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Nutri-Salud
COMMUNITY NUTRITION
AND HEALTH PROJECT

URC
UNIVERSITY
RESEARCH Co., LLC

Nutri-Salud ANNUAL REPORT

OCTOBER 1, 2013 – SEPTEMBER 30, 2014



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FISCAL YEAR 2014

October 1, 2013 – September 30, 2014

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Resumen Ejecutivo

Nutri-Salud, el proyecto de Nutrición y Salud Comunitaria en Guatemala, es un proyecto de cinco años (2012-2017) liderado por University Research Co., LLC, con fondos y orientación estratégica de la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID). El objetivo del proyecto es mejorar la nutrición comunitaria y la salud de mujeres y niños, en 30 municipios de cinco departamentos del altiplano occidental de Guatemala, donde la población es predominantemente rural e indígena Maya. Entre los socios del Proyecto se encuentran Mercy Corps, el Instituto de Nutrición de Centroamérica y Panamá (INCAP), The Manoff Group y The Cloudburst Group.

Nutri-Salud tiene tres objetivos principales: 1) mejorar el estado nutricional de las mujeres en edad reproductiva y de niños menores de cinco años, en el marco de la ventana de oportunidad de los primeros 1,000 días de vida, 2) fortalecer los servicios esenciales de salud y cuidado materno, neonatal e infantil, así como la salud reproductiva y planificación familiar (SR/PF) a nivel comunitario, y 3) involucrar a la comunidad en la búsqueda de soluciones a sus necesidades de salud. Los cuatro componentes técnicos del proyecto, se implementan de forma integrada bajo el marco de la Ventana de los 1,000 días, e incluyen: 1) prevención de la desnutrición crónica; 2) mejoramiento del cuidado obstétrico, neonatal, e infantil; 3) servicios de SR/PF a nivel comunitario; y 4) promoción de la movilización comunitaria y vínculos con el gobierno local. Las estrategias transversales del proyecto, que abarcan todos los componentes incluyen: trabajo con organizaciones no-gubernamentales (ONG) locales a través de subvenciones, alianzas con el sector privado, logística, mitigación del impacto ambiental, mejoramiento de calidad continua, y aprendizaje colaborativo, monitoreo y evaluación (M&E), y equidad de género y pertinencia cultural.

Logros AF2014

Al cierre del Año Fiscal 2014, ha transcurrido ya cerca de la mitad (26 meses) del periodo del proyecto. En este año, Nutri-Salud continuó trabajando en apoyo al Ministerio de Salud Pública y Asistencia Social (MSPAS) en mejorar el acceso, adherencia, y calidad en los servicios de salud de primer nivel de atención, así como como trabajando con grupos comunitarios, ONG locales, universidades, centros de formación, y el sector

privado, para fortalecer el cuidado de la salud materno, neonatal e infantil. Asimismo el proyecto continuó sensibilizando a diversas audiencias sobre las causas fundamentales de la desnutrición crónica cíclica, que afecta a casi siete de cada diez niños en el área de implementación del proyecto (67.4% según la encuesta de línea de base del Programa Integrado del Altiplano Occidental), entre otros temas de salud materna, neonatal, e infantil.

En el Año Fiscal 2014, Nutri-Salud se enfocó en mejorar el estado nutricional de mujeres en edad reproductiva y de niños menores de cinco a través del fortalecimiento de siete Acciones Esenciales en Nutrición enfocadas en los primeros “1,000 días” (ej. durante el embarazo y los dos primeros años de vida), fortaleció las competencias clínicas en identificación y tratamiento de la desnutrición aguda, y trabajó para mejorar la promoción de las prácticas de alimentación, higiene y cuidado de madres y niños, a nivel clínico y comunitario, y en la incorporación de estas prácticas en los hogares. El proyecto capacitó a 3,244 personas en el desarrollo de competencias para prevenir la desnutrición crónica. El alcance del proyecto también se extendió a 1,142 líderes comunitarios y otras personas que participaron en actividades para crear conciencia sobre la situación de desnutrición crónica.

Nutri-Salud trabajó en estrecha colaboración con el MSPAS para desarrollar y lanzar el programa de consejería y visita domiciliaria, “Rueda de Prácticas para Vivir Mejor” el cual promueve 19 comportamientos clave para mejorar la salud y nutrición materno infantil. Asimismo el proyecto capacitó a proveedores de salud en evaluación nutricional, consejería y apoyo durante el embarazo, la lactancia, y la infancia; y apoyó las actividades de promoción del crecimiento en los centros de salud. También se fortalecieron las habilidades gerenciales de los proveedores en la logística de insumos, para mejorar el acceso a micronutrientes y vacunas. El proyecto también capacitó a catedráticos y estudiantes de la escuela de medicina de último año, de cuatro universidades en el Altiplano Occidental, y a instructores de las escuelas de auxiliares de enfermería en seis áreas de salud, en temas relacionados a la prevención de la desnutrición crónica y el programa “Rueda de Prácticas para Vivir Mejor,” con el fin de mejorar la capacidad del recurso humano en proporcionar servicios de salud de calidad.



Nutri-Salud fortaleció los servicios esenciales de salud materna, neonatal e infantil, y SR/PF a nivel comunitario y apoyó el establecimiento de una atención en salud permanente en las comunidades, a través del desarrollo de competencias clave de los proveedores. También se trabajó en la vigilancia y aumento de la calidad a través de la metodología APRECIE, la asistencia técnica, y a través de las subvenciones a ONG implementando el Programa de Extensión de Cobertura del Ministerio de Salud (PEC). El proyecto capacitó a 9,069 personas en competencias para mejorar el cuidado materno neonatal, y el manejo integrado de enfermedades prevalentes de la infancia basado en la comunidad (AINM-C). El proyecto llegó a 1,486 personas a través de actividades para crear conciencia en salud materno, neonatal, e infantil. También se apoyó el mejoramiento de sistemas de información de salud en varios niveles (ej. Centros de salud, distritos, e Áreas de Salud,) y se proporcionó asistencia técnica específica al MSPAS nivel central para mejorar la recolección, consolidación, y análisis de datos de salud para la toma de decisiones. El proyecto proporcionó apoyo logístico con el fin de mejorar la gestión de la cadena de suministros del primer nivel de atención, en coordinación con el proyecto USAIDIDeliver. Nutri-Salud también proporcionó asistencia técnica para actualizar las directrices técnicas y la implementación de campañas de vacunación.

Para mejorar acceso y calidad a los servicios de SR/PF a nivel comunitario, Nutri-Salud capacitó a 1,768 personas para tener las competencias necesarias para aumentar la disponibilidad de servicios comunitarios de PF, y alcanzó a 2,117 personas con actividades para crear conciencia sobre la necesidad de servicios de buena calidad al nivel comunitario en SR/PF. El proyecto proporcionó asistencia técnica a proveedores de salud para mejorar la consejería balanceada y la logística en PF para asegurar la disponibilidad de métodos en los servicios del primer nivel. El proyecto también proporcionó tres subvenciones a ONG locales para implementar actividades de SR con adolescentes.

Con el fin de involucrar a las comunidades en buscar soluciones para sus necesidades de salud a través de la movilización comunitaria y vínculos con gobiernos locales, Nutri-Salud capacitó a 1,530 personas para crear competencias para aumentar el apoyo comunitario y del gobierno local, para mejorar la salud y nutrición. Esta iniciativa también se dirigió a 351 personas que fueron concientizadas sobre la necesidad de que las comunidades y sus gobiernos locales se involucren en mejorar la salud y nutrición comunitaria.

El proyecto trabajó en crear conciencia entre funcionarios de gobierno locales y grupos comunitarios sobre la importancia de la apropiación local de las cuestiones de salud pública, especialmente cuestiones de salud materno, neonatal, e infantil. El proyecto proporcionó asistencia técnica en el establecimiento y fortalecimiento de comisiones locales de salud a través de subvenciones, para fortalecer el desarrollo comunitario, de los consejos municipales, y de las oficinas municipales de la mujer.

En resumen, en el año fiscal 2014, Nutri-Salud capacitó a un total de 15,611 persona para fortalecer sus competencias en brindar servicios de salud y nutrición materno, neonatal e infantil, a nivel clínico, comunitario, y del hogar. El proyecto continuará trabajando durante el Año Fiscal 2015 con la meta de fortalecer las acciones esenciales de nutrición y de salud, en el primer nivel de atención y en comunidades.

Principales retos en la implementación

En el Año Fiscal 2014, el Gobierno de Guatemala enfrentó una crisis fiscal, en la que el déficit de ingresos nacionales afectó los presupuestos de varios ministerios. El sector salud fue fuertemente golpeado por esta crisis económica y el PEC está en peligro de ser discontinuado si no se identifica una alternativa viable, aprobada por el MSPAS y financiada a través del presupuesto nacional. En este entorno complejo, el proyecto está analizando la mejor manera de orientar los recursos técnicos y financieros disponibles para contribuir al fortalecimiento y la institucionalización de los servicios de salud de calidad en el altiplano occidental y así contribuir a la reducción de la desnutrición crónica y la mejora de los indicadores de salud materno infantil.

El proyecto, Nutri-Salud esta activamente involucrado en responder a los efectos de la crisis fiscal y la posibilidad de que el PEC sea suspendido. El proyecto colaborará con USAID, MSPAS, y otros donantes internacionales importantes en el sector de salud, para desarrollar enfoques alternativos para la prestación de servicios de salud comunitarios en las áreas más remotas de Guatemala. El proyecto continuará apoyando a MSPAS en el análisis de opciones y en identificar un modelo sostenible de prestación de servicios de salud con una base amplia de apoyo local y nacional.



Executive Summary

The Nutri-Salud, Guatemala Community Nutrition and Health Care Project, is a five-year (2012-2017) project led by University Research Co., LLC (URC), with strategic guidance and funding from United States Agency for International Development (USAID), which aims to improve community nutrition and health of women and children in 30 municipalities in five departments of the Western Highlands of Guatemala, where the population is predominantly rural and indigenous Maya. Nutri-Salud partners include Mercy Corps, the Institute of Nutrition of Central America and Panama (INCAP), The Manoff Group, and The Cloudburst Group.

Nutri-Salud has three major objectives: 1) improve the nutritional status of women of reproductive age and children under five, with a focus on the 1,000 Day Window of Opportunity; 2) strengthen essential maternal, neonatal, and child health (MNCH) care and family planning services at the community level; and 3) engage communities in determining active solutions to their health care needs. The project's four major technical components—1) prevention of chronic malnutrition; 2) improved obstetric, neonatal, and child health care; 3) community-based family planning and reproductive health services; and 4) community mobilization and linkages to local government, are implemented in an integrated manner within a continuum of care framework for maternal, neonatal, and child health with a focus on the '1,000 days' approach. Strategies that cut across all components include: sub-grants to local NGOs, alliances with the private sector, logistics, environmental impact mitigation, continuous quality improvement (QI) and collaborative learning, monitoring and evaluation (M&E), and gender equity and cultural pertinence.

FY 2014 Accomplishments

As the Fiscal Year 2014 closes 26 months, or nearly half, of the Nutri-Salud project period has elapsed. In FY 2014, Nutri-Salud continued to work to support the Guatemala Ministry of Public Health and Social Assistance (MSPAS) to improve access, adherence, and quality in first level health services, as well as to work with community groups, local NGOs, universities and training schools, and the private sector to strengthen maternal, neonatal, and child health services and to raise awareness about the root causes of cyclical chronic malnutrition that affects nearly 7 out of every ten

children in the Nutri-Salud (67.4% Western Highlands Integrated Program Monitoring and Evaluation Survey: Baseline 2013) and other maternal, neonatal, and child health topics.

In Fiscal Year 2014, Nutri-Salud worked to improve the nutritional status of women of reproductive age and children under five by the strengthening of the implementation of seven Essential Nutrition Actions (ENA), focusing on “the first 1,000 days” (i.e., during pregnancy and the first two years of life), strengthening clinical competencies in the identification and treatment of acute malnutrition, and by working to improve the promotion of maternal and child feeding practices and hygiene and care at the clinical and community levels and in the adaptation of these practices at the household level. The project trained 3244 people trained in competencies to prevent chronic malnutrition, and reached 1142 community leaders and others attending activities to build awareness of issue around chronic malnutrition.

Nutri-Salud worked closely with the Ministry of health to develop and launch the home visiting and counseling program “Wheel of Behaviors for Better Living” which addresses 19 key behaviors for improving maternal and child nutrition and health at the household level, and trained health service providers in nutritional assessment, counseling and support during pregnancy, infancy and childhood, including the strengthening of growth promotion activities in health facilities. The project also helped to improve health provider management of logistics methods to improve access to micro-nutrients and vaccines. The project trained medical school professors and final year medical students at four universities in the Western Highlands as well as instructors at Auxiliary Nurses schools in six Health Areas on topics related to the prevention of chronic malnutrition, including the “Wheel of Behaviors for Better Living” program, in order to improve the human resource capacity to provide quality health services.

Nutri-Salud strengthened essential maternal, neonatal and child health care and family planning services at the community level and supported a constant health care presence in target communities through the development of key competencies in health care providers, facilitative monitoring and quality improvement through the APRECIE methodology, direct technical



assistance, and through grants to NGOs implementing the Guatemala MOH Extension of Coverage Program. The project trained 9069 people in competencies to improve Maternal and Neonatal Care and Community-based Integrated Management of Childhood Illness (C-IMCI) and reached 1486 people through activities to build awareness of Neonatal, Child and Maternal Health issues. The project supported the improvement of health information systems at the facility, district and Health Area levels while also providing targeted assistance to the MOH at the central level to improve the collection, consolidation, and analysis of health data for decision making. The project provided logistics support to improve supply chain management at the first level of care in coordination with the USAID/Deliver Project. Nutri-Salud also provided technical assistance to the MOH to update technical guidelines and in the implementation of vaccination campaigns.

To improve access and quality to community-based family planning and reproductive health services, Nutri-Salud trained 1768 people in competencies to increase availability of community-based Family Planning Services and reached 2117 people with activities to build awareness of the need for quality reproductive health and family planning services at the community level. The project provided technical assistance to health providers to improve balanced family planning counselling and logistics to ensure availability of family planning methods in first level health facilities. The project also provided grants to three local NGOs to implement reproductive health and family planning activities with adolescents in the Nutri-Salud coverage area.

In order to engage communities in active solutions to their health care needs through community mobilization and linkages to local government structures, Nutri-Salud trained 1530 people in competencies to increase community and local government support for improved health and nutrition and reached 351 people with activities to build awareness of the need for community and local government support for improved health and nutrition. The project built awareness with local government officials and community groups on the importance of local ownership of public health issues, especially maternal, neonatal, and child health. The project provided technical assistance in the establishment and strengthening of local health commissions and gave assistance through sub-grants to strengthen municipal and community development councils as well as municipal women's offices.

Nutri-Salud reached a total of 15,611 people through trainings to strengthen competencies to provide maternal and child nutrition and health services at the clinical, community, and household levels in FY 14, and will continue in Fiscal Year 2015 to strengthen the provision of essential nutrition and health actions at the first level of care and in communities.

Principal Constraints to Implementation

In FY 2014 the Government of Guatemala found itself in the midst of a fiscal crisis as major revenue shortfalls led to budget deficits in many government Ministries. The health sector has been hit hard by the fiscal crisis and the Extension of Coverage Program is in danger of being discontinued before a viable alternative has been developed, approved by the MSPAS, and financed through the national budget. In this complex environment, the project is analyzing how best to orient available technical and financial resources to continue strengthening and institutionalizing quality health services in the Western Highland to see sustainable progress in the reduction of chronic malnutrition and the improvement of child and maternal health indicators.

Nutri-Salud is actively engaged in responding to the effects of the fiscal crisis and the possibility that the PEC is discontinued. The project will collaborate with USAID, the MSPAS, and other important international donors in the health sector to develop alternative approaches for community-based health service delivery in Guatemala's most remote communities. The project will continue to support the MSPAS to analyze options and to identify a sustainable health service delivery model with a broad base of local and national support.



Introduction

Nutri-Salud is a five-year (2012-2017) project, with strategic guidance and funding from the United States Agency for International Development (USAID) under USAID Cooperative Agreement AID-520-A-12-00005. Nutri-Salud is a collaborative team, led by University Research Co., LLC (URC) with team members Mercy Corps, the Institute of Nutrition of Central America and Panama (INCAP), The Manoff Group, and The Cloudburst Group. In line with the United States Government (USG)'s Global Health Initiative (GHI) and Feed the Future (FTF) initiative in Guatemala, and in collaboration with the Government of Guatemala's Zero Hunger Pact (Pacto Hambre Cero), the goal of Nutri-Salud is to improve health and nutritional status of Guatemala's rural and indigenous populations. Nutri-Salud's target population are the 30 municipalities (pop. 1.2 to 1.5 million) in five departments (six Health Areas) in the Western Highlands. The target beneficiaries are children under five, with emphasis on those under two years, and women of reproductive age.

The Nutri-Salud Project objectives are to:

- ◆ Improve the nutritional status of women of reproductive age and children under five by implementing the seven Essential Nutrition Actions (ENA), an integrated package of cost-effective actions proven to reduce maternal and child malnutrition and associated death and disease, by focusing on the 1,000 day "window of opportunity" (i.e., during pregnancy and the first two years of a child's life, when ENA can prevent malnutrition);
- ◆ Strengthen essential maternal, neonatal, and child health care and family planning services at the community level, with a constant health care presence in target communities; and
- ◆ Engage communities in determining active solutions to their health care needs through community mobilization and linkages to local government structures.

Nutri-Salud has four technical components, which are implemented in an integrated manner within a continuum of care framework for integrated maternal, neonatal, and child health with a focus on the '1,000 days' approach.

Component 1: Prevention of Chronic Malnutrition

Component 2: Improved Obstetric, Neonatal, and Child Health Care, including, Community-based Integrated Management of Child Illness (c-IMCI)

Component 3: Community-based Family Planning (FP-C) and Reproductive Health (RH) Services

Component 4: Community Mobilization and Linkages to Local Government for Improved Health and Nutrition

Strategies that cut across all components include: sub-grants to PEC NGOs, alliances with the private sector, logistics, environmental impact mitigation, continuous quality improvement (QI) and collaborative learning, monitoring and evaluation (M&E), and gender equity and cultural pertinence.

During fiscal year from October 2013 to September 2014 Nutri-Salud has operated under technical guidance of USAID and in coordination with the other USAID partners within the Western Highlands Integrated Project (WHIP). The project plans activities in conjunction with the six Health Area offices and coordinates with 30 health districts, 21 health service delivery NGOs, USAID partners, other government organizations and non-government organizations, and other external cooperation agencies in order to ensure the maximum benefit of project finds and assistance in the project target area.

This report for fiscal year 2014 (FY 14) describes major accomplishments and results (according to the performance management plan [PMP]) by each project component and result, presents challenges and recommendations, and discusses program management. Annexes contain an updated PMP table, a work plan progress table, index of training and events, a financial report, and success stories.



