

## Background

- Community-based health interventions have been an integral part of recent health gains globally.
- An innovative approach to delivering community health care combines the Census-Based, Impact Oriented (CBIO) Approach with Care Groups and Community Based Centers. This “Expanded CBIO Approach” (CBIO+) was implemented by Curamericas/Guatemala in its Maternal and Child Health Project (2011-2015) in the isolated western highlands of Guatemala (figure 1).
- We describe the results of operations research to identify the strengths and weaknesses of CBIO+ and its implementation as viewed by the project staff and local Ministry of Public Health and Social Welfare (MSPAS) staff.



Figure 2. The study area of Huehuetenango in the western highlands of Guatemala.

## Methods

- Self-administered questionnaires, key informant interviews, and focus group discussions were used to obtain the views of 21 Curamericas/Guatemala staff and 15 MSPAS staff at 2 time points (2013, 2015).
- Data were coded into categories and then themes were derived from categories.

### Evaluation areas

- Staff knowledge of CBIO+
- Advantages, disadvantages and challenges of CBIO+
- Proposed improvements to CBIO+
- Advisability of integrating CBIO+ into the government’s rural health system

## Findings

- Detailed responses indicated the Curamericas/Guatemala and MSPAS staff were very familiar with the CBIO+ approach.
- Among its many benefits, CBIO+ delivers health education and connects beneficiaries to health care services that are specific to the most prominent health needs of the community while at the same time fostering local ownership and empowerment.
- An agreed upon advantage was the inclusion of the community in program planning, which improved participation.
- The fact that treatment of illnesses are not a part of the model was viewed as a major disadvantage (see quotes above right).
- Respondents described the attainment of community trust as an initial challenge, but this was overcome through CBIO+ elements (e.g., holding community assemblies, complete and transparent communication between project staff and community members).
- High turnover due to unsatisfactory remuneration and overcoming male opposition to women participating in the Care Groups was a challenge
- Proposed recommendations included increasing male involvement, raising salaries for community-level staff, providing volunteers with incentives, and improving coordination of activities among project staff and MSPAS.
- Community engagement, the Care Group cascade model, and community censuses were cited in support of integrating CBIO+ into the rural health system, while the MSPAS staff described deficient governmental health financing as a barrier to integration.

The CBIO+ Approach and its implementation by Curamericas/Guatemala was overall embraced by local NGO and government staff. By eliciting feedback while the project was ongoing, actionable areas for improvement were identified.



Responses demonstrated understanding of program components, including roles of staff and community actors and the importance of recruitment of community members, community participation throughout the approach, training cascade, and community-level data collection to inform intervention priorities and monitor results. This is notable as the CBIO+ approach is a complicated conceptual framework and the local staff demonstrated an understanding of both its theory and operations.

Figure 1. The cyclical progression of the CBIO+ Approach was identified by MSPAS staff.

*The methodology allows for the identification of community-level problems, the creation of a plan of action for each community, and provision of the opportunity for the population to participate at all steps.*

MSPAS Municipal Supervisor, San Sebastián Coatlán, 2013 self-administered questionnaire

*[The mothers] ask, “did you bring medicine?” and we have to say no. We are in a very, very poor area and the mothers tell us, “my child is sick...and you cannot cure him.”*

...

*Right now, we are giving a nutritional supplement [for children], and more of the women are participating in vaccinations and other health activities.*

Level-2 Promoter, San Sebastián Coatlán, 2013 Focus Group Discussion

*Someone must take on the work of the Health Educators and Community Facilitators. We must continue with where they left off. We have the responsibility to take care of these needs and to follow this model which has done great work in the communities.*

-MSPAS Staff, San Sebastián Coatlán, 2015 small group interview

## Discussion

- There was broad support for CBIO+ among respondents.
- Many of the challenges mentioned by those interviewed were specific to the Guatemalan context and were not intrinsically related to the CBIO+ Approach. For example, the history of the 36-year civil war in the region and a culture of *machismo* (male dominance) are relevant to any project working in the area. Despite these challenges, Curamericas-Guatemala was the first entity (NGO or governmental) to be accepted by the community to provide health services (2002).
- Many of the challenges described in 2013 were resolved by the time of the 2015 data collection, indicating the ability of CBIO+ to build community partnerships and increase community participation to enable effective implementation.
- Adding a focus on curative services, including through stronger referral systems, should be considered. In the project area, this would have required greater support from the Guatemalan government.
- The impact of CBIO+ in rural Guatemala is presented elsewhere.<sup>1</sup>



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## Reference

1. Complete presentation of this work can be found in the *International Journal for Equity in Health* Volume 21 Supplement 2, 2022: *Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ approach of Curamericas*. The full contents of the supplement are available online at <https://equityhealth.biomedcentral.com/articles/supplements/volume-21-supplement-2>.