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Nutri-Salud
COMMUNITY NUTRITION
AND HEALTH PROJECT

URC
UNIVERSITY
RESEARCH CO., LLC



Nutri-Salud ANNUAL REPORT

OCTOBER 1, 2012 – SEPTEMBER 30, 2013



SEPTEMBER 30, 2013

Nutri-Salud is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The project is implemented by University Research Co., LLC (URC) under cooperative agreement number AID-520-A-12-00005. The USAID Nutri-Salud Project team includes URC (prime recipient), Mercy Corps, Institute of Nutrition of Central America and Panama (INCAP), The Manoff Group, and The Cloudburst Group.



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ANNUAL REPORT

FISCAL YEAR 2013

October 1, 2012 – September 30, 2013

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Acronym List

| | | | |
|------------|--|----------|---|
| ALIANMISAR | National Alliance of Organizations of Indigenous Women for Reproductive Health | ISSALM | Baby-friendly Health Services Initiative (<i>Iniciativa de Servicios Amigos de la Lactancia Materna – ISSALM– in Spanish</i>) |
| APRECIE | Collaborative Learning and Evidence Exchange | KPC | Knowledge, Practices and Coverage survey |
| ANACAFÉ | National Coffee Association | LIPECON | Consumer League of Guatemala |
| ASRH | Adolescent Sexual and Reproductive Health | LQAS | Lot Quality Assurance Sampling |
| CAP | Permanent Attention Center | M&E | Monitoring and Evaluation |
| COCODE | Community Development Council | MINFIN | Ministry of Finance |
| COCOSAN | Community Nutrition and Food Security Commission | MNH | Maternal and Neonatal Health |
| CODEDE | Departmental Development Council | MNCH | Maternal, Neonatal and Child Health |
| COMUDE | Municipal Development Council | MOH | Ministry of Health |
| COMUSAN | Municipal Nutrition and Food Security Council | MOU | Memorandum of Understanding |
| CONEC | National Coordinator of PEC NGOs | MPH | Master's of Public Health |
| PECAP | Training Department of the MOH | NGO | Non-Governmental Organization |
| DERCAS | Document of Analysis and Requirements Specifications for Acceptance of Software (<i>Documento de Especificaciones, Requerimientos y Criterios de Aceptación de Software –DERCAS– in Spanish</i>) | OMM | Municipal Women's Office (in Spanish) |
| DRPAP | Department of Regulatory Health Care Programs (MOH) | OSAR | Reproductive Health Observatory |
| EPS | Professional Supervised Practice of last-year students in different careers | PAHO | Pan-American Health Organization |
| ERI | Interinstitutional Resource Team (<i>Equipo Recurso Interinstitucional –ERI– in Spanish</i>) for Family Planning | PEC | Program of Extension of Coverage |
| EROS | Experience, Reflection, Ordering of Knowledge, and Action Follow Up (methodology for male sensitization in reproductive health) | PNSR | National Reproductive Health Program |
| FAM | Fertility Awareness Methods | PROEDUSA | Department of Health Promotion and Education of the MOH |
| FANTA | Food and Nutrition Technical Assistance Project III | QI | Quality Improvement |
| FHI 360 | Family Health International | RFA | Request for Application |
| FOG | Fixed Obligation Grant | SESAN | Secretary of Food Security and Nutrition |
| FP | Family Planning | SBCC | Social and Behavior Change Communication |
| FtF | Feed the Future | SIAS | Integrated Health Care System of the MOH |
| FUNDAZUCAR | Sugar Foundation | SIGSA | Health Management Information System (<i>Sistema Gerencial de Salud –SIGSA– in Spanish</i>) |
| FUNDESA | Foundation for the Development of Guatemala (<i>Fundación para el Desarrollo de Guatemala</i>) | SOW | Scope of Work |
| FUNCAFÉ | Coffee Foundation | RH | Reproductive Health |
| GMP | Growth Monitoring and Promotion | TIPs | Trial of Improved Practices |
| GoG | Government of Guatemala | TMG | The Manoff Group |
| HCI | Health Care Improvement Project | TWG | Technical Working Group |
| HEPP | Health and Education Public Policy | UNDP | United Nations Development Program |
| INCAP | Institute of Nutrition of Central America and Panama | UNICEF | United Nations Children's Fund |
| INFOM | Institute for Municipal Strengthening | UNFPA | United Nations Population Fund |
| IRH | Institute of Reproductive Health Georgetown University | USAID | United States Agency for International Development |
| | | VMAPN | Vice Ministry for Primary Health Care |
| | | WFP | World Food Program |
| | | WHO | World Health Organization |