Nutri-Salud – Highlights of Major Accomplishments in Fiscal Year 2014

Component 1: Prevention of Chronic Malnutrition

- 3244 people trained in competencies to prevent chronic malnutrition
- 1142 people attending activities to build awareness of issue around chronic malnutrition
- The home visiting and counseling program “Wheel of Behaviors for Better Living” launched in April 2014 addressing 19 key behaviors for improving maternal and child nutrition and health. Program materials and a training of trainers guide were developed.
- Health service providers trained in nutritional assessment, counseling and support during pregnancy, infancy and childhood, in including the strengthening of growth promotion activities
- Medical school professors and final year medical students at four universities in the Western Highlands as well as instructors at Auxiliary Nurses schools in six Health Areas were trained on various topics including the “Wheel of Behaviors for Better Living” program.
- Logistics surveys on supply of antibiotics, contraceptives, micronutrients, oral rehydration salts and vaccines conducted.
- Health service providers trained in protocols for management of moderate and severe acute malnutrition without and with complications conducted.

Component 2: Improved Maternal and Neonatal Care and Community-based Integrated Management of Childhood Illness (C-IMCI)

- 9069 people trained in competencies to improve Maternal and Neonatal Care and Community-based Integrated Management of Childhood Illness (C-IMCI)
- 1486 people attending activities to build awareness of Neonatal, Child and Maternal Health issues
- Health service providers in selected municipios trained in the maternal and neonatal health (MNH) model with 1) surveillance of pregnant women, 2) accompaniment of home deliveries, 3) active management of third stage labor (AMTSL), 4) initial management of maternal complications and referral; and, 5) helping babies breathe (HBB) adapted to the first level of care.
- Health commissions trained in prevention of maternal mortality.
- Support to improve health information management systems locally and at the central level including census and community mapping, implementation of a new clinical record system, and support to the design of a new information system being developed by the MOH and the USAID project Health and Education Policy Project (HEPP).
- Logistical support to improve the supply chain management at the first level of health care services
- Technical and financial support to 19 PEC NGOs to improve Essential Nutrition and MNCH Care Actions leading to improved service delivery provided. Grants to 18 PEC NGOs renewed on September 2014.
- Monitoring and improvement conducted by Nutri-Salud teams in first level health services (Ministry health posts and community convergence centers) to observe health care delivery and counseling and provide on-site coaching and competency-based training.
- Distribution of medical equipment donated to Nutri-Salud by Project CURE.
- Support to the MOH in updating the technical standards for the implementation of the IMCI standard case management protocol, as well as the model for the Maternal Newborn and Child Health Care service delivery model.
- Health service providers trained in management of diarrhea and acute respiratory infections using IMCI norms.
- APRECIE monitoring and quality improvement (QI) methodology endorsed and used by the MOH; fifth round of quarterly measurements completed in a total of 115 supervision areas, with the sixth measurement underway in two health areas (Quiché and Ixil). APRECIE data has been shared with other projects and donor agencies.
- Support to two vaccination campaigns implemented by the MOH.
- Technical support provided to the Quality Management Unit of the Vice Ministry of Primary Health Care, the Planning Unit and Financial Units of the MOH.
- Work with Mercy Corps to improve access to essential medicines such as anti-inflammatories, analgesics, antibiotics, through the micro-enterprise health stores (TISA) initiative in partnership with Farmacias de la Comunidad.



Component 3: Community-based Family Planning Services

- 1768 people trained in competencies to increase availability of community-based Family Planning Services
- 2117 people attending activities to build awareness of the need for quality reproductive health and family planning services at the community level
- Health service providers trained and given technical support in topics relating to family planning and reproductive health including; balanced counselling and logistics.
- Community groups trained and given technical support to increase community participation and advocacy for family planning and reproductive health.
- Activities with adolescents for the prevention of teenage pregnancy supported through training and health fairs.
- Activities with men to promote sexual and reproductive health initiated in coordination with PlanFam.
- Local government representatives (Mayors, Development Councils, and Municipal Offices for Women) in prioritized municipios trained in family planning and reproductive health.
- Reproductive health and family planning activities with adolescent funded by grants provided to three NGOs working to strengthen adolescent reproductive health in the project target area.

Component 4: Community Mobilization and Linkages with Local Government for Improved Health and Nutrition

- 1530 people trained in competencies to increase community and local government support for improved health and nutrition
- 351 people attending activities to build awareness of the need for community and local government support for improved health and nutrition
- Local government representatives (Mayors, development councils, representatives of Municipal Offices for Women) in prioritized municipios trained in the causal framework of chronic malnutrition (including water and sanitation), and engaged in discussion about local strategies to help reduce poverty and chronic malnutrition.
- Facilitators of community mobilization (Rural Health Technicians, Social Workers and Health Educators) trained using the Five Steps (5As) Manual of Community Mobilization and Emergency Plans updated and endorsed by the MOH.
- Grants provided to four NGOs working in 12 prioritized municipios to strengthen the Community Development Council system. NGOs trained 12 municipal development councils (COMUDEs), 12 municipal food security and nutrition councils (COMUSANs), 12 Municipal Women's Offices (OMMs) and 242 community development councils (COCODEs) in the legal framework and their functions.

Component I: Prevention of Chronic Malnutrition

Nutri-Salud worked during FY 2014 to prevent chronic malnutrition by addressing risk factors during the 1000 day window of opportunity. The Project promotes practices at the community level and strengthens institutional interventions to prevent chronic malnutrition through several key strategies and activities which are described as follows by intermediate result.

Result 1.1: Maternal and child feeding practices (breastfeeding and complementary feeding) to prevent onset of chronic malnutrition improved

Wheel of Behaviors for Better Living

In FY 2014, Nutri-Salud worked with the Guatemala Ministry of Health, partners Mercy Corps and the Manoff Group, and the Guatemalan private sector Alliance for

Nutrition to develop “The Wheel of Practices for Better Living Program,” a home-visit and counseling program to promote healthy practices at the household and community levels by mothers, their children, and their families. The Wheel of Behaviors Program, which was formally launched by the MOHMOH in April 2014 as its official nutrition-related behavior change communication strategy, focuses on improving the practices of pregnant and lactating women, including feeding, care, hygiene, and use of health services during the “1000 day window of opportunity” (270 days of pregnancy and the first 730 days in the child’s life).

The Program is based around an educational tool, the Behavior Wheel, which is used to educate and counsel family members on 19 key behaviors that promote health and prevent the causes of chronic malnutrition. Community health workers will counsel families on the

Nutri-Salud Training and Workshops – FY 2014	Number of people		
	Male	Female	Total
Result 1.1. Improved Maternal and Child Feeding Practices			
Trained in breastfeeding practices and/or nutrition within the first 1,000 days	260	651	911
Result 1.2 Improved maternal and child Essential Nutrition Actions			
Trained in nutrition guidelines, logistics, behavior change communication, and/or HMIS	418	941	1,359
Result 1.3 Improved maternal and child hygiene and care practice			
Trained in biosafety, water and sanitation	55	11	66
Result 1.4 Maternal and child cases of sever acute malnutrition identified and treated			
Trained in case management at the community level, biosafety, water and sanitation, nutrition within the first 1,000 days, and/or prevention of chronic malnutrition	312	596	908
Total	1,045	2,199	3,244

Nutri-Salud Meetings and Awareness Activities – FY 2014	Number of people		
	Male	Female	Total
Participants in meetings on nutrition within the first 1,000 days, correct weight and height assessment, danger signs knowledge exchange, VitaCereal recipes, and/or chronic malnutrition reduction	81	588	669
Participants in technical meetings on breastfeeding and danger signs knowledge exchange	103	272	375
Participants in awareness sessions on chronic malnutrition	46	52	98
Total	230	912	1,142



19 key behaviors using the Wheel, which is supported by a suite of complementary materials, including a guide, counseling cards, and posters. Each family with a pregnant woman or a child under two years of age in the areas where Nutri-Salud works will have a waterproof wall poster of the Wheel to use in their homes.

The User Guide for the Wheel of Practices for Better Living is a companion guide to wall poster, which was designed to support community health workers in their home visits to families in the Western Highlands of Guatemala. The guide directs the health worker

through the three sections of the Wheel, illustrating best practices for (1) family nutrition every day, (2) during pregnancy, and (3) during the first two years of a child's life. The guide demonstrates the proper use of the Wheel at home and guides practitioners through home visits, noting questions to ask when providing counselling support to help families overcome possible obstacles to specific changes in individual or family practices which are promoted by the Wheel.

Nutri-Salud partners URC and the Manoff Group developed the Wheel based on a third project partner's previous work, the Mercy Corps "House and Lot Management" strategy and tool for food and nutrition security. In addition, Guatemala's Ministry of Public Health provided invaluable collaboration at the central, area, district, and community levels, in the pre-testing and household trials of the Wheel. Service delivery NGOs under the Extension of Coverage Program were also involved in the development and field testing of the program materials. The final testing of the Behavior Wheel materials was conducted together with the health promotion and education coordinators in the six health areas where the Nutri-Salud project works. Health educators and rural health technicians, as well as the members of the local Nutri-Salud technical teams, participated in the testing.

The final version of the program materials was presented to the Primary Health Care Vice-Ministry as well as to the Department of Health Promotion and Education (PROEDUSA for its Spanish acronym), who not only approved them but have adopted the communication strategy, and would like to expand it to the whole country. An official communication issued by PROEDUSA confirmed the advantages of these communication materials and authorized their reproduction on behalf of the MOH.

A training curriculum for using the Behavior Wheel Program materials was developed and then tested with Nutri-Salud local advisors, technical teams and PROEDUSA. Practical training of facilitators began in several municipios including practice home visits to pregnant women and mothers of children under 2 years of age. In the first quarters of FY 2015, this first group of trained facilitators will in turn train additional facilitators in each health area who will replicate the workshops with health educators, community facilitators, health promoters and other volunteers in order to roll out the Behavior Wheel Program.

Save the Children, Catholic Relief Services (CRS) and Project Concern International (PCI) form part of the Inter-institutional SBCC group led by Nutri-Salud. The



In FY 2014, Nutri-Salud worked with the Guatemala Ministry of Health, partners Mercy Corps and the Manoff Group, and the Guatemalan private sector Alliance for Nutrition to develop "The Wheel of Practices for Better Living Program," a home-visit and counseling program to promote healthy practices at the household and community levels by mothers, their children, and their families.



The Wheel of Behaviors Program, which was formally launched by the MOHMOH in April 2014 as its official nutrition-related behavior change communication strategy, focuses on improving the practices of pregnant and lactating women, including feeding, care, hygiene, and use of health services during the “1000 day window of opportunity” (270 days of pregnancy and the first 730 days in the child’s life).

communications specialists of these institutions have decided to maintain a common or similar graphics standardized messages about the 19 key behaviors that will be used in communicating with families. CRS has already adapted and started using the behavior wheel with its health promoters and mother counselors.

The Wheel of Behaviors Program will affect several Nutri-Salud results at the community level, primarily Results 1.1, 1.3, and 4.1.

Institutional Strengthening to Promote Maternal and Child Feeding Practices

During FY 14 Nutri-Salud trained health personnel in topics to promote and improve maternal and child feeding practices. Health extension workers were given skills to work with community members in the following ways:

- ◆ Health educators and auxiliary nurses conducted demonstrations on the preparation of adequate complementary foods for children 6-23 months of age. The trained health educators and auxiliary nurses then conducted demonstrations to groups of mothers of children.
- ◆ Health educators and auxiliary nurses have also been trained in the different types of under-nutrition, their prevalence, classification, and counseling for breastfeeding and complementary feeding.

- ◆ Health educators were trained in the initiative of “Baby-friendly health services” (ISSALM in Spanish), which is strategy that Nutri-Salud has adapted from one used in hospitals.

Community Education Activities

Health personnel trained by the project apply knowledge and skills through educational activities with women of reproductive age in Nutri-Salud target communities. Examples of these activities are:

- ◆ In Ixil, community members attended health fairs where health personnel demonstrated the preparation of the food supplement VitaCereal, and talked about the importance of taking their children once a month to growth monitoring and promotion, and giving micronutrient supplements to children.
- ◆ Nutri-Salud local teams helped organize activities in recognition of International Breastfeeding Week such as; workshops with social workers in charge of health promotion and education, forums, walks, parades, radio programs, and others.
- ◆ Nutri-Salud worked in collaboration with the FANTA project and Nutri-Salud partner INCAP to study the feasibility of food based recommendations for using local ingredients to improve dietary nutrition that were the outcome of a study undertaken by FANTA in 2013. (See the Success Story Related to this work in Annex 5)



During FY 14 Nutri-Salud trained health personnel in topics such as exclusive breast feeding to promote and improve maternal and child feeding practices. The trained health educators and auxiliary nurses then conducted demonstrations to groups of mothers of children.

Result 1.2: Maternal and child ENA (micronutrient supplementation and others) to prevent onset of chronic malnutrition improved

Diplomado in Nutrition

Nutri-Salud has worked in collaboration with the FANTA project and Nutri-Salud Partner INCAP to develop an online certificate course (Diplomado) for primary health care providers on “Nutrition in the first 1,000 days of life”. This course will be used for continuous learning of health personnel of the first and second levels of care and will strengthen knowledge of the causal pathway of chronic malnutrition and will standardize knowledge of known interventions for preventing and reducing chronic malnutrition.

The course consists of nine units that contain both theoretical and practical content on chronic malnutrition. The course was developed during FY 14 with iterative reviews and validations to ensure content and acceptability of the teaching methodology.

During Fiscal Year 2015, the Diplomado course will be rolled out and Nutri-Salud will continue to work with USAID WHIP partners, central and local level MOH partners, and others to promote the utilization of this key tool to build awareness and important knowledge and skills to improve health service delivery and policy decisions that will lead to a reduction in chronic malnutrition.

Technical Assistance to First level Health Providers on Essential Nutrition Actions (ENA)

Nutri-Salud provides technical assistance, capacity building, and training to first level health providers to strengthen competencies in health service delivery according to the essential nutrition actions (ENA). Nutri-Salud technical assistance also includes on-site monitoring and facilitative supervision at first level health care facilities (Health Posts and Convergence Centers).

NACS. To improve the application of the Essential Nutrition Actions in child and maternal health care service delivery, Nutri-Salud trained first level health providers in the use of anthropometric measurements for nutritional assessment, classification of nutritional status, counseling and support (NACS) during pregnancy, infancy and childhood as part of the IMCI AINM-C strategy (integrated care of women and children in the community).

GMP. The project has also strengthened growth monitoring and promotion (GMP) activities through joint monitoring, supervision, and tutoring visits with MOH



In Chichicastenango and other comunites Nutri-Salud strengthened growth monitoring and promotion (GMP) activities through joint monitoring, supervision, and tutoring visits with MOH health district personnel.

health district personnel. Participants first observed the implementation of growth monitoring and ENA in first-level health services (health posts and convergence centers) and during home visits. After the observation, supervisors offer competency-based strengthening on those processes or steps found to be weak or missing. New observations are conducted on site to ascertain that the training achieved its goals.

Enrique Mérida, auxiliary nurse in a community convergence center, said: “Training by Nutri-Salud was important because we improved the use of growth curves and counseling and we did not have to attend a workshop.”

Nutri-Salud staff partnered with the Inter-American Development Bank to study health workers’ implementation of growth monitoring, specifically focused on the accuracy of the process of weighing and measuring children. The results of this study will help to inform improvements in growth monitoring and promotion activities.

Logistics. Nutri-Salud provided technical assistance and accompaniment to improve logistics monitoring in health posts and convergence centers using data collection tools developed together with the MOH. Nutri-Salud field teams conducted the surveys and reported on the supply of micronutrients, oral rehydration salts, antibiotics, vaccines and family planning methods in health posts and convergence centers. As in other components of the project, solutions are sought for gaps found, including advocacy at central level to obtain supplies of missing medicines.



Together with the National Program for Food and Nutritional Security (PROSAN), Nutri-Salud pretested a tool to compare actual demand of micronutrients with the population that should receive them, and the amount that the central MOH sends to these areas. This has allowed the project to demonstrate to the MOH the gap that exists in the registers of demand, and the limitations in coverage of the vulnerable groups. Implementation of a tool developed by the project for monitoring consumption of micronutrients and susceptible population will allow for better follow-up of the coverage and provision of micronutrients in the project areas.

Result 1.3: Maternal and child hygiene and care practices to prevent the onset of chronic malnutrition improved

Wheel of Behaviors for Better Living

See the description of the Wheel of Behaviors for Better Living Program above under Result 1.1 as the primary Nutri-Salud intervention to improve Maternal and Child feeding and hygiene and care practices.

Result 1.4: Maternal and child cases of severe acute malnutrition identified and treated

Technical Assistance to first level health providers in community level management of acute malnutrition without complications

Management of acute malnutrition. During FY 2014, Nutri-Salud nutritionists developed a methodological guide and educational materials to conduct training in the management of acute malnutrition without complications in the community. The Nutri-Salud team thoroughly reviewed the technical contents and images of official protocols for the treatment of acutely malnourished children whose case is classified as severe or moderate. . Based on the review, Nutri-Salud and the MOH updated the protocols to incorporate technical improvements.

Trainings focused on the topic of acute malnutrition in the context of the chronic malnutrition prevention framework at the community and referral of complicated cases to health centers, rehabilitation centers and hospitals. Trainings emphasized ENAs that are appropriate for preventing both acute and chronic malnutrition. As a result of trainings, health providers committed themselves to strengthen growth monitoring in infants and children for opportune detection of growth faltering, counseling, and treatment of children found to be acutely malnourished.

“Training helped me to learn the classification of nutritional status using the WHO growth standards. I am committed to put into practices what I have learned. The methodology used was very dynamic and practical, which helped us pay attention and learn.”

– Eligio de Paz, an institutional facilitator with the service delivery NGO COTONEB in the Ixil

Analysis of cases of severe acute malnutrition. Nutri-Salud supported an analysis of two deaths from severe acute malnutrition in Quetzaltenango using the “critical link” methodology previously used by URC for analysis of maternal deaths in order to support the improvement in identification and treatment of cases of severe acute malnutrition. Nutri-Salud emphasized the importance of preventive measures such as growth monitoring and promotion sessions, micronutrient supplementation, vaccination and promotion of health services and health seeking by families.

Component 2: Maternal, Neonatal, and Child Health Care

Nutri-Salud Training and Workshops – FY 2014	Number of people		
	Male	Female	Total
Result 2.1 Improved access to obstetric and newborn health care			
Trained in antenatal care, maternal and neonatal care, and emergency plans	141	709	850
Trained in maternal death prevention, use and analysis of urine test strips, and/or the four delays, cleanliness and safety during childbirth	435	672	1,107
Trained in danger signs during pregnancy, midwifery knowledge in labor, and/or behavior change communication	73	458	531
Trained in the management of obstetric/labor complications, Leopold's maneuvers, management of the third stage of labor, postpartum hemorrhage, and/or clean and safe delivery	237	755	992
Trained in essential health care and helping babies breathe, kangaroo mothers care, clean and safe delivery	112	273	385
Trained in biosecurity practices and/or solid waste mitigation plans	289	329	618
Trained in maternal and neonatal surveillance, community mobilization, census, mapping and croquis, and/or clinical records maintenance	248	204	452
Trained in health care standards and the APRECIE methodology	155	312	467
Trained in health promotion and prevention, infection prevention, maternal and neonatal health, nutrition, and family planning, health care standards, and/or national immunization guidelines	1,057	1,415	2,472
Result 2.2 Improved access to infant and child health care			
Trained in essential healthcare and helping babies breathe, comprehensive care of children under five, national immunization guidelines, and/or role and responsibilities of midwives	353	842	1,195
Total	3,100	5,969	9,069

Nutri-Salud Meetings and Awareness Activities – FY 2014	Number of people		
	Male	Female	Total
Participants in meetings on AIEPI, maternal death reduction, health and nutrition, midwives knowledge in labor, maternal, neonatal, and child health, nutrition and family planning, and/or APRECIE and data analysis and use	82	575	657
Participants in technical assistance sessions to prevent maternal and neonatal deaths and family planning law framework	19	38	57
Participants in technical meetings on APRECIE data analysis and use, epidemiologic profiles (sala situacional), exchange of evidence and improvement plan experiences, maternal death reduction, management of obstetric complications, and/or the four delays, cleanliness and safety during childbirth	270	375	645
Participants in the congress 'Strengthening the health and nutrition academic program'	54	73	127
Total	425	1,061	1,486

Result 2.1: Access to obstetric and newborn health care improved

Reducing maternal and neonatal mortality

In line with Nutri-Salud objective to reduce maternal and neonatal mortality, the project works closely with front-line health providers to improve both competencies and systems.

