

# Evaluation of the Monitoring and Evaluation System of *Casas Maternas*

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## BACKGROUND

Curamericas Guatemala does the majority of its work in the rural communities of one of the most remote and impoverished areas of the highlands of northwestern Huehuetenango, Guatemala.<sup>1</sup>

The organization operates Casas Maternas (Maternity Clinics) in each of the communities that it serves. Each Casa Materna is staffed 24-hours each day in order provide needed maternal and newborn care to the indigenous population of the highlands.



Map of location of the northwestern highlands of Guatemala that Curamericas serves

### Setting

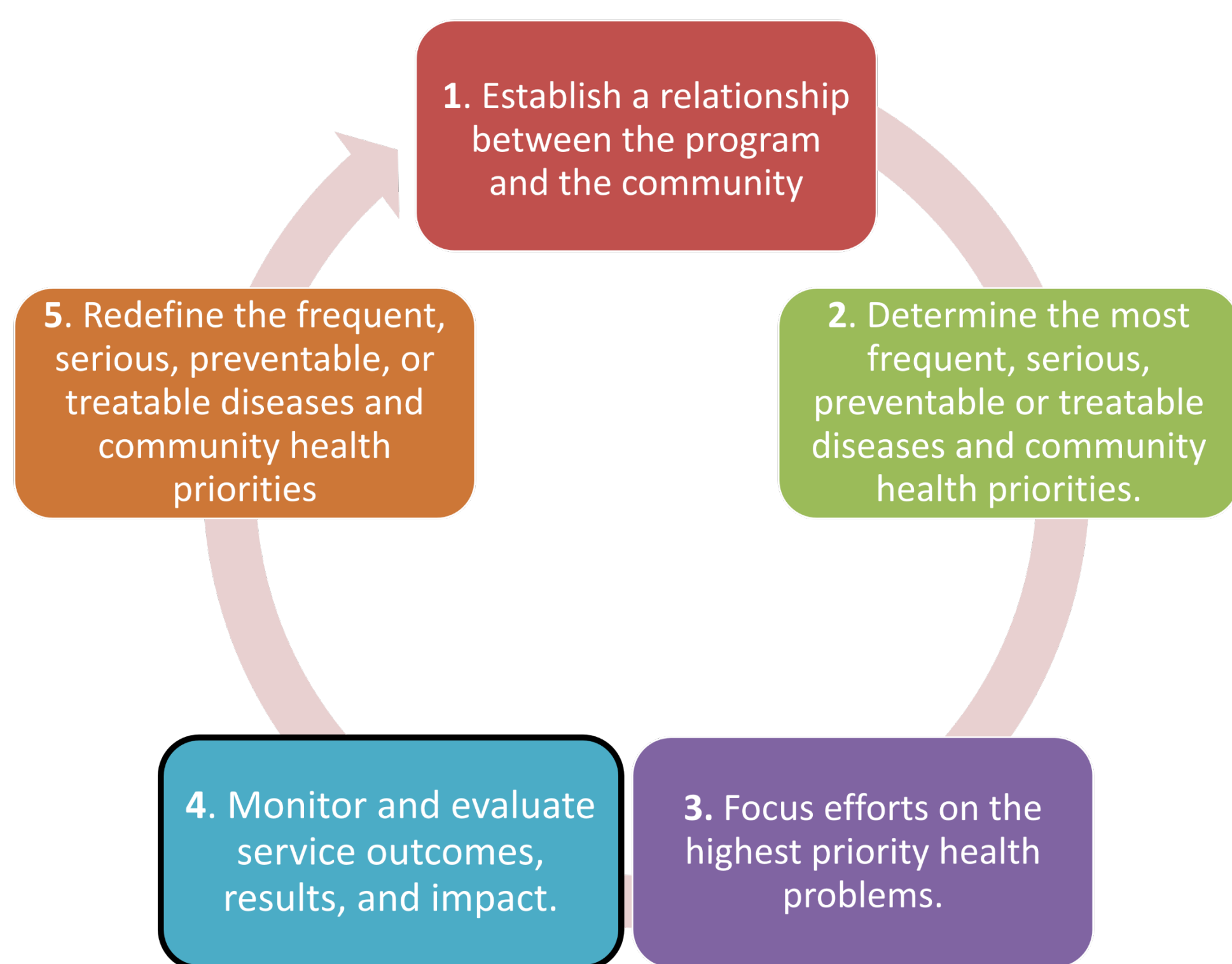
Curamericas currently works in the Department of Huehuetenango in the districts of San Miguel Acatán, Santa Eulalia, and San Sebastian Coatán.