Resumen Ejecutivo

El Proyecto Comunitario de Nutrición y Salud, Nutri-Salud, financiado por la Agencia de Estados Unidos para el Desarrollo Internacional (USAID) y administrado por University Research Co., LLC (URC), tiene una duración de cinco años (2012-2017), y tiene como propósito mejorar la nutrición y salud de mujeres y niños en 30 *municipios* de cinco departamentos del altiplano occidental de Guatemala, donde la población es predominantemente indígena maya rural. Nutri-Salud tiene tres objetivos principales: 1) mejorar el estado nutricional de las mujeres en edad reproductiva y los niños menores de cinco años, con enfoque en la “ventana de oportunidad” de los 1000 días, del embarazo hasta los dos años de edad, 2) fortalecer la atención esencial a la salud materna, neonatal e infantil y los servicios de planificación familiar a nivel comunitario, y 3) involucrar a las comunidades en la identificación de soluciones prácticas a sus necesidades de atención en salud. Los cuatro principales componentes técnicos del proyecto son: 1) prevención de la desnutrición crónica, 2) salud materna, neonatal e infantil mejoradas, 3) servicios de salud reproductiva y planificación familiar basados en la comunidad, y 4) la movilización comunitaria con vínculos con el gobierno local. Estos componentes son implementado de manera integrada a través de cuatro líneas estratégicas: 1) la institucionalización de un paquete mejorado de acciones esenciales de nutrición y salud materna, neonatal e infantil en las comunidades, 2) el aumento de la inversión municipal en la nutrición y la salud de los *municipios*, 3) la participación del sector privado y la sociedad civil, y 4) el establecimiento de alianzas con universidades y escuelas formadoras del occidente del país. La comunicación para el cambio

social y de comportamiento (CCSC), la pertinencia cultural y equidad de género, la mejora continua de la calidad y logística, y el monitoreo y evaluación son transversales a todos los componentes y estrategias. Este informe para el año fiscal 2013 (FY13) resume los logros y resultados principales (según el plan de manejo del desempeño –PMP– por sus siglas en inglés) por cada línea de acción estratégica, presenta los retos y soluciones y discute la gestión del proyecto. Los anexos contienen la tabla del plan de desempeño con indicadores, la tabla de progreso del plan de trabajo, así como estudios de estudiantes haciendo su práctica de la maestría de salud pública e historias de éxito.

Los logros más importantes del año fiscal 2013 se resumen en la tabla a continuación. Los detalles específicos se presentarán en las secciones siguientes.



| Línea de Acción Estratégica | Logros específicos |
|---|--|
| Gestión | <ul style="list-style-type: none">• Coordinación con los socios del proyecto, otros socios operadores de USAID, el MSPAS, otras instituciones de gobierno como SESAN, otras agencia de cooperación y el sector privado• Reuniones mensuales de planificación y capacitación al personal del proyecto; se entregó el plan anual para el año fiscal 2014• Seguimiento técnico y financiero a las ONG del PEC beneficiarias de subvenciones |
| Institucionalizar un paquete de acciones esenciales de nutrición y salud materna, neonatal e infantil en la comunidad | <ul style="list-style-type: none">• Coordinación y planificación conjunta en todos los niveles• Participación en los grupos de trabajo oficiales en el Viceministerio de Atención Primaria en Salud (VMAPS por sus siglas en español)• El proyecto es reconocido y aceptado en las seis áreas de salud: contrapartes designadas, espacio de oficina en la mayoría de áreas• Coordinación y planificación conjunta con las áreas de salud y los distritos municipales de salud, la Extensión de Cobertura (PEC por sus siglas en español), ONG proveedoras de servicios de salud en el primer nivel de atención• Las capacidades técnicas del proyecto son reconocidas y apreciadas• Personal del primer nivel capacitado en conteo poblacional, mapeo, fichas clínicas, Pacto Hambre Cero, Ventana de oportunidad de los 1,00 días, desnutrición crónica y logística de insumos, manejo inicial de complicaciones materno neonatales• Análisis de situación de 604 servicios del primer nivel de atención• Desarrollo del Aprendizaje Colaborativo e Intercambio de Evidencia (APRECIE) como metodología monitoreo y mejoramiento de la calidad de la atención y promoción de los servicios del primer nivel de atención; así como expansión de APRECIE como modelo de supervisión, tutoría y capacitación al personal del primer nivel• Recolección de datos de línea de base sobre procesos de atención y conocimientos y prácticas de la comunidad• Línea de base de 19 ONG del PEC• Subvenciones otorgadas a 19 ONG del PEC• Materiales de CCSC diseñados y validados (rotafolio de planificación familiar, rueda de comportamientos clave, folletos de alimentación, vacunación y PF e infografía de desnutrición crónica) |
| Inversión Municipal en nutrición y salud incrementada, con énfasis en agua potable | <ul style="list-style-type: none">• Participación en el Sistema de Consejos de Desarrollo a nivel municipal y comisiones• Cartas de interés firmadas por 90% de 30 municipalidades• Cartas de interés en salud reproductiva y planificación familiar firmadas por 83% de 30 municipalidades• Consejos municipales de desarrollo sensibilizados en temas de desnutrición crónica, salud reproductiva y planificación familiar• Comisiones de salud municipal capacitadas en funciones esenciales y la metodología de 5 pasos para desarrollar planes de emergencia comunitarios• Materiales existentes de CCSC impresos (folleto de planes de emergencia comunitarios)• Diagnóstico de capacidades en 30 municipalidades• 50% de la municipalidades tienen planes de acción conjuntamente con el proyecto |
| Involucrar a la sociedad civil y el sector privado | <ul style="list-style-type: none">• La primera alianza resultó en la construcción e inauguración de un centro de convergencia en la aldea de Pexlá Grande, Nebaj, Quiché (área Ixil)• El proyecto CURE ha donado equipo para dos hospitales, un CAP y 10 Centros de Convergencia• Dos convocatorias de aplicación han sido publicadas para ONG, distintas de las que proveen servicios de salud, para realizar actividades en salud sexual y reproductiva de adolescentes y en movilización comunitaria, respectivamente |
| Establecimiento de alianzas con universidades y escuelas formadoras/ capacitadoras del altiplano | <ul style="list-style-type: none">• Más de 400 estudiantes de medicina y enfermería realizando su práctica supervisada (EPS) recibieron capacitación en aspectos del MSPAS y el proyecto.• Tres estudiantes de Maestría en Salud Pública de Universidades internacionales hicieron su práctica (un estudio) con el proyecto• Estudiantes de EPS asignados a 18 de 30 (60%) <i>municipios</i> prioritarios para Nutri-Salud (23% al principio del proyecto)• Participación en numerosas conferencias, congresos, talleres con universidades, asociaciones de nutrición y enfermería; poster de estudio de PF aceptado en la Conferencia Internacional de Planificación Familiar 2013 en Addis Ababa |



