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# MCH PROGRAM DESCRIPTION

## Guatemala



### Overall MCH and health sector situation

Guatemala is the most populous country in the Central America region, with a population of 13.4 million. The majority of the population is composed of multiple linguistic groups of Mayan descent. Guatemala ranks second lowest in Latin America on the United Nations Human Development Index, as well as in other key indicators, including life expectancy and literacy. The country remains dependent on foreign aid from multilateral lenders and foreign governments.

Although most health indicators have improved steadily over the past 20 years, Guatemala's health indicators are more characteristic of less developed countries. According to the latest Reproductive Health Survey (2002), Guatemala has one of the lowest rates of modern contraceptive use in the LAC region at 34.4 percent, with an overall TFR of 4.4, one of the highest in LAC. The IMR of 39/1,000 live births is the highest in Central America, and more than half of infant deaths are during the first month after birth.

The MMR is 153/100,000 live births, and the percentage of

births attended by a skilled provider is 41 percent, the second lowest in the region after Haiti. Stunted growth is manifested in 55 percent of children under age 5 in rural areas and 36.5 percent in urban populations, with chronic malnutrition at 69 percent for indigenous children. Unfortunately, there has been little improvement in this indicator over the past few years.

Other partners working on health in Guatemala include a World Bank loan amounting to \$49 million, in which the Government of Guatemala will launch a program that expands upon USAID-funded interventions aimed at improving the health and nutritional status of mothers and children under age 2. The government, with a \$51.6 million loan from the IDB, will support the construction and refurbishment of selected hospitals in the public health network. Save the Children receives Gates Foundation funds for neonatal care improvement. Plan International works on water and sanitation, HIV/AIDS, and access to primary health care. The World Food Program works with \$5.8 million for micronutrients and prevention and treatment of malnutrition. The Global Fund designates \$62.7 million to prevent and control the HIV/AIDS epidemic, including treatment for PLWHA and prevention and control of malaria and tuberculosis. JICA has assigned \$20.9 million for MCH, potable water, and hospital refurbishing. Other donors include UNICEF, PAHO, the University of Colorado, CDC, and ONUSIDA.

### MCH interventions at the Mission level

Priority areas for MCH interventions include delivery of critical cost-effective proven MCH, including food security and nutrition interventions, with emphasis on rural, indigenous, and poor populations; reducing neonatal mortality; and scale-up of a sustainable integrated model for maternal and neonatal health improvement. USAID-funded activities directly or indirectly benefit approximately 6 million people.

## **Delivery approaches and mechanisms supporting expanded coverage/use of interventions**

The USAID/Guatemala program focuses its efforts on technical assistance and leveraging its expertise for maximum impact on maternal-child health through a variety of approaches, including public-private partnerships for health and education, technical and financial support for subcontracting local NGOs to deliver primary health services, training 120 Mayan auxiliary nurses for improved attendance at birth, promotion of exclusive breastfeeding/complementary feeding, improved immunization coverage, improved food security, and weaning/child feeding practices; conducting permanent policy dialogue to improve operational policies aimed at adapting and implementing cost-effective interventions to the local context; supporting the MOH in expanding its programs to isolated rural areas through local NGO subcontracts for service provision, testing and scaling up integrated strategies to improve quality and coverage of care at both the public health services network and at the community level, supporting decisionmakers with data for decision-making, and improved access to FP services. The program complements the work of other donors supporting the MOH in developing national norms and technical guidelines, improving access and quality of services, and monitoring performance. The largely USG-funded Demographic and Health Survey is used by the donor community and by the Government of Guatemala to gauge health needs, design interventions, and measure impact.

## **Specific actions supported as part of the MCH approach**

USAID's support also focuses on health governance and finance. Specifically, USAID's TA aims at strengthening the MOH systems and processes to improve efficiency, transparency, quality, equity, and impact of health interventions. USAID support focuses on the design and implementation of a Quality Management System (QMS) in the MOH based on ISO Standard 9001:2001. The purpose of the QMS is to strengthen the basic capabilities within the different areas/levels of the MOH in order for their systems and processes to operate under the highest standards of quality. By implementing a QMS, improved efficiency, transparency and governance is expected within the MOH, as well as improved quality of services provided to final/internal clients and suppliers. USAID assistance also includes limited operational research and policy dialogue and civil society strengthening aimed at improving public health expenditures. Several alliances with the private sector allow for increased health financing, coverage, and quality of MCH services.