## METHODOLOGY

### Organizational Methodology

Curamericas Guatemala uses a three-pronged strategy that focuses on community empowerment, provision of health services and health education that is culturally sensitive.

Community Based, Impact-Oriented (CBIO) Methodology

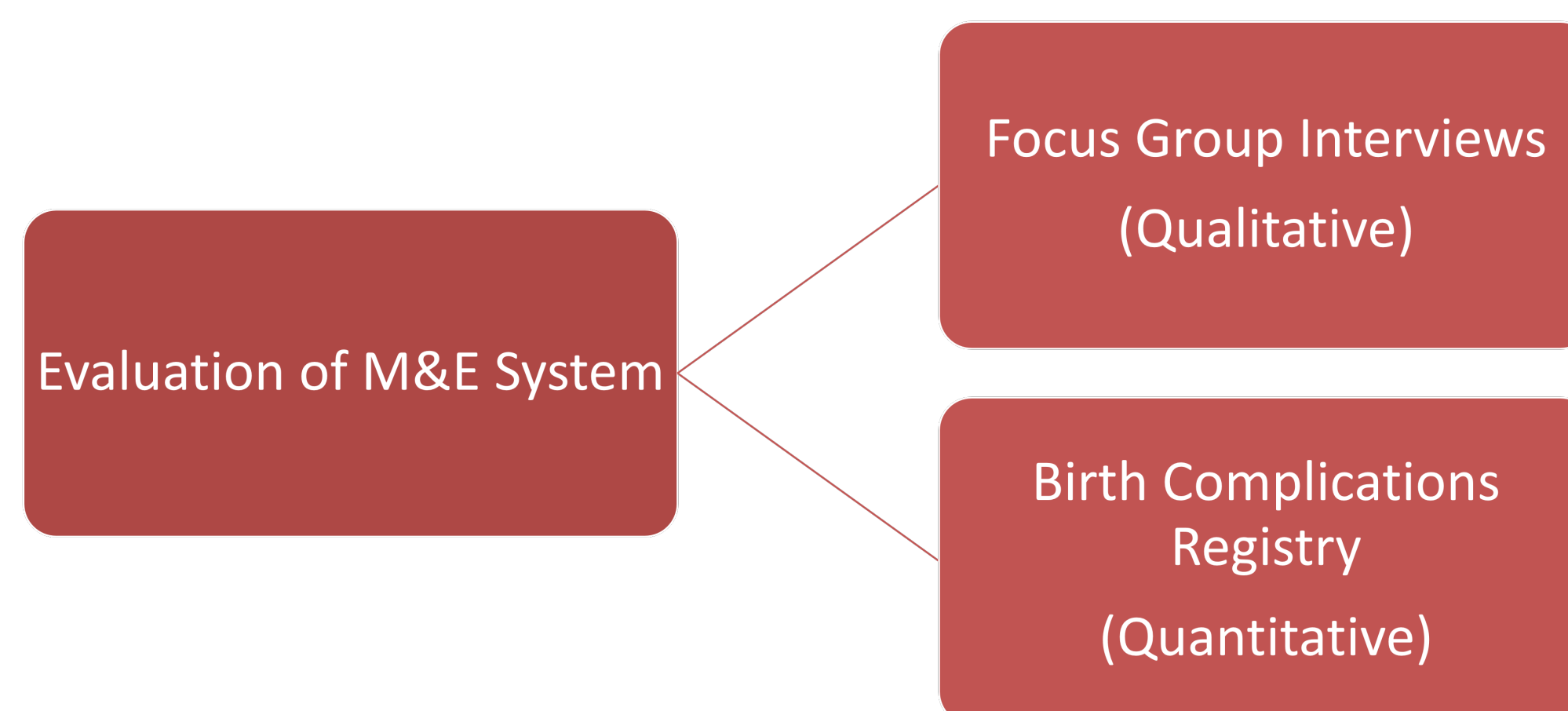


## STRUCTURE

In order to evaluate the effectiveness of the Monitoring and Evaluation system of Curamericas Guatemala, focus groups interviews were conducted with the staff and birth complications data was collected of each *Casa Materna*.

