Bolivia MCH Program Description

Overall MCH and health sector situation

Bolivia has a population of 9.1 million, 34 percent of whom are below the age of 15. In 2003, the total expenditure on health represented 6.7 percent of GDP. Although the nation faces major development challenges, there has been a decrease in the U5MR from 116 to 75 and in the IMR from 75 to 54/1,000 live births in the period between 1994 and 2003. The MMR, at 229/100,000 live births, has declined from 390/100,000 live births, in 1994. Despite these declines, Bolivia's health indicators are the second worst in the hemisphere. The use of SBAs is 61 percent. The TFR dropped to 3.8 children (3.1 urban; 5.5 rural) in 2003 from 4.2 in 1998 and modern contraceptive prevalence has increased from 12.2 in 1989 to 35 in 2003. This low use of modern FP means that some women continue to have more children than they desire, with desired fertility attained often by their mid-20s. The unmet need for spacing births is 6 percent and for limiting births is 17 percent, and there is wide disparity between the lowest and highest wealth quintiles as well as between rural and urban areas.

Bolivia finds itself facing a number of significant challenges. Deep social divisions mark the resource-rich eastern lowlands region and the indigenous–majority western altiplano. Political upheaval, high inflation, and recent heavy rains and flooding have posed enormous challenges for improving health. The MOH is responsible for maximizing the effectiveness of external financing for national, regional, and local health sector programs; it has recently initiated efforts to improve harmonization of donor programs with MOH policies and priorities. USAID is the only USG agency with a comprehensive health program in Bolivia, and it supports the Bolivian government's efforts to decentralize health services to reach underserved populations and promote a public health model based on community, family, and intercultural health.

MCH interventions at the Mission level

Priority areas of intervention include prenatal and postnatal care, emergency obstetric care, nutrition, immunization, family planning, postabortion care, and drinking water supply and sanitation. Programs reach people in peri-urban or urban areas in all nine of Bolivia's departments and in the rural areas of four departments.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The program focuses on support to community health services for prenatal and postnatal care and basic child health services; improved case management of severely malnourished children; the development of emergency obstetric care networks; family planning services that include commodities, as well as support to approaches that allow men and women to make educated decisions about their reproductive lives; and improved access to postabortion care. Programs address a host of factors that affect use of services including proximity, transport, compassionate, efficient, and effective care; and respect for non-harmful, traditional cultural practices. USAID promotes an integrated approach that gives women and children access to life-saving health care that includes attention to quality of care, healthy practices in the home, and a well-functioning referral system through support for training, technical assistance, commodities and subgrants to municipal health facilities and NGOs. Several USG partners are building local capacities to design, deliver, and evaluate community health activities.

Specific actions supported as part of the MCH approach

USAID is helping to improve the institutional capacity of two private sector institutions: PROSALUD, the largest network of private health service providers in the country, which provides over 500,000 consultations nationwide per year; and CIES, with nine centers across the country, which specializes in reproductive and maternal and child health.

The USAID program's geographic focus

USAID's program supports activities in all nine of Bolivia's departments.

The Mission program's relationship to the country's health sector and development plans and strategies

The Mission's health program directly supports the Government of Bolivia's National Development Plan (PND) and the MOH's plan for the health sector. Specifically, USAID's activities support the national "Zero Malnutrition" policy and the MOH's framework policies concerning family, community and intercultural health and health promotion. USAID and its partners also participate in numerous technical working groups to advance programming in technical areas including vaccinations, maternal health, and Chagas disease.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

USAID has a monetization program, funded through PL 480/Title II Food Security Funding resources, that contributes to reduced maternal and child morbidity and mortality and is closely coordinated with other health activities. FY08 will be the final year for PL-480 Title II assistance to Bolivia. USAID provides funding for HIV/AIDS programming in Bolivia, including through the CDC to provide technical assistance for HIV/AIDS behavioral research, voluntary counseling and testing, laboratory performance improvement, and epidemiological surveillance. The DOD is using other funding sources to provide direct health services to the population and to sponsor Bolivian military participation in regional and international conferences on health issues.

Investments and initiatives of other donors and international organizations

USAID participates in a donor technical working group that includes bilateral and multilateral donors including Canada, Belgium, Japan, the EU, France, Venezuela, UNICEF, UNFPA, PAHO, and the Global Fund for HIV/AIDS, Tuberculosis and Malaria. USAID coordinates with and provides funding to PAHO on malaria and with UNFPA on maternal health.