## **The USAID program's geographic focus**

The USAID MCH program focuses geographically in the rural Mayan highland populations to bridge the enormous health gap between these groups and the rest of the country. This represents 7 of the 22 departments. However, strategies and approaches implemented in those geographic regions are often scaled up by the MOH through the official adoption of such approaches and contained in the technical guidelines, norms, and operational policies implemented with regular MOH resources and/or other donor/lender resources such as The World Bank.

## **The Mission program's relationship to the country's health sector and development plans and strategies**

These priority interventions are complemented by food security interventions carried out by the PL-480 Title II implementing partners. Interventions/activities are well aligned with Government of Guatemala plans, including the health and nutrition strategic plans. In addition, health/nutrition and education interventions are managed as a vital continuum, as nutrition/health status and education are highly correlated and facilitate long-term employment, productivity, and economic development in the country.

## **Potential for linking Mission MCH resources with other health sector resources and initiatives**

*USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)*

The USAID MCH program works closely with the PL-480 Title II Program, the bilateral and regional HIV/AIDS programs, CDC and USDA on avian flu preparedness and response, U.S. PVOs, among other U.S. partners, to ensure proper coordination and efficiency. USAID and other USG organizations, such as CDC, provide TA to the MOH; often this guidance and TA is captured by the Government of Guatemala official guidelines and protocols, which in turn are followed by all of those organizations working in-country. In addition, planning and implementation is done in a coordinated fashion.

*Investments and initiatives of other donors and international organizations*

Non-USG participants in MCH are the Government of Guatemala, bilateral donors such as Sweden, and multilateral donors PAHO, UNICEF, and the United Nations Population Fund.

Through a \$49 million World Bank loan, the Government of Guatemala will launch a program that expands upon USAID-funded interventions aimed at improving the health and nutritional status of mothers and children under age 2. The government, with a \$51.6 million loan from the IDB, will support the construction and refurbishment of the public health network. Save the Children receives Gates Foundation funds for neonatal care improvement. Plan International works on water and sanitation, HIV/AIDS, and MCH.

**Planned results for the mission's MCH investments over the next 5 years**

Over the next 5 years, USAID's program aims to reduce the IMR from 39/1,000 to 23/1,000, the MMR from 153/100,000 to 138/100,000, and chronic malnutrition in children 3 to 23 months from 44 percent to 35 percent, and to improve the food security of rural Guatemalan families as well as the health and nutritional status of children 0 to 36 months and pregnant and lactating women.

<b>MCH COUNTRY SUMMARY: GUATEMALA</b>	<b>VALUE</b>
<b>MCH FY08 BUDGET</b>	4,660,000 USD
<b>Country Impact Measures</b>	
Number of births annually*	366,000
Number of under-5 deaths annually	19,000
Neonatal mortality rate (per 1,000 live births)	23
Infant mortality rate (per 1,000 live births)	39
Under-5 mortality rate (per 1,000 live births)	53
Maternal mortality ratio (per 100,000 live births)****	153
Percent of children underweight (moderate/severe)	23%
<b>Birth Preparedness and Maternity Services</b>	
Percent of women with at least one antenatal care (ANC) visit	84%
Percent of women with at least four antenatal care (ANC) visits	N/A
Percent of women with a skilled attendant at birth	41%
Percent of women receiving postpartum visit within 3 days of birth	N/A
<b>Newborn Care and Treatment</b>	
Percent of newborns whose mothers initiate immediate breastfeeding	60%
<b>Immunization</b>	
Percent of children fully immunized at 1 year of age	N/A
Percent of DPT3 coverage	77%
Percent of Measles coverage	75%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	72%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months***	44%
Percent of children under 6 months exclusively breastfed	51%
<b>Treatment of Child Illness</b>	
Percent of children with diarrhea treated with ORT*****	41%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	64%
<b>Water, Sanitation, and Hygiene</b>	
Percent of population with access to improved water source**	96%
Percent of population with access to improved sanitation**	84%
<small>* Census International Database  ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report  *** State of the World's Children Report 2008  **** Duarte et al. 2003  ***** Treated with ORS or home solution (does not include children given increased liquids)  (Unless otherwise noted, the data source is the 2002 Guatemala Reproductive Health Survey)</small>	