In selected municipios with distant and rural communities that have high ratios of maternal mortality, Nutri-Salud began training auxiliary nurses in the



In selected municipios with distant and rural communities that have high ratios of maternal mortality, Nutri-Salud began training auxiliary nurses in the following specific competencies for maternal and neonatal care and to avert maternal mortality.

following specific competencies for maternal and neonatal care and to avert maternal mortality:

- ◆ Surveillance of women of reproductive age (WRA) and pregnant women
- ◆ Accompaniment during delivery with active management of third stage of labor (AMTSL) to prevent post-partum hemorrhage (PPH)
- ◆ Initial management of maternal and neonatal complications such as hemorrhage, retention of the placenta, pre-eclampsia and eclampsia
- ◆ Helping babies breathe (HBB) simplified and adapted to the first level of care
- ◆ Health personnel have committed to updating the census of WRA and pregnant women, providing the list of pregnant women to the health commissions, keeping track of each pregnant woman's probable delivery date and, when possible, attending in-home deliveries (for those births without danger signs and/or risk factors previously detected). The project also has trained community health commissions and COCODEs' representatives in their "seven functions for surveillance of pregnant women".

In two of eight health districts in Quiché, three in Ixil and two of three municipios in Quetzaltenango/Totonicapán auxiliary nurses from PEC NGOs and MOH health posts developed the required competencies to apply AMTSL and essential newborn care, reinforcing early initiation of breastfeeding in the first hour of life, as well as helping with newborn complications. Management of labor complications has already shown positive results evidenced by lives saved (documented in success stories, see annex).

The project has also trained midwives, or traditional birth attendants (TBAs), on pregnancy danger signs, clean and safe deliveries, care of the newborn, and the HBB approach. The HBB training was conducted by auxiliary nurses who were previously trained by Nutri-Salud through a training of trainers.

As part of the communities' improvement plans, the project also helped TBAs in Chichicastenango to test a new intervention intended to improve early detection of pregnant and puerperal women and refer them to health services for prenatal visits. Each TBA was provided with a folder with her name, community and identification number. They also received five envelopes containing color-coded cards with pictures depicting the different types of referrals that a TBA might make: reproductive-age woman, pregnant woman, postpartum mother/newborn, healthy/sick child, healthy/sick woman. The woman takes the color-coded card to the health center

“I am committed to coordinating with the rest of COCODES of all the communities that form part of this micro-region to implement the community savings and loans banks to be used for transportation of emergencies. Each month the health commission will meet with traditional midwives to review the list of pregnant women and their due dates and will conduct surveillance to prevent maternal deaths.”

– Pedro López Pascual, President of the COCODE in Caracol, Uspantán, Quiché

facilitating her care and treatment. The attending nurse or physician can use the card for a counter-referral back to the TBA. Other health areas are now interested in this “TBA folder” intervention. For more information, please refer to the success story in this report’s annex.

Nutri-Salud provided technical cooperation in the longitudinal analysis of maternal mortality in the six health areas in order to strengthen the identification of “critical links” and the interventions, such as the TBA folder, that will be tested as part of improvement plans. Local teams have regularly participated in health area and district level committees for the analysis of maternal mortality, using the critical link methodology and drawing improvement plans so that maternal deaths do not occur due to the same weaknesses. The Nutri-Salud project also reproduced and distributed the MOH’s obstetric risk screening form to health services in all 30 priority municipios.

Improving information systems

Census and mapping. In FY14, the project provided follow-up to training in census and mapping to ensure that all primary health services understand the processes. However, The MOH is developing a new system to link census data (to be collected through a new form) with a new clinical record-keeping system (see below). Neither the census form nor the software for the new system have yet been completed. The HEPP project is helping the MOH design the new information system and Nutri-Salud is also providing technical support to the MOH during the transition to the new system.



In FY14, Nutri-Salud provided follow-up to training in community census and mapping for the identification of vulnerable households and calculation of key health indicators.

M&E system interoperability. Nutri-Salud’s M&E unit has been providing technical assistance to the Health Information System (SIGSA for its acronym in Spanish) to develop a script to create interoperability between Censo. Net, the software application used by the Extension of Coverage Program and SIGSA. The interoperability will improve electronically sharing data from Censo.Net and SIGSA, this action will also help to improve data quality.

Implementation of new clinical records. Nutri-Salud provided technical and financial support to the MOH to develop and carry out training workshops focused on the new clinical records to be used in the first (health posts and convergence centers) and second (health centers) levels of care. Clinical records are vital for the Nutri-Salud quality of care monitoring and improvement methodology (APRECIE for its acronym in Spanish) where samples of these records, taken using the LQAS sampling methodology, are reviewed by QI teams for completeness and accuracy. The official forms are still being finalized by MOH, so the project is waiting to provide the health facilities with approved registry forms. In the meantime, the supply of clinical record forms with which to register consultations is low in many health facilities.

Logistics. Through the DELIVER project mechanism, Nutri-Salud reports to USAID on supply availability at the first level of care services and has continued to do so despite the lack of information due to the temporary closing of the PEC NGOs. In coordination with DELIVER, the project has trained all health personnel of health posts, health centers, and warehouses in priority health districts in Quetzaltenango and Huehuetenango in primary sources of logistic information. This activity aims to strengthen



quality of logistic data (official instruments 3PS, 4CS, daily register of actual demand and Kardex) in order to improve programming and acquisition of supplies, and thus improve availability during consultation.

Over the year, technical coordinators and accountants of various PEC NGOs and health care providers from the various health areas have received training from Nutri-Salud in logistics. In many regions, this included training on logistics of medicines and supplies and a tool for monitoring the stocks of basic medicines and supplies was shared. The participating NGOs committed to provide a monthly report and improve projections for the purchase of inputs. Nutri-Salud also provided training in the implementation of biosecurity best practices in the first level of care facilities. The health districts trained made a commitment to obtain basic supplies for hand washing and re-program funds to purchase other supplies necessary for managing medical waste.

The project also provided training on the correct application of the Balance, Requisition and Delivery of Supplies (BRES) form for family planning methods; improving the storage of medicines; improving the management, monitoring and provision of micronutrient supplements for children 6-59 months of age in first level of care facilities; and logistics for micronutrients.

While Nutri-Salud has given technical support to improve logistics, the MOH has had no funds to carry out routine functions such as supervision and monitoring or to reprint forms. Stock-outs of vaccines, micronutrients, and FP methods were increasingly common during the year. Therefore, institutional and PEC NGOs facilities are focusing their efforts on trying to maintain current coverage levels, despite reduced funding, supplies and staff.

Strengthening first-level care services

Extension of Coverage Program (PEC). Support to the Guatemala MOH's Extension of Coverage Program through grants and technical assistance to PEC NGOs is a principal strategy for improving the basic package of health service delivery which provides front line health care in maternal neonatal and child health in the rural communities in the project coverage area. Nutri-Salud finalized the first year of Fixed Obligation Grants in with 19 NGOs working in the 30 municipalities within the Nutri-Salud coverage area. In addition to grant funds to support maternal, neonatal, and child health activities under the Extension of Coverage program, Nutri-Salud worked with PEC NGO staff to develop competencies in improved health service delivery including; growth monitoring and promotion, treatment

of childhood illness, prenatal care, referral for obstetric risks and emergencies, family planning, home visits and counselling, data collection and use, and medical waste management. PEC NGOs receiving Nutri-Salud grants participate in the APRECIE collaborative learning quality improvement methodology along with staff from Health Posts. This strategy supports NGOs to improve the quality of their activities, thus promoting quality improvement along with improved access.

The following NGOs received Nutri-Salud FOG grants in 2013/2014:

COTONEB	ASODESI
CORSADEC	ASOPRODE
Fundación Kanil	ASOSAM
Asociación Pueblos Unidos	CEDEC
ADIVES	CODI
Carroll Behrhorst	ECO
IMDI	FUNDEI
ADIPO	Hoja Blanca
ADISS	PROSEDE
Eb Yejaw	

Results. The Nutri-Salud FOGs require sub-grantees to implement health service delivery and achieve performance results for 16 MSPAS PEC indicators which are analogous to indicators in the Nutri-Salud Project's Performance Management Plan (PMP). PEC sub-grant indicator targets were based on results previously achieved during the pilot of the Strengthened Extension of Coverage Program (COTONEB 2011) and are set higher than MSPAS targets in order to ensure desired results and institutionalization of quality performance. Sub-grantees were required to meet targets in 80% of the indicators required. Despite not receiving full funding from the MSPAS (Nutri-Salud PEC sub-grantees received between 60-68% of the MSPAS Contract award), Nutri-Salud PEC Sub-grantees were able to achieve higher results on the 16 MSPAS PEC indicators that Nutri-Salud uses as contract performance measures than the NGOs had ever achieved before.

In 2014 The Extension of Coverage Program suffered severe challenges during FY14 due to funding issues related to the MOH budget. In July, the MOH rescinded its contracts with the PEC NGOs and in August, the MOH renewed contracts with 18 of 21 PEC NGOs in Nutri-Salud's coverage area. This allowed Nutri-Salud to also sign contracts and provide complementary funds to the NGOs to ensure permanent health care presence in rural communities and to support achievement of health and nutrition indicators required by PEC as well as project targets. In late August 2014, Nutri-



Salud signed 18 sub-grants to cover 59 jurisdictions.

Nutri-Salud also provided support to the MOH in the drafting of the process and guide for the certification of the PEC NGOs, but the certification process was never started due to the government’s uncertainty regarding PEC funding going forward.

Equipping health facilities. In August 2013, Project CURE delivered medical supplies and equipment that included stretchers, weighing scales, sphygmomanometers, and equipment for minor surgery, among other equipment. The donation was stored by the Nutri-Salud Project on behalf of the Ministry of Health until the project was able to distribute the supplies to health facilities in its six Health Areas in Q1 FY14.

The Terra Group has been invited to participate in building and/or refurbishing convergence centers in the Ixil. This group is presently initiating the expansion of a hydroelectric plant in Ixil (HidroXacbal Delta). Nutri-Salud and The Terra Group are exploring a potential alliance for carrying out a coordinated program.

Extension through universities. Nutri-Salud coordinated with the Western Highlands Universities in order to increase the potential of sustainability of project actions continued during FY14. A special agreement was also signed between San Carlos University and URUC for technical cooperation on topics of training and research (practicum and thesis projects of their students on topics of interest to the project).

Professors of schools of medicine from the four universities in the Western Highlands and from Auxiliary Nurses training departments in the project’s six Health Areas were also trained in the “Wheel of Behaviors for Better Living” to have medical students and auxiliary nurses support the home visiting and counseling program.

Training and technical assistance in maternal and neonatal health to first level health providers

Given the need to have more births attended by skilled personnel, Nutri-Salud has designed and promoted a “maternal and neonatal health care model” that includes five sub-components:

1. Surveillance of pregnant women and delivery, postnatal and newborn care
2. Emergency planning at individual, family and community levels
3. Referral and response system with identification of key places for initial management of complications

Fixed Obligation Grants (FOG) were awarded to 19 Service Delivery NGOs working in 68 MSPAS Health Jurisdictions to provide basic health care to approximately 790,000 inhabitants in the following 30 Municipalities:

Quiché	1	Cunén
	2	Nebaj
	3	Sacapulas
	4	Uspantán
	5	Chajul
	6	San Juan Cotzal
	7	Zacualpa
	8	Chichicastenango
San Marcos	9	San José El Rodeo
	10	Nuevo Progreso
	11	San Lorenzo
	12	San Miguel Ixtahuacán
	13	San Pablo
	14	San Rafael Pío de la Cuesta
	15	Sibinal
	16	Tajumulco
Huehuetenango	17	Jacaltenango
	18	Chiantla
	19	San Sebastián Huehuetenango
	20	Todos Santos
	21	Santa Cruz Barillas
	22	Cuilco
	23	Concepción Huista
	24	San Antonio Huista
	25	La Libertad
	26	La Democracia
Totonicapán	27	Momostenango
	28	Santa Lucía La Reforma
Quetzaltenango	29	San Juan Ostuncalco
	30	Concepción Chiquirichapa



4. Enabling environment in primary health care facilities
5. Knowledge and skills of auxiliary nurses

These sub-components are further supported by SBCC for prenatal and postnatal counseling, especially in the use of family birth preparedness/emergency plans (Step 2), and community mobilization to help in transportation of emergencies (Step 3). Training on initial management of complications (Step 3) was conducted in collaboration with the URC TRAction project. These trainings, mentioned earlier in the section, covered surveillance, AMTSL and HBB, among other processes to avert maternal mortality.

As a result, in San Marcos and Quiché, training participants committed to keep a dynamic census and surveillance system of pregnant women. Also in Quiché, primary level health care providers are testing MNH innovations such as use of a weekly card to record pregnant women's complications and a work tool with TBAs to document the demand for health services. Community facilitators were also assigned responsibility for the documentation of pregnant women's probable delivery dates. In Huehuetenango, as a result of the AMTSL training provided, the lives of two mothers in the Health Area's largest and remotest region were saved this year. After the training in Momostenango, 100% of the convergence centers have an Integral Care Norms manual. The health posts of the three health districts in Ixil have obstetric risk files, gestograms for computing gestational age, urine sticks, integral care norms for the first and second level of care, brochures on feeding and care during pregnancy and control sheets of pregnant women (mapping) and equipment (stethoscope and speculums) to improve the pregnant women's surveillance and quality care.

In four of six health areas, all first-level personnel are trained to recognize danger signs during pregnancy, birth and postpartum, in the newborn, and in infants and young children. Training has also included prenatal dietary counseling, birth preparedness and emergency planning for pregnant women, and hand washing as an overall preventive measure. Health workers trained as facilitators have formed support groups of pregnant women who meet once a month to discuss and learn about relevant topics.

In FY14, the Nutri-Salud teams developed a list of "critical competencies" in maternal, neonatal and child nutrition and health care that require in-service training of health personnel, particularly new auxiliary nurses in Convergence Centers. A plan to conduct this training was developed and a firm hired to help with preparing the training "units". Each training unit is comprised of practical exercises to develop the competency and

informative summary about the competency highlighting scientific evidence for conducting such skill.

An alliance with FUNDAP (Foundation for Integral Development in Socioeconomic Programs), which has an education and training program for auxiliary nurses, is also being explored that would allow provision of scholarships and insertion of trained personnel in the public health sector.

Traditional birth attendants. Auxiliary nurses are being trained as facilitators of training (TOT) to traditional birth attendants (TBAs) in relevant health and nutrition topics and using a practical methodology adequate for illiterate adults. As a result, in 14 out of 30 priority municipios TBAs have been trained on immediate and exclusive breastfeeding, the importance of prenatal care, and postpartum family planning by trained health personnel. Traditional birth attendants (TBAs) in communities of Quetzaltenango, Totonicapán, Quiché and Ixil were also trained in active surveillance of pregnant women (to detect pregnancies early in the first trimester), prenatal care, dietary counseling, recognition of danger signs, clean and safe delivery in the home, and postpartum family planning.

Among commitments made by TBAs are: early detection of pregnant women (before 12 weeks of pregnancy), accompaniment or referral to health services for at least four check-ups, and detection of danger signs and immediate referral. The MOH together with the project will provide follow-up to commitments made by TBAs.

University students. Training was provided to final-year medical and nursing students of San Carlos (44 medical students), and Rafael Landívar (12 medical and 40 nursing students) on population counts and mapping, anthropometry and classification of chronic and acute malnutrition, counseling, maternal, neonatal and child health, family planning, social and behavior change communication, and community participation. Over 100 nutritionists conducting their supervised practices in health posts of Ixil, Quetzaltenango, San Marcos, and Huehuetenango received refresher training on growth standards and classification of nutritional status. In an international conference with more than 500 medical students the topic of chronic malnutrition in children and its consequences was addressed by the project. Finally, cultural pertinence and Mayan worldview have been topics of presentations and discussion with students.

Coaching, supervision, and monitoring. Coaching, supervision and monitoring of primary level health care providers (maternal, neonatal, and child health and nutrition) is conducted in an integrated fashion for all project components. This entails reviewing



Nutri-Salud provided training to final-year medical and nursing students on topics related to maternal and child health and chronic malnutrition to improve health provider capacity in these areas.

indicators, noting changes in quarterly measurements (two measurements of quality of care and community indicators were available), and providing assistance in developing improvement plans. During all of FY14, but especially during the last quarter, Nutri-Salud local teams have provided this coaching, supervisory and monitoring support predominantly through site visits to first level health delivery points (health posts and convergence centers) in order to directly observe provision of essential nutrition and health actions and counseling. Coaching to health personnel was provided on the spot, responding to the observations made and the performance gaps identified. This same methodology has been used to check the progress of health commissions in the 5 steps to have an emergency plan.

Result 2.2: Access to infant and child health care improved

The majority of the activities described under Result 2.1 also apply to Result 2.2 as Nutri-Salud implements its technical components in an integrated manner within a continuum of care framework for integrated maternal, neonatal, and child health with a focus on the '1,000 days' approach. The following are additional activities more specifically targeted to infants and children.

Strengthening first-level care services

In FY14, Nutri-Salud provided support to the MOH to launch the integrated care for children and women at the community level (spanish acronym AIEPI AINM-C) strategy and to update the technical standards for the implementation of the IMCI protocol and standard case

management, as well as the model for the Maternal, Newborn and Child Health Care service delivery model. Health service providers were also trained in management of diarrhea and acute respiratory infections using IMCI. The reproduction of IMCI protocols is pending revision from USAID.

The project also supported two nation-wide vaccination campaigns conducted by the MOH and reproduced and distributed promotional materials. In addition, questions regarding immunization were added into the APRECIE monitoring at the community level.

Training and technical assistance in child health

All first level health personnel have been trained in opportune and complete vaccination of children 0-5 years, with emphasis on children under two. All 604 health facilities received a poster with the vaccination scheme and brochures on vaccination, which are provided to mothers as part of counseling. The project provided training in San Marcos, Momostenango, Totonicapán and the Ixil area in safe vaccination, cold chain establishment and maintenance, and the epidemiology of preventable diseases with vaccination surveillance guidelines. The training improved health care providers' abilities in management, conservation and identification of immune-preventable diseases and vaccines' administration. As a result, lost opportunities in vaccination have been reduced and it is expected that indicators will improve.

Personnel in two San Marcos priority health districts were also trained in the integrated care for children and women at the community level (spanish acronym AIEPI AINM-C) strategy and have started to implement it.