Planned results for the Mission's MCH investments over the next 5 years

Over the next 5 years, USAID's program expects to contribute to the establishment of emergency obstetric and neonatal care networks that will save the lives of mothers and babies, and to reduce child morbidity and mortality as a result of better treatment in health centers and improved prevention measures in homes and communities.

MCH COUNTRY SUMMARY: BOLIVIA	VALUE
MCH FY08 BUDGET	6,510,000 USD
Country Impact Measures	
Number of births annually*	219,000
Number of under-5 deaths annually	16,000
Neonatal mortality rate (per 1,000 live births)	27
Infant mortality rate (per 1,000 live births)	54
Under-5 mortality rate (per 1,000 live births)	75
Maternal mortality ratio (per 100,000 live births)	229
Percent of children underweight (moderate/severe)	9%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	79%
Percent of women with at least four antenatal care (ANC) visits	58%
Percent of women with a skilled attendant at birth	67%
Percent of women receiving postpartum visit within 3 days of birth***	9%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	61%
Immunization	
Percent of children fully immunized at 1 year of age****	75%
Percent of DPT3 coverage	72%
Percent of measles coverage	64%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	74%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	60%
Percent of children under 6 months exclusively breastfed	54%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	64%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	52%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	86%
Percent of population with access to improved sanitation**	43%

* Census International Database
** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report
*** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey.
**** The National Health Information System
(Unless otherwise noted, the data source is the 2003 Demographic and Health Survey.)

Guatemala MCH Program Description

Overall MCH and health sector situation

Guatemala is the most populous country in the Central America region, with a population of 13.4 million. The majority of the population is composed of multiple linguistic groups of Mayan descent. Guatemala ranks second lowest in Latin America on the United Nations Human Development Index, as well as in other key indicators, including life expectancy and literacy. The country remains dependent on foreign aid from multilateral lenders and foreign governments.

Although most health indicators have improved steadily over the past 20 years, Guatemala's health indicators are more characteristic of less developed countries. According to the latest Reproductive Health Survey (2002), Guatemala has one of the lowest rates of modern contraceptive use in the LAC region at 34.4 percent, with an overall TFR of 4.4, one of the highest in LAC. The IMR of 39/1,000 live births is the highest in Central America, and more than half of infant deaths are during the first month after birth. The MMR is 153/100,000 live births, and the percentage of births attended by a skilled provider is 41 percent, the second lowest in the region after Haiti. Stunted growth is manifested in 55 percent of children under age 5 in rural areas and 36.5 percent in urban populations, with chronic malnutrition at 69 percent for indigenous children. Unfortunately, there has been little improvement in this indicator over the past few years.

Other partners working on health in Guatemala include a World Bank loan amounting to $49 million, in which the Government of Guatemala will launch a program that expands upon USAID-funded interventions aimed at improving the health and nutritional status of mothers and children under age 2. The government, with a $51.6 million loan from the IDB, will support the construction and refurbishment of selected hospitals in the public health network. Save the Children receives Gates Foundation funds for neonatal care improvement. Plan International works on water and sanitation, HIV/AIDS, and access to primary health care. The World Food Program works with $5.8 million for micronutrients and prevention and treatment of malnutrition. The Global Fund designates $62.7 million to prevent and control the HIV/AIDS epidemic, including treatment for PLWHA and prevention and control of malaria and tuberculosis. JICA has assigned $20.9 million for MCH, potable water, and hospital refurbishing. Other donors include UNICEF, PAHO, the University of Colorado, CDC, and ONUSIDA.