Executive Summary

Nutri-Salud: Guatemala Community Nutrition and Health Care project, funded by the United States Agency for International Development (USAID) and managed by University Research Co., LLC (URC), is a five-year (2012-2017) project, 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 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 through four strategic approaches. These approaches are: 1) institutionalizing an improved package of essential nutrition and MNCH care actions in communities; 2) increasing municipal investment in nutrition and health; 3) engaging the private sector and civil society; and 4) establishing alliances with universities and training schools. Social and behavior change communication (SBCC), cultural pertinence and gender equality, continuous quality improvement (QI), and monitoring and evaluation (M&E) cut across all components and strategies.

This report for fiscal year 2013 (FY13) summarizes major accomplishments and results (according to the performance management plan [PMP]) by each of the strategic lines of action, presents challenges and resolutions, and discusses program management. Annexes contain an updated PMP table and a work plan progress table, as well as summaries of MPH students' studies and success stories.

Main accomplishments in fiscal year 2013 are summarized in the following table. Specific details are provided in the subsequent sections.



| Line of Action/ Strategy | Specific Accomplishments |
|--|---|
| Management | <ul style="list-style-type: none"> • Coordination with project partners, USAID implementing partners, MOH, other government institutions (e.g. SESAN), other cooperating agencies and the private sector • Monthly planning and training meetings with project staff • Administrative, financial and technical follow-up to FOGs with PEC NGOs |
| Institutionalizing an Improved Package of Essential Nutrition and MNCH Care Actions in Communities | <ul style="list-style-type: none"> • Coordination and joint planning with MOH at all levels • Participation in official working groups of the MOH Primary Health Care Vice Ministry (VMAPN by acronym in Spanish) • Project recognized and well accepted in all six health areas: specific counterparts; office space granted in most areas • Coordination and joint planning with health areas, districts, Extension of Coverage (PEC by its acronym in Spanish) NGOs and first level of care services • Project technical competencies acknowledged and appreciated • First level personnel trained in: Census; Mapping; Clinical records; Zero Hunger Plan and 1,000 days, and Logistics, chronic malnutrition and initial management of maternal and neonatal complications • Situational assessment of 604 first level of care services • Development of the Collaborative Learning and Evidence Exchange (APRECIE) approach for monitoring process indicators and QI; expanding use of APRECIE for supervision, tutoring and training of first level health workers • Collection of baseline data for monitoring care processes and community knowledge and practices • Assessment of 19 PEC NGOs • Grants issued to 19 PEC NGOs • SBCC materials designed and pretested (family planning flipchart and brochures; behavior wheel; vaccination and child feeding brochures and chronic malnutrition infography) |
| Increasing municipal investment in nutrition and health | <ul style="list-style-type: none"> • Participation in the Municipal Development Council System and Commissions • Letters of interest signed by 90% of 30 municipalities • Letters of interest in reproductive health and family planning signed with 83% of 30 municipalities • Municipal development councils sensitized in topics of chronic malnutrition, reproductive health and family planning • Municipal Health Commissions trained in essential functions and 5-step methodology to develop community emergency plans • Existing SBCC materials printed (booklets on community emergency plans) • Capacity assessment of 30 municipalities • 50% of municipalities have joint action plans with project |
| Engaging civil society and the private sector | <ul style="list-style-type: none"> • First alliance resulted in the construction and inauguration of a convergence center in the community of Pexlá Grande, Nebaj, Quiché (Ixil area) • Project CURE has donated inputs to equip convergence centers • Two requests for applications (RFAs) issued for NGOs, other than those providing health services, to conduct activities in adolescent sexual SRH and in community mobilization, respectively |
| Establishing alliances with universities and training schools | <ul style="list-style-type: none"> • More than 400 medical and nursing students doing their supervised practicums (EPS) received training in issues of the MOH and the project. • Three MPH students from Universities abroad conducted their practicum in Nutri-Salud • EPS students assigned to 18 of 30 (60%) of Nutri-Salud municipalities (up from 23% at beginning of project) • Participation in numerous conferences, congresses, and workshops with universities, nursing schools, and professional associations |

Introduction

The Nutri-Salud: Guatemala Community Nutrition and Health Care project, funded by the United States Agency for International Development (USAID) and managed by University Research Co., LLC (URC), is a five-year (2012-2017) project 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 indigenous Maya. Nutri-Salud addresses these issues through three major objectives:

- ◆ 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.