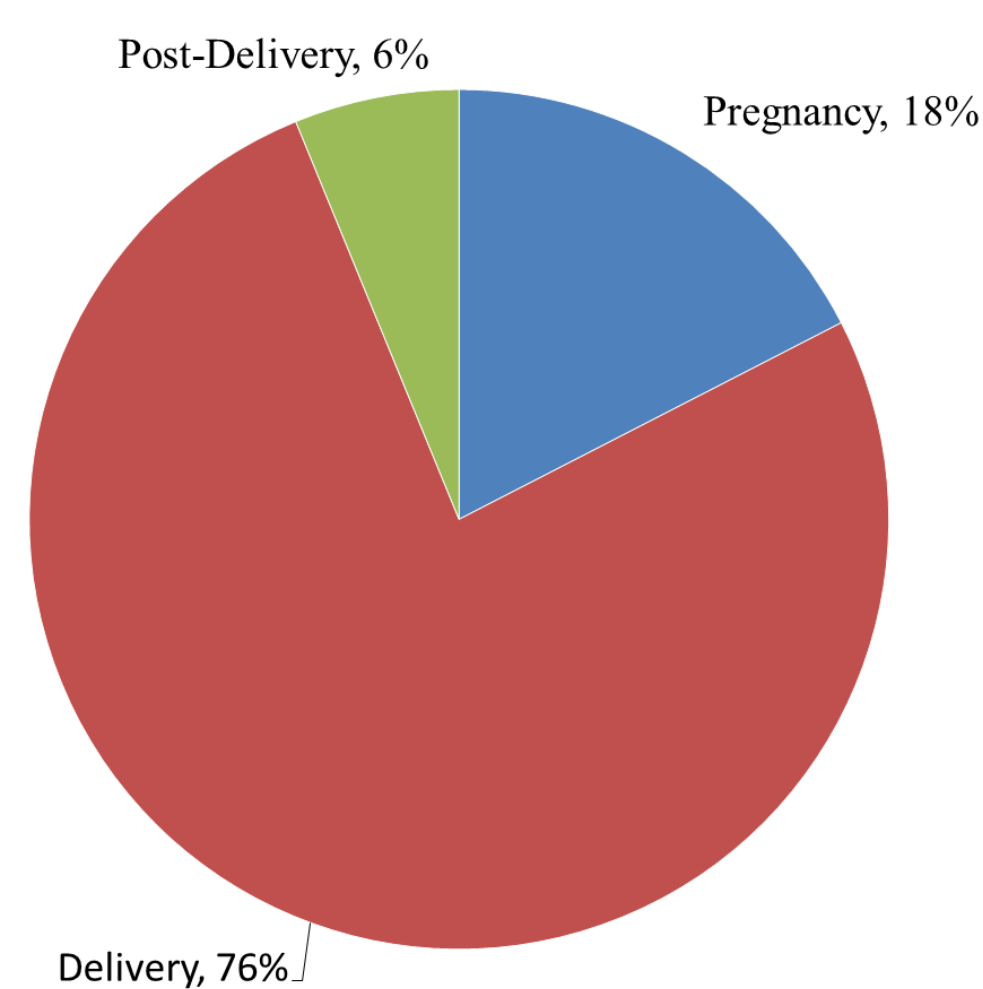
The questions of the focus guide interview focused on the Monitoring and Evaluation process through the perspective of the staff and community volunteers.

The data collected for the Birth Complications Registry captured all birth events from July 2017 to June 2018.



## FINDINGS

Distribution of Complications



\*Data reflects trends from 2017.

## DISCUSSION

### Focus Group Interviews

- Generally, all staff members felt that the M&E responsibilities were important, but constraints of time and staff rendered some tasks to be particularly challenging.

### Birth Complications Registry

- The update of the Birth Complications Registry showed positive trends of institutional birth (as opposed to home birth) and improved MCH outcomes.

Limitations were that participation was not equal across each Maternity Clinic because of timing issues.

Strengths of the qualitative study were the variety of health team members included and the inclusion of all three rural clinics.

## LESSONS LEARNED

### Focus Group Interviews

- Prioritization of indicators and M&E tasks such as data collection is vital to improving the M&E process and ensuring staff satisfaction.
- Efficiency can be improved by choosing the indicators that are most important to the community, and Curamericas Guatemala.

### Birth Complications Registry

- Standardization of physical Birth Complication Registry of each Casa Materna Rural (rural Maternity Clinic) is necessary to speed up the data transmission process (from paper to electronic).

### Personal

- It is important to honor the desires and needs of in-country staff as they intimately understand the context, work flow, and needs of the community.
- Technology is not always the solution in every setting.



## Aims

### Organizational

- Establish sustainable community driven public health programs aligned with internationally accepted standards and long-term public health goals

### Personal

- Improve my knowledge of Maternal and Child Health
- Improve my knowledge of health care provision in a low-resource setting
- Improve my Spanish.

## REFERENCES

- <sup>1</sup>curamericas.org  
<sup>2</sup>who.org



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