



# BUILDING COMMUNITY CAPACITY TO DEVELOP A LOCAL STRATEGY TO INCREASE ACCESS TO MATERNAL AND NEONATAL CARE IN TOTONICAPÁN, GUATEMALA

## Background

- Totonicapán is the health area with the fifth highest maternal mortality ratio (196 per 100,000 live births).
- According to health providers, the percentage of women attending prenatal care varies from 20% in some places to 70% in others; only about 10-20% women and about 20-30% newborns receive postpartum care.
- Postpartum care in health services is concentrated on supplementation with micronutrients, advice on feeding, breastfeeding, family planning, hygiene practices, and vaccination of the newborn.

## Goal of the Project

- Develop a local strategy to increase the number of women who attend postpartum care, newborn care, and seek appropriate health services for complications.

## Objectives of the Project

- Through formative research, ascertain the knowledge, attitudes, and practices of reproductive-aged women and men, as well as community organization and health providers regarding postpartum maternal and neonatal care, and care for maternal and neonatal complications.
- Based on the formative research results, identify and pilot local strategies to improve access to maternal and neonatal care in Mayan communities in Guatemala.

## Methods

- Conducted formative research from September 2006 to April 2007, using a mix of qualitative techniques:
  - Participant observation



Pregnant women's support group

- Direct observation in homes, health services and community
  - Focus groups with reproductive-age women and men, traditional midwives, community authorities
  - Interviews with health care providers and postpartum mothers
- Based on the results from the formative research, developed a strategic and operative plan from May to June 2007, in preparation for implementation of a pilot program. (Figure 1)

- Implemented a pilot program from July to November 2007 to test a variety of local strategies to improve access to maternal and neonatal care in Mayan communities in Guatemala.

## Results

### Formative Research

- The traditional midwife is the principal health care provider for pregnancies, deliveries, and postpartum maternal and neonatal care.
- Several barriers exist to access and in the provision of health services, especially for postpartum care and complications.
- The husband is the main decision-maker with regards to health care. (Figure 2)
- Four municipalities/districts did not have a functioning health commission, as expected.

**Figure 1. Activities Planned in Local Pilot Strategy**

Resulting Objective	Planned Activities	Implemented Activities
To increase demand and recognition of danger signs / decision-making	Sensitization workshops with Municipal and local authorities	Yes
	Pregnant women support groups	Yes
	Specific sessions with men	Yes
	Training of traditional midwives	Yes
	Training other health providers in the strategy	Yes
	Counseling in health services	Yes
	Campaign on women's rights, reproductive health rights	No
	Participatory sessions on rights, gender, decision-making and self-esteem	No
To improve transportation of maternal and neonatal complications	Formation and training of health committees in community emergency plans	Yes
	Documentation of referrals and lives saved	No
To improve quality of health services	Specific strategy for the humanization and cultural adaptation of health services (especially those attending deliveries)	No

## Planning

- Also, used a framework, “delays model,” in order to address the results and counteract barriers. The framework was used in the pilot. (Figure 3)
- Planned several activities to address the formative research results. (Figure 1)

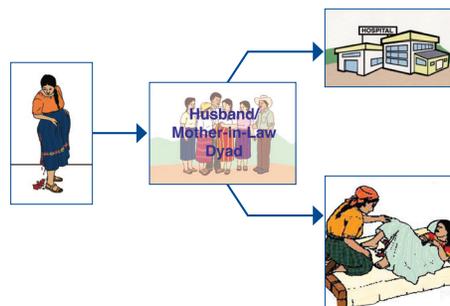
## Pilot Program Implementation – successfully implemented most of the activities planned.