MCH interventions at the Mission level

Priority areas for MCH interventions include delivery of critical cost-effective proven MCH, including food security and nutrition interventions, with emphasis on rural, indigenous, and poor populations; reducing neonatal mortality; and scale-up of a sustainable integrated model for maternal and neonatal health improvement. USAID-funded activities directly or indirectly benefit approximately 6 million people.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The USAID/Guatemala program focuses its efforts on technical assistance and leveraging its expertise for maximum impact on maternal-child health through a variety of approaches, including public-private partnerships for health and education, technical and financial support for subcontracting local NGOs to deliver primary health services, training 120 Mayan auxiliary nurses for improved attendance at birth, promotion of exclusive

breastfeeding/complementary feeding, improved immunization coverage, improved food security, and weaning/child feeding practices; conducting permanent policy dialogue to improve operational policies aimed at adapting and implementing cost-effective interventions to the local context; supporting the MOH in expanding its programs to isolated rural areas through local NGO subcontracts for service provision, testing and scaling up integrated strategies to improve quality and coverage of care at both the public health services network and at the community level, supporting decisionmakers with data for decision-making, and improved access to FP services. The program complements the work of other donors supporting the MOH in developing national norms and technical guidelines, improving access and quality of services, and monitoring performance. The largely USG-funded Demographic and Health Survey is used by the donor community and by the Government of Guatemala to gauge health needs, design interventions, and measure impact.

Specific actions supported as part of the MCH approach

USAID's support also focuses on health governance and finance. Specifically, USAID's TA aims at strengthening the MOH systems and processes to improve efficiency, transparency, quality, equity, and impact of health interventions. USAID support focuses on the design and implementation of a Quality Management System (QMS) in the MOH based on ISO Standard 9001:2001. The purpose of the QMS is to strengthen the basic capabilities within the different areas/levels of the MOH in order for their systems and processes to operate under the highest standards of quality. By implementing a QMS, improved efficiency, transparency and governance is expected within the MOH, as well as improved quality of services provided to final/internal clients and suppliers. USAID assistance also includes limited operational research and policy dialogue and civil society strengthening aimed at improving public health expenditures. Several alliances with the private sector allow for increased health financing, coverage, and quality of MCH services.

The USAID program's geographic focus

The USAID MCH program focuses geographically in the rural Mayan highland populations to bridge the enormous health gap between these groups and the rest of the country. This represents 7 of the 22 departments. However, strategies and approaches implemented in those geographic regions are often scaled up by the MOH through the official adoption of such approaches and contained in the technical guidelines, norms, and operational policies implemented with regular MOH resources and/or other donor/lender resources such as The World Bank.

The Mission program's relationship to the country's health sector and development plans and strategies

These priority interventions are complemented by food security interventions carried out by the PL-480 Title II implementing partners. Interventions/activities are well aligned with Government of Guatemala plans, including the health and nutrition strategic plans. In addition, health/nutrition and education interventions are managed as a vital continuum, as nutrition/health status and education are highly correlated and facilitate long-term employment, productivity, and economic development in the country.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

The USAID MCH program works closely with the PL-480 Title II Program, the bilateral and regional HIV/AIDS programs, CDC and USDA on avian flu preparedness and response, U.S. PVOs, among other U.S. partners, to ensure proper coordination and efficiency. USAID and other USG organizations, such as CDC, provide TA to the MOH; often this guidance and TA is captured by the Government of Guatemala official guidelines and protocols, which in turn are followed by all of those organizations working in-country. In addition, planning and implementation is done in a coordinated fashion.

Investments and initiatives of other donors and international organizations

Non-USG participants in MCH are the Government of Guatemala, bilateral donors such as Sweden, and multilateral donors PAHO, UNICEF, and the United Nations Population Fund.

Through a $49 million World Bank loan, the Government of Guatemala will launch a program that expands upon USAID-funded interventions aimed at improving the health and nutritional status of mothers and children under age 2. The government, with a $51.6 million loan from the IDB, will support the construction and refurbishment of the public health network. Save the Children receives Gates Foundation

funds for neonatal care improvement. Plan International works on water and sanitation, HIV/AIDS, and MCH.

Planned results for the mission's MCH investments over the next 5 years

Over the next 5 years, USAID's program aims to reduce the IMR from 39/1,000 to 23/1,000, the MMR from 153/100,000 to 138/100,000, and chronic malnutrition in children 3 to 23 months from 44 percent to 35 percent, and to improve the food security of rural Guatemalan families as well as the health and nutritional status of children 0 to 36 months and pregnant and lactating women.