The project has four major components which define the specific technical content and interventions to achieve the desired objectives. These are:

Component 1: Prevention of Chronic Malnutrition during the ‘1,000 days’ Window of Opportunity

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 and Reproductive Health Services

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

Nutri-Salud implements the activities of each component through four main strategic approaches (lines of action) to achieve outputs and results. Each approach integrates the activities embedded in project components and cross-cutting strategies to ensure comprehensive and coordinated technical

and programmatic project implementation as well as sustainability of interventions.



Nutri-Salud technical assistance helps to train primary care level health staff.

The lines of action are:

Institutionalizing an Improved Package of Essential Nutrition and Maternal, Neonatal and Child Health [MNCH] Care Actions in Communities (Ministry of Health [MOH] Health Posts and Service Delivery Non-Governmental Organizations [NGOs]).

This strategy focuses on strengthening the “basic package of care” delivered at the first-level of care: 136 MOH first-level health posts and 468 convergence centers of 19 Program of the Extension of Coverage (PEC) NGOs. The emphasis of the “basic package” is the 1,000 day window of opportunity, as described in the IMCI AINM-C (Integrated Management of Childhood Illnesses and Integrated Child and Women Care in the Community) strategy. The package comprises interventions in components 1, 2, and 3 above: ENA; essential maternal neonatal and child interventions; c-IMCI; family planning; and appropriate referral to higher levels of care (e.g., for long-term and permanent FP methods, for maternal, neonatal and child complications). Community mobilization and participation, SBCC for demand creation and counseling, and Mayan cultural relevance are also part of the package. Key partners and



stakeholders include: the Vice Ministry for Primary Health Care (VMAPS in Spanish) of the MOH and PEC, and PEC NGOs; Area and Municipal Health teams and Municipal authorities; local authorities and leaders, traditional health providers, COMUDE/COMUSAN, COCODE/COCOSAN, faith-based organizations, women's groups and others; and USAID partners.

and large businesses through grants and public-private alliances and by engaging them in advocacy and monitoring and improving key health indicators. An important focus is developing innovative approaches to strengthen broad community engagement and to build awareness of project goals among private sector partners at all levels of society.



Through alliances with the private sector Nutri-Salud is working to improve conditions at primary care facilities in the Western Highlands (Nutri-Salud and Convergence Center staff with a young mother at a Convergence Center in the western Highlands).



Through its four principle strategies Nutri-Salud is working to reduce chronic malnutrition and improve child and maternal health services in the Western Highlands of Guatemala.

Increasing Municipal Investment in Nutrition, Water, and Health.

Through this strategy, Nutri-Salud assists municipalities to identify and improve use of funds allocated to nutrition and health, particularly water. Key partners and stakeholders include: other USAID partners, such as the Local Governance project and the Health and Education Public Policy (HEPP) project; Municipal Planning Offices (OPM) and especially the Municipal Women's Office (OMM); the Development Council System, including COMUDES/COMUSAN and COCODEs/COCOSANS; the Health District technical teams; the Reproductive Health (OSAR) and Nutrition and Food Security Observatories (OSAN); the National Alliance of Organizations of Indigenous Women for Reproductive Health (ALIANMISAR), Nutrition, and Education and the private sector.

Engaging Civil Society and the Private Sector.

This strategy emphasizes the important roles that civil society and private sector institutions play in improving the health and nutritional status of the population. Nutri-Salud actively supports COCODEs and other community organizations, local institutions, and small

Establishing Alliances with Universities and Training Schools.

This strategy engages public and private universities in Quetzaltenango and their schools of nutrition, nursing, medicine, public health, and social communication and their research departments to lend support to and contribute to the sustainability of Nutri-Salud interventions. Private nursing training programs as well as municipal health teams and authorities are key partners.

This report for fiscal year 2013 (FY13) summarizes major accomplishments and results (according to the performance management plan [PMP]) by each of the strategic lines of action, presents challenges and resolutions, and discusses program management. Annexes contain an updated PMP table and a work plan progress table. Summaries of MPH students' studies as well as success stories are included.



Accomplishments and Results by Lines of Action, FY13

Institutionalizing an Improved Package of Essential Nutrition and MNCH Care Actions in Communities

Integrated Activities

During the first year, Nutri-Salud conscientiously nurtured working partnerships at all levels of the MOH and received recognition of and appreciation for its technical competencies. At the central level, the new Vice Ministry for Primary Health Care (VMAPS by its acronym in Spanish) invited project staff to participate in several official working groups. Authorities of the six health areas (DAS in Spanish) named specific counterparts for the project and granted office space to the project. These efforts resulted in the sensitization of providers from all 604 first level health services in 30 priority *municipios* in the Government of Guatemala's (GOG's) Integrated Package of Health Services at the first level of care and the 1,000 Day Window of Opportunity, chronic malnutrition, and census and mapping of health services coverage areas. The project identified the convergence centers, strategically selected to provide better access to health services, and mapped and geo-referenced all official centers. The local project teams developed monthly joint work plans with health areas and PEC NGOs to implement activities to strengthen health providers' knowledge and abilities in essential health care and nutrition actions. Other important technical support activities included the systematic review of the *Ficha Clínica Unica* (unique patient record) and training in its use and the importance of registering patient data for health providers. Project advisors also participated in the MOH commission that developed the integrated management of childhood illness (IMCI) and AINM-C manual, in collaboration with Mesoamerica 2015 and the World Bank. Nutri-Salud is also part of the commission reviewing the micronutrient supplementation norms.

