



## **HEALTHY MOMS, HEALTHY SOCIETIES:**

**Global Investments to End Maternal and Child Mortality in Guatemala**



**Findings from the CARE Learning Tour to Guatemala**

February 17-20, 2015

## Participants:

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U.S. Congress (R-TN-06)
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## Introduction

On this Learning Tour to Guatemala, a diverse delegation from the government, private sector and the media, including two members of Congress, saw firsthand the impact of U.S. investments focused on improving maternal, newborn and child health. The trip was designed to highlight the successes of healthy mothers, who, having been equipped with proper knowledge and access to resources, have been able to build healthier and stronger families.

Guatemala has the highest maternal and child mortality rates in Central America,<sup>1</sup> concentrated in predominantly indigenous and poor areas. Nearly 50 percent of children under five are chronically malnourished. The group saw firsthand how with the support of the U.S. Government, Guatemala is working to improve the health of mothers and children by working to improve nutrition during the first 1,000 days – from conception to the child’s second birthday.

Women face several barriers to accessing health services, including lack of transportation and decision-making power. Family planning is not routinely practiced and contraception coverage is just 54 percent nationally.<sup>2</sup> As a result, many women are unable to time and space their pregnancies according to international health guidelines, leading to high fertility rates and health issues for mothers and their children.

The group also saw how the quality of care and access to health care services is critical to building healthier families. The delegation heard from community health promoters who are working to educate women in their community about proper prenatal care and nutrition and from community health workers who track, monitor and educate women on steps they can take during the important first 1,000 days window. Healthy timing and spacing of pregnancies was a recurring theme during the trip. Many women who were interviewed in their homes expressed their wish to space their children at least three years apart and limit the overall size of their families.

The Guatemalan health system is fragmented and compartmentalized. While access to health care is identified as a basic human right in the Guatemalan constitution, it has been a challenge for the government to guarantee access to public facilities. Resources for primary health care are insufficient to address the high incidence of maternal and child deaths, and chronic malnutrition.

The delegation witnessed innovative solutions to these challenges, including those provided by the poverty-fighting organization CARE. For more than 50 years, CARE has worked side by side with women in Guatemala to improve health and reduce maternal and newborn mortality by improving coverage, quality and equity of health services. CARE has worked to promote policies that ensure that safe pregnancy and birth is a basic human right. Through investments in women and girls, development programs help women fulfill their potential and build a brighter future for their families and communities.



## About Guatemala

While Guatemala has made impressive strides since the end of its 36-year civil war in 1996, the country remains predominantly poor. Despite having the largest economy in Central America, Guatemala ranks lowest in Central America on the United Nations' Human Development Index (HDI) and has some of the highest poverty indicators in Latin America.<sup>3</sup> The country continues to struggle with health and development issues, including maternal and child health, literacy, nutrition and food security. Addressing these development issues is critical for the country's future, given that Guatemala is the most populous country in Central America and has the youngest population and highest growth and fertility rates in Latin America.

Guatemala's sizable indigenous groups, comprising more than 40 percent of the population, are disproportionately affected by development challenges and marginalized from the political system. The World Bank reports that more than 40 percent of Guatemala's population lives in poverty and in the indigenous communities, more than 70 percent of the people live in poverty. In Guatemala, 20 percent of the richest people consume

more than 50 percent of Guatemala's total food production. As a result, Guatemala is ranked 11<sup>th</sup> in income inequality globally.

Human development, particularly in the areas of health and education, remains an important priority for Guatemala. Guatemala has the highest maternal and child mortality rates in Central America and the fourth highest malnutrition rate globally.<sup>4</sup> Nearly 50 percent of children below the age of five are chronically malnourished and stunted growth is common throughout the country due to lack of access to more nutritious foods. Malnutrition in turn leads to higher infant mortality rates as well as stunting: shortness of stature, negative cognitive development, poor school performance and reduced adult productivity. The loss of human capital undermines economic growth and impacts current and future generations.

## ► Day 1: Setting the Big Picture in Guatemala

The delegation started their trip with a roundtable discussion with representatives from CARE, the U.S. Agency for International Development (USAID), UNICEF and Food for the Hungry in Guatemala. The discussion centered on the current health, gender and development landscape, and touched on the faith-based community in Guatemala.