In FY 2014, Nutri-Salud supported the Guatemala MOH in the project target area to undertake two vaccination campaigns as part of larger nation-wide campaigns.

Component 3: Family Planning

Nutri-Salud Training and Workshops – FY 2014	Number of people		
	Male	Female	Total
Result 3.1 Effective CBD programs for FP services implemented, including preventive services for adolescents			
Trained in the systematic offer of FP services and/or the family planning law framework	29	69	98
Result 3.2 Increased Community participation and advocacy for FP and Reproductive Health			
Participated in awareness sessions on family planning	55	136	191
Trained in family planning, family planning law framework, and/or self-esteem, FP, and malnutrition cycle	652	827	1,479
Total	736	1,032	1,768

Nutri-Salud Meetings and Awareness Activities – FY 2014	Number of people		
	Male	Female	Total
Participants in awareness workshops on family planning laws, family planning barriers, intercultural approach, FP for religious leaders, FP and gender equality, community organization in support to FP, and/or use of family planning methods	611	830	1,441
Participants in technical meetings to strengthen the pathway coordination of complaints from pregnant women less than 14 years old, family planning and the first 1,000 days, and/or family planning law framework	73	294	367
Participants in meetings on delay of first pregnancy, family planning and danger signs	136	173	309
Total	820	1,297	2,117

Result 3.1: Effective CBD programs for FP services implemented, including preventive services for adolescents

In FY 2014, Nutri-Salud worked with MOH Health Areas and Health Districts, and with USAID partners and other organizations to strengthen programs for family planning and reproductive health services at the first level of care, which is the first line of health service delivery at the community level in the rural areas where Nutri-Salud works. Nutri-Salud staff worked to strengthen knowledge of family planning interventions among health workers and to build capacity to implement family planning interventions in first level health care facilities. Technical assistance was also provided to traditional birth attendants to strengthen the chain of referral for family planning and reproductive health services. Nutri-Salud develops joint work plans with partner Health Areas and Districts and with other USAID WHIP implementing partners such as the USAID/PlanFam Project.

Training of health providers in family planning

Nutri-Salud staff provided technical assistance to health personnel such as physicians and professional nurses from health centers and health posts as well as ambulatory auxiliary nurses of the Extension of Coverage Program. Technical assistance was provided to strengthen the knowledge and delivery of family planning interventions.

Topics for technical assistance to strengthen community based family planning services included:

- ◆ National Family Planning guide which was updated in 2014
- ◆ Eligibility criteria for use of contraceptive methods
- ◆ Institutional barriers to family planning (to emphasize the role of family planning in reducing maternal mortality and chronic malnutrition)
- ◆ Guatemalan laws governing the delivery of family planning and reproductive health services



- ◆ The US Tiaht amendment (Nutri-Salud local teams have conducted monitoring (through interviews and documental review) of the compliance with the Tiaht amendment through balanced offer and counseling. In each of the facilities visited, a meeting is held with personnel to discuss findings and plan solutions to gaps found, if necessary.)
- ◆ The Integrated Strategy for Sexual and Reproductive Health (which includes prevention of teen pregnancy and the legal framework to respond to cases of teen pregnancy)
- ◆ Preventive services for Adolescents. The project has trained health personnel, especially those in charge of health promotion and education, to conduct sessions with adolescents to help them understand the advantages of delaying their first pregnancy and having a life plan.
- ◆ Family Planning and Reproductive Health with men

Systematic offer and balanced counselling

Nutri-Salud provided technical assistance and capacity building to health providers in first level health facilities to promote standards for the systematic offer of FP services and methods in order to improve access to family planning methods at the community level by ensuring that these services are offered systematically and in a uniform way to all health facility clients. This technical assistance included balanced counseling on family planning methods to ensure quality in the delivery of family planning services. To this end, Nutri-Salud developed a tool to train health personnel in balanced counseling in family planning. The training tools included a flipchart and algorithm for balanced counseling in family planning.

Logistics to improve community-based distribution of FP services

Nutri-Salud has supported the training of personnel from health districts and Extension of Coverage Program jurisdictions in the use of the logistics methodology balance, request, and supply of inputs (BRES) in order to improve community-based distribution of family planning methods and services by ensuring the adequate supply of Family Planning methods at community level health facilities. Unfortunately, until the end of the fiscal year, the MOH was unwilling to allow community health workers such as health promoters, monitors, and TBAs to be trained to conduct community distribution of FP methods. With this recent change in MOH policy, the project is poised to support the training of community health workers as part of a community-based distribution strategy in FY 2015.

MEROS

Nutri-Salud has developed a manual for a methodology to work in reproductive health and family planning with groups of men (MEROS for its Spanish acronym) and has trained health personnel in Nutri-Salud's project target area who will in turn work with male leaders in the communities. The methodology covers the topics of responsible fatherhood, sexual and reproductive health, family planning, and the role of men in the 1,000 window of opportunity over eight training sessions. Participants were very motivated to replicate the sessions with other groups of men in their communities and to scale up the use of the methodology in the Highlands.

Result 3.2: Community participation and advocacy for FP and reproductive health increased

Nutri-Salud works at the community level to increase awareness of Family Planning and Reproductive Health and to support community groups and local governments to advocate for the availability of quality FP methods and services. Working to increase community participation and advocacy for family planning and reproductive health can contribute to a synergistic relationship between health workers and community members that will lead to a decrease in unmet need for family planning methods in Nutri-Salud's target areas. In FY 2014, Nutri-Salud provided support in the form of workshops and trainings with community organizations and local governments, including the Guatemalan development council system to create awareness and provide coordination for community participation to increase the knowledge and use of family planning and reproductive health.

Community Groups

Nutri-Salud worked to increase community participation and advocacy for family planning and reproductive health among the following community groups and organizations:

- ◆ Female leaders
- ◆ Religious leaders
- ◆ Community leaders
- ◆ Traditional Birth Attendants
- ◆ Teachers
- ◆ Groups of men
- ◆ Adolescents
- ◆ Network for Responsible Parenthood



Workshops were held with community groups to build awareness of reproductive health, family planning (optimal birth spacing, as well as LAM and other family planning methods), prevention of teenage pregnancy, and the national laws that apply to the distribution of family planning methods. Nutri-Salud worked with organizations carrying out health actions, especially family planning, to ensure the coordination of activities with local health authorities. Organizations were encouraged to present integrated reports of their family planning work to the Health Areas.

Members of the Ixil Network for Responsible Parenthood and the Committee for Victim Care (of rape and others), who were trained on the family planning legal structure, decided to work in the prevention of teenage pregnancy. As a result, partnerships were formed with a local cable TV broadcaster (Cable Vision Turansa), and a radio station (Radio Ixil) where air time was donated to broadcast health and nutrition messages.

The project is also promoting the formation of networks of adolescents and youth that can expand training in these and additional topics to other adolescents.

Municipal Governments and Community Development Councils

Local government representatives in Nutri-Salud's target area have received awareness-building training in order to increase community participation and advocacy for family planning and reproductive health among decision-makers and local development planners.



Nutri-Salud works at the community level to increase awareness of Family Planning and Reproductive Health issues by participating in events such as the Huehuetenango Youth Summit on Reproductive Health and Family Planning the Project participated in.

These awareness building activities targeted:

- ◆ Municipal mayors
- ◆ Municipal development councils
- ◆ Municipal Women's Offices (OMM)
- ◆ Community development councils (COCODEs)
- ◆ Food security and nutrition commissions (COMUSAN)
- ◆ Members of COMUSANs were trained in family planning awareness to motivate them to implement actions to promote Family Planning and Reproductive Health as part of a plan to decrease chronic malnutrition and maternal deaths.

Nutri-Salud also provided support to OMM coordinators in the utilization of tool to identify the main problems concerning Family Planning, analyze their causes, and search for solutions.

“Talking about family planning is a waste of time, I am not interested [in the topic]; my job is to plan and manage construction projects”. However, during the session he became increasingly interested and at the end of it he said: “I am sorry for the way I talked at the beginning of the workshop, [...] really as leaders we do not know about the importance of this topic. Now, I cannot plan my family because my wife and I are old, but I will give this information to my sons and to my community so that they can live better”.

– Martín Macario Mejía, president of the COCODE of San Antonio

Nutri-Salud worked with municipal mayors and COCODEs, in coordination with USAIDIPlanFam, to provide training on the FP law, the Law on Safe Motherhood, and the strategy to prevent teen pregnancy. As a result, In Momostenango for example, presidents of the COCODEs and auxiliary mayors



committed to conducting activities for the prevention of teen pregnancy as part of a new public policy focused on children and adolescents.

Result 3.3: Capacity of selected local organizations to guarantee the quality of community-based distribution of FP services guaranteed

Adolescent Sexual and Reproductive Health Sub-grants

In FY 2014, Nutri-Salud awarded grants to three local non-governmental organizations (NGOs) to strengthen adolescent reproductive health in communities within the Nutri-Salud Project target area. Through these grants Nutri-Salud is engaging and supporting local NGOs operating in Nutri-Salud Project target area to implement community-based activities aimed at improving adolescent/youth sexual and reproductive health (ASRH).

The grants will contribute to achieving Nutri-Salud's results related to adolescent reproductive and sexual health through:

- ◆ Establishment of effective community-based adolescent preventive services in the areas of SRH, including youth-friendly family planning services.
- ◆ Reduction in the percentage of women between 18 and 24 years of age who have their first birth before age 18.
- ◆ Increase in the number of new users of family planning services and contraception, including condoms.
- ◆ Increase in the percentage of births spaced at least 36 months apart.
- ◆ Increase in the percentage of youth who delay marriage and sexual activity until after age 18.
- ◆ Improved women's perceptions of self-efficacy.
- ◆ Strengthened intra-family dialogue and support from husband and other family members.

Below is a summary of the Sub-grantee organizations and the programs they are implementing under Nutri-Salud sub-grants:

Cruz Roja Guatemala	
Project Title	"I LOVE MYSELF, I DECIDE, I PARTICIPATE" Adolescents and Young People for Sexual and Reproductive Health
Goal	Reduce teen pregnancy by helping adolescents and youth to make safe and responsible decisions about their sexual and reproductive health.
Objectives	<ol style="list-style-type: none"> 1. Adolescents and youth sexual and reproductive know the safe and responsible practices of health 2. Adolescents and youth have access to sexual and reproductive health 3. Adolescents are actively involved in improving the situation of sexual and reproductive health

The Guatemalan Red Cross will be implementing the "I Love Myself, I Decide, and I Participate" project under a Nutri-Salud sub-grant to reduce teen pregnancy by educating adolescents and youths to make safe and responsible decisions about their sexual and reproductive health through peer education methodologies used by the Red Cross in several countries in Central America.

The first quarter implementation of "I Love Myself, I Decide, and I Participate" was aimed at laying the groundwork to develop reproductive and sexual health educational activities with adolescents and youths. During this period, activities were underway in communities to prepare for the training of peer educators and replication of activities of the Red Cross methodology "Juntos Si Podemos" (Together We Can) in communities in San Marcos. The Red Cross held meetings with 6 local authorities including representatives from the Ministry of Health and Education to plan the implementation and coordination of activities under the sub-grant, which will be carried out in communities in San Marcos. Agreements were signed with local authorities and schools to confirm participation and support for the project at the local level.



Asociación de Cooperación al Desarrollo Integral de Huehuetenango (ACODIHUE)

Project Title A Strategy for Education and Information to Contribute to the Sexual and Reproductive Health of Adolescents and Youth in Two municipalities in the Department of Huehuetenango

Goal Improve sexual and reproductive health in adolescents and young people between 10 and 24 years in the department of Huehuetenango.

- Objectives**
1. Increase the percentage of adolescents and young people that delay the onset of sexual activity and marriage by 5%.
 2. Reduce percentage of girls and young women with the first pregnancy before 20 years of age by 5%.
 3. Increase the number of adolescents and young people who have the ability to make decisions and develop their life projects.
 4. To help couples space births between 36 and 60 months through dialogue and promote the domestic support he or teen in your family.
 5. Increase the number of new users of family planning and contraception, including condoms, to prevent or space pregnancies by 10 %.
 6. Increase the involvement of adolescents and youth in productive projects.

Asociacion Pies de Occidente

Project Title "Promotion and Protection of the Rights, Sexual and Reproductive Health in Adolescents and Young People in 4 Municipalities of Quetzaltenango and Totonicapán, Guatemala"

Goal Contribute to the improvement of sexual and reproductive health of adolescents and young men and women in 4 municipalities and departments of Quetzaltenango and Totonicapán.

- Objectives**
1. Behavior change in young teenagers and parents to improve the sexual and reproductive health of youth through a social media campaign with a focus on law, gender and cultural relevance in the municipalities of San Juan Ostuncalco, Concepcion Chiquirichapa, Santa Lucia La Reforma and Momostenango.
 2. Develop technical and methodological capacity in a young team facilitator for the promotion of sexual and reproductive health of young people at the community level in each of the 4 municipalities mentioned.
 3. Promote social and economic development/youth organizing to meet basic health and nutrition needs through the implementation of a production pilot project in each of the 4 municipalities.

The Association for Cooperation for Integral Development of Huehuetenango (ACODIHUE) is implementing an adolescent educational strategy in two priority municipalities in that department and has conducted meetings with public schools, parents and teachers' associations, and local media. Pies de Occidente has conducted their base line and has started to implement their intervention by training youth facilitators and pre-testing radio productions.

Community Health Stores (TISA)

Conversations were also held with TISA Mercy Corps to strengthen and expand their selling of contraceptive methods in health stores. During the last quarter two new TISA were opened in Cuilco, Huehuetenango.

Component 4: Community Mobilization

Nutri-Salud Training and Workshops – FY 2014	Number of people		
	Male	Female	Total
Trained on the five steps defined for community participation in health and nutrition, third component of pregnant women surveillance, and/or strategies for healthy homes	358	388	746
Result 4.1 Increased community-wide participation in health and nutrition activities, with emphasis on the participation of women			
Trained in the seven essential responsibilities of the municipal health commissions to prevent maternal death, third component of pregnant women surveillance, and/or roles and responsibilities of community health and nutrition commissions and community facilitators	128	268	396
Result 4.2 Increased municipal investments in water and sanitation services, and other health and nutrition actions			
Trained in water and sanitation, national water and sanitation policy, and/or strategies for healthy homes	275	113	388
Total	761	769	1,530

Nutri-Salud Meetings and Awareness Activities – FY 2014	Number of people		
	Male	Female	Total
Participants in meetings and awareness sessions on health committees, community organization groups, and/or gender and interculturality	180	171	351
Total	180	171	351

Result 4.1: Community-wide participation in health and nutrition activities, with emphasis on the participation of women

Coordination and Awareness Building

Nutri-Salud coordinates with many different community-level actors and organizations across the priority municipios, including the Municipal Corporation System of Development Councils (COMUSAN, COMUDES and COCODES), Municipal Women's Office (OMMs). Letters of cooperation were signed with 28 of the 30 municipios and the project conducted sensitization processes with stakeholders on topics of chronic malnutrition, maternal health and reproductive health/family planning, water and sanitation. Coordination with HEPP and Save the Children, as well as government and non-government institutions, has been forged in order to implement actions to reduce chronic malnutrition and improve access to care.

Under the leadership of the Nutri-Salud project and active support of USAID and other USAID health partners, the First Regional Meeting of Local Authorities

(mayors), multisectoral partners and USAID took place to discuss the issue of reducing chronic malnutrition and poverty in the region under the Zero Hunger Pact. Government officials, USAID, and special guests attended the meeting which became a very important activity during the first quarter of FY14.

During the First Regional Meeting of Local Authorities, Nutri-Salud also shared a causal framework on chronic malnutrition, facilitating an interactive session during which the participants define priorities and commitments to decrease chronic malnutrition.

Over the year, Nutri-Salud held sessions to share the chronic malnutrition conceptual framework (including the method and materials) with municipios, health districts, school supervisors and teachers to sensitize them on the topic of chronic malnutrition as the most important public health and development problem in Guatemala. Three key objectives were that authorities would: 1) acknowledge chronic malnutrition as a severe problem among children under five years of age in the communities, 2) identify the causes and consequences of malnutrition, and 3) recognize that it is possible to carry out preventive actions at the family and community level.



More than 1,300 people have participated in the sessions including mayors, Municipal Planning Direction (DMP), and members of the OMMs, COMUSANs, COMUDEs and COCODEs. In addition, representatives of the Health Areas and Municipal Health Districts also participated in some sessions. Participants found the conceptual framework to be a very useful tool to understand the multi-causality of chronic malnutrition and the interventions needed from different sectors (health, agriculture, education, economic, etc.).

COCODE' health commissions. With technical assistance and accompaniment of Nutri-Salud, PROEDUSA and the National Reproductive Health Program have again taken over stewardship of the COCODE' health commissions and plan to implement training on topics such as nutrition, and maternal, neonatal and child health. Nutri-Salud's most important contribution has been to update and share the 5 As (or five steps) methodology and manual for the formation and implementation of community health commissions, especially for emergency health plans.

In several health commission meetings in several health areas, the project facilitated drills of the activation of community emergency plans. Following the exercises, health commissions shared their experiences in organization and activities at the community level. In addition to their training in emergency plans, health commissions and their facilitators are trained in other topics related to the programmatic components of the project: nutrition, MNCH and family planning. It is the facilitators who are responsible for monitoring the health commissions' activities and providing a link between them and the auxiliary nurses of health posts and convergence centers.

For example, the Ixil health area has a database of health commissions linked to health posts and convergence centers to promote follow-up with monthly meetings of health commissions and municipios in San Marcos and Ixil have organized meetings to exchange experiences among members of the health commissions.

In Tonicapán, with technical advice and advocacy from Nutri-Salud, the Health Area's Reproductive Health Program and PROEDUSA assumed leading roles in monitoring and coaching Momostenango's health commissions and will be accountable for community mobilization in the health district. Under this new leadership, the programs organized activities with health commissions to exchange experiences and lessons learned. The result was a training and strengthening plan for these commissions coordinated by the health area of Tonicapán and the health district of Momostenango.



Nutri-Salud Works with community Health Commissions to strengthen community organization to respond to health needs.

Greater coordination of health commissions with traditional midwives has also been recommended for all the Health Areas.

Community groups. As an important part of the "community health promotion system", where health education and communication is provided not only by health workers but by community organizations, women's groups, schools, churches, and other volunteers, the project is promoting the formation of community groups. These groups represent a space to share and strengthen knowledge and good practices related to the beginning of the 1,000 days window. Usually comprised of 15-20 pregnant women each, the groups hold monthly sessions to discuss diet during pregnancy and lactation, prenatal care, breastfeeding, and importance of food hygiene. Sessions with mothers of children 0-2 years of age are also being promoted in order to teach nutritious preparations for children and improve feeding and care practices. By supporting and accompanying these sessions, Nutri-Salud local teams are able to strengthen the performance of health personnel both in the conduction of the sessions and in their contents.

NGOs with grants for community mobilization

Grants were awarded to four NGOs (APPEDIBIMI, ASDECO, ECO, and Pies de Occidente) working in 12 prioritized municipios to promote community organization and participation to help solve community health and nutrition problems. These NGOs have started to implement their activity plans to improve the organization, management and advocacy about nutrition



“Thank you for coming here to help and teach me what I have to eat because that will help me get stronger and feel better. I also learned how to feed my children. The truth is that we are very poor here, but we can also improve by following the recommendations you give us. My husband is a community leader and he tells me that he likes me to participate in these meetings because they help us all.”