- Held sensitization workshops with authorities in eight communities (2 in each district).
- Established pregnant women’s support groups in eight communities.
- Health a Training-of-Trainers for a “reproductive health team” of five, at the health area level, in counseling, sessions/support groups of pregnant women, and standardization of community emergency plans to train providers in reproductive health.
- Trained 50 Extension of Coverage health providers in prenatal and postpartum counseling, and emergency plans, which appears to have been effective in increasing postpartum care. (Figure 4)
- Revised and updated lists of active midwives.
- Helped to establish functioning health commissions in three out of four municipalities.
- Presented the study results, the maternal and neonatal health promotion strategy, and community emergency plans to eight newly elected mayors.
- Established health committees with emergency plans in four communities.

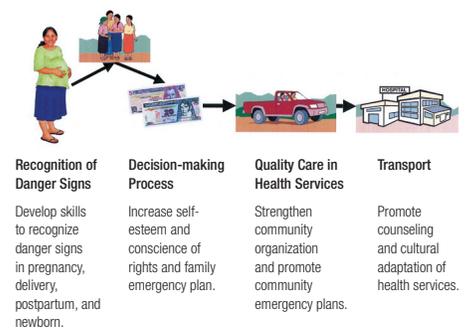
## Challenges in Implementation of Pilot Program

- Insufficient time, as well as human and economic resources (i.e., in order to carry out a campaign on women’s rights or mobilize all the communities)

**Figure 2. Women’s Perception of the Decision-making Process for Maternal Complications**



**Figure 3. Maternal and Neonatal Health Promotion Plan**



- Competing activities and obligations for health personnel, such as a campaign to vaccinate men and women 7-39 against measles and rubella (April- June 2007)
- National elections (Sept and Nov 2007)
- Change in community authorities (Sept 2007)

## Materials Produced

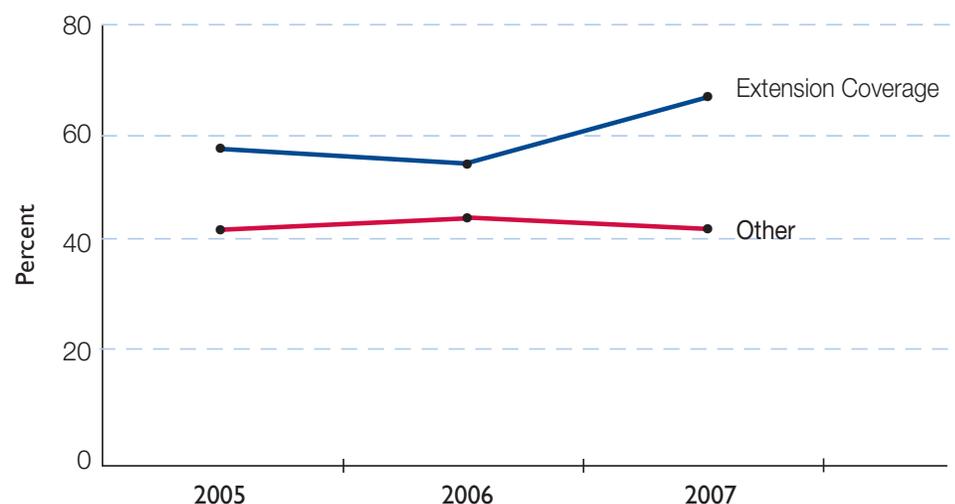
- Power point presentation on maternal deaths in a community in Totonicapán presented and distributed to all 26 health areas, NGOs, and authorities
- Birth and emergency planning card for pregnant women

- Community emergency plan for health committees

## Conclusions / Key Results

The work conducted in Totonicapán served as the basis for the design of the community component of the ProCONE strategy currently being implemented in Guatemala, which aims to increase demand and access to maternal and neonatal care to health services that attend complications.

**Figure 4. Percentage of pregnancies attending postpartum care in Four Districts in Totonicapán**



## October 2008

The work described was conducted in Totonicapán, Guatemala, under USAID|Calidad en Salud, in partnership with the MOH of Guatemala and INCAP. The work also was financially supported by Pan American Health and Education Foundation (PAHEF) through INCAP. The USAID|Calidad en Salud project is managed by University Research Co., LLC under the terms of Contract No. GSH-I-00-03-00029-00.