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Practicum Site: Curamericas Global Huehuetenango, Guatemala

Practicum Site Supervisor: Mario Valdez, M.D., M.P.H.

Improving Maternal and Child Health in Northwest Guatemala

Program Purpose: Curamericas Guatemala works in northwest Guatemala to decrease maternal and child mortality rates. The organization actively works to improve maternal and child health (MCH) outcomes through community empowerment and the provision of health services and health education. The practicum experience aimed to assist with furthering the organizational goals through a project that focused on improving the monitoring and evaluation system through qualitative research and updating the Birth Complications Registry for the Casas Maternas Rurales (CMR) (rural maternity/ birthing clinics).

Structure, Design of Program/Project: Curamericas Guatemala performs the majority of its work in the rural communities in a remote area of the highlands of northwestern Huehuetenango, Guatemala. During my practicum, my team conducted focus group interviews that were completed with members of the health teams that serve the communities where the three CMR are located. Data collected from the birth complications registry was analyzed using descriptive statistics (counts, frequencies, proportions, etc.). Thematic content analysis was used to analyze the data from the focus groups. All participants of the focus group study were consented adult volunteers and staff members of Curamericas Guatemala.

Outcomes, Evaluation, and Final Practicum Product(s): Clinical data from the three CMR was compiled into the digital birth complications Registry to provide updated birth outcomes and vital statistics for mother and infant for the past year (July 2017-June 2018). Additionally, a preliminary summary of the qualitative data from the focus groups was created. Results of both were disseminated at the annual Curamericas Guatemala staff meeting in July 2018.

Lessons Learned: The update of the birth complications registry showed positive trends of institutional birth (as opposed to home birth) and improved MCH outcomes. Generally, all staff members felt that monitoring and evaluation were important; however, constraints of time and staff rendered some tasks to be particularly challenging. A limitation was that participation was not equal across each CMR because of timing issues. Strengths of the qualitative study included the variety of health team members included and the inclusion of all three rural clinics.

The practicum demonstrated the importance of a strong monitoring and evaluation system and staff that are highly motivated. Additionally, the project and organization show the importance that health education, health services, and community empowerment have in improving MCH health outcomes.