MCH COUNTRY SUMMARY: GUATEMALA	VALUE
MCH FY08 BUDGET	4,660,000 USD
Country Impact Measures	
Number of births annually*	366,000
Number of under-5 deaths annually	19,000
Neonatal mortality rate (per 1,000 live births)	23
Infant mortality rate (per 1,000 live births)	39
Under-5 mortality rate (per 1,000 live births)	53
Maternal mortality ratio (per 100,000 live births)****	153
Percent of children underweight (moderate/severe)	23%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	84%
Percent of women with at least four antenatal care (ANC) visits	N/A
Percent of women with a skilled attendant at birth	41%
Percent of women receiving postpartum visit within 3 days of birth	N/A
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	60%
Immunization	
Percent of children fully immunized at 1 year of age	N/A
Percent of DPT3 coverage	77%
Percent of Measles coverage	75%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	72%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months***	44%
Percent of children under 6 months exclusively breastfed	51%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT*****	41%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	64%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	96%
Percent of population with access to improved sanitation**	84%

* Census International Database
** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report
*** State of the World's Children Report 2008
**** Duarte et al. 2003
***** Treated with ORS or home solution (does not include children given increased liquids)
(Unless otherwise noted, the data source is the 2002 Guatemala Reproductive Health Survey.)

Haiti MCH Program Description

Overall MCH and health sector situation

Haiti occupies one third of the Hispaniola Island it shares with the Dominican Republic. The population density is 300 inhabitants per square kilometer, with a total population of 8.9 million. In certain areas of Port-au-Prince, this density reaches 2,500. Haiti's GNP per capita in 2003 was $332, down from $632 in 1980, a decline of 90 percent over 23 years, whereas the GNP per capita for the Latin America and Caribbean (LAC) region was $3,580 in 2005. Two thirds of Haiti's population lives in abject poverty. Life expectancy at birth is 49.5 years, compared to 70.5 years for the LAC region, and the IMR is 57/1,000 live births (31/1,000 live births for the LAC region). Fifty percent of the population is below 24 years of age, and over 50 percent of these young people have never attended or did not complete primary school. UNESCO 2005 data indicate that only 66.2 percent of youth 15 to 24 years of age are literate, compared to 95.5 percent for the LAC region.

Haiti's health indicators reveal that the country's health system is weak. Nearly 40 percent of Haitians have no access to basic primary health care. Haiti has the highest U5MR in the Western Hemisphere, with approximately 9 percent of children dying before reaching age 5, followed by Bolivia with 8 percent. Haiti has the highest MMR in the region at approximately 630 deaths/100,000 live births – close to the MMRs, in some regions of Africa. While the recent 2005 Demographic and Health Survey suggests that trends in mortality and morbidity from all causes are decreasing, they are still worrisome. Most of the full range of indicators underlying the mortality rates have either stagnated or worsened over the last 5 years. Breastfeeding has fallen to unacceptably low levels. Childhood immunization rates range from 10 percent to 40 percent nationwide. The incidence of diarrhea and ARI among children has held steady, but rates of treatment of ARI have been nearly halved. Malnutrition among children and pregnant women remains high. Only 26 percent of women had a skilled attendant at birth. Haiti has one of the oldest HIV/AIDS epidemics in the western hemisphere. Although the HIV prevalence rate has decreased over the past 10 years, it is still a generalized epidemic with a national HIV prevalence rate of 3 to 4 percent.

The 2005 DHS concluded that the fertility rate fell from 4.7 children per woman in 2000 to an average of 4 children per women in 2005. The rapidly dropping rates of fertility do not correspond with the stagnant levels of contraceptive use. The contraceptive prevalence rate (the number of women of reproductive age using contraception) increased only slightly from 22 percent in 2000 to 24.8 percent in 2005 and remains one of the lowest rates in the Western Hemisphere.

The dismal state of key health indicators is a result of lack of access to quality health care services and to potable water, as well as chronic food insecurity. Access to quality health care across the country is challenged due to degradation of the environment, poor health infrastructure, and disruption of services (notably within the capital of Port-au-Prince, which has struggled with insecurity and violence in several neighborhoods over the last several years). Insecurity and violence have also contributed to a deterioration of services including lack of equipment, inadequately trained staff, and poor management of health facilities, especially by the public sector. Although communities and civil society are engaged, notably via NGO support, and participate in addressing health issues, both the supply and demand sides of health services need to be strengthened in both the public and non-public health care delivery sectors.

