assistance; Ministry of Agriculture, Livestock and Food; Ministry of Education; and municipalities) on key food and nutrition security monitoring indicators. Moving forward, the Secretariat of Food and Nutrition Security will scale the application for national coverage and use by its regional and municipal delegates.

Recommendations for the Future

MCSP held closeout events in Huehuetenango, Quetzaltenango, and Quiché, and a national event in Guatemala City to share results, lessons learned, and best practices regarding interventions carried out. MCSP also organized in-depth handover meetings with the Ministry of Public Health and Social Assistance and the Secretariat of Food and Nutrition Security to transfer methodologies, approaches, and materials so they can be used and institutionalized by technical teams. MCSP has the following recommendations for future RMNCAH project implementers:

- **Work with the Ministry of Public Health and Social Assistance to mainstream person-centered care.** Only half of the interviewees who participated in MCSP's respectful care assessment reported being

willing to return to the hospital in the case of another pregnancy, citing having experienced personally or hearing about mistreatment by health personnel. If hospitals are sincerely interested in increasing institutional births and reducing maternal mortality, women must have positive experiences of care. Although country stakeholders can use results from MCSP's assessment on respectful care to address local challenges, it is important to move beyond standalone interventions and to support the design, implementation, and monitoring of large-scale efforts and integrated solutions to strengthen respectful care across clinical areas and the health system.

- **Use digital tools to empower frontline health actors to create accountability from the bottom up.** Government health workers and CSOs often rely on out-of-date data or time-consuming handwritten documentation, compromising the quality and efficiency of their work and hindering their ability to effect change in their environment. Incorporating the use of digital tools for frontline workers that support their ability to make informed decisions and assert leadership can contribute to a culture of data use.
- **Foster community leadership in health to improve the quality of health services.** Creating space for active dialog between communities and health facilities strengthens accountability structures and supports the co-design and implementation of a mutually agreed-upon vision of quality of care. To promote sustained improvements in the quality of health care, communities must be engaged as active leaders in health solutions rather than as passive "beneficiaries" of health services.
- **Engage youth outside of schools and health facilities.** Embedding youth-responsive sexual and reproductive health activities in schools and health facilities is an important step in addressing gaps in access to high-quality services for youth and adolescents. However, as global evidence has shown, it is essential to engage youth where they are—in community spaces and at home—and to engage them as leaders in health education and promotion activities to increase reach and uptake of services.
- **Plan for an inception phase to study existing strategies.** RMNCAH and nutrition projects financed by USAID and other development agencies have invested much time and resources into the design, development, and validation of practical tools, guides, and educational materials to improve health outcomes. Many of these are lost in the transition between development projects and due to interests in pushing forward branded strategies. The first phase of MCSP rollout was dedicated to identifying strategies and tools from other major RMNCAH and nutrition projects that showed the best evidence to justify continued use, allowing for continuation of learning and best practices.
- **Plan for political changes in a dynamic social climate.** One of the most common and disruptive challenges for development projects is leadership changes in governmental institutions. Frequent changes at the Ministry of Public Health and Social Assistance have become the norm in Guatemala. In 2 years, MCSP worked under two health ministers and two secretariats from the Secretariat of Food and Nutrition Security. MCSP responded to these and several other changes by adjusting its strategies and implementation plan. A change management strategy that is built into future projects from the start would help to balance fidelity to core project principles and objectives with the flexibility to respond to changes.
- **Form strategic public-private partnerships.** The private sector can play a critical role in boosting the efforts of government and NGOs to tackle widespread and systemic health problems. MCSP garnered valuable resources from GlaxoSmithKline to finance several project activities at a time when funds from USAID were not readily available, including the development of a mobile application for CSO monitoring of health services. Opportunities for private-sector support are available, and stakeholders in health should act on them; however, partnerships should be pursued with thoughtful planning to ensure inclusive involvement and leadership of community and government stakeholders.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	**Achievement (Target)**
Percentage of active community groups in MCSP target districts implementing RMNCAH activities according to their QI plans	100% (target: 100%; target achieved)
Percentage of targeted communities with community action groups trained	100% (target: 100%; target achieved)

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	**Achievement (Target)**
Number of people trained in child health and nutrition through USG-supported programs (health professionals, primary health care workers, CHWs, volunteers, mothers/caregivers, policymakers, researchers, other nonhealth personnel)	5,354 (target: 3,850; target exceeded)
Number of MCSP target districts that have a systematic approach for continuous QI based on RMNCAH and nutrition indicators	24 (target: 24; target achieved)
Number of MCSP target municipal health district offices that use the dashboard to generate reports or plans, or to address performance gaps	24 (target: 24; target achieved)
Number of personnel trained in maternal and child nutrition	475 (target: 458; target exceeded)
Number of municipal staff trained in investment in water and sanitation	177 (target: 150; target exceeded)

For a list of technical products developed by MCSP related to this country, please click here.