



Proyecto Utz' Na'n
Madres Saludables

STRENGTHENING ANTENATAL CARE *for* INDIGENOUS WOMEN *in* GUATEMALA

PROVIDING ACCESS *to* QUALITY
CULTURALLY-RELEVANT SERVICES

THE CHALLENGE

In 2018, the maternal mortality ratio (MMR) in Guatemala stood at 105 deaths per 100,000 live births, representing the sixth highest MMR in the Americas. More than one-third of maternal deaths occur in women under 24 years old. The situation is particularly dire for Indigenous women. Although the indigenous population only represents 44% of the population nationally, two-thirds of maternal deaths in Guatemala occur among indigenous communities in the Western Highlands, where the MMR is 211. The reasons for this inequity are complex. In rural areas such as San Marcos and Quetzaltenango, indigenous women and adolescents are particularly vulnerable to complications during pregnancy and childbirth and to maternal death and disability due to poverty, sociocultural and linguistic factors of exclusion and discrimination, and reduced access to quality and culturally relevant health services.

For these reasons of exclusion and because of their care preferences, indigenous pregnant women in this region are

almost four times more likely to only consult traditional midwives than to seek care within the public health system compared to nonindigenous populations in the same region. Traditional midwives, or comadronas, are not integrated into the public health system and are often not equipped with the knowledge, skills, or supplies needed to detect and treat life-threatening pregnancy complications, which have important implications for maternal and neonatal survival.

When indigenous women in these regions do manage to seek ANC services, they still face barriers to care. Due to a lack of resources, many health facilities in these departments lack critical medicines¹ and supplies or suitable spaces that offer women sufficient privacy. In addition, due to a lack of knowledge and awareness among providers, indigenous women often do not receive culturally appropriate care in health facilities and are therefore less likely to have a positive experience and return to receive additional care during their pregnancy.

¹ Diagnosis of needs and forms raised by the Utz' Na'n 2021–22 project

MANAGEMENT SCIENCES FOR HEALTH (MSH) is implementing the Utz' Na'n project to strengthen indigenous women's and adolescents' access to antenatal care (ANC) in the departments of San Marcos and Quetzaltenango in Guatemala's Western Highlands. Launched in 2021, Utz' Na'n collaborates with national and departmental health authorities, three local partners, and traditional midwifery organizations on community mobilization, quality improvement, and advocacy strategies for the sustainability of these initiatives. A central axis of the project is the introduction of an innovative model of group ANC (GANC) for use with indigenous pregnant women in rural areas. MSH and the Ministry of Health designed the model so that pregnant women can meet to share experiences and follow the evolution of their pregnancies, thus strengthening self-care and their access to high-quality, culturally relevant ANC services.



THE RESPONSE

With funding from a private foundation, MSH is leading the Utz' Na'n consortium along with three partners: *PIES de Occidente*, the Observatory of Sexual and Reproductive Health (OSAR), and the *Universidad del Valle de Guatemala*. Focusing on 24 rural, primarily indigenous districts of San Marcos and Quetzaltenango, Utz' Na'n works closely with the Ministry of Public Health and Social Assistance (MSPAS) at the national and departmental levels and with the communities themselves, including traditional midwifery associations.

Based on the identified needs, Utz' Na'n is focusing on three objectives:

- Increase indigenous women's early access and adherence to ANC services
- Improve the quality of culturally relevant ANC
- Strengthen the enabling environment through advocacy for improved maternal health laws and policies

To achieve these objectives, through the Utz' Na'n project, MSH is using an integrated approach that blends policy advocacy, technical assistance, and community mobilization to respond to the specific needs and priorities and to improve the health of indigenous women and adolescents in San Marcos and Quetzaltenango.

ANTENATAL CARE IN QUETZALTENANGO AND SAN MARCOS

Individual ANC

Utz' Na'n is implementing a range of community mobilization and quality improvement strategies to strengthen early access during the first trimester of pregnancy and adherence to facility-based ANC, aligned with MSPAS standards. The project provides technical assistance to health centers and posts in 11 districts of Quetzaltenango and nine districts of San Marcos to increase the proportion of pregnant women and adolescents accessing facility-based ANC services. The proportion of women attending at least four ANC visits increased from 37% in the first quarter of 2021 to 47% in the first quarter of 2022 in Quetzaltenango, and from 27% to 38% in San Marcos during the same period.