The introduction of APRECIE (which means Collaborative Learning and Evidence Exchange), Nutri-Salud's quality improvement (QI) methodology for assessing process indicators of quality of health care and knowledge, attitudes and practices (KAP) of mothers of children under the age of two, laid the

groundwork for data-based, participatory improvement of primary health care. APRECIE's objectives are to improve quality of care and health promotion activities, establishing standards and measuring indicators related to interventions in the Zero Hunger Pact and the 1,000 Day Window of Opportunity. All health districts and jurisdictions have QI teams defined, and have established standards and indicators to improve the quality of care and health promotion activities. QI teams conducted two rounds of data collection: baseline measurements in June and subsequent assessment in September, through review of clinical records and interviews with mothers of children under two years of age. Results included evidence of gaps in: inputs (micronutrients, contraceptives, etc.), nutrition assessment of both pregnant mothers and children under two; early identification of pregnant and puerperal mothers and newborns; and lack of educational materials on family planning methods, breastfeeding and birth planning. Corresponding gaps in health promotion included: low knowledge of danger signs and weaknesses in the systematic offer of FP counseling and methods. The collaborative learning methodology sensitized providers to the importance of continuously assessing processes, and the QI teams have appropriated the methodology and are developing improvement plans.

In May 2013, the project issued fixed obligation grants (FOGs) to 19 PEC NGOs in six health areas to cover 68 jurisdictions of approximately 10,000 inhabitants each. In the same month, Nutri-Salud facilitated a workshop with area directors and administrative and financial managers of the PEC NGOs to strengthen the management processes of FOGs. To date, NGOs demonstrated improvements in technical performance, and in turn received the first two of four planned disbursements. The NGOs have reached targets above those established by the MOH for the PEC. An example of a major improvement is the shift to identification of and visits to postpartum women in the first 48 hours after birth, instead of the previous standard of six weeks after delivery.

Technical and financial support to the VMAPS at the central level helped to put in place the necessary



elements for an enabling environment for primary health care throughout the country, including the 30 priority municipalities. Technical support to the VMAPS included: preparation of guidelines and tools for operationalizing technical strengthening of primary health care in the community. This included developing guidelines for the strengthening the institutional first level of care and revision and updating of the strategies and protocols for integrated management of childhood illness (IMCI) and the integrated care of children and women in the community (known as AINM-C by its acronym in Spanish). Technical staff from the VMAPS and the PEC, the Social Communication Department, and the Department of Health Promotion and Education (PROEDUSA) participated in these efforts. In addition, participation in four technical groups on the theme of “Strengthening the primary care level of the PEC” was maintained throughout the year on the following topics: universal access to health services; information system; towards the certification of the PEC NGOs; and human resource training.

Nutri-Salud worked with a wide range of stakeholders to provide technical and financial support to the PEC. Participants included representatives of the PEC, the Legal, Audit, Purchasing, Accounting, Inventory and Financial Management Unit, the first Level Institutional care (Health Posts), and Quality Management Unit of the MOH as well as Service Providers and NGO officials. Outputs included new clinical records and the following revised and updated manuals:

- ◆ Pre-Selection and Selection of NGO Health Services Providers
- ◆ Health Services Technical Standards
- ◆ Financial Administrative Manual
- ◆ Social Audit

The project also supported workshops on the reorganization of the PEC within the strengthening of primary health care in Huehuetenango, Quetzaltenango, and Quiché, involving the Health Area, municipal district personnel, and services providers.

The MOH Department of Regulatory Health Care Programs (DRPAP) also received technical and financial inputs from the project. Normative technical teams (56 people) received training in the methodology of updating the norms, standards and guidelines of first and second levels of health care in three workshops. Project specialists in the fields of nutrition and public health participated in specific working groups to identify scientific evidence for updating the normative manuals.

Another important contribution of Nutri-Salud to an enabling environment for primary health care throughout the country, including the 30 priority municipalities is the joint USAID/TRAction Nutri-Salud support for the implementation of the agreement between the Ministry of Finance (MINFIN) and the MOH (various Departments and Units) to comply with budgeting for Essential Health and Nutrition actions (AEN), and to identify problems and generate improvement plans for the implementation of budget lines of action for MNCH and nutrition. Nutri-Salud provided technical and financial support to management meetings with the Directors of the Health Areas to evaluate budget execution and to management and technical meetings with legal representatives and technical coordinators of the PEC NGOs to assess the implementation of the “strengthening the primary care level strategy,” including guidance on measuring progress on technical and production indicators.

Component 1. Prevention of Chronic Malnutrition

Throughout this year, nutritionists identified the urgent need to improve the implementation of some Essential Nutrition Actions (ENAs). To design QI plans for these ENAs, in the last quarter nutritionists assessed in detail how health providers implement nutrition assessment of pregnant mothers and growth monitoring and promotion (GMP) of children, the availability of micronutrients for mothers and children, and the treatment of acute malnutrition in children. Results from these assessments will be ready next quarter to guide improvement interventions.