The NGO sector has been the stable provider of health care services both in urban and rural settings, despite the cycles of civil and political unrest in Haiti. Several international PVOs and local Haitian NGOs are present in Haiti and have a breadth of experience in delivering both clinic and community-based health care and support services. While the Government of Haiti is building its own capacity to strategically lead and manage the delivery of health care services on a national scale, the NGO sector remains a strong partner to the Government of Haiti and provides a solid foundation for the entire health sector.

MCH interventions at the Mission level

Priority areas of intervention include family planning, prenatal and postpartum care, assisted deliveries, treatment of diarrheal diseases and ARIs in children, nutrition counseling and education (including promotion of breastfeeding), and vitamin A supplementation. In 152 clinics, it is expected that annually upwards of 80,000 children will be fully vaccinated and 55,000 treated for life-threatening diarrhea and acute respiratory illness; 316,000 children will be reached in community nutrition programs; and 350,000 women will be reached with reproductive health care services including family planning, antenatal and postpartum care, and skilled attendance at delivery.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The program has three main focuses: deliver a basic package of health care services, provide support to the Government of Haiti to increase its capacity to carry out the executive function of managing a national health care system, and mobilize private sector partners to improve the health sector in Haiti. A majority of the maternal and child health, family planning, tuberculosis, and water and sanitation development assistance to Haiti is programmed into one integrated health services program called Pwoje Djanm.

Specific actions supported as part of the MCH approach

USAID support focuses on reforming and strengthening three health management systems: financial management, information management, and health commodities management and logistics. Programs emphasize increasing public sector capacity in order to increase Haitian Government leadership and management to effectively plan, regulate, and lead the health sector.

The USAID program's geographic focus

USAID plans to provide access to 50 percent of the population in Haiti through 80 NGO clinics and 72 public sector clinics that are spread throughout the 10 regional departments of the country, primarily serving rural and secondary city populations in 59 of the 133 "communes" of the country.

The Mission program's relationship to the country's health sector and development plans and strategies

The Government of Haiti's health program is operating under the Plan Strategique National pour la Reforme du Secteur de la Sante 2005–2010. USAID's Pwoje Djanm relates to the National Strategy and is operationalized through an agreement between the project and each department.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

USAID provides family planning commodities to all USG-supported sites that are delivering family planning services. Haiti is a USG focus country for HIV/AIDS under PEPFAR. CDC and USAID are the two primary USG agencies responsible for implementing HIV/AIDS development assistance in Haiti, through a comprehensive program. The USG PEPFAR program supports clinical services through eight implementing partners, each with its own network of HIV/AIDS service delivery sites. USAID/Haiti has a Title II food assistance program, and each partner uses the funding from monetized food programming to deliver clinic- and/or community-based health care services, particularly in maternal and child health.

Investments and initiatives of other donors and international organizations

USAID works with other partners including the Global Fund, the Canadian government, French Cooperation, the EU, the Inter-American Development Bank, WHO/PAHO, UNICEF, the Gates Foundation, the Clinton Foundation, the UNIBANK Foundation, Rotary and Pure Water for the World.

Planned results for the Mission's MCH investments over the next 5 years

Over the next 5 years, USAID's program expects to increase access to essential health services to 50 percent of the total population and reduce maternal and child morbidity and mortality.

MCH COUNTRY SUMMARY: HAITI	VALUE
MCH FY08 BUDGET	9,316,000 USD
Country Impact Measures	
Number of births annually*	300,000
Number of under-5 deaths annually	26,000
Neonatal mortality rate (per 1,000 live births)	25
Infant mortality rate (per 1,000 live births)	57
Under-5 mortality rate (per 1,000 live births)	86
Maternal mortality ratio (per 100,000 live births)	630
Percent of children underweight (moderate/severe)	22%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	86%
Percent of women with at least four antenatal care (ANC) visits	52%
Percent of women with a skilled attendant at birth	26%
Percent of women receiving postpartum visit within 3 days of birth	30%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	44%
Immunization	
Percent of children fully immunized at 1 year of age	33%
Percent of DPT3 coverage	23%
Percent of measles coverage	58%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	80%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	29%
Percent of children under 6 months exclusively breastfed	41%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	59%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	35%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	58%
Percent of population with access to improved access to improved sanitation**	19%

* Census International Database
** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report
(Unless otherwise noted, the data source is the 2005 Demographic and Health Survey.)