*Ada Zambrano, Country Director of CARE Guatemala briefs the delegation on the opportunities and challenges Guatemala faces.*



*Guatemala has the highest rates of maternal mortality in Central America. Rates are highest in indigenous communities where few healthcare facilities exist and cultural and linguistic barriers impede access.*

The delegation heard about the political and historical context of Guatemala, which shapes the health and gender work in-country. For 36 years, Guatemala was involved in civil conflict that ended in 1996 with the signing of peace accords. More than 200,000 people, mainly civilians were killed and nearly 1 million were left homeless during the 36 year guerilla war.<sup>5</sup> CARE's country director, Ada Zambrano, discussed the lessons that CARE has learned over its 52 years of working in Guatemala. CARE's current portfolio is focused on food and nutrition security, livelihoods and women's empowerment.

The topic of gender was a key focus area during the trip. The delegation learned that women are often the sole income earners in nearly one-third of all households globally. Women are more likely than men to use the money to help better the lives of their children and communities; hence increase in women's income typically translates into greater investment in children's education and health care.

Dr. Erik Janowsky, Director of the Health & Education Office at USAID/Guatemala, discussed the U.S. Government's overall strategy in Guatemala. The U.S. works to improve citizenship, security and governance, reduce poverty and malnutrition and address the impact of climate change. USAID is administering five presidential

initiatives in Guatemala, including the Global Health Initiative and Feed the Future. The U.S. Government is a major health donor in Guatemala.

Chronic malnutrition was a topic that came up throughout the discussion. In 2012, President Molina vowed to reduce malnutrition in children below the age of five by 10 percent by the end of his tenure in 2016 – a commitment that is being operationalized through the presidential Zero Hunger Plan.

Christian Skoog, Representative for UNICEF in Guatemala, discussed the contributors to malnutrition: the distance that rural and indigenous populations have to travel to reach health centers, lack of education of mothers, water and sanitation, hygiene and availability of food. He also highlighted that even though basic health care is considered a constitutional right in Guatemala, 20 percent of the population does not have access to basic health care.

Julio Aramayo, Country Director for Food for the Hungry Guatemala, shared a faith-based perspective on development work. Guatemala is a deeply religious county, with the third highest rate of Christians in the world. Faith leaders are important community allies in addressing issues that impact the poor, including chronic malnutrition and maternal mortality.

Following the roundtable discussion, the delegation had a reception with the U.S. Mission and key leaders working in the health and development sector. The U.S. Ambassador to Guatemala, Todd D. Robinson told the delegation about the U.S. Mission's work in Guatemala.

## ► Day 2: The Importance of Health Education in Rural Communities

On the second day, the delegation traveled to Quetzaltenango in the Western Highlands to learn how community health promoters and health education workers help women have safer pregnancies and healthier families. The Western Highlands have the highest rates of maternal and child mortality in Guatemala. The challenges that Guatemalan women and girls face are further complicated in this region by traditional Mayan birth

practices, the stigma around contraceptives, and the high value placed on large families.<sup>6</sup> As a result of recurrent drought and limited access to land by rural families and smallholder farmers, food insecurity is more severe in this region compared to other regions in Guatemala.



*Rep. Renee Ellmers listens to a CARE training for Health Promoters, who volunteer their time to improve the health of mothers and children in their communities.*

## Community Health Promoters: Educating Mothers about Nutrition and Health

To better understand the social and economic challenges indigenous mothers face in accessing health care and nutrition information and services, the delegation visited CARE's Three Steps to Health Program. The program seeks to educate impoverished, indigenous mothers and families about nutrition and health issues by empowering community health promoters to provide basic health and nutrition education.

CARE's Three Steps to Health Program currently includes 29 health promoters who work in eight communities. The community health promoters receive training and resources from CARE and volunteer their time to educate women in their communities on the three steps of health: health and nutrition, education and learning and income-generation.