Group ANC

Utz' Na'n is implementing an innovative GANC strategy to create spaces for dialogue among pregnant women, traditional midwives, and health personnel to build pregnant women's capacity to identify warning signs during pregnancy and promote self-care. At the request of the MSPAS, Utz' Na'n works with 19 rural health facility teams in the two departments to conduct GANC sessions in primary and community health centers covering nine key themes, including nutrition. In just five months, participation in these group sessions increased by 250%, with an average of 987 pregnant women and adolescents participating monthly in 2022. In November 2022, the MSPAS recommended scaling up this strategy in other departments and incorporating the GANC model into the revised national reproductive health norms (2023–2028).

Community Mobilization and Demand Generation

The project focuses on two pathways of community mobilization. The first is to strengthen *comadronas'* linkages with facility-based ANC, including their understanding of the importance of referring pregnant women to ANC early in their pregnancy to detect warning signs during their pregnancy and promote self-care. Working hand in hand with the local midwifery association and MSPAS, Utz' Na'n is collaborating on community mobilization strategies with more than





1,000 midwives. With the support of the project, the two departments have recently created a system to record and track ANC referrals from rural communities to facility-based services and are increasingly integrating *comadronas* into the primary-level care model.

The second pathway is a series of participatory dialogues that mobilize diverse sectors of the community—pregnant women, their partners and mothers-in-law, local authorities, and health personnel—in identifying gaps that indigenous pregnant women face in seeking quality and culturally relevant ANC services. As of November 2022, 12 communities had generated community improvement plans and their own resources to breach these gaps to improve access to ANC and foster greater communication between providers and patients in health centers, including through health facility infrastructure improvements.

High-Quality, Culturally Relevant ANC Services

In collaboration with the MSAPS, Utz' Na'n is leading quality improvement strategies for local public health teams in 110 health facilities. The project conducted a baseline assessment and identified gaps in the quality of ANC service delivery, subsequently codesigning with departmental health authorities a series of workshops to develop and monitor local quality improvement plans to address these gaps. To date, Utz' Na'n has trained more than 350 health providers on a wide range of technical topics, including how to develop clinical algorithms to detect malnutrition and the use of laboratory results for informed decision making. As a result, the proportion of districts in the two departments with health facilities that scored more than 85% in their quality measurement for ANC increased from 21% in October 2021 to 79% in August 2022.

In addition, in coordination with the Indigenous People's Unit of the MSPAS, Utz' Na'n has cocreated and rolled out training modules on the national norms for culturally relevant ANC. As of October 2022, 140 maternal health professionals and *comadronas* have been trained in these modules, receiving accreditation for this course from the MSPAS.

Community Surveillance of Pregnant Women

With support from local health personnel, the Utz' Na'n team improved the "Pregnant Woman Census," making it a living tool for identifying pregnant women who are not attending or are missing their ANC appointments and following up through phone calls or home visits to address any concerns they may have. The project also designed a range of activities to better reach pregnant women and their families in their communities, including providing backpacks to community health providers with basic equipment for home-based ANC services.²

Care for Pregnant Adolescents

Because indigenous adolescents have specific and differentiated needs, Utz' Na'n collaborated with local partners, including the MSPAS and youth groups, to develop and validate a strategy to promote pregnant adolescents' access to clinical care and counseling. As part of the project, 104 health providers have received training on the new approaches with support from multidisciplinary teams comprising nutrition, social work, and nursing personnel. The project has worked with health districts to more effectively respond to the needs of pregnant adolescents through confidential GANC sessions. This model of interdisciplinary coordination is being replicated by districts that are not part of the project.

Strengthening the Enabling Environment for Policy Change

One of the three key project objectives is to strengthen the enabling environment of maternal and newborn health laws and protocols to ensure the sustainability of the proposed changes. Together with local health teams, Utz' Na'n developed tools to improve the quality of ANC standards that have been adopted by the MSPAS in both departments. To address gaps identified in the initial health facility assessments, the project mobilized funds to purchase supplies and equipment, contributing to its quality improvement strategies. With our partner OSAR, Utz' Na'n is strengthening the technical and managerial capacity of MSPAS teams in the two departments to monitor reproductive health budgets and expenditures allocated for the purchase of supplies for the basic ANC package.



² Scales, sphygmomanometers, stethoscopes, oximeters, clinical records, anthropometric material, laboratory test strips, etc.

All photos credited to MSH staff.