



Proyecto Utz' Na'n
Madres Saludables

HEALTHY MOTHERS, HEALTHY BABIES *in* GUATEMALA **INCREASING INDIGENOUS WOMEN'S USE *of* ANTENATAL CARE *by* ENGAGING COMMUNITIES**

Increasing use of lifesaving health services begins with mobilizing communities to: identify and articulate their needs and priorities; demand health services that are responsive, culturally respectful, and of high quality; develop strategies for improving access to care; and reach families and individuals with health communications that convey accurate information and promote healthy practices and care-seeking behaviors. To engage and mobilize the Mayan and K'iche-speaking communities of the western highlands, MSH's Utz' Na'n project developed a locally driven, multisectoral, participatory **Community Dialogue methodology**.

The community dialogues were developed in close collaboration with Guatemala's Ministry of Public Health and Social Assistance (MSPAS) and its district and health area teams in the departments of Quetzaltenango and San Marcos, with local associations of *comadronas* (traditional midwives), and with *PIES de Occidente*, a local civil society organization. Utz' Na'n convened community dialogues between September 2021 and September 2022 in 12 indigenous communities with the active participation of more than 400 community leaders, health workers, *comadronas*, pregnant women, and new mothers. The dialogues brought to the surface the underlying barriers that indigenous women in Guatemala face when

seeking facility-based pregnancy and childbirth care, and the high rates of maternal and perinatal death and disease burden caused by those barriers when they are left unaddressed. They helped communities build **a sense of shared ownership and accountability for improving indigenous women's access to high-quality ANC**. These discussions sparked **community-driven service and infrastructure improvements**—including waiting room improvements, construction of bathrooms, and purchase of new equipment and supplies—at nearly all of the participating health centers, which have already begun to see **increased uptake of their improved ANC services**.

Based on its initial results, to maximize the impact and address underlying proximal and distal determinants of health, MSPAS is currently incorporating MSH's multisectoral Community Dialogue approach in its updated methodology for community mobilization, which will be finalized and disseminated during 2023.

In Guatemala's western highlands, indigenous women die in pregnancy and childbirth at more than twice the national rate – an overall rate that must be cut by one-third if Guatemala is to achieve its Sustainable Development Goals target for reducing maternal mortality by 2030. In the rural departments of Quetzaltenango and San Marcos, most women begin antenatal care too late in pregnancy and nearly half of all births still take place at home, attended by *comadronas*. Almost nine in ten maternal deaths result from preventable and treatable causes like hemorrhage, hypertensive disorders, or infection.

With support from a private foundation, MSH's **Utz' Na'n (Healthy Mothers, Healthy Babies)** project is working to improve the health of pregnant indigenous women, mothers and their newborns in the Western Highlands of Guatemala by increasing access to and use of high-quality antenatal care (ANC).



THE 4-PHASE COMMUNITY DIALOGUE PROCESS

1 CREATING SPACE

Creando espacio

Bilingual local Utz' Na'n teams began by assessing the availability, accessibility, acceptability, and quality of facility-based ANC in rural areas. The following criteria were used to prioritize communities for participation: 1) communities with high levels of expected pregnancies, maternal mortality or severe maternal morbidity within the previous year; 2) identified quality-of-care challenges in ANC services; and 3) a clear interest in participating in Community dialogues. Twelve local bilingual facilitators (Spanish and Mam or Quiche) selected and trained with support from *PIES de Occidente*—including social workers and public health outreach workers—then met with small groups of community leaders, *comadronas*, and health facility staff in each selected community to adapt and validate the community dialogue process, review the health assessment findings, and secure their support and participation. Through this consultative process, it was agreed that each community would appoint 10 to 12-person groups of “key stakeholders” to engage in the dialogues, representing pregnant women, grandmothers and mothers-in-laws, *comadronas*, MSPAS health providers, and Community Development Council (COCODES) members.



Facilitators acknowledged and accounted for the underlying power imbalances and cultural dynamics that exist between groups that often look different and speak different languages, in areas where facility health workers and health officials are often white or *mestizo* and *comadronas*, members of COCODES and health service users are almost all indigenous.

2 EXPLORING QUALITY

Explorando Calidad

At facilitated half-day meetings, each stakeholder group in each community met separately to jointly define “quality”, identify the quality gaps in ANC at their local health facility, and elect members (one or two from each stakeholder group) to represent them on a newly constituted Community Improvement Committee (CIC).

3 CLOSING GAPS

Acortando brechas

Representatives from the stakeholder groups came together at meetings of each community's CIC, where they compared the results of the group discussions and collaborated to prioritize the most important gaps affecting ANC service access and quality at their local facility.

Facilitators began by asking participants to pick a piece of fruit—from a selection of ripe, unripe, and bruised fruits—as if they were at the market. Together, they discussed how their selections reflected their assessment of quality, and then turned to a similar discussion of the quality of health care. Each group developed a list of elements of quality that mattered most to them.



4 WORKING TOGETHER

Trabajando Juntos

At facilitated monthly meetings, CICs developed Community Improvement Plans that included short-term solutions for addressing prioritized gaps and simple line-item budgets for the proposed improvements. Gaps and recommendations were written up and shared with health facility teams and with the broader community and posted in municipal records. Facilitated discussions were then convened with the COCODES in each community to clarify issues and generate commitment to allocate existing public resources to address these gaps and help with additional resource mobilization efforts.

Key gaps prioritized included:

- Lack of clean water supplies
- Lack of functional latrines or private ANC consultation space
- Stockouts of basic ANC supplies (pregnancy tests and glucose tests) and equipment (ultrasounds)
- Long distances and unavailable emergency transport
- Lack of family support
- Linguistic and cultural barriers with providers, preventing effective patient-provider communication.

RESULTS

Between March and July 2022, 412 individuals participated in the Community Dialogues through 48 community groups in 12 participating communities, including 89 indigenous pregnant women and new mothers, 46 Mayan *comadronas*, 148 COCODES members, and 49 health providers (nurses, auxiliary nurses, rural health technicians) and officials.

Advocacy with municipal authorities has resulted in mobilization of local resources for infrastructure improvements at 80% of the participating health centers, and outreach to local community organizations has helped to generate additional resources and support. The CICs continue to convene monthly, meet with health facility teams to review stockouts and infrastructure improvement needs, participate in village health days, collaborate with COCODES on Community Improvement Plans, and share progress at community assemblies. The impact of the Community Dialogues is clearly visible at the district and health area levels, as MSPAS district teams provide orientation and recognition (such as identification cards and hats) of CIC members' roles and MSPAS health area teams now receive quarterly reports on local implementation plans and engage in regular budget and expenditure reviews to avoid supply stockouts.

Quality gaps identified during the Community Dialogues (such as need for confidential ANC meeting spaces) informed the design of the group ANC sessions and in recent months, Community Dialogues have already begun to contribute to increased uptake of ANC services in the participating communities. Established group ANC sessions—covering nine key prenatal, delivery and post-natal topics—attracted more than 1,000 women each month, an increase of 250% in participation within a period of five months.

LOOKING FORWARD

The Utz' Na'n team will continue to support the CICs, and is planning workshops on safeguarding, a CIC code of conduct, and key elements of ANC including warning signs during pregnancy. MSPAS, impressed by this approach, has requested that Utz' Na'n integrate components of the Community Dialogue methodology into its existing community mobilization and engagement strategy so that it is more culturally responsive and relevant for rural areas of Guatemala with high indigenous populations.



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