The delegation met with a group of community health promoters to hear firsthand how CARE is working with them to promote health and nutrition in their communities. The community health promoters ensure that

pregnant women are seeking prenatal care and are trained on the danger signs, such as fever, swelling, or blurred vision that would trigger an emergency visit to the health center. They also work with the community to develop a plan outlining how to transport a woman who experiences complications during childbirth to the hospital. Talking with women and men about the importance of healthy timing and spacing of pregnancies is another role of the health promoters. They also work to address nutrition issues in their communities by educating mothers about the importance of a varied diet and promoting family gardens. Families are encouraged to consume half of the food they grow in their family garden and sell the other half to generate much needed income.

CARE's Village Savings & Loan Association (VSLA) program is integrated into the Three Steps to Health program to ensure that healthy families are financially self-sufficient. A key aspect of the VSLA program is its focus on creating economic self-reliance and empowering and enabling women to become more involved in the decision-making processes at all levels. The income generated by this VSLA has enabled over 400 families to improve their children's education and health.

Representative Ellmers spent some additional time getting to know Manuela, an indigenous woman who serves as one of the community health promoters. Manuela works to educate women in her community about the importance of hygiene, prenatal care, and nutrition during pregnancy and the first two years of a child's life.



*Manuela is a volunteer for CARE's Three Step to Health Program. The western highlands, where Manuela lives, has the highest rates of maternal mortality in Guatemala. Manuela educates mothers about the importance of prenatal care, nutrition and hygiene.*

Though she does not have formal education, Manuela is proud to be a community health promotor working to improve the health of mothers and families in her community. Manuela explained that this is her first leadership role and added that the program has taught her to not be afraid and not to be ashamed. Representative Ellmers shared with Manuela her experience as a nurse and how she too felt called to leadership when she was urged to run for Congress. Manuela expressed hope for the future and shared how she plans to use the knowledge she has gained through CARE long after the program is completed.

**“One of the reasons that it’s so important to make sure that mothers are taken care of, that women and women’s health issues are addressed is because we know as healthy women move forward and are able to grow and prosper and work for their families,” said Rep. Rene Ellmers (R-TN). “We know that their families are going to be healthy as well.”**

Representative Ellmers asked the group what some of the biggest challenges women in their communities faced in accessing prenatal care. The promotors shared that two of the biggest challenges women face is the distance that they have to travel for specialized care and the language barriers that exist between the indigenous communities and Spanish speaking health care professionals.

Next, the delegation traveled to a community health post to learn about Nutri-Salud, a USAID-funded program implemented by University Research Company (URC). The program supports the Ministry of Health’s efforts to provide expanded health coverage at the community level. It aims to improve nutrition for women of reproductive age and children under five; strengthen the quality of, access to and demand for essential maternal, neonatal, and child health care and family planning services at the community level; and to engage communities in active solutions to their health care needs.

The Nutri-Salud program aims to improve the reproductive health and nutrition services in 30 municipalities in five departments in the Western Highlands. To track the needs in the communities, auxiliary nurses map homes in the community to monitor pregnant women, newborns and children under two. The program focuses on ensuring proper nutrition, hygiene and health care in the first 1,000 day window, from conception through 2 years of age.

The auxiliary nurses use a “circle of practice” diagram to train expectant mothers on the importance of prenatal care, hygiene and nutrition and track their progress. At each visit the auxiliary nurse introduces a new skill and checks in with the mother on the progress that she is making toward mastering other skills. Once a mother masters a skill the auxiliary nurse marks it off on the circle of practice. The delegation had the opportunity to accompany an auxiliary nurse on a home visit to check on a mother and her newborn. During the home visit, Representative Black sat with the new mother and held the newborn child while the community health worker explained the practical steps that the mother can take in the first 1000 days of life – from conception through her child’s second birthday to shape a healthier and more prosperous future. The delegation also took time to examine a booklet that the community health worker uses to track a child’s growth during his first two years of life.



*Rep. Black sits with a mother and her newborn child while they hear from a community health worker about practical steps that the mother can take in the first 1000 days of life – from conception through her child’s 2nd birthday – to shape a healthier and more prosperous future.*



*The delegation examine a booklet that the community health worker uses to track a child's growth during his first two years of life. Nearly 50 percent of Guatemalan children under five are chronically malnourished.*

After visiting with the family, the delegation traveled back to Guatemala City for dinner with a group of influential Guatemalan women leaders to discuss the status of women and girls in Guatemala. The speakers included Elizabeth Quiroa Cuellar, former State Secretary for Women Affairs of Guatemala (SEPREM), Maria Machicado, U.N. Women Representative, and Maria Pacheco, founder and president of Wakami, a company that supports creative people to trade their crafts in the international market.

