

# Guatemala

Guatemala's maternal mortality ratio, at 190 per 100,000, is the third highest in the western hemisphere after Haiti and Bolivia. In some areas, particularly in the Altiplano (highlands), the ratio is as high as 446. Many women in Guatemala deliver at home with a family member or a traditional birth attendant. The government of Guatemala supports efforts to reduce maternal and newborn mortality and to make services more accessible to communities in remote areas.

### Mission and Objectives

The mission of the Maternal and Neonatal Health (MNH) Program in Guatemala is to support the efforts of the Ministry of Health (MOH) to promote the survival of mothers and children. The program's objective is to increase the adoption of practices and use of services that are key for maternal and newborn survival. All MNH/Guatemala activities are coordinated with the Calidad en Salud project, a bilateral project led by University Research Corporation with partners JHPIEGO, the Johns Hopkins University Center for Communication Programs (JHU/CCP), EngenderHealth (formerly AVSC) and the Population Council.

In consultation with the MOH, MNH/Guatemala and Calidad en Salud developed a joint work plan in which the MNH Program focuses on maternal and newborn health and Calidad en Salud on family planning and child survival. The MOH authorized this work plan as the National Strategic Plan for the Integrated Women, Children and Adolescents Health Program.

### Background

The MotherCare (MC) Project preceded the MNH Program in Guatemala. From 1990 until 1998 it focused on four main technical



strategies: provider training, behavior change interventions (BCI), community mobilization and program monitoring systems. The project covered six areas of the Altiplano (Quetzaltenango, Sololá, San Marcos, Totonicapán, Retalhuleu and Suchitepequez).

During 1998, MC and the MNH Program collaborated to ensure a seamless transition. The MNH Program focused efforts toward scaling up country achievements and highlighting quality and sustainability issues. More recently, MNH expanded services geographically into El Quiche.

### Country Strategy

A key element of the MNH Program's strategy to improve maternal and newborn care in Guatemala is an accreditation program for maternal and neonatal health services networks, called CaliRed (meaning quality network). MNH/Guatemala is using a Performance and Quality Improvement process to implement this accreditation program, based largely on experiences from the PROQUALI Project in Brazil.

- Total Population**  
11 million
- Maternal Mortality Ratio**  
190/100,000 live births
- Neonatal Mortality Rate**  
45 per 1000
- Infant Mortality Rate**  
59 per 1000
- Total Fertility Rate**  
5.0 children per woman
- Duration of Exclusive Breastfeeding**  
3.4 months

## The Accreditation Process

MNH/Guatemala and the MOH developed quality criteria for the network of facilities based on national norms, international evidence-based care standards, and participatory research with clients in the communities. Since quality is determined not only by technical capacity but also by cultural appropriateness and by the dynamic interaction between clients and providers, the quality criteria include both clinical services and client preferences regarding the provision of these services. The community-defined quality dimensions include the following:

- Access to a maternity facility in the community
- Being treated well and in a timely fashion
- Being treated with respect
- Respect for traditional practices and use of indigenous languages
- A clean, equipped facility, transport and free services
- Availability of competent personnel

These quality dimensions were incorporated into the assessment tools for the accreditation process.

Quality teams (MOH designates) oversee the whole process. They visit each site as collaborators with providers, rather than as supervisors or experts. Together, the quality teams and the providers use the assessment tools to identify gaps in quality and analyze their causes. They then determine interventions to address these gaps.

Technical teams (doctor/nurse, nurse/auxiliary or doctor/auxiliary) at each site are selected to learn how to standardize clinical skills at their site. The technical teams provide training that is skill-focused and competency-based. They also introduce new skills to other providers at their clinical site through on-the-job training.

## Becoming Accredited

After a set period of time, all of the quality criteria will be re-assessed at each facility. If facilities reach a certain percentage of standards, determined by the MOH, they will

receive official MOH accreditation. Once a certain number of facilities in a particular district have met the quality standards, the MOH will accredit the entire health service network in that district.

In addition to serving as motivation for the sites, this accreditation process has the potential to create more political support for the program. The accreditation model could promote reproductive health policy at the local level, thus supporting the country's decentralization process. Moreover, since communities have participated so actively in defining quality in these settings, they will continue to demand that level of quality and to work on improving it even further—thus contributing to the concept of "informed demand."

## Next Steps

Communities will continue to design strategies for community mobilization, such as planning for life-saving activities like transport for obstetrical emergencies, developing birth plans and preparing for complications of childbirth. Advocacy at the local, municipal and national levels will contribute to political buy-in, scaling up of activities and the institutionalization of the new strategies.

Preservice education and inservice training will play a role in these improvements as well. MNH, the national nursing school and the Department of Human Resources at the MOH are working together to prepare revised curricula for nurses and auxiliary nurses.

They will include enhanced essential maternal and neonatal care (EMNC) components such as postabortion care, newborn care, breastfeeding and family planning within the context of maternal health.

MNH/Guatemala has worked with the MOH to train various providers representing health facilities in the seven geographic areas to update their clinical knowledge and skills for improved essential obstetric care. This training will be expanded and will include the development of national trainers to ensure the institutionalization of improved essential maternal and neonatal care in Guatemala.

The goal of the MNH Program in Guatemala is to increase the adoption of practices and use of services that are key for maternal and newborn survival.

**For more information about the MNH Program visit our website:**  
[www.mnh.jhpiego.org](http://www.mnh.jhpiego.org)