– Ana Domingo Calel Tum, nursing mother, Salquil, Sacapulas

and health through the system of Development Councils. At the community level, they work with COCODEs and their health, women’s, and water commissions. They make efforts to strengthen links between COCODEs and municipal level COMUDEs and COMUSANs, the networks of women’s organizations and public institutions. They also alert development councils on the risks of politicization. Nutri-Salud has also worked with these NGOs to develop their behavior change communication strategies, enabling them to develop BCC plans focused on promoting community participation.

Relevant achievements of these NGOs to-date include: 12 Municipal Women’s Offices participated in workshops on self-esteem, leadership, and women’s empowerment offered to women leaders to increase their participation in decision-making spaces; and 12 COMUDEs, 12 COMUSANs, and 242 COCODEs’ members were trained in the legal framework for community mobilization and the functions of development councils and commissions, with emphasis on nutrition, health and self-management. Finally, the NGOs have conducted community situational assessments focused on community organization and their activities on health and nutrition.

Training on maternal and infant and young child health and nutrition

Health providers. Nutri-Salud has finished conducted training of trainer (TOT) workshops on the five-step maternal and neonatal health care model to strengthen the organization of health commissions and emergency planning in all municipios. Trained facilitators (rural health

technicians, ambulatory nurses, and auxiliary nurses, and health educators from both health posts and PEC jurisdictions) have in turn carried out training sessions for members of COCODEs and health commissions.

Health and nutrition commissions. The training for health and nutrition commissions was specifically linked to the first two of the five sub-components of the MNH care model: surveillance of pregnant women; and the use of community emergency plans and resources available in the communities for opportune referral of emergencies. As a result of these activities, the participating communities now have community emergency plans and lists that track pregnant women and their probable delivery dates. Health commissions, namely in Ixil and Quiché Health Areas, also participated in exchange visits and other activities for collaborative learning on these topics. In addition, many commissions of the prioritized municipios have conducted audits of first level of care services, identifying the ones that have less than 50% of essential medicines and supplies, which do not permit them to provide adequate quality health care service to users.

“I appreciate the support you are giving us; the commissions are elected on an assembly and we are assigned some duties; now I know which our duties are. I commit myself to socialize in the community assembly the importance of having a saving fund in the community for its emergencies.”

– Don Diego Tum, president of the health commission in Parraxtut of Sacapulas

Training Municipal Organizations

In coordination with the Network of Indigenous Womens Organizations for Reproductive health, Nutrition, and Education (REDMISAR for its acronym in Spanish) and the Reporductive Health Observatory (OSAR for its acronym in Spanish), which is supported by the HEPP project, Nutri-Salud has developed plans to continue training in nutrition and health topics the System of Development Councils (COMUDE, COMUSAN, COCODE, COCOSAN, health commissions) and other municipal offices, including the Municipal Women’s Offices (OMMs). The importance



of community organization for nutrition and health was underscored. To that end, the following are examples of training and technical assistance provided by Nutri-Salud to various municipal and community organizations in the Health Areas:

- ◆ **Quiché:** A diploma course is being implemented with representatives of COCODEs women's organizations that focuses, among other topics, on food and nutrition security and chronic malnutrition. Participants agreed to work with the auxiliary nurses of convergence centers and health posts to document all children under two years of age, identify what crops are produced and consumed in the community, and determine how the diet can be diversified to prevent malnutrition. Training has also been provided to COMUSAN members on the classification of nutritional status and ENA. The representatives of the national and local government committed to verify compliance with growth monitoring and promotion in their areas of influence.
- ◆ **San Marcos:** The OMMs were trained on ENA to enable them to integrate nutritional education into their activities. They have committed to improve the health and nutrition of children less than five years, and pregnant and lactating women in the organized women groups in their municipios.
- ◆ **Huehuetenango:** Advocacy and sensitization meetings were held with COCODEs and other men and women community leaders to strengthen knowledge and promote women's participation in health and nutrition actions. Meeting topics included: self-esteem, appropriate diet for pregnant and lactating women, and family planning. Leaders committed themselves to share information on and promote FP in community assemblies.
- ◆ **Quetzaltenango/Totonicapán:** The municipio of Momostenango opened an Agricultural Extension Office to provide technical advice and supplies to low-resource families in the implementation of family gardens. Funds were also assigned to productive projects. Nutri-Salud supports the MOH to use this platform to conduct dietary and nutritional education of women.
- ◆ **Ixil:** Nutri-Salud provided training to the COMUDE in Nebaj on chronic malnutrition in their municipio and its consequences and, as a result, committee members have requested that the health area keep them informed about child stunting so that they can participate in developing nutrition solutions.



Nutri-Salud has developed plans to continue training in topics related to community organization for nutrition and health.

Result 4.2: Municipal investments in water and sanitation services, and other health and nutrition actions increased

The project continues to advocate for more financial resources to be invested in improving water quality, which is a municipal mandate in Guatemala. Health projects working in Momostenango, for example, are supporting interventions following the operational plan of the national policy as the municipio investigates the feasibility of using municipal funds to construct a potable water system and construct/expand two health posts in Santa Ana and Xolajap.

In San Marcos, as a result of the sensitization workshops carried out with mayors and Municipal Corporations regarding the water and sanitation reforms to the legal framework, several municipios have formed or strengthened their Municipal Office of Water and Sanitation (OMAS).

In places where Nutri-Salud has been able to work with Water and Sanitation Inspectors (ISAs) in health districts, they have intensified their work with community water committees to disinfect water tanks and advocate with municipios for the availability of chlorine and hypo chlorinators. For instance, in San Juan Ostuncalco, Quetzaltenango ISAs reported that 50% of tanks are contaminated with E.coli and this has led the municipality to take action. Many ISAs have also developed water and sanitation action plans that include such activities as: health commissions trainings,



support to plumbers, water systems improvement, water quality assessment and improvement, solid waste management, economic sanctions to violators by the general accountant and an environmental accountability office (according to the reforms).

Training and technical assistance on water and sanitation

Local government representatives (mayors, development councils, COMUSAN, Municipal Office for Women) in prioritized municipios were trained in the causal framework of chronic malnutrition, including water and sanitation, and engaged in discussing local strategies to help reduce poverty and chronic malnutrition. The training was expanded to include other health organizations that work in the municipios.

Over FY14, Nutri-Salud has worked with ISAs, rural health technicians (TSRs), water committees, plumbers, auxiliary mayors and institutional facilitators to provide specific WASH training related to enteropathy and chronic malnutrition including on the benefits of water chlorination, water system management, and water preservation and care. Some ISAs and TSRs also received training on water tanks disinfection and have started to draw samples of water for analysis and return results to communities.

The project arranged planning workshops with key actors (for example, with municipalities, MOH staff, and other actors in Quiché and Ixil) to discuss the importance of safe water consumption, allowable chemical components in water, and protection of water sources and to unify actions that allow the population to learn the benefits of water chlorination and improved water quality. Project-trained ISAs have also helped trained municipalities and health commissions on these topics in many municipios.

Nutri-Salud's team in Ixil provided technical assistance to the municipal council of Nebaj to develop a project profile for the installation of hypo chlorinators in water tanks. Community facilitators were also trained on completing the SIVIAGUA forms used to gather information about the availability of safe water at the community level. The outcome of this effort is that resources necessary for the project are being requested from the Municipality in Nebaj so that the municipal council can implement the project.



Program Management

Grants and Partners

Grants to PEC NGOs

The Guatemalan Government terminated funding to PEC NGOs in November 2013 and did not renew their contracts with the MOH until February 2014. PEC NGOs did not receive their first disbursement of 2014 funds (18% instead of 40%) until May 2014. In late July, as the Vice President of the country announced that NGOs were not going to be provided with more funds, the Vice Minister of Primary Health Care resigned.

In August 2014, the government revoked its decision to remove NGOs from healthcare provision. Eighteen in the project's priority municipalities were re-hired by the MOH and Nutri-Salud was able to sign sub-agreements with them for the period from late August 2014 to January 2015. The program is crippled due to lack of government funding, and Nutri-Salud is monitoring the situation carefully. At the same time, the project is looking for alternative community-based mechanisms, complemented by increased municipal engagement, to support quality healthcare in the 30 target municipios.

Grants to non-PEC NGOs

As mentioned above, grants were competitively provided to three non-PEC NGOs (Pies de Occidente, ACODIHUE and Red Cross in San Pablo, San Marcos) working to strengthen adolescent reproductive health in the project target area. Through these NGOs, the project is reaching adolescents between 12 and 18 years of age to prevent teenage pregnancies. In addition, grants were given to four non-PEC NGOs (APPEDIBIMI, ASDECO, ECO, and Pies de Occidente) working in 12 prioritized municipios to promote community organization and participation to help solve the principal community health and nutrition problems. These seven NGOs have started to implement their respective work plans with guidance, supervision and monitoring from Nutri-Salud.

Mid-term Project Assessment

An assessment of the Nutri-Salud project (scope of the project, PMP indicators and targets, coordination and communication with its counterparts, and redesign of its structure and staffing), including the development of a transition plan to improve project management was carried out in June 2014. Nutri-Salud was approaching two years of its five-year implementation period, and a

mid-term assessment of its management, organization, implementation, and results to date had already been planned. With the resignation of the COP at the end of May, the mid-term evaluation was moved forward to May 2014, and an external consultant was hired for that purpose and an interim COP was appointed for the period June-September. The new COP, Dr. Patricia O'Connor, arrived in mid-September 2014 and following and overlap with the interim COP assumed the leadership of the project on October 1, 2014.

The mid-term assessment was conducted by an external consultant (Dr. Paul Richardson) who reviewed the project's scope, objectives, progress toward expected results. He developed a transition plan for redesigning and aligning field offices, staff, technical assistance strategies, and funding to achieve the objectives in the cooperative agreement. This has involved updating technical strategies that are feasible given political and financial limitations faced by the Ministry of Finance (MinFin) and the MOH. A key recommendation of the assessment was to focus on strategies and interventions that will have the most impact on improving nutrition, MNH, child health and FP coverage. The redesign requires directing more resources to some components of the project and reducing support in others. This is already reflected in the work plan submitted to USAID in August and in activities planned for each quarter of fiscal year 2015.

Technical Re-alignment

An FY 2015 work plan was presented to USAID on August 2014. Emphasis is placed on health prevention and promotion at the primary care level and the community, with a focus on the continuum of 1,000 days from pregnancy to 2 years of age, and on population groups with more risk factors: larger populations/municipios, with higher prevalence of chronic malnutrition and diseases, with more indigenous and rural households (small landholders), and covered by PEC. Promotion and prevention will be strongly linked to the health area and district levels, forcing coordination between PEC, area and district. On this basis, several changes were made to the organization of the project.



1. Staff was relocated in the Quetzaltenango office and priority health areas.
 - Four technical advisors have been designated “public health managers” at the health area/ departmental level in Huehuetenango, Quiché-Ixil, San Marcos, Quetzaltenango-Totonicapán. The Nutrition Advisor post and one additional monitoring and evaluation advisor were relocated to the Quetzaltenango office.
 - A new technical coordinator has been named and is responsible for supporting the public health managers and overseeing program integration in the field
 - Staffing profiles (position descriptions and numbers of staff) of Nutri-Salud local teams are being revised to better meet project objectives in the dynamic context in which the project is operating
 - The main focus of the local project teams is monitoring, supervision, coaching and quality improvement local health services.
2. Main activities for FY’15 will be centered around:
 - Home visiting program (Wheel of Behaviors for Better Living) for individual and family level behavior change interventions
 - Community organization, mobilization and participation in community level interventions
 - Competency-based strengthening of health personnel in primary health and community care, with emphasis on prevention and promotion
 - Close coordination and joint planning with Health Area and District levels and with USAID implementers
3. Involving Municipalities and other sectors
 - The project is exploring alternative forms of delivering health services through municipalities, especially in those jurisdictions where PEC NGOs are not providing basic services

Monitoring and Evaluation

APRECIE

In the area of covered by health posts and convergence centers (first level of care facilities), 115 supervision areas (SAs) have been defined. An effort has been made so that health centers also define SAs in their coverage areas to implement monitoring and quality improvement (APRECIE). In spite of the serious difficulties facing the health sector, and specially

the PEC, all SAs conducted their fifth quarterly measurement and two health areas (Quiché and Ixil) conducted the sixth. Data on quarterly measurements as well as those of annual surveys are presented in this report. Problems to obtain timely and quality data from the official SIGSA have continued throughout FY14.

During the final quarter of FY 2014, Nutri-Salud local teams have contacted (personally or via telephone) the physicians and nurses who manage prioritized health districts in order to update the project data base with the current number of health facilities and personnel in each health district facility. The updated data base is central to Nutri-Salud planning and programming as well as to establish training needs and distribution of materials.

In Totonicapán and Quetzaltenango, after the fifth APRECIE measurement, 7 of 13 supervision areas continued to strengthen their abilities to measure indicators, identify gaps and develop quality improvement plans in clinical health care, promotion and SBCC activities.

In Quiché and Ixil, the sixth APRECIE quarterly measurement was conducted with health posts in six supervision areas (supervision areas with convergence centers did not participate) to follow-up on QI processes. Results indicate that there are improvements in most of the indicators of quality of care and knowledge and practices of mothers. Indicators that did not show improvement were analyzed to determine the reasons. Lack of supplies (micronutrients, vaccines, urine dipsticks) was responsible for low compliance in most cases. This supervision areas now have improvement plans that they will implement in the following quarter.



Nutri-Salud uses the quality improvement methodology APRECIE to collect data that will be used to improve health service delivery.



Two workshops on APRECIE were held in the Quiche Health Area with all five districts during the final quarter of FY 2014. The workshops focused on continuous quality improvement. One of the most important achievements was the formation of a QI teams in each of the five health districts. Workshops focused on team work, data collection instruments, methods for the analysis of indicators, decision-making based on data and improvement plans. The Health Area's technical team committed itself to update the data bases for all 23 supervision areas after each measurement, and to make opportune decisions based on current data. This process was also followed in Huehuetenango where QI teams were formed in 10 priority health districts.

The APRECIE monitoring and QI methodology was also shared with three mobile health teams from the Inter-American Development Bank's Meso-American project in Quiché, because they would like to use the same monitoring and QI methodology. Participants learned about the monitoring indicators, measurement tools, LQAS sampling, registry and analysis of the data, as well as documentation of changes.

The quality of the APRECIE monitoring data was verified in all health areas by complementary measurements in health facilities (through revision of LQAS sample of clinical records) and at the community level (through interviews with an LQAS sample of mothers of children 0-23 months of age).



Nutri-Salud supports health workers to develop local epidemiologic profiles through the APRECIE strategy. Data is used to plan and improve health service delivery.

Institutional Communication and Knowledge Management

From October 2013 to September 2014, Nutri-Salud continued to disseminate information about the project and its components to different audiences such as the USAID Weekly News & Activities Report and quarterly reports. Additionally, the project released Knowledge Management publications such as: “success stories”, “noteworthy people”, “we read for you” literature reviews, feature news, and technical documents.

Events

Nutri-Salud provided technical and financial support for the organization of several activities, coordinating with a wide-range of partner and non-partner institutions. Some of the key events during FY 14 include:

A mayors' forum on Reduction of Chronic Malnutrition and Poverty - December 2013

Integrated Care for Children and Women at the Community Level (Spanish acronym AIEPI AINM-C) strategy launch – January 28, 2014

Wheel of Behaviors for Better Living launch – April 22, 2014

Forum of Public Health and Nutrition in Ixil – September 22-23, 2014

Publications

The project released a total of 23 publications:

8 “success stories”,

4 “noteworthy people”,

4 literature reviews “we read for you”, and

7 feature news and technical documents.

Publications have addressed the project's main objectives and components: chronic malnutrition, child and maternal mortality prevention, family planning and reproductive health, gender equity and intercultural perspectives, the PEC and its roles in the Zero Hunger Pact, and community organization.

Website

Nutri-Salud's website has been submitted to USAID for review and is being updated continuously.



Environmental Compliance

In collaboration with Nutri-Salud partner The Cloudburst Group and a local consultant, two training workshops on Environmental Compliance were completed this year with 19 PEC NGOs that were grant recipients. The workshops reviewed Federal Regulation 216 and environmental impact mitigation procedures such as the appropriate management of medical waste. A rapid diagnosis of the environmental situation in municipios was completed, and a risk evaluation based on a check list to identify the actions that have a high, medium or low environmental impact was conducted. All the health care actions that the NGOs develop were classified as low risk.

The most important achievement of the second workshop was that each NGO developed its own environment mitigation plan including waste management and disposal actions, which have the approval of the financial and administrative managers and/or legal representatives', who signed the plans.

In Momostenango, 80 community facilitators of ASOSAM's third and sixth jurisdictions and FUNDEI's four jurisdictions were trained in biosecurity, making a commitment to implement concrete actions to improve their services.



Challenges to Implementation and Recommendations

Nutri-Salud faces several challenges to the implementation of project activities which will be described here. The project has worked to find solutions or alternatives to overcome implementation constraints and will continue to do so in consultation with USAID and Guatemalan partners.

Government of Guatemala Fiscal Crisis

The principal challenge to the Nutri-Salud Project, in working toward the objective of strengthening essential maternal, neonatal and child health care and family planning services at the community level with a constant health care presence in target communities during Fiscal Year 2014 has been the unfolding fiscal crisis that is affecting many agencies of the Guatemala Government, especially the Ministry of Health. This crisis has led to shortages of key supplies such as vaccines, micronutrient supplements, medical record forms, and medicines such as antibiotics. Health worker salaries have also been delayed and programs such as the Extension of Coverage Program have been hit hard by the budget shortfalls.

With delayed payments and lack of supplies throughout FY 14, the PEC NGOs have struggled to maintain the expected level of service delivery and Nutri-Salud has been challenged to maintain sustainable technical assistance to a program with an uncertain future. This situation is quite challenging as the NGOs implementing the Extension of Coverage Program are the front line health care providers for the majority of the Nutri-Salud target population. At the close of FY 14, the future of the Extension of Coverage Program is unclear as funding in the MOH is very limited, yet no viable alternative for Health care provision in the rural areas has been identified.

Recommendations

As part of a long-term solution to the current PEC crisis, Nutri-Salud has been working in conjunction with USAID, the Inter-American Development Bank, and the Ministry of Health to research models for rural health service delivery in the region and worldwide in order to make recommendations for the development of a sustainable model of service provision in Guatemala.

In the short term, Nutri-Salud will be working with more emphasis in the implementation of basic nutrition and health actions at the municipal level, focusing on municipal governments, the community development council system, and local health commissions. The project will increase activities in this area to help develop sustainable and stable responses to health and nutrition needs of the population.

High Health Sector Turnover

The high turnover in health sector personnel, including local health authorities has been a challenge to the implementation of technical assistance to health service providers. The turnover in local health authorities has made planning and coordination of activities a challenge. High turnover of regular health personnel affects the overall quality of health service delivery and creates the need for constant training, affecting the health systems ability to achieve sustainable gains in institutionalizing quality improvement systems.