The dinner was an engaging opportunity for the delegation to hear more about the challenges that women and girls in Guatemala face, including the high rates of gender-based violence, rise of narcotic trafficking, lack of education and economic opportunities, and the low number of women in elected office.

Women and girls in Guatemala suffer from alarmingly high rates of gender-based violence and femicide. This violence stems from the civil war as well as the country's history of gender inequality and deeply ingrained patriarchy. Two women are killed each day on average, and an estimated 45 percent of women and girls suffer some type of violence in their lives. A 2008 femicide law has done little to stem this tide of violence. The country is ranked third globally for its murder of women.<sup>7</sup>

While the schooling rate in Guatemala has steadily increased, with almost every child enrolled in primary school, it has one of the lowest primary school completion rates in Central America. Over 30 percent of students do not pass first grade and only 40 percent of children enroll in middle school.<sup>8</sup> It is estimated that 20 percent of women of childbearing age lack any formal education.<sup>9</sup> While Guatemala now has its first female police reform commissioner and vice president, women hold a mere 13 percent of seats in Congress and remain underrepresented in politics.<sup>10</sup>

### ► Day 3: A Day in the Life of a Guatemalan Woman

To better understand the challenges faced by rural women and girls in Guatemala the delegation traveled to Coban in central Guatemala on the third day. The tour began at the Coban Regional Hospital, a referral hospital which provides the highest level of care in the central region to those living within a 200 kilometer radius. The hospital specializes in internal medicine, obstetrics and gynecology, orthopedics, general surgery, pediatrics and neurology.

On average, 20 women give birth at the hospital each day. The region has the second highest rate of maternal mortality in the country with 57 deaths per 1,000 live births. The delegation toured the labor and delivery unit, including the nursery, post-partum recovery room, and the neonatal intensive care area.



*The delegation visited with new mothers at the Coban Regional Hospital, which provides the highest level of care to an area of approximately 200 square kilometers.*

The hospital also operates a milk bank, where mothers donate excess breast milk that is then pasteurized, tested and given to infants who are malnourished or whose mothers cannot breast-feed.

The delegation had a chance to speak with some of the mothers who were recovering in the newborn baby and mother recovery area. Among the mothers was one who lives in a community about 100 kilometers away, recovering from complications during childbirth. During her pregnancy she went for monthly prenatal check-ups and knew what to do in case of an emergency. It was this knowledge that helped her realize that her labor was not progressing well and so she went to her local health post which sent her in an ambulance to the Coban Regional Hospital, where she underwent a cesarean section.

After touring the hospital, the delegation visited “Plan Fam,” a family planning program run by the Pan-American Social Marketing Association (PASMO) which is a local partner of PSI and is funded by USAID. Launched in July 2008, the project aims to support the Ministry of Health in reducing maternal mortality and chronic malnutrition. The program targets rural indigenous women and men between 15 and 49 years of age.

Family planning methods are provided by the Ministry of Health, which pays for the methods through a tax on alcohol and cigarettes. Although the methods are available at no cost, the women still face barriers to accessing them, such as language, geographic and economic (cost of transport to doctors and missed work). The program works to engage women and men in conversations about family planning by employing community health workers who visit families in their homes to talk about their family planning options.

The program seeks to involve men as they have an important role of helping to break down power dynamics in the home that may prevent a woman from openly talking with her husband about the importance of planning and spacing her pregnancies. The 80 community health workers currently working in this program educate both men and women about a woman’s right to access family planning so that they can make decisions as a couple.

Next, the delegation traveled with a community health worker to a couple’s home to observe a family planning consultation. The couple listened keenly as the community health worker explained the importance of healthy timing and spacing of pregnancies.