Sponsoring the field work practicums of Master of Public Health students in nutrition was another activity contributing to the project knowledge base. One from Emory University conducted a formative assessment of KAP of primary health care providers in two municipalities of Quetzaltenango and Totonicapán. As part of collaboration with FANTA (FHI 360) and INCAP, another student from the London School of Hygiene and Tropical Medicine, used trials of improved practices (TIPs) in Huehuetenango to test food-based recommendations for children 9-11 months. Annex 6 contains summaries of these two field work practices.

Another collaborative effort with INCAP and the Consumer League of Guatemala (LIPECON) was assessment of food fortification levels of iodized salt, vitamin A and iron-fortified sugar, and iron-fortified flour. Levels were measured in foods found in homes as well as in sales places in 30 priority municipalities. Food samples were also collected from rural schools. Selected students, their parents and teachers received information on the importance of micronutrients and the consumption of fortified foods. Results will be available at the end of 2013.



Nutri-Salud works to strengthen growth monitoring and promotion activities to reduce chronic malnutrition.

The project nutritionists collaborated with Health Area nutritionists on a series of brief workshops to identify points of coordination and collaboration. Examples of trainings to strengthen nutrition in primary health care included:

- ◆ Quetzaltenango/Totonicapán: Nutritional assessment and protocols for acute malnutrition to basic health teams of the PEC NGO ASOSAM in Momostenango, Totonicapán
- ◆ San Marcos: Standardization of height/length measurement for 20 providers in minimum care units, NGOs, and health posts of San Miguel Ixtahuacán. Assessment of most frequently consumed family foods and recipes; findings included little variety, no animal protein, diet high in carbohydrates, salt, sugar, and corn.

- ◆ Ixil: Standardization of protocols, growth monitoring and promotion (GMP), verification of epidemiological records in each district, orientation for EPS (professional supervised practice of last-year university students in different careers) in developing and using dashboards.
- ◆ Introduction to 1,000 Day Window of Opportunity for educators from PEC NGOs (90) and health posts (95).

Nutri-Salud continued to work in collaboration with USAID/Food and Nutrition Technical Assistance project (FANTA of FHI 360 (Family Health International 360) and INCAP in developing the curriculum for an online, distance education course for strengthening the skills of auxiliary nurses and educators in ENA. All nine units were completed and are in the process of adaptation for interactive use. Nutri-Salud will implement the course as part of its integrated competencies training to begin next fiscal year.

Guatemala celebrated World Breastfeeding Week the first week in August with the theme, “Breastfeeding Support: Close to Mothers.” Nutri-Salud supported the six Health Areas to conduct edu-entertainment activities on breastfeeding and distributed audio and printed materials.

Component 2. Maternal, Neonatal, and Child Health Care

A key activity this year was defining a strategy for the prevention of maternal deaths at the first level of care. The strategy is based on the maternal mortality framework developed by the World Health Organization (WHO), UNICEF, and the United Nations Fund for Population (UNFPA) and the experience of USAID/Health Care Improvement (HCI) in Guatemala. The systematic strategy has five key sub-components:

1. Opportune detections and surveillance of pregnant women including accompaniment at community births.
2. Community organization, mobilization, and communication through COMUSANs.
3. Referral and counter-referral with initial management of obstetric and neonatal complications and optimal use of the network of services.
4. Improving provider competencies and performance in above processes.
5. Facilitating an enabling environment.

In coordination with USAID/TRAction, the National Program for Reproductive Health (PNSR by its Spanish acronym), the Vice Ministry for Hospitals and the VMAPS, approximately 150 trainers in the six Health

Areas were trained in the strategy. Lower level trainings in health posts and convergence centers have begun, with the first set in Ixil. To complement the training, an assessment of the five processes was conducted in a sample of services, selected by LQAS. The results will be available in the first quarter of FY14.

Nutri-Salud also carried out an analysis of maternal deaths in the 30 municipalities during 2013, investigating the number of cases (61 until September 2013, 18% of 341 maternal deaths in the country), the place of death, the basic cause, the critical link (main obstacle), and the level of prevention. In addition, the project supported the analysis of maternal deaths at the departmental level and the validation of a birth plan in each Health Area.

Through ongoing field visits, Nutri-Salud staff provided technical support to auxiliary nurses and educators in convergence centers and health posts on the integrated package of services, including APRECIE and the five processes for prevention of maternal deaths. Religious leaders, communicators, and promoters from the Ministry of Agriculture in Ixil and San Marcos also received orientation.

Component 3. Family Planning

Nutri-Salud provided orientation on the national FP law (universal access to contraception) to auxiliary nurses in health posts and convergence centers and staff from the secondary level of care. The orientations aimed to overcome institutional and medical barriers

Table 1. Analysis of maternal deaths in Nutri-Salud's 30 priority municipalities during 2013

| Department | Municipality | No. of Deaths | Percentage (N=61) |
|------------------|-----------------------------|---------------|-------------------|
| Quiche | Chichicastenango | 6 | 37 |
| | Joyabaj | 6 | |
| | Sacapulas | 3 | |
| | Uspantán | 3(1)* | |
| | Cunén | 2 | |
| | Zacualpa | 2 | |
| | Sub-total | 23 | |
| Huehuetenango | Barillas | 9 (10) | 33 |
| | Chiantla | 2 | |
| | Todos los Santos | 2 | |
| | San Sebastián Huehuetenango | 2 | |
| | Concepción Huista | 2 | |
| | Cuilco | 1 | |
| | Jacaltenango | 1(1) | |
| | La Democracia | 1 | |
| Sub-total | 21 | | |
| Tonicapán | Momostenango | 7(8) | 14 |
| | Santa Lucia la Reforma | 1 | |
| | Sub-total | 9 | |
| Nebaj. Quiche | Cotzal | 2 | 10 |
| | Chajul | 2 | |
| | Sub-total | 4 | |

Source: SIGSA and CNE, September 2013.

