Assessing the Regional Context for Technical Assistance in Community Health Programs in Central America

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Background

About AMOS Health & Hope

AMOS Health & Hope is a faith-based nonprofit organization in Nicaragua dedicated to improving health equity by empowering local leaders to prevent disease and save lives. For over 15 years, AMOS has trained and supported community health promoters in rural and underserved communities. Through its community-driven, capacity-building, and evidence-based practices model, AMOS has coordinated improved maternal and child health, access to clean water, and primary care delivery.

A Changing Landscape

Political and socioeconomic shifts in Nicaragua, along with changing priorities among international funders, have brought into reconsideration the long-term sustainability of the direct, on-the-ground community programs currently in place. At the same time, Central America (CA) (Figure 1), overall, continues to face large health inequities shaped by poverty, migration, and geographical constraints. However, CA has also demonstrated progress in key indicators such as maternal mortality and child survival. Amid these transitions, AMOS has reached a turning point: whether to renew its contract with Nicaragua's Ministry of Health and continue implementing programs directly in the community or to step into providing technical assistance.

Exploring Technical Assistance

Technical assistance (TA) involves guidance, training, and evaluation support to help partners strengthen their own health programs through expertise, mentorship, and resources. For AMOS, this could mean scaling its proven health program model regionally by training others, rather than shouldering the burden of deploying solely its own workforce.

Objectives

Purpose

This practicum supported AMOS Health & Hope's leadership and consulting team in understanding the regional environment for TA and the health landscape of CA. The project aimed to compile and synthesize data and literature to inform AMOS's strategic decision-making team at a pivotal moment for the organization.

Learning Aims

By the end of the practicum, I aimed to:

1. **Analyze** global and regional models of community health worker (CHW) support and TA to identify best practices and implementation gaps relevant to CA.
2. **Evaluate** demographic, epidemiological, and health-system data across CA countries to inform potential TA strategies for program expansion.
3. **Synthesize and organize** evidence and contextual findings from literature reviews into a structured, accessible format that could support AMOS's consultant in developing actionable recommendations.

Figure 1: Labeled Map of Central America. For this practicum, CA refers to the countries of Honduras, El Salvador, Nicaragua, Guatemala, Costa Rica, Panama, and Belize.

Methods

Inquiry Framework

Three complementary question sets guided the research:

- **Core Research Questions (CRQ):** Focused on understanding global evidence and foundational components of TA for CHW programs.
- **Implementation-Based Questions (IBQ):** Explored the regional environment, actors, and contextual factors shaping TA delivery in CA.
- **Context-Specific Questions (CSQ):** Examined how TA could be operationalized and sustained in the region.

Process Overview

AMOS TA Expansion in CA Practicum Logic Model

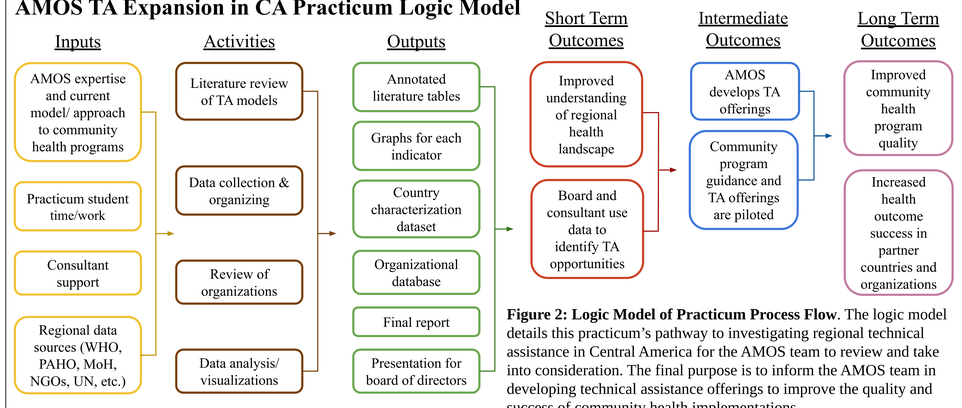

Figure 2: Logic Model of Practicum Process Flow. The logic model details this practicum's pathway to investigating regional technical assistance in Central America for the AMOS team to review and take into consideration. The final purpose is to inform the AMOS team in developing technical assistance offerings to improve the quality and success of community health implementations.

Indicator Selection and Rationale

Indicators were chosen to provide a comprehensive, multi-dimensional view of health progress and gaps in Central America. They reflect domains emphasized by the Pan American Health Organization's Sustainable Development Goals, including:

- Demographic and population profile
- Health status and epidemiology
- Health-system structure and financing
- Equity and access measures
- National policy and community-health frameworks

The indicators offer a framework to identify where TA could have the most impact.

Figure 3: PAHO Sustainable Development Goals. The most used health indicators from PAHO's SDG were objectives 1, 2, and 3.

Results

Deliverables

All deliverables, except presentation slides, were compiled in a single spreadsheet for ease of navigation by AMOS staff and leadership.

- **Annotated Literature Synthesis:** A review of global and regional TA models for CHW programs, categorized by best practices, innovations, and implementation challenges.
- **Country Characterization Dataset:** Comparative profiles of seven Central American countries (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama) across ~61 demographic, health, and system indicators.
- **Country Characterization Graphs:** Visual representation of the Country Characterization Dataset (graphs).
- **Organization Database Table:** Directory of ~95 organizations, grouped by role (funder, implementer, training hub, etc.), relation to AMOS, focus of work, and contact information. Done with the consultant.
- **Presentation to AMOS Board of Directors:** Google Slides summarizing health indicators, regional patterns, and improvement opportunities, to provide context for the board's discussion of future TA expansion strategy.

Results

Result Findings

TA Models: Across the literature, the strongest and most effective TA community health programs were locally led, context-specific, focused on capacity strengthening, and embedded iterative evaluative and feedback processes. Persistent challenges included financial sustainability and workforce retention.

Country Characterization: Despite improvements, CA countries display notable variation in maternal and child health, infectious diseases, and primary-care coverage. Rural and indigenous populations continue to experience inequitable access. Notably, we observe a rising trend of CA countries undergoing an epidemiological transition towards chronic conditions becoming the dominant health burden and leading causes of death. Differences in how primary care and CHW models are trained, supervised, and compensated result in variations in care, differing by country. However, this presents both challenges and opportunities for regional learning and TA.

Organizational Dataset: A total of ~95 organizations were catalogued, from funders, implementers, and ministries of health, to regional coalitions. This highlights the potential for collaboration and partnerships for AMOS in designing future TA initiatives.

Significance and Future Directions

Public Health Implications

Results indicate that AMOS can play a valuable role as a regional TA facilitator by:

- Strengthening training systems and capacity building for CHW programs and community health/ primary care interventions.
- Promoting regional solidarity, collaboration, and cross-country networks of support to advance health equity in primary and preventative care.
- Continuing and amplifying the current impact to support community-driven resilience of local health systems.

These contributions align with AMOS's mission and emerging regional needs in Central America.

Next Steps

- Build on these datasets to develop a decision framework and a standardized capacity assessment for organizations seeking TA from AMOS.

Acknowledgements

I am immensely grateful to the AMOS Health & Hope team for their mentorship and collaboration, and for allowing me the opportunity to learn so much. I also sincerely thank the CWRU Master of Public Health Program and Andrew Morris for their continued guidance and support.

Resources