**“Whether it is knowledge of nutrients, whether it’s knowledge of health issues, or whether it’s knowledge about just taking care of themselves, women are learning about their own bodies and learning about what it takes to having a healthy baby,” said Rep. Rene Ellmers (R-NC). “It’s very, very important, and it’s such a wonderful place to start.”**

For the final stop of the day, the delegation met with a dynamic group of young women who are part of a Population Council program that works to empower indigenous girls to become community role models. Abriendo Oportunidades (Opening Opportunities) targets girls between the ages of 8-18 to help them successfully navigate adolescence.



*The delegation shadowed a community health worker as she met with a husband and wife to talk about the importance of healthy timing and spacing of pregnancies.*





*The delegation poses with the adolescent girls who are part of Population Council's program to empower indigenous youth.*

Population Council works with the girls to create safe spaces for rural and indigenous adolescent girls during a time when they are most vulnerable to family and community pressures to drop out of school or marry early. The program works to increase a girl's social network, connect her with role models and mentors, build a base of critical life and leadership skills and provide hands-on professional training and experience.

The program trains girls to run community girls' clubs, safe spaces where they learn practical skills and assume leadership roles. The clubs are connected to the Guatemalan Indigenous Girls Resource and Empowerment Network, a platform where indigenous girls can advocate their needs and rights at the community and national level.



*Claudia and Rep. Black share a laugh. Claudia is a mentee in a girls' empowerment program who dreams of becoming a nurse. Rep. Black shared with Claudia her own experience as a nurse and how she was encouraged by a mentor to be the first in her family to go to college.*

The delegation observed a training session on the importance of saving money and setting short, medium and long-term savings goals. The girls discussed how saving money could help pay for their studies and other life goals. They also discussed the importance of working together to save money.



*Claudia helps other girls in her community navigate adolescents through a girls' club where they learn practical skills and assume leadership roles. Only 40 percent of children in Guatemala enroll in middle school.*

Representative Black was able to spend additional time getting to know Claudia, one of the young women in the program. Claudia is one of six children. Her mother wanted her to drop out of school to help care for her younger brothers. Claudia, however, was determined to continue her education. She is a mentee in Abriendo Oportunidades and is looked up to by the younger girls in her community. Claudia says, "Girls should be allowed to have fun." That is one reason that Claudia says she wants to wait until her mid-twenties to get married and start her family. Claudia dreams of pursuing a nursing degree. Representative Black shared with Claudia that she also benefited from having a strong mentor during her adolescence who encouraged her to become a nurse.

**"Empowering women means helping them to see the strengths that they have, setting a vision and of course, to getting to that goal at the end of the day," said Rep. Black. "And along that path, we need to give them the kind of advice that is going to help them meet that goal."**

## ► Day 4: Healthier Mothers, Healthier Societies

On the final morning of the trip, the delegation met with Dr. Pablo Ramirez, the Vice Minister of Health and Social Assistance, to gain a deeper understanding of how the Guatemalan government is working to address maternal and newborn health. The Vice Minister highlighted many of the challenges that the delegation saw on the Learning Tour: the high rate of domestic violence, early pregnancies, language barriers, stigma placed on contraception and traditional birth practices. He also highlighted challenges of the Guatemalan political system. Presidents are elected for one 4 four-year term and cannot run two consecutive terms. This restricts the ability of administrations to implement long-term reforms. When the current president, Otto Perez Molina, assumed office the Ministry was eight months behind in paying wages.

The Vice Minister highlighted the important role that midwives play in Guatemala. There are approximately 23,000 midwives in Guatemala of whom 16,000 are trained. The Vice Minister shared with the delegation a story of how a midwife assisted a mother on a particularly complicated delivery. The baby was in the wrong position for delivery and it was the midwife who used a traditional massage to move the baby into a safe position. He outlined how the Ministry recognizes the important role that midwives play in rural areas and that any successful government plan to reduce maternal mortality needs to recognize the role of midwives.



*Dr. Pablo Ramirez, the Vice Minister of Health and Social Assistance briefed the delegation on steps that the Guatemalan government is taking to improve maternal health.*

## Conclusion

Major challenges lie ahead for Guatemala. U.S. foreign development assistance, private sector investments and international development organizations will play a vital role in helping Guatemala reduce maternal and child mortality rates.

