

Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ Approach of Curamericas – Expansion of population coverage of key interventions

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Introduction

- Curamericas/Guatemala worked in the rural mountains of Huehuetenango serving a population of 98,000
- The methodology used is CBIO+
- Census-Based, Impact-Oriented Approach
- Care Groups
- And Community Birthing Centers (*Casa Maternas Rurales*)

Principle interventions include:

- Mobilize communities to promote household behaviors and health service utilization. Communities lead a census, establish Care Groups and convey messages to every household every two weeks
- Improve capacity of local health facilities and health workers, including traditional midwives (*Comadronas*)
- Establish Emergency response transportation networks for obstetric, neonatal and child emergencies.
- Increase utilization of and access to high-impact interventions for pregnant women, new mothers and children less than 5 years of age.

Methods

- Baseline and endline knowledge, practice and coverage (KPC) surveys.
- Sampling was 300-respondent stratified cluster sampling technique.
- Quality Control through training of interviewers, supervision of interviews, tabulation and data entry cross checked by data technicians.

Results

Childhood pneumonia – prompt care seeking and treatment from a health worker for a child with pneumonia increased significantly from baseline, a 2.0-fold increase.

Childhood diarrhea – The percentage of mothers who provided children with oral rehydration solution or recommended home fluids improved significantly by 12 percentage point.

Water, Sanitation and Hygiene - We documented outstanding results and significant improvements over baseline levels in nearly every WASH indicator.

CBIO + results in statistically significant improvements in the coverage of key maternal and child health indicators in isolated rural mountainous communities of Huehuetenango, Guatemala.

As far as we know, this is the most extensive and complete assessment of changes in population coverage of evidence-based maternal and child health interventions for a specific project that has been published in the peer-reviewed literature.



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Discussion - The improvements in population coverage of evidence-based interventions documented here over such a short period of time are **among the most notable reported**. The results reflect a remarkable impact of the CBIO+ approach on key knowledge, practices, and health care utilization that are important for improving maternal and child health.

Conclusions:

- 1) The findings are consistent with a dose-response effect, providing supporting evidence that the Project itself was responsible for the changes in intervention coverage;
- 2) If the Project activities in Area B had been implemented for a longer period of time, the results in Area B would probably have been even more notable; and
- 3) The improvements in Area B were quite noteworthy given the short period of intervention implementation – 20 months. The quickness with which the “full-dose effect” can be achieved through CBIO+ is particularly notable

Limitations

- 1)Project implementation strength varied from community to community because some were reluctant to participate or even refused.
- 2)Interviewers were intensively trained; many were inexperienced which could have affected the interview comprehension.
- 3)Results may have been affected by seasonal differences
- 4)Oral translation of questions written in Spanish but administered in Chuj, Akateko and Q'anjob'al could affect comprehension and results.
- 5)Maternal recall was required for virtually all indicators, which could affect accuracy.
- 6)Favorability bias – some respondents might have given answers they thought the interviewee3re wanted to hear.

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