Recommendations

The project has worked to maintain relationships with local health authorities and continues to make joint plans with Health Area offices to ensure coordination. Additionally, Nutri-Salud has developed a series of in-service training modules to increase competencies in various topics in health service delivery focusing on the Essential Nutrition Actions and the 1000 day window of opportunity. The project is also working with the USADIFanta Project and Nutri-Salud Partner INCAP to develop a certificate course in nutrition that can be used to standardize knowledge of the causes and known interventions on chronic malnutrition. The project has also continued to work with universities and training schools to train medical and nursing students, as well as community health workers and to place them in facilities within the Nutri-Salud target area.

Community Awareness of Health and Nutrition Issues

While communities and local governments are a principal partner in project implementation and an important part of an overall plan to reduce chronic



malnutrition and improve maternal, neonatal, and child health in Nutri-Salud's target communities, the awareness of these issues among community and local government counter parts is often low. This lack of awareness is a barrier in implementing project activities in a timely manner as counterparts may not give health and nutrition issues the same priority as other issues. For example, many municipalities do not have health and nutrition plans.

Recommendations

Nutri-Salud has worked to raise awareness of health and nutrition issues with community and local government leaders and members throughout the Nutri-Salud project area. In FY 2014, Nutri-Salud reached a total of 5096 people through meeting and other awareness building activities in order to promote awareness and pave the way for community ownership of community based health and nutrition actions.

Nutri-Salud Implementation Challenges and Recommendations FY 2014

Challenges	Recommendations
Training of primary level health providers, especially new auxiliary nurses and health educators, in PEC programming	Develop competency-based training; use curriculum being developed with FANTA and INCAP
Lack of competencies in the new personnel of NGOs and Health Posts to implement actions in maternal, neonatal and child health and family planning, among others	Implement in-service competencies-based training on key competencies and skills
Increase the number of final year medical students providing health care at health posts and convergence centers in priority municipios	Negotiation with universities and the MOH; offer non-monetary incentives to students
Underutilization of community providers as distributors of FP methods	Advocacy at the health district level to improve use of use community providers of FP methods identified in the inventory
Respond to the objectives and indicators of the project in an integrated manner in components and through disperse geographical areas	Joint planning with Health Districts conducted in 8 of 30 districts will be conducted in the rest of health districts
Municipalities do not have a nutrition and health plans	Provide technical assistance to Municipalities that still do not have a health plan
Coordinate activities with USAID partners working in the same municipios	Promote cooperation and actively participate in joint planning with USAID partners
Health commissions lack resources to respond to cases of emergency, and to support their basic functions	Develop request for applications and alliances for financial support to health commissions with seed money and revolving funds, and training in finances
Private sector has their own projects in support of Zero Hunger Pact; still considering building "blue houses" instead of convergence centers	Advocacy
Delays in performing the project actions on time together with MOH, Municipalities and others	Continue with joint planning with health areas and districts; implement joint planning with municipal councils, OMM, and others
Religious leaders unaware of topics of nutrition and family planning	Keep religious leaders informed about the importance of nutrition to development, and how FP could contribute to reduce chronic malnutrition in children in their communities
That the MOH and municipalities recognize their role in water and sanitation improvement in the municipios	Continue working with the mayors and municipal councils in coordination with health districts to present health data and search for solutions.
Increase municipal investment in water, sanitation, health, and nutrition	Promote the active involvement of the population who can then advocate for more municipal spending in these matters.
Lack of interest/ knowledge of communities to participate in active solution of problems	Provide information to communities on health and nutrition problems and ways to participate in their solution
The inconsistencies of the quarterly reports of SIGSA from the health areas to the central level are still a concern	A tool to establish the origin of the problem and ways to solve it, is being developed together with SIGSA
Emphasis on acute malnutrition instead of prevention of chronic malnutrition starting on day 1 of 1000 days	Promote analysis of the situational room data with discussion to realize that the more prevalent problem is chronic malnutrition; conduct conferences and meetings on the subject, as well as discuss examples of countries that have been able to reduce chronic malnutrition
Lack of interest/ involvement of communities and civil society in demanding that health services have permanent staff, as well as medicines, vaccines, supplies, contraceptive methods	Continue to train Health and Nutrition Commissions in the essential nutrition and health actions that should exist in their communities and health services; training in social auditing

Annex I

Performance Indicators, Targets and Results – FY 2014

1. Performance Indicator Targets Table (Data source: Nutri-Salud Annual Survey and project reports.)

#	Indicator name	Data source	Baseline date	Baseline value	Year 2	Year 2	Performance >=90%	Targets		
					Target 2014	Results 2014		Year 3 2015	Year 4 2016	Year 5 2017
Result 1: Chronic Malnutrition Prevented										
1	Prevalence of underweight children under 5 years of age (FtF 3.1.9-16)	NS Annual Survey	Sept. 2013	20.9%	18.9%	18.8%	√	16.8%	14.8%	12.8%
2	Prevalence of stunted children under 5 years of age (FtF 3.1.9-11)	NS Annual Survey	Sept. 2013	70.9%	68.9%	66.6%	√	64.6%	62.6%	60.6%
Result 1.1: Improved maternal and child feeding practices										
5	Prevalence of exclusive breastfeeding of children under 6 months of age (FtF 3.1.9-4)	NS Annual Survey	Sept. 2014	75.8%				75%	75%	75%
6	Prevalence of children 6 to 23 months of age receiving a minimum acceptable diet (FtF 3.1.9.1-1)	NS Annual Survey	Sept. 2014	27%				35%	45%	55%
Result 1.2: Improved maternal and child Essential Nutrition Actions										
7	% of pregnant women supplemented with folic acid	NS Annual Survey	Sept. 2015					92%	95%	95%
8	% of children 6-59 months of age supplemented with folic acid	NS Annual Survey	Sept. 2013	14%	15%	34%	√	40	55%	80%
9	% of pregnant women supplemented with iron	NS Annual Survey	Sept. 2015					91%	95%	95%
10	% of children under 5 years of age who received iron in the last 7 days	NS Annual Survey	Sept. 2014	34%				40%	50%	75%
11	% of children under 5 years of age supplemented with vitamin A in the last 6 months	NS Annual Survey	Sept. 2014	70%				72%	75%	80%
12	% of children 0 to 23 months of age who receive monthly growth monitoring and promotion visits	NS Annual Survey	Sept. 2014	26%				70%	72%	75%
13	No. of children under five years of age reached by USG-supported nutrition programs	MoH Census	Sept. 2013	138,000	142,000	166,312	√	169,638	173,031	176,491
Result 1.3: Improved maternal and child hygiene and care practices										
14	% of households with an observed place for hand washing that count with soap and water	NS Annual Survey	Sept. 2015							
Result 1.4: Maternal and child cases of severe acute malnutrition identified and treated										
15	Prevalence of wasted children under five years of age (FtF 3.1.9-12)	NS Annual Survey	Sept. 2013	0.8%	0.8%	0.7%	√	0.8%	0.8%	0.8%
16	% of primary health care facilities, in the target area, with established capacity to manage severe acute malnutrition (SAM) (3.1.9.2-2)	Project reports	Nov.12-Feb.2013	8.4%	9%	7%	X	12%	13%	15%



#	Indicator name	Data source	Baseline date	Baseline value	Year 2	Year 2	Performance >=90%	Year 3	Targets	
					Target 2014	Results 2014		2015	Year 4 2016	Year 5 2017
Result 2: Improved Neonatal, Child and Maternal Health										
17	% of births attended by skilled birth attendant	NS Annual Survey	Sept. 2015							42%
18	% of women receiving postpartum care within two days of childbirth	NS Annual Survey	Sept. 2015							TBD
Result 2.1: Improved access to obstetric and newborn health care										
19	% of women who carried out two or more preparations for delivery of their last birth within the last 5 years	NS Annual Survey	Sept. 2015							75%
20	% of pregnant women with first prenatal visit within 3 months of pregnancy	NS Annual Survey	Sept. 2015							TBD
21	% of births receiving at least 4 antenatal care visits during pregnancy	NS Annual Survey	Sept. 2015							TBD
Result 2.2: Improved access to infant and child health care										
22	% of children 0 to 59 months of age free of diarrheal disease in the last two weeks	NS Annual Survey	Sept. 2013	67%	77%	75.8%	√	79.5%	83.3%	85.0%
23	% of diarrheal episodes in children under 5 years old treated with Oral Rehydration Therapy (Investing in people 3.1.6.7-1)	NS Annual Survey	Sept. 2013	22%	66%	32%	X	42%	57%	70%
24	% of IRAs cases in children under 5 year of age managed and treated by CHWs	NS Annual Survey	Sept. 2014	49%				55%	64%	70%
25	% of children under 5 years of age with pneumonia taken to appropriate care (Investing in people 3.1.6.7-2)	NS Annual Survey	Sept. 2013	67%	64%	45%	X	54%	62%	70%
26	% of children 12 to 23 months with complete immunization coverage	NS Annual Survey	Sept. 2014	75%				85%	90%	95%
27	% of primary health care facilities that have a full time trained health worker	Project reports	Nov. 12-Feb.2013	45%	65%	61%	√	62%	70%	80%
28	No. of people trained in child health and nutrition (FtF 3.1.9-1)	Project reports	Nov. 12-Feb.2013	0	3,600	10,573	√	10,600	10,600	5,300
Result 3: Increased Availability of Community-based Family Planning Services										
29	Modern method contraceptive prevalence rate (Investing in people 3.1.7-38)	NS Annual Survey	Sept. 2015					42%	44%	52%
30	% of communities with community-based distribution of family planning methods	Project report	Sept. 2014					TBD	TBD	75%



#	Indicator name	Data source	Baseline date	Baseline value	Year 2	Year 2	Performance ≥90%	Year 3 2015	Targets	
					Target 2014	Results 2014			Year 4 2016	Year 5 2017
31	No. of couple years protection provided by family planning methods distributed in targeted communities (Investing in people 3.1.7.1-1)	SIGSA/BRES	Sept. 2013	26,545	35,040	24,971	X	27,468	30,214	33,236
<i>Result 3.1: Effective CBD programs for FP services implemented, including preventive services for adolescents</i>										
32	No. of new users of FP methods	SIGSA	Dec. 2013	9,983	14,818	15,219	√	16,300	17,930	19,723
33	% of women 18-24 who had their first birth before age 18 3.1.7-39 First birth under 18	NS Annual Survey	Sept. 2015							TBD
34	% of deliveries spaced at least 24 months apart								Dropped	
<i>Result 3.2: Increased community participation and advocacy for FP and reproductive health</i>										
35	% of municipalities that support activities to promote FP/RH	Project reports	Sept. 2012	0	80%	93%	√	93%	93%	93%
<i>Result 3.3: Guaranteed capacity of selected local organizations to provide quality CBD of FP services</i>										
36	% community health staff trained in FP service delivery	Project reports	Jan. 2015	0	80%	93%	√	93%	93%	93%
Result 4: Established Community and Local Government Unit Support for Improved Health and Nutrition										
37	% of COMUSANs (Municipal Health Commissions) that comply with the 5 steps defined for community participation in health and nutrition	Project reports	Sept. 2012	0	40%	36%	√	56%	75%	100%
38	% of communities using an improved drinking water source (safe water access) (Investing in people 3.1.8.1-1)	Project reports	2015					33%	42%	50%
<i>Result 4.1: Increased community-wide participation in health and nutrition activities, with emphasis on the participation of women</i>										
39	% of Health and Nutrition Committees headed by women	Project reports	Nov. 12-Feb. 2013	0	17%	14%	X	18%	22%	25%

2. Project Monitoring Indicator Targets table (APRECIE)

APRECIE indicators are analogous to those collected through the Nutri-Salud Annual Survey. The target population includes mothers with a child <2.

#	Indicator name	Data source	Baseline date	Baseline value	Year 2 Target 2014	Year 2 Results 2014	Performance >=90%	Year 3 2015	Targets Year 4 2016	Year 5 2017
Result 1: Chronic Malnutrition Prevented										
<i>Result 1.1: Improved maternal and child feeding practices</i>										
A1	% of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age	Apr-Jun 2013	77%	87%	90%	90%	√	92%	94%	95%
A2	% of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session	Apr-Jun 2013	83%	89%	91%	90%	√	92%	94%	95%
A3	% of mothers with a child 0 to 23 months of age who recall having been oriented in ENA by community health staff in the last month and mention at least one topic	Apr-Jun 2013	76%	92%	93%	92%	√	94%	94%	95%
<i>Result 1.2: Improved maternal and child Essential Nutrition Actions</i>										
A4	% of mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week	Apr-Jun 2013	71%	94%	94%	92%	√	95%	95%	95%
<i>Result 1.3: Improved maternal and child hygiene and care practices</i>										
A5	% of mothers with a child 0 to 23 months of age who mention key moments for hand washing	Apr-Jun 2013	91%	96%	97%	98%	√	98%	98%	98%
A6	% of households with a child 0 to 23 months of age that have a place with supplies for hand washing (inside or outside the home)	Apr-Jun 2013	83%	91%	92%	93%	√	93%	94%	95%
Result 2: Improved Neonatal, Child and Maternal Health										
<i>Result 2.1: Improved access to obstetric and newborn health care</i>										
A7	% of mothers with a child 0 to 23 months of age that have emergency family plans that show evidence of use	Apr-Jun 2013	13%	46%	50%	55%	√	60%	68%	75%
A8	% of mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum	Apr-Jun 2013	63%	87%	88%	91%	√	92%	93%	93%
A9	% of mothers with a child 0 to 23 months of age who recognize at least three new born danger signs	Apr-Jun 2013	51%	83%	84%	86%	√	87%	88%	88%



#	Indicator name	Data source	Baseline date	Baseline value	Year 2 Target 2014	Year 2 Results 2014	Performance >=90%	Targets		
								Year 3 2015	Year 4 2016	Year 5 2017
Result 3: Increased Availability of Community-based Family Planning Services										
A 10	% of mothers with a child 0 to 23 months of age who know about the recommended number of years for spacing their pregnancies (3 to 5 years)	Apr-Jun 2013	57%	83%	84%	84%	√	84%	85%	85%
A 11	% of mothers with a child 0 to 23 months of age who report that a CHW offered or gave her any modern family planning method	Apr-Jun 2013	72%	93%	94%	95%	√	95%	95%	95%

3. Project Monitoring Indicator Targets table (SIGSA and Censonet)

Service indicators are analogous to those collected through population-based surveys and will be utilized to monitor progress of project activities towards achieving key milestones and results related to project objectives at the primary health care facility level.

#	Indicator name	Data source	Baseline date	Baseline value	Year 2	Year 2	Performance >=90%	Year 3	Targets	
					Target 2014	Results 2014		2015	Year 4 2016	Year 5 2017
Result 1: Chronic Malnutrition Prevented										
<i>Result 1.2: Improved maternal and child Essential Nutrition Actions</i>										
Q1	% of pregnant women seen at supported health facilities who were supplemented with folic acid	SIGSA	Dec. 2012	36%	51%	52%	42%	50%	75%	95%
Q2	% of children 6-59 months of age seen at supported health facilities who were supplemented with folic acid	SIGSA	Dec. 2012	2%	6%	7%	57%	60%	70%	80%
Q3	% of pregnant women seen at supported health facilities who were supplemented with iron	SIGSA	Dec. 2012	36%	50%	51%	38%	50%	75%	95%
Q4	% of children 6-59 months seen at supported health facilities who received iron	SIGSA	Dec. 2012	2%	6%	7%	57%	60%	70%	80%
Q5	% of children 6-59 months seen at supported health facilities who were supplemented with vitamin A	SIGSA	Dec. 2012	5%	8%	9%	34%	45%	65%	80%
Q6	% of women who are malnourished during pregnancy	SIGSA	Dec. 2012	0.6%	0.4%	0.4%	1.1%	0.4%	0.4%	0.4%
Q7	% of children 0 to 23 months of age seen at supported health facilities for monthly growth monitoring and promotion (well baby)	SIGSA/ CensoNet	Jul. 2013	58%		80%	82%	85%	85%	85%
Result 2: Improved Neonatal, Child and Maternal Health										
Q8	% of postpartum women seen at supported health facilities who receive care from a qualified community-based provider in the first 48 hours	SIGSA/ CensoNet	Jul. 2013	18%		55%	49%	55%	60%	62%
<i>Result 2.1: Improved access to obstetric and newborn health care</i>										
Q9	% of pregnant women seen at supported health facilities for first antenatal control during first 12 weeks of pregnancy	SIGSA/ CensoNet	Jul. 2013	23%		55%	40%	55%	55%	62%
Q10	% of births attended by health workers from supported health facilities who received at least 4 antenatal care visits during pregnancy	SIGSA/ CensoNet	Jul. 2013	34%		55%	61%	61%	61%	62%

Annex 2

Work Plan Progress Table FY14

Activities Planned FY13	Status	Observations
Project Management and Startup		
Internal planning, monitoring and coordination		
Strategic planning and follow-up meetings; team meetings	Completed	The SMT was strategically oriented and met regularly throughout the year.
Activities for the strengthening of management skills, communication channels, and teamwork	Completed	Administrative and technical teams attended specific follow-up meetings during the year.
Development of Nutri-Salud quarterly and annual reports	Completed	Quarter and annual reports completed.
Activity coordination and planning with project and USAID partners		
Coordination meetings with USAID Mission at central level	Completed	Nutri-Salud's COP has weekly meetings with AOR and other USAID representatives.
Monthly coordination / integration meetings with Nutri-Salud Project's partners (Mercy Corps, The Manoff Group, INCAP, The Cloudburst Group)	Completed	Monthly coordination meetings during the fiscal year.
Monthly coordination/integration meetings with other USAID partners (Agexport, Save the Children, HEPP, CRS, FANTA, PSI PASMO Plan Fam, PCI, and others) at central and local levels	Completed	Wide coordination around central and local committees of USAID implementing partners. Monthly meeting of health project directors/COPs.
Integration meetings with TRAction (monitoring visits, training)	Completed	TRAction ended on June 30th, 2014. Due to this closure, no further field visits nor meetings are expected.
Technical support to MOH and other government entities, supporting national initiatives and strategies		
Coordination meetings with the MOH (at central, Health Area, and District levels)	Completed	Several meetings at national, Health Area and District levels during the year, on topics related to the project.
Joint supervision and monitoring visits with MOH (at central, Health Area, and District levels)	Completed	Joint supervision - monitoring visits to selected health posts and convergence centers were conducted.
Monthly and quarterly meetings with the MOH (central and Health Area District level)	Completed	Monthly meetings with central level of MOH carried out. At the Health Area level, joint coordination and planning meetings were conducted.
Design and production of Manuals (IMCI, Management and Finance, Technical guidelines, Pre-selection and selection of providers and social audit)	Completed	The project supported the review of IMCI Protocol, Administrative / Financial Standards of the Extension of Coverage Program (PEC).
Training in the implementation of Manuals (Admin-Fin, Technical guidelines, Pre-selection and selection of providers and Social Audit)	Completed	
Administration of grants		
Administrative-financial follow-up to PEC grants, and to non-PEC grants (adolescents reproductive health, and community mobilization)	In Progress	Grants to PEC and non-PEC NGO's were disbursed and followed up during the reported year. Grant to APROFAM drafted, pending USAID approval.
Hiring of NGO/ business firm for the follow-up of PEC NGOs towards certification (administrative/financial strengthening)	Pending	



Activities Planned FY13	Status	Observations
Strengthening of the First-Level of Care (Municipal Health Districts and Health Service Providers)		
Integrated Activities		
Award grants to PEC NGOs for the strengthening of first-level of care facilities and primary health care services	Completed	Nutri-Salud provided new grants to 18 PEC NGOs; First disbursement made in early September.
Strengthening of knowledge, abilities and practices in MNCH, FP, and nutrition for first-level, institutional, and community health personnel	Completed	Several workshops, on-site training and visits during the reported year.
Continuous quality monitoring, analysis and planning with APRECIE methodology by providers (QI teams) in health posts, and convergence centers	In Progress	This is a continuous process in order to progressively improve quality of health care services (prenatal, postnatal, neonatal and child) as well as health promotion and education (maternal knowledge and practices).
Component 1: Prevention of Chronic Malnutrition		
Train first-level-of-care providers in the management of acute malnutrition without complications at a community level by NGO	Completed	Training curriculum designed. Training workshops started being carried out on Q3 FY'14.
Review ENA in pregnant and lactating mothers, especially assessments of nutritional status by project personnel.	Completed	Data were analyzed and presented during the reported year.
Technical assistance to MOH on reviewing the micronutrient supplementation norms	In Progress	
Train first-level staff in Baby-friendly Health Services Initiative (ISSALM in Spanish) guidelines for first level services that do not attend births	In progress	Meetings between PROEDUSA, WFP and UNICEF held during the last two quarters. Training took place in some districts.
Strengthen the link between hygiene practices and the prevention of malnutrition in communication and other strategies	Completed	Publication on environmental enteropathy produced.
Development of a strategy for the strengthening of monitoring and promotion of growth, in collaboration with the Inter-American Development Bank.	Completed	Fieldwork and report of first study completed.
Studies on food based recommendations using TIPS in other municipalities in collaboration with INCAP/FANTA	In Progress	
Component 2: Maternal, Neonatal and Child Health Care		
Technical support to Health Posts, Convergence Centers to implement the "Five sub-components for the prevention of maternal and neonatal mortality".	Completed	Barillas, Momostenango, Chichicastenango and the Ixil were prioritized. Several practical workshops conducted for competency based training;
Support to MOH Vaccination Campaigns	Completed	Workshops on the topic during the year and support to the "national vaccination week"
Strengthening of the analysis of health data in Health Posts and Convergence Centers; updating of census and mapping.	In Progress	The team is waiting for the official instrument, and official guidelines for health posts.
Component 3: Family Planning		
Finalization and dissemination of community level Sexual and Reproductive Health and Family Planning (SRH/FP) strategy	Completed	Strategy completed during the year.
Grants to NGOs for SRH/FP activities with adolescents	In Progress	Grants to 3 non PEC NGO's were disbursed and followed up during the year.
Technical monitoring of grants to NGOs for SRH/FP for adolescents.	In Progress	Monitoring plans started their development on FY 14.
Design, pretesting, and production of SBCC materials to support SSR/FP strategy	In Progress	A balanced counseling flipchart and a guide for sessions with men (EROS) were developed. Both were presented to USAID for review and approval last quarter.