* In parenthesis, deaths under investigation.

that impede access to contraception and also to improve contraceptive logistics. In all six Health Areas, coordination the project established coordination with the local PNSR teams. The project is also participating in the Responsible Parenthood network of organizations and the Reproductive Health Observatories (OSAR) in these areas. A set of SBCC materials on FP (all-methods and individual methods brochures and counseling flipchart) was designed and pretested.

In the area of adolescent sexual and reproductive health (ASRH), Nutri-Salud created an educational lottery game, which was used in adolescent health fairs in Quetzaltenango and Totonicapán. In Quetzaltenango, the project participated in a televised education program on nutrition and adolescent pregnancies, in coordination with the Health Area. An RFA was issued for ASRH, which is discussed under alliances with the private sector.

Component 4. Community Mobilization

Throughout the year, Nutri-Salud worked jointly with municipalities to carry out workshops on the methodology of the five steps for activating and strengthening the health commissions (linked to COCODEs) and emergency plans. Health post and convergence center staff who promote community organization received training in health commissions strengthening. During the last quarter of FY13, with support from a UCLA MPH student doing her practicum, the project launched a database of Health Commissions and their progress in emergency planning training and development. The instrument developed is being used to monitor training and performance of Health Commissions. Health Commissions in Nebaj, Ixil, received diplomas and identification badges, learned about and planned activities related to the “four delays” in maternal deaths and danger signs, the community emergency plan, and exchanged experiences. An executive summary of the UCLA student’s practicum is in Annex 6.

Increasing Municipal Investment in Nutrition and Health

With Nutri-Salud technical support, training, and advocacy, counterparts and citizens in the Municipal Development Council System in the 30 priority municipalities (including the related offices, commissions and committees) gained knowledge and skills that will assist them to take actions to combat chronic malnutrition and improve the health of women and children. All 30 municipalities and their respective authorities received orientation on the project and 27



Nutri-Salud staff present the project to local government leaders in the Department of San Marcos.

(90%) of 30 municipalities signed letters of interest with the project. One half (15 of 30) have plans for joint activities to strengthen performance. The diagnostic assessment of municipal capacities was completed and shared with all 30 municipalities.

Integrated Activities

In addition to the joint municipal work plans, the project has Assisted COMUDEs, COMUSANs, and COCODEs in the development of work plans and in management of their agendas. Staff provided orientation on the legal framework of the Development Council System and sensitization on health and nutrition. To support COCODEs in development, the project delivered workshops and forums on improving health and nutrition in communities.

Nutri-Salud formed numerous partnerships to support joint activities to increase municipal action in and management of health, water, sanitation and nutrition. The project worked with the USAID/Local Governance Project to improve management of water systems and sensitize the OMM network in San Marcos and Quetzaltenango. With the USAID/Health and Education Public Policy (HEPP) project, joint forums and festivals to promote health and nutrition were held. The Institute for Municipal Strengthening (INFOM by its Spanish acronym) and Nutri-Salud conducted an analysis of implementing a certification program in water and sanitation with municipalities and community leaders. Peace Corps volunteers are supporting project interventions in health districts and schools to promote community mobilization, hygiene, and leadership.



Component 1. Nutrition

Local teams used the chronic malnutrition causal framework as an advocacy tool to generate discussion and define elements for joint action plans with municipalities. Sharing the framework always yields interesting additions to enrich it. The tool has been instrumental for municipal workers in understanding the factors contributing to stunting. In addition data on conditions of convergence centers and health posts in each municipio and water availability and treatment in health facilities and communities covered by these facilities has been shared with Municipalities so that they recognize the need for the Municipality to get involved in their improvement and put it in their annual plans.

Materials on environmental enteropathy (a subclinical condition caused by constant fecal-oral contamination and resulting in blunting of intestinal villi and intestinal inflammation) are being designed within the USAID Health Communication Capacity Collaborative (HC3) in order to sensitize municipal and health authorities on the potential failure of nutritional interventions in diminishing chronic malnutrition if water and sanitation issues are not addressed.

Component 2. Maternal, Neonatal and Child Health

Nutri-Salud staff provided support to OMMs on maternal, neonatal and child health, particularly on preventing maternal deaths and women's empowerment and participation. Emergency plans to transport maternal, neonatal and child emergencies have also been presented to them in order to have them participate as facilitators.

Component 3. Family Planning

Nutri-Salud held sensitization workshops on FP and RH for municipal authorities, including, OMM, COMUDE, COMUSAN, auxiliary mayors as well as mayors and municipal units). Of these municipalities, 25 (83%) signed a letter of support for FP and RH. In light of the interest that this theme generated and due to the fact that most of the authorities are men, Nutri-Salud will begin in to use in FY14 the Experience, Reflection, Ordering of Knowledge, and Action Follow Up (EROS by its acronym in Spanish) methodology. Nutri-Salud also redesigned and tested with OMM a participatory methodology for using six steps to identify problems and find solutions in sexual and reproductive health and family planning. This methodology entails: identifying the main problem and its causes, developing solutions, developing an action plan, acting and follow-up (IDEAS in Spanish), which is also part of the APRECIE approach.