On this trip, the group saw how the Guatemalan government, donors and civil society are collaborating and investing in initiatives to improve access to health care, strengthen health delivery services and empower women and girls through education and leadership opportunities. These investments in maternal, newborn and child health programs are empowering women to realize their own potential and determine their futures – resulting in healthier families and communities and a stronger country. For the members of Congress, the trip helped them understand the impact of U.S. foreign assistance.

**“I love the people here in Guatemala,” said Rep. Diane Black (R-TN). “I love the fact that they have tender hearts; they’re so welcoming. I love the fact that they are family oriented. And this is a great country and I think that as Guatemala grows out of the barriers that are keeping them from being economically strong, they’re going to be the shining star right here in Central America.”**

But it will take all partners to continue this momentum. The Guatemalan government must prioritize maternal, newborn and child health. At the same time, the international community would do well to maintain investments and offer long-term, predictable financial support for global health programs and integrated service delivery. Finally, the private sector must play a larger role by investing in innovative solutions that are improving health outcomes, strengthening workforces and economies. Working together, these stakeholders can build a smart, strategic, long-term approach to health policies that emphasizes the integration of proven solutions in Guatemala. Leveraging the influence and special capabilities of the U.S. will motivate others to do more and create lasting collaborations that could transform the lives of millions – in Guatemala and around the world.

## Policy Recommendations:

### Support Smart Foreign Assistance

U.S. foreign assistance is critical to building a stable and secure world. U.S.-funded programs produce real change in the lives of children and families living in extreme poverty, while at the same time strengthening U.S. economic security, defending against global health threats and creating the basis for respect and goodwill toward the U.S. in countries around the world. By emphasizing self-reliance and sustainability, U.S. foreign assistance helps people help themselves.

One of the most important things the U.S. can do to fight global poverty is devote sufficient resources to these programs. The International Affairs budget is just 1 percent of the total federal budget, and yet it helps to feed millions, reduce mortality for women and children and enables the U.S. to sustain long term development gains and address humanitarian crises like the conflict in Syria or the Ebola epidemic in West Africa. While we recognize the significance of this difficult budget climate, CARE advocates for the U.S. to maintain and strengthen its support for the International Affairs budget.

### Support Comprehensive Women's Health Programs

CARE advocates for the U.S. government to support policies and allocate robust resources to increase quality, access and availability of voluntary family planning services to promote healthy timing and spacing of pregnancies as part of a comprehensive approach to maternal and child health. Healthy timing and spacing of pregnancies represents one of the most effective interventions to reduce maternal and child deaths and is a critical component of the continuum of services needed to improve the health of mothers and children. CARE knows that U.S. policies and resources must target barriers to accessing health services, such as inequitable gender and social norms, poor governance and meeting the needs of the most vulnerable populations.

In addition to strong support for U.S. investments in international family planning, CARE is also seeking to build bipartisan support for authorizing legislation that would help to reduce maternal and newborn deaths by

improving and better coordinating a wide variety of interventions, including healthy timing and spacing of pregnancies.

### Invest in Women and Girls

CARE advocates for the U.S. government to integrate gender equality and women's and girls' empowerment throughout its foreign assistance programs, including strong policies and robust resources to promote girls' education and leadership, prevent child marriage and combat gender-based violence.

In August 2012, the U.S. government released its first United States Strategy to Prevent and Respond to Gender-based Violence Globally. The strategy's release is an unprecedented effort by the United States to address violence against women and girls globally. CARE supports this strategy and efforts to codify it through the International Violence Against Women Act (IVAWA).

IVAWA makes ending violence against women and girls a top diplomatic priority. It recognizes that violence intersects with nearly every facet of a woman's life and therefore supports health programs and survivor services, encourages legal accountability and a change of public attitudes, promotes access to economic opportunity projects and education, and addresses violence against women and girls in humanitarian crises. IVAWA also emphasizes support and capacity-building for local women's organizations already working to stop violence against women and girls.

#### (Endnotes)

- 1 World Bank (2013)
- 2 UNICEF (2012)
- 3 CIA World Factbook (2014)
- 4 GHI (2010); USAID (2014)
- 5 CIA World Factbook (2014)
- 6 World Bank (2013)
- 7 Pan-American Health Organization (2013)
- 8 USAID (2014)
- 9 Pan-American Health Organization (2012)
- 10 NDI/UN Women (2013)

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