Activities Planned FY13	Status	Observations
Raise awareness and provide training to PEC NGOs and Health Post personnel in SRH/FP	Completed	Awareness-raising and training meetings conducted during the year.
Monitor compliance with the Tiaht Amendment in a sample of first-level-of-care health facilities (twice a year).	Completed	On site evaluations of first-level-of care facilities conducted during the year.
Component 4: Community Mobilization		
Activities to strengthen and build capacity of Community Health Commissions.	Completed	Skills and capacities of community health commissions were strengthened through encounters, experience sharing/exchanges and workshops, during the year.
Implement and design a collective community medical-emergency-services system (seed fund)	Pending	
Increasing Municipal Support for Nutrition, Water, and Health Activities		
Integrated Activities		
Advocacy on projects and investment in water and sanitation with the municipalities	Completed	Advocacy activities aimed at strengthening municipal work on water and sanitation.
Strengthen the capacities of the Development Councils (COMUDE, COCODE) in health, nutrition and gender	Completed	Workshops and meetings carried out during the year.
Grants to NGOs to support the development of water-quality analysis, water systems, and water-treatment projects.	Pending	
Conduct advocacy, awareness and management meetings with Municipal COMUDES, COMUSAN, community COCODE and COCOSAN	Completed	Advocacy and sensitization meetings conducted with participation of m representatives and community leaders.
Prevention of chronic malnutrition		
Implement "best buy" strategy in selected municipios Using Optifood study results	In Progress	
Component 4: Community Mobilization		
Develop a regional Zero Hunger plan for the Western Highlands, for the reduction of chronic malnutrition jointly with USAID partners, authorities and private sector.	Completed	
Develop a campaign to promote community participation and women's involvement in the system of Development Councils and Commissions.	In Progress	Awareness workshops and meetings carried out during the FY 14.
Design and implement an incentive program for communities with good practices in nutrition, MNCH, FP, water and sanitation	In Progress	
Identify and encourage the champion municipalities (paladins) in MNCH, FP and community involvement topics	In Progress	
Draft joint work plans along with the municipalities (Municipal Women's Office, OMM*; Municipal Planning Office, DMP*; and Public Information Unit, UAP).	Completed	Work plans developed with Municipalities. Plans started to be implemented.
Technical support to municipalities for management of key nutrition and health information	In Progress	
Grants to NGOs to build capacity and strengthen the systems of community development councils.	Completed	Grants were awarded and monitored.



Activities Planned FY13	Status	Observations
Relationship with Universities, Education and Training Centers and Professional Associations		
Integrated Activities		
Develop and implement training Module and materials for students doing their EPS, about Nutrition and Health topics subjects, in coordination with Universities and MOH	Completed	Competency-based modules developed for the first level health providers implemented by EPS students.
Design, development and execution of certification programs in MNCH, nutrition, FP and SBCC for teachers and University professionals (in coordination with INCAP).	Completed	
Supervise and encourage research projects from university professors and students in topics such as FP, MNCH, Nutrition and SBCC	Completed	Several theses have been produced
Technical assistance to first level health personnel (nurses, auxiliary nurses, health professionals, and nutritionists) by university students doing their EPS	Completed	Two monitoring visits per quarter during the fiscal year.
Strengthen the involvement of regional and departmental professional medicine, nutrition and nursing associations in Nutrition and 1000 days Window of Opportunity	Completed	Activities were coordinated with professional associations, aimed to raise awareness related to MNCH and Nutrition during the 1000 day window of opportunity.
Support workshops and Congresses on Nutrition and MNCH for Medicine, Nutrition and Nursing professionals, students and NGOs in topics related to the 1,000-Day Window of Opportunity	Completed	
Generation of financial support for medicine, nutrition, and nursing students doing their EPS to facilitate the supervision and tutoring of the first level health personnel	In Progress	
Continue the relationship with foreign universities to promote research by students of public health, nutrition and SBCC in supervised practices.	In Progress	A student from London School Of Tropical Medicine and Hygiene contributed to research on FBRs as part of a joint effort with FANTA and INCAP
Technical support to Maternal Mortality, Malnutrition, Nutrition and Food Security (SAN) observatories in Universities.	Completed	
Facilitate technical and financial support from other USAID partners and cooperation agencies to Universities and Training Schools.	In Progress	
Component 1: Prevention of Chronic Malnutrition		
Technical and financial support for the integrated-learning certification in nutrition to health educators, auxiliary nurses, in coordination with INCAP/ FANTA	In Progress	
Component 2: Maternal, Neonatal and Child Health Care		
Strengthen the capacity of university students doing their professional practicum (EPS) in the management of medical waste and hygiene	Completed	The topic was shared during induction workshops for students.
Private Sector and Civil Society		
Integrated Activities		
Complete and implement Operative Plan for alliances with the private sector.	In Progress	New private sector specialist hired by Mercy Corps is developing the plan
Develop and launch an awareness campaign to promote the sponsoring of primary health facilities ("Adopt a Convergence Center", equip a CC)	In Progress	PRONACOM and MOH are researching the requirements s for building and equipping five convergence centers.



Activities Planned FY13	Status	Observations
Plan meetings and visits with private-sector partners to raise awareness on corporate social responsibility, Zero Hunger Pact and the 1,000-Day Window of Opportunity (participation in ENADE)	Completed	Follow-up underway to finalize potential alliances.
Alliances for the construction or renovation of Convergence Centers (Development of "Packages")	In Progress	Packages in development.
Promotion of private sector involvement in providing funds for PEC NGOs for specific needs (Ex. Anthropometric equipment, medicines).	Pending	
Development of alliance(s) for the implementation of activities and printing of SBCC materials.	In Progress	Packages were developed. Emphasis will be on the "Behavior Wheel" materials.
Development of alliances to match Nutri-Salud grants to support specific projects (e.g. water and sanitation projects 1:1 match for Nutri-Salud and the private sector)	Pending	Need to be defined and approved by USAID.
Development of alliance(s) with high potential foreign donors.	Pending	
Alliances with private-sector partners to facilitate transportation for the distribution of medication and supplies (Ex. Cargo Express, Guatex, etc.)	Pending	
Component 1: Prevention of chronic malnutrition		
Development of alliance(s) to provide micro-credits for water-and-sanitation home improvements	Pending	
Development of alliance(s) for the stocking of zinc for first-level-of-care facilities for adjuvant treatment of diarrhea and ARI	In Progress	Meetings with BANASA (Bananera Nacional, S.A.)
Development of alliance(s) with food company for a cookie for pregnant women, small children and children - the 1,000 Days Cookie.	In Progress	
Field test of the 1,000 Days House ("Casita de los 1,000 días") convergence center	In Progress	
Component 2: Maternal, Neonatal and Child Health Care		
Alliance with private-sector partner for the implementation of a collective community insurance system for maternal and child health emergencies (Seed funding from Mercy Corps for health commissions to have emergency plans and access to FP methods)	Pending	
Component 4: Community Mobilization		
Joint follow-up with Mercy Corps for the implementation of TISA (Community Health Stores) (Beginning in Huehuetenango, 3-4 store per month)	In Progress	
Update telephone database for Information and Communication technologies (TICs)	Pending	Need to develop proposal.
Cross-Cutting Activities		
Monitoring and Evaluation		
Assessment of the nutritional status of children under 5 years of age and mothers in 30 municipalities (PEC) (INCAP)	In Progress	
Automated follow-up of collaborative-learning sessions, improvement plans and interventions.	In Progress	



Activities Planned FY13	Status	Observations
Support for the interoperability of census applications with the new information system	Completed	
Design methodologies and tools for the monitoring of PEC NGOs receiving Nutri-Salud grants.	In Progress	
Integration of the Nutri-Salud Information System with its website.	In Progress	
Follow up on sentinel communities (max. 3 per district) to verify reach of interventions	In Progress	
Support the design of tools for facilitating supervision of first-level of care services	In Progress	
Integration of APRECIE indicators and data bases from other PMP indicators (e.g. Exclusive breastfeeding, diarrhea and cases of pneumonia in children under 5 years of age) (M&E)	Completed	Revised PMP submitted to USAID on June 2014; a new revised plan will be submitted in Q1 of FY 2015 by the new COP.
Transferring of APRECIE methodology and implementation of MOH/Vice Ministry of Primary Health Care	Completed	Letter signed by MOH has made APRECIE an official approach.
Social and Behavior Change Communication (SBCC)		
Present a summary of Nutri-Salud SBCC plan to different audiences (central MOH, Health Area Districts, NGOs, USAID partners, etc.)	Completed	Summary bulletins developed and disseminated.
Joint SBCC planning with Health Area, Health Districts, Municipalities, and NGOs for Health prevention and promotion at different levels.	Completed	
Revision, design, re-design of SBCC-related tools, records, and other existing materials for all project components	Completed	
Design and conduct formative research, literature revision, testing of new SBCC materials/tools for all project components.	Completed	
Design, validation and revision of visual, audio, multimedia SBCC materials for all project components	In Progress	Expert assessment visit by The Manoff Group during the 4th quarter.
Social marketing campaign to raise awareness and motivate providers into action, on the need for the prevention of chronic malnutrition - 1,000-Day Window of Opportunity	Pending	
Support to MOH campaigns for international and national commemoration days (breastfeeding, water, feeding, hand washing, etc.). Two per quarter.	Complete	Activity done upon request of the MOH, once per quarter during FY 14.
Strengthen the first-level staff skills in counseling; include in training of each component N, MNCH and FP	In Progress	TOT and direct training on nutritional counseling in progress as part of the Behavior Wheel Program.
Working meetings with PROEDUSA from the PHC Vice Ministry of MOH	In Progress	Regular meetings took place.
Working meetings with Communicators' Committee: USAID, FUNDESA, UN, other.	In Progress	Regular meetings took place with partners of the Alliance. Training on the "Behavior Wheel provided to i58 a member of the alliance.
SBCC training to Nutri-Salud nutritionists	Completed	Nutri-Salud staff has been trained on the "Behavior Wheel" integrated approach and strategy.
Quality Management and Logistics		
Workshops on QI of comprehensive care for Health Area staff, conducted by the UGC (Quality Management Unit, for its acronym in Spanish)	Completed	



Activities Planned FY13	Status	Observations
Advocacy and Management in the UGC to strengthen logistics processes (trainings, facilitating supervision, among others)	Completed	
Technical support for the update and validation of the Administration and Finance Manual for PEC NGOs	Completed	
Technical and financial support for the development of training modules, in accordance with the established guidelines in the PEC's Administration and Finance Manual	Completed	
Present and provide training to update PEC Administration and Finance Manuals.	Completed	Manuals completed.
Support PEC NGOs and district level Basic Health Teams in the implementation of the logistics guide for medical supplies, micronutrients, FP, medical equipment and its follow-up on the DEC.	In Progress	
Support and define the instruments and their implementation for the monitoring of logistics of PEC's inputs, including the indicators for each component of the logistics cycle.	In Progress	Monitoring and tracking software is being implemented.
Technical and financial support for monitoring of PEC NGO staff for the timely stocking of drugs and supplies (micronutrients, RUTF, FP methods, similar products, and medical/anthropometry equipment).	In Progress	Continuous monitoring to several health posts and convergence centers.
Technical and financial support to PEC for the monitoring of the logistics process of the PEC NGOs and technical and financial coordinators of Health Area and Districts	In Progress	Continuous process
Conduct continuous improvement activities in facilities for logistics processes (micronutrients, RUTF, FP methods, similar products, and medical/anthropometry equipment), including the results of the logistics assessment of micronutrients. Develop specific intervention plans.	In Progress	Continuous process
Conduct training and implementation of activities on "Good Practices on Biosecurity" with PEC NGOs and Health Posts	Completed	
Gender and Interculturality		
Develop a Strategic Gender and Intercultural Plan.	Completed	The strategy was completed.
Develop and implement the guide for the identification and collaboration of Mayan healers in the first level of care	Completed	Encounters among traditional healers have been carried out during the year.
Strengthen NS technical advisors' and local teams' capacities in Gender and Intercultural approaches	Completed	
Conduct gender and intercultural-awareness workshops in all action strategic lines: health staff, NGOs, Development Councils' Network of Municipalities, Health Commissions, University medical, nursing, and nutrition students.	Completed	Workshops and awareness-raising meetings conducted.
Integrate the gender approach in COCODE and health commissions for a greater involvement of women	In Progress	
Coordination and planning meetings with MOH Unit of Indigenous Peoples and the Gender Unit.	Completed	Coordination through regular meetings and document sharing.
Strengthen translation and interpretation skills and encourage health workers that speak the local language	In Progress	



Activities Planned FY13	Status	Observations
Information Technology and Communication		
Tracer supply surveillance system in the first level of care.	Pending	Need to develop proposal
Purchase of an application for multimedia training modules (e-learning)	Pending	
Knowledge Management		
Formation of community of practice	In Progress	
Web-page's maintenance and updating	In Progress	Ongoing activity during the year
Development of social-network strategy	Completed	Has been included in the strategy of the "Wheel of Behaviors for a better life" – SBCC
Public relations and institutional communication		
Design and produce promotional and motivational materials for the encouragement of volunteers and health commissions.	In Progress	
Form alliances for institutional communication activities	In Progress	
Elaborate and disseminate institutional communication information: official publications, achievements and success stories, progress reports for several audiences	Completed	Continuous process as results become available.
Consultancy from and alliance with advertisement and public relations agency for institutional strategy	Pending	
Event coordination and public relations with the project's partners.	In Progress	Continuous process to work with project partners and USAID partner projects.

Annex 3

Trainings and Workshops – FY 2014

Trainings and Workshops by Project Result	# of people		
	Male	Female	Total
1 Chronic Malnutrition Prevented			
1.1 Improved Maternal and Child Feeding Practices			
Breastfeeding practices	21	232	253
Nutrition within the first 1,000 days	239	419	658
1.2 Improved maternal and child Essential Nutrition Actions			
Anthropometric Measurements	8	26	34
SBCC Strategy Audience Identification Workshop	20	36	56
Pact Zero Hunger, Logistics of Drugs, Census and Mapping	36	10	46
Management and use of Balance, Requisition and Shipping of Supplies	4	11	15
Communication strategy, Segmentation, Desired Changes and Barriers	23	31	54
Drug logistics	28	64	92
Essential nutrition actions for pregnant and lactating women	24	338	362
Evaluation of critical pathways, logistics and other components	23	22	45
Health staff strengthening	108	116	224
Acute and chronic malnutrition technical guidelines	9	33	42
Strengthening of the process of service data processing through SIGSA Web	38	22	60
Workshop - Use of the "Rueda de Prácticas"	35	115	150
Workshop - Anthropometric Measurements and Counseling	9	13	22
Workshop - Feeding during adolescence	1	69	70
Workshop - Counseling and the 10 behaviors	12	25	37
Health and Nutrition in complementary feeding	1	8	9
Window of the Thousand Days	39	2	41
1.3 Improved maternal and child hygiene and care practices			
Biosafety, Water and Sanitation	55	11	66
1.4 Maternal and child cases of sever acute malnutrition identified and treated			
Acute Malnutrition management at the community level	23	99	122
Biosafety, Water and Sanitation	42	17	59
Nutrition within the first 1,000 days	28	31	59
Acute malnutrition protocol with emphasis on preventing chronic malnutrition	28	70	98
Reduction of chronic malnutrition	191	379	570



Trainings and Workshops by Project Result	# of people		
	Male	Female	Total
2 Improved Neonatal, Child and Maternal Health			
2.1 Improved access to obstetric and newborn health care			
Antenatal care and Emergency plan	10	426	436
Antenatal Training	0	39	39
Basic Maternal and Neonatal Care for Complications in the First and Second Level of Care	98	136	234
Maternal and Neonatal component Training	33	63	96
Antenatal Care	0	45	45
Prevention of maternal death	109	208	317
Four Delays, Cleanliness and Safety During Childbirth	70	96	166
Socialization of Reduction Components and Prevention of Maternal Death	43	17	60
Five processes for maternal death reduction	182	304	486
Training and Technical Assistance of Family Planning to Health Providers to implement five components to Prevent Maternal Death	17	25	42
Use and analysis of Urine test strips	14	22	36
Danger signs	25	50	75
Warning signs for pregnant women	7	52	59
Danger Signs in Pregnancy	25	181	206
Strengthening of midwifery knowledge in Labor	0	110	110
Knowledge exchange among Traditional Birth Attendant about danger signs	2	33	35
Competencies about behavior change	14	32	46
Initial Management of Obstetric Complications	184	238	422
Replica Workshop for Initial Management of labor Complications	16	15	31
Leopold's maneuvers	0	89	89
Management of the third stage of labor	15	62	77
Midwives Postpartum Hemorrhage Training	0	33	33
Clean and safe delivery	22	318	340
Facilitators training Helping Babies to Breathe	18	36	54
Helping Babies to Breathe	22	37	59
Helping Babies to Breathe, kangaroo mothers care, clean and safe delivery	11	8	19
Workshop on helping babies breathe for nursing students of Escuela de Enfermería de Occidente	42	154	196
Workshop on essential healthcare and Helping Babies Breathe For Nursing Auxiliaries	19	38	57
Biosecurity good practices	212	303	515
Solid waste mitigation plans	77	26	103
Training of Trainers in the third subcomponent of maternal and neonatal surveillance	21	19	40
Replica of the third subcomponent of Maternal Death Surveillance, Community mobilization	32	44	76
Census and mapping update	23	28	51



