

MCSP Guatemala

Country Program Summary, March 2017



Save the Children/Andrea Aragon

Guatemala—Selected Demographic and Health Indicators					
Indicator	Data	Indicator	Data	Indicator	Data
Population (1)	16,343,000	ANC (at least 4 visits) (2)	86.2%	Exclusive breastfeeding (0–5 mos.) (2)	53.2%
MMR (per 100,000 live births) (2)	140	SBA (2)	65.6%	Stunting (height for age < 5) (2)	46.5%
NMR (per 1,000 live births) (2)	17	TFR (births per woman) (2)	3.1	Fully immunized child by 12 mos. (2)	51.9%
U5MR (per 1,000 live births) (2)	35	CPR (2)	60.6%	ARI care seeking/ ORS (2)	52%/ 52.7%

Sources: (1) World Health Organization, 2016. (2) DHS Guatemala 2014–15 (ENSMI 2014–2015).


Program Goal

Contribute to the reduction of preventable maternal, newborn, and child deaths through the provision of targeted technical assistance to the Ministry of Health (MOH), Health Area and District Offices, and communities in the Western Highlands Integrated Program (WHIP) focus region.

Program Objective

Increase coverage and utilization of evidence-based, sustainable, high-quality, MOH-supported reproductive, maternal, newborn, and child health and nutrition (RMNCH/N) interventions at the household, community, and health facility levels in 30 municipalities within the WHIP region.

Program Dates	April 2016–December 2018
Financial Summary	Expenditures through Sept 2016: ██████; Start-up budget through June 2017: ██████; Total through June 2017: ██████
Geographic Scope	National, Departmental, Municipal, Community levels

Geographic Presence	No. of departments (%)	No. of municipalities (%)	Target population
	5 of 22 departments (23%)	30 of 338 total municipalities (9%)	1,700,000 (estimated)
Technical Interventions	 <p data-bbox="440 422 1365 478">PRIMARY: Newborn Health, Child Health, Maternal Health, Family Planning, Nutrition CROSS-CUTTING: ASRH, Community Health, Digital Health, SBCC</p>		

Key Accomplishments

Despite gains in recent decades and many years of investment in the health sector, Guatemala has some of the worst health and social development indicators in Latin America, particularly in relation to maternal, newborn, and child health. Over half the Guatemalan population lives in poverty and rates of stunting and chronic malnutrition are among the highest in the developing world. The situation is significantly worse in the five departments known collectively as the Western Highlands,¹ where the predominantly Mayan population suffers from rates of chronic malnutrition among children under five approaching 70%² and where only 35%³ of women deliver in health facilities.

In the fall of 2014, the Guatemalan government abruptly closed a 20-year community health program (Extension of Coverage Program, or PEC) that contracted with local non-governmental organizations (NGOs) to provide health services to indigenous communities with limited geographic access to public health services. Without an alternative plan in place, all public health services provided through the PEC were immediately suspended. In the past year, the Ministry of Health (*Ministerio de Salud Pública y Asistencia Social*, [MOH]) has adopted a new primary health care (PHC) model, which is known as the *Modelo Incluyente en Salud* (Inclusive Health Model), or MIS. MIS aims to reach universal primary health coverage by increasing the number of health posts and expanding the role and training of the auxiliary nurses that staff them. It is based on a pilot project that was begun in 2000 by a national NGO, ISIS, in two districts in the departments of Sololá and Quetzaltenango. MIS is currently being introduced by the MOH in additional districts, but the health personnel and systems needed to effectively implement this new PHC model more widely are not yet in place.

In April 2016, USAID/Guatemala requested MCSP's support to improve the coverage of quality health care in 30 municipalities in the Western Highlands—particularly at the PHC level—by taking over the work started by three implementing partners and members of USAID's Western Highlands Integrated Program (WHIP) that are scheduled for closeout in early to mid-2017:

- FANTA III (led by FHI 360 and ending in March 2017), which has been leading the development of the Government of Guatemala's national nutrition policy.
- Nutri-Salud (led by URC and ending in May 2017), which focuses on building government capacity to design and deliver PHC services.
- PlanFam (led by PSI/PASMO and ending in May 2017), which focuses on family planning and maternal health interventions.