Trainings and Workshops by Project Result	# of people		
	Male	Female	Total
Census and croquis to reduce malnutrition and maternal and neonatal death	144	69	213
Filling clinical records	28	44	72
Fieldwork workshop APRECIE	1	7	8
Healthcare standards and APRECIE's indicators	6	43	49
APRECIE Methodology. Strengthening for use and data analysis.	148	262	410
Health promotion and prevention module	29	23	52
Infection Prevention Workshop	90	60	150
Diplomado for teachers about Maternal and neonatal health, nutrition and Family Planning	754	660	1414
Strengthening to competencies in Maternal Neonatal and Child Health, Nutrition and Family Planning	56	227	283
Competencies in maternal health, nutrition and family planning	0	154	154
Midwives Training (No Specific Topic)	0	65	65
Pregnant women accompanied in childbirth	51	72	123
Health Care Standards(Updated)	6	34	40
National immunization guidelines	71	120	191
2.2 Improved access to infant and child health care			
Workshop on the comprehensive care of the child under 5 years	29	69	98
Helping Babies to Breathe	172	340	512
Helping babies to Breathe and Strengthening to National Immunization Program	23	13	36
Workshop on essential healthcare and Helping Babies Breathe For Nursing Auxiliaries	21	52	73
Strengthening academic program In Health and Nutrition	29	53	82
National immunization guidelines	19	21	40
Vaccination Training	35	81	116
Rapid Monitoring and Coverage of Vaccination	12	48	60
Workshop to transfer quality methodology (Central Level)	7	11	18
Roles and responsibilities of Midwives	6	154	160
3 Increased Availability of Community-Based Family Planning Services			
3.1 Effective CBD programs for FP services implemented, including preventive services for adolescents			
Family Planning Law	0	24	24
Training to midwives and community personnel in systematic offer of FP services	6	34	40
Family Planning Law workshop	23	11	34
3.2 Increased Community participation and advocacy for FP and Reproductive Health			
Sensitization and training on FP	42	51	93
Sensitization of Family Planning	13	85	98
Use of family planning methods	26	36	62
Family planning law	250	227	477
Diplomado to teachers on FP	160	136	296



Trainings and Workshops by Project Result	# of people		
	Male	Female	Total
Delayed of first pregnancy	57	129	186
Family Planning and Window of a Thousand Days	17	40	57
Family Planning Barriers and Sensitization Training	9	37	46
Family Planning training	48	33	81
Family planning training (MEROS Methodology)	22	1	23
Family Planning and Danger Signs	0	76	76
Family planning laws Woman Municipality Office	11	9	20
Self-esteem, Family Planning and Malnutrition cycle	52	103	155
4 Established Community and Local Government Support for Improved Health and Nutrition			
Fifth step of the methodology of the 5 steps for forming health committees	19	10	29
Fifth step of 5 steps for forming Health committees	32	22	54
Conceptual Framework of Malnutrition	0	23	23
Practical workshop on French sinks as a strategy for healthy homes	13	26	39
Strengthening COCOSAN's	27	35	62
Strengthening of health staff on the methodology of the 5 steps for forming health committees	208	190	398
Third subcomponent of pregnant women surveillance	46	56	102
Workshop on 5 steps to forming health committees	13	26	39
4.1 Increased community-wide participation in health and nutrition activities, with emphasis on the participation of women			
Seven essential functions of the health commission to prevent maternal death	45	67	112
Strengthening to Health Facilitators of Health Commissions in the third subcomponent of pregnant woman surveillance	16	39	55
Technical assistance to health service providers and health commissions to prevent maternal and neonatal death	3	57	60
Awareness workshop on gender and interculturality	9	21	30
Workshop to facilitators of COCOSAN 5 A	37	39	76
Roles and Responsibilities of Community Facilitators	18	45	63
4.2 Increased municipal investments in water and sanitation services, and other health and nutrition actions			
Integrated management of water and sanitation	84	28	112
National Policy on Water and Sanitation System	130	56	186
Practical workshop on French sinks as a strategy for healthy homes	47	18	65
Workshop training to municipalities on water and sanitation	14	11	25
Grand Total	5,642	9,969	15,611



Meetings and Awareness Activities by Project Result	# of people		
	Male	Female	Total
1 Chronic Malnutrition Prevented			
Meetings			
Implementation of the Research of Growth Promotion Monitoring	8	93	101
Awareness sessions			
Health Areas and Municipalities awareness sessions on Chronic Malnutrition, using Conceptual Framework	17	39	56
Health Areas and municipality awareness sessions on chronic malnutrition	29	13	42
Technical Meetings			
Analysis of SBCC indicators	3	39	42
COMUDE awareness on Chronic Malnutrition, using Conceptual Framework	25	20	45
Health Areas and Municipalities awareness on Chronic Malnutrition, using Conceptual Framework	13	16	29
1.1 Improved Maternal and Child Feeding Practices			
Meetings			
Nutrition within the 1,000 days	6	6	12
1.2 Improved maternal and child Essential Nutrition Actions			
Meetings			
Correct weight and height assessment	3	12	15
Behavior change development, malnutrition and anthropometric measures	14	32	46
Health staff strengthening	6	54	60
Danger signs knowledge exchange among Traditional Birth Attendant	22	280	302
Monthly meeting and training on VitaCereal' S recipes	2	19	21
Technical Meetings			
Breastfeeding knowledge exchange among midwives	27	192	219
Danger signs knowledge exchange among Traditional Birth Attendants	35	5	40
1.4 Maternal and child cases of sever acute malnutrition identified and treated			
Meetings			
Chronic malnutrition reduction	20	92	112
2 Improved Neonatal, Child and Maternal Health			
2.1 Improved neonatal, Child and Maternal Health			
Meetings			
AIEPI Strategy	3	6	9
Academy participation in Health and Nutrition	7	3	10
APRECIE data analysis and use.	27	17	44
Five processes for maternal death reduction	27	132	159
Presentation of project 5 subcomponents and APRECIE database transfer to Totonicapán Health Area	5	20	25
Strengthening of midwives knowledge in Labor	0	30	30



Meetings and Awareness Activities by Project Result	# of people		
	Male	Female	Total
Strengthening of midwives knowledge in Labor	0	80	80
Strengthening competencies in Maternal Neonatal and Child Health, Nutrition and Family Planning	13	287	300
Technical Assistance			
Subcomponents to prevent Maternal and Neonatal Death and family planning laws	19	38	57
Technical Meetings			
Indicators analysis	18	28	46
APRECIE indicators analysis	46	85	131
APRECIE Assessment	32	44	76
Exchange of evidence and improvement plan experiences	15	9	24
Five processes for maternal death reduction	39	25	64
Initial Management of Obstetric Complications	36	58	94
Presentation of APRECIE's second assessment results	1	6	7
Components for the prevention of maternal deaths	16	31	47
Four Delays, Cleanliness and Safety During Childbirth	2	18	20
2.2 Improved access to infant and child health care			
Congress			
Strengthening the Health and Nutrition academic program	54	73	127
Technical Meetings			
Child health and nutrition indicator analysis and sala situacional	65	71	136
3 Increased Availability of Community-Based Family Planning Services			
Meetings			
Strengthening of Competencies in Family Planning	52	52	104
3.1 Effective CBD programs for FP services implemented, including preventive services for adolescents			
Awareness sessions			
Family Planning Law for new Health Providers	3	17	20
Technical Meetings			
Strengthening the pathway coordination of complaints from pregnant women less than 14 years old	12	16	28
Technical Meetings			
Indicators analysis	18	28	46
3.2 Increased Community participation and advocacy for FP and Reproductive Health			
Meetings			
Delay of first pregnancy	60	39	99
Family Planning and Danger Signs	24	82	106
Awareness sessions			
Family Planning Barriers	13	10	23
Family planning law	220	235	455



Meetings and Awareness Activities by Project Result	# of people		
	Male	Female	Total
Family Planning with Intercultural Approach	31	27	58
Family Planning in the context of organized groups, and PF leadership (COCODES, OPM)	20	5	25
Family Planning	54	163	217
Family Planning	170	171	341
Family Planning for Religious Leaders	16	4	20
PF and pregnancy prevention	26	20	46
Family Planning Law framework and maternity	6	64	70
Importance of family planning and gender equality	11	12	23
Use of family planning methods	13	37	50
Family Planning awareness	28	65	93
Technical Meetings			
Family Planning and the window of the first 1,000 days	13	6	19
Family Planning Law framework and maternity	30	60	90
Family Planning	18	212	230
4 Established Community and Local Government Support for Improved Health and Nutrition			
Meetings			
Strengthening of health staff on the methodology of the 5 steps for forming health committees	58	24	82
Strengthening to organized groups COCODES	10	25	35
Awareness sessions			
Gender and interculturality	89	92	181
4.1 Increased community-wide participation in health and nutrition activities, with emphasis on the participation of women			
Awareness sessions			
Gender and interculturality	23	30	53
Grand Total	1,655	3,441	5,096

Annex 4

Financial Report FY14

Period: October 1, 2012 to September 30, 2014
 Cooperative Agreement No AID-520-A-12-00005

Total Estimated USAID Amount	\$ 31,781,525.00
Cost Sharing Amount	\$ 6,356,305.00
Total Program Amount	\$ 38,137,830.00
Current Obligation	\$ 13,087,818.89

Cost Element	Total Estimated Cost	Cumulative Expenditures to Date	YR 3 Actual Expenditures	Expended this Period (07/1/14-9/30/14)
Community Nutrition and Health Care Project	\$24,671,528	\$9,022,254	\$5,117,197	\$1,636,092
Procurement	\$370,119	\$429,732	\$25,855	\$1,081
Training	\$3,000,035	\$671,867	\$438,482	\$112,544
Indirect Costs	\$3,739,843	\$1,929,622	\$908,120	\$274,041
Total Federal Funds	\$31,781,525	\$12,053,475	\$6,489,654	\$2,023,758
Cost Share Amount	\$6,356,305	\$5,670,879	\$5,284,978	
Total Program Amount (+ Cost Share)	\$38,137,830	\$17,724,354	\$11,774,631	\$2,023,758

Obligated Amount	\$13,087,819
Obligated Spent to Date	\$12,053,475
Obligated Amount Remaining	\$1,034,344



Annex 5

Success Stories

When used together, ProPAN and Optifood generate useful information on the availability and prices of local foods as well as the target population's feeding habits and preferences.

To test the feasibility of FBRs developed for the western highlands, FANTA and Nutri-Salud carried out a short study using trials for improved practices (TIPs). The study was conducted in the municipality of Chiantla, Huehuetenango, where 56.9% of school-aged children are stunted.¹ According to the Guatemalan Food Security Secretariat (SESAN), Chiantla also has a high food security vulnerability index (0.7712).^{2,3}

Food-based Recommendations (FBR)

- ◆ Feed your child thick porridge
- ◆ Feed your child Vitacereal, Incaparina or fortified oats at least twice per day
- ◆ Feed your child black beans every day
- ◆ Feed your child meat, poultry or eggs every day.

Thirty low-literacy, Mayan mothers of children aged 6 to 11 months participated in the study. Using the TIPs methodology, each mother was visited three times in her home over a period of eight days to monitor the trial and adoption process for five FBRs. To evaluate the effects of the home visits, pre- and post-intervention data were collected, including anthropometric measurements of the children and socio-demographic data. In-depth interviews with mothers during the household visits were used to explore behaviors, beliefs and opinions. The study also developed motivational messages to support the final set of FBRs.⁴

Examples of Developed Messages

- ◆ The recommended foods are easy to prepare
- ◆ Thick foods are more nutritious than thin porridges and soups
- ◆ Soft foods are easy for children to eat

Outcomes

Participants found that many, but not all, of the recommendations were feasible and acceptable. All mothers learned to prepare porridges without help. They agreed that porridge is a nutritious and easy-to-prepare food that their children liked.

The mothers were familiar with the ingredients in porridge—but had customarily prepared only a thin porridge (atole) and not a thick, more nutritious one. Of the participating mothers, 89% agreed to try feeding the thicker porridge to their children; however, in the end, the mothers preferred the traditional, thinner atole.

Potatoes are widely grown in Huehuetenango and are typically included in children's diets. In the dry season, potatoes are served 2 to 3 times per week. Although all of the mothers followed the recommendation of adding beans to porridge, they could only commit to add them 2-3 times per week since beans are not cooked daily, require a lot of preparation time, and are expensive. More than 90% of the mothers agreed to feed their children meat, eggs or chicken, but not every day, constrained by economic factors and beliefs.

The validation process provided important insight about the recommendations, which needed adjustments to make them more feasible. More work is needed to intensify the message to prepare cereals as a thick porridge and not as atole and to find alternatives to potatoes in regions where they are not available. Recommendations should be developed to serve black beans and eggs 2-3 times per week instead of daily.

Similarly, recommendations on serving meat needed to change from daily to once per week. Finally, adding micronutrient supplementation would ensure dietary adequacy, especially for problem nutrients such as iron and zinc.

Followup

Seven months after the study, Nutri-Salud visited two families that had participated in the study to verify if they were still practicing the FBRs. Visits confirm that mothers were still preparing porridges and adding eggs and beans when possible. Mothers had also shared the recommendations with neighbors, family and friends. Mothers also noticed that their children had gained weight, height and improved their motor skills. "Elder has grown in





“The porridges are good for my daughter’s growth.”

— José Marvin López and Sandra Salazar, parents of Sherlyn López Salazar

weight and height and started walking when he was one year and 22 days, I am sure the recommendations given to me about his feeding, helped him improve,” commented Guadalupe Garcia Jiménez.

Mothers also noticed that their children had gained weight, height and improved their motor skills. “Elder has grown in weight and height and started walking when he was one year and 22 days, I am sure the recommendations given to me about his feeding, helped him improve,” commented Guadalupe Garcia Jiménez. When asked what they remembered about the visits received during the study, they mentioned “ That I should feed porridge to my child to ensure good nutrition and growth” and that “I should feed my daughter eggs, potatoes, beans or meat, three times each day.”

Nutri-Salud and FANTA, in collaboration with the Nutrition Institute of Central America and Panama (INCAP), will continue the validation of local FBRs in Huehuetenango, Quiché and San Marcos. The follow-up research will include home visits, focus groups discussions, and in-depth interviews in the communities.

We expect the new set of validated FBRs will support the Ministry of Health’s ongoing efforts to revise the national feeding guidelines for children under two.

The **results** of the “trials for improved practices” carried out in Chiantla demonstrate that **it is possible to support mothers to adopt improved child feeding practices**. Providing clear messages based on local foods, and close and frequent monitoring are important foundations of success.

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Pedro Andrés, a nurse working in the municipality of Barillas, was among the training participants. He had delivered many babies before, but had never applied the AMTSL techniques to treat obstetric complications. Shortly after completing his training, one evening he received a call from Desidora Castillo, a midwife who was assisting a twin birth, in the town of Cuatro Caminos in Barillas. The midwife was having trouble stopping the bleeding and the situation was becoming difficult for her to handle. Using his own motorcycle, Pedro immediately traveled to the community taking with him an intravenous isotonic solution; one of the few medications available at the health center. When he arrived, the mother had given birth to one of her twins but sadly, the second twin had just died. The woman had abundant hemorrhage, placental obstruction, and was also suffering seizures.

Project **trains** and **empowers** health workers to detect and provide initial health care of obstetric complications.

Pedro injected the intravenous solution to stabilize the patient and strongly recommended the family to take her to a health center, but they refused. It was time for Pedro to use the skills recently learned - he called his colleagues at the health center and asked for a second isotonic solution and amoxicillin, since oxytocin was not available*. After having the family's consent, he manually removed the placenta, which helped reduce the bleeding which saved the mother from dying. He then talked with the family again and explained that she still needed special care from the health center; the family took her to the health center where Mariquita, mother of eight recovered well.



“Now I feel more confident to attend obstetric complications.”

— Nurse Pedro A.

References

1. USAIDI Health Care Improvement Project. Prevention of Postpartum Hemorrhage: importance of quality improvement. Bethesda, MD, URC. February, 2010.

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“The folders are a very valuable tool for us and they help us show the work we do.”

— Midwife Rosario Morales Tiriquis

supported CBF and the government’s health workers in the area to expand and standardize the use of the folder by developing an implementation guide as well as a cascade training methodology. First, auxiliary nurses and community outreach staff based at health facilities are trained to use the tool. In turn, the facility-based health workers train the midwives in their local area. The training process serves as an important building block in improving coordination between health workers and midwives.

Because the tool is easy for non-literate midwives to use, referrals for prenatal care and obstetric complications are increasing. Esperanza Hernandez, a nurse with CBF is proud that she is better connected to pregnant women who live in remote communities. She explained that by supporting midwives to use the folder and welcoming pregnant women to the health facility, first prenatal visits completed before the 12th week of pregnancy increased by twenty percent in one quarterly reporting period.

Esperanza said, “We were concerned about meeting our goal of detecting pregnant women before the 12th week. The midwife’s folder is helping us surpass our goals.”

Because the pictorial, color-coded cards are readily understood, midwives can easily refer pregnant women to health facilities for both routine care and/or complications.

Because the cards are brought back to the midwife, they also serve as a monitoring tool. Rosario Morales, a midwife says, “My folder is very valuable. Before I began using it, I had nothing to show for my work as a midwife in my community. But now, I am proud to have records.” Initial results from a trial done in the Quiché region demonstrate that when midwives use the folder, the number of referrals increases. Midwives are highly motivated to be a recognized part of the health services system.

By making the referral process more confidential, the folder has improved the communication and coordination among midwives, pregnant women, and health care providers. For example, if a pregnant woman is reluctant to go to a health facility (for example, because of family pressure to stay home or hide the pregnancy), the midwife gives her a yellow card, which tells the health care provider to be very discreet about the woman’s status. Because staff at health posts and convergence centers are familiar with the colored cards, when a woman presents it at a facility, she is attended immediately without having to wait in line.

With Nutri-Salud’s support, all of the primary care health facilities in the three municipalities of Chichicastenango, Chupol and Cunén support the use of the “midwife’s folder” as the basis of the referral and counter-referral process as well as to document the monthly registration of cases.

Midwives give their patients colored cards according to each case and invite them to go to a health facility. When she arrives at the facility, the patient shows the colored-card to a health provider, who treats the woman, and then signs and stamps the card. The patient returns home and gives the card back to the midwife. At the end of each month, the midwife presents all stamped cards to the health service as a way to demonstrate her monthly work. The midwives with the most referrals will receive diplomas, and have their photograph taken.

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