In June 2016, MCSP conducted a scoping visit and rapid situational analysis. In August 2016, the program facilitated a learning and harmonization workshop with WHIP partners FANTA III, Nutri-Salud, and PlanFam and others (HEP+, HC3, DELIVER). The objective was to identify priority strategies, products and achievements that each of the three USAID-funded programs transitioning to MCSP expected to complete

¹ Huehuetenango, Quetzaltenango, Quiché, San Marcos, and Totonicapán.

² MOH, Instituto Nacional de Estadística, ICF International, 2015. Encuesta Nacional de Salud Materno Infantil 2014–2015. Ciudad de Guatemala, Guatemala.

³ WHIP Baseline Evaluation 2013.

before close-out in 2017. Based on the findings of the scoping visit and results of the learning and harmonization workshop, MCSP developed an implementation plan for a nine-month (October 2016 through June 2017) period that encompasses the start-up of MCSP operations and the transition of approaches and programming from FANTA III, Nutri-Salud, and PlanFam to MCSP.

During this start-up and transition period, MCSP is working with the programs that are ending to assess the strengths, weaknesses, and potential use, adaption, and expansion of three specific approaches that they have developed and championed:

- *Maternal-Child Nutrition in the First 1,000 Days of Life Diploma Course (Diplomado de Nutrición Materno-Infantil en los Primeros 1,000 Días de Vida)*, known simply as the *Diplomado*, an online/distance learning course developed by FANTA III with the support of the Institute of Nutrition of Central America and Panama (INCAP). The *Diplomado* covers maternal, infant, and young child nutrition training for various cadres of health personnel, including nurses and auxiliary nurses.
- *Wheel of Practices for Better Living (Rueda de Prácticas para Vivir Mejor)*, or simply the *Rueda*, a health communication tool designed by Nutri-Salud in collaboration with the MOH for use in homes during the first 1,000 days of a child's life. The *Rueda* has been widely accepted and used in the WHIP region, but there is a lack of formal evidence to prove its effectiveness.
- PlanFam's *Critical Pathway (Ruta Crítica)*, an approach to strengthening the emergency referral network and improving the management/transfer of emergency obstetrical cases between levels of care.

In January 2017, in addition to assessing these three approaches and recruiting key national level staff, MCSP-sponsored an important workshop to review the human capacity development and quality improvement approaches used in Guatemala by the MOH and the transitioning USAID programs. MCSP also presented on a number of new approaches that have been used successfully in other countries and region.

MCSP is currently developing its life-of-program (LOP) work plan covering the period from July 2017 through December 2018, when MCSP field activities are slated to end. In early March 2017, MCSP organized an important LOP planning workshop with participation from USAID, WHIP partners, and senior representatives from the MOH, including the Vice Minister for Strategic Planning and his staff. During the workshop, participants identified a package of priority interventions and capacity-building approaches that MCSP proposes to implement. LOP activities will support the MOH in its effort to refine and introduce the MIS and strengthen the management systems around it; to build the capacity of the health workforce through approaches like Low Dose High Frequency (LDHF) training and mentoring, e-learning and m-mentoring; to increase demand and generate local resources for priority RMNCH/N services by engaging with civil society and community leaders; and to adapt and introduce other global best practices in RMNCH/N in the Guatemalan context.

Way Forward

The final draft of the LOP work plan will be submitted to USAID by the end of April 2017. Consultations with USAID, the MOH, and WHIP partners are ongoing to further refine the program's LOP workplan and ensure alignment and complementarity with MOH priorities. During the remainder of the start-up/transition period, MCSP will finalize recruitment, set up offices in three locations in the WHIP region, and provide technical assistance to the MOH for three Helping Babies Breathe (HBB) workshops and the on-going Diplomado, Rueda and Ruta Crítica assessments. MCSP will also work with the MOH at the national level to refine and develop a final plan for MIS roll-out.

The final Performance Monitoring Plan (PMP) for the Guatemala program will be developed in conjunction with the LOP workplan. There are no PMP indicators or results to report at this stage of program start-up.