Nutri-Salud Works with local Health Commissions to promote community involvement in Maternal Health.

Twenty-two (73%) of 30 OMM have been trained in the methodology and will use it with their respective women's groups.

Component 4. Community Mobilization

An RFA was issued for NGOs to carry out activities to support community mobilization. Four NGOs were selected to strengthen the Development Council system through support to COCODEs, COMUDEs, COMUSANs and link them to the municipal technical units, e.g., municipal health districts, municipal women's offices (OMM), etc. The first disbursements will be issued early in FY14.

Engaging Civil Society and the Private Sector

During the first year of project implementation, the Nutri-Salud Project developed a strategy to engage the private sector and civil society groups to advance project objectives and promote community ownership and sustainability of improvements to nutrition and health. In the first Quarter of 2013, the project undertook an assessment of private sector engagement and partnership potential in order to develop a private sector alliance strategy. Interviews and meetings with leaders in the business community and private sector at large resulted in a report that provided an analysis of the private sector and highlighted the organizations with the highest potential for successful alliances. This assessment was continued in the 2nd Quarter of 2013 with the support of Nutri-Salud's newly hired Private Sector Specialist.

The Project continued to identify businesses, foundations, organizations and others with alliance potential and to finalize a strategic plan to engage



private-sector partners in alliances to collaborate towards project goals outlines alliances with two main purposes, which are tied to two categories of alliances:

Category 1: Small contributions up to \$1.5 million (in cash and/or in-kind) to fulfill specific needs that allow completing the cost share goals. Private sector contributions based on principles of corporate social responsibility fall into this category.

Category 2: Strategic, high caliber and high impact alliances that result in significant leveraging of resources to increase and guarantee sustainable impact of Nutri-Salud activities. Topics for these alliances include: water and sanitation systems; social and behavior change communication; and building integrated health care facilities, such as convergence centers.

In the 2nd Quarter, the project also successfully negotiated its first alliance, to leverage Nutri-Salud support to the MOH Extension of Coverage Program as part of an alliance to develop a new Convergence Center in the community of Pexla Grande, Nebaj. The alliance involved Habitat for Humanity, Citibank, Iniciativa58, Nutri-Salud and the community of Pexla Grande in Nebaj in building the convergence center, with a cost of approximately US\$20,000. The community donated to the land to the MOH where the center was built. Iniciativa58 made a cash donation, the Municipality donated cement, and Habitat for Humanity developed the plans and volunteers for construction and supervision. Nutri-Salud funds, through grants to local service delivery NGOs, allow for hiring of an auxiliary nurse and a health educator for provision of regular health services. The Convergence Center was inaugurated in June 2013.

Nutri-Salud, in an initiative led by Nutri-Salud partner Mercy Corps, developed plans for implementing Health Stores (TISA) in coordination with Farmacias de la Comunidad. Nutri-Salud identified 38 communities with potential to establish TISAs and implementation will begin in priority municipalities in Huehuetenango. and Mercy Corps has hired a staff member responsible for implementation and follow up. In addition, a focus of Nutri-Salud's advocacy with the private sector has been on commodities and inputs for C-IMCI, such as ORS, antibiotics and in anthropometric equipment.

Nutri-Salud also collaborated with the USAID Guatemala Mission and Project CURE to assess the need for donated medical equipment in the project's target areas and to then accept the donation of more than \$300,000 in medical equipment for distribution to health service facilities in the Western Highlands.

In August, 2013 Project C.U.R.E delivered a cargo container to Quetzaltenango with medical supplies and equipment that went to the Health Area of San Marcos. Two hospitals, one permanent attention center (CAP) and 10 convergence centers received the donations, coordinated by Nutri-Salud. The donation included stretchers, weighing scales, sphygmomanometers and equipment for minor surgery, among other equipment.

The project continues to investigate and develop alliances to further project objectives with partners such as Wal-Mart, Coca Cola, Industrial Bank, Granai & Townson, Fundación Pantaleón, FUNCAFE, and CENTRARSE. The project is also continuing to develop alliances for the construction or rehabilitation of Convergence Centers as a principal alliance objective. This work builds on the project's diagnostic assessment of primary care level health facilities to develop a list of convergence centers to be constructed and to be rehabilitated. Meetings have been held with several municipal governments and private sector partners for the building or rehabilitation of multiple Convergence Centers in FY14.

To improve access to information and youth-friendly services and to reduce adolescent pregnancies and maternal mortality, Nutri-Salud developed and issued an RFA for NGOs to conduct activities related to these objectives. Twenty-five NGOs submitted proposals, and an evaluation team reviewed them and selected four. ACODIHUE, PIES DE OCCIDENTE and Cruz Roja will work in Huehuetenango, Quetzaltenango, Totonicapán and San Marcos: APROFAM will work in all 30 municipalities to conduct "youth family planning days," where temporary and long-term methods will be available as well as referrals for permanent methods. The NGO will also establish a "youth hotline" for questions and answers on reproductive health and FP. It will use "electronic babies" to simulate parenting, and establish "friends of well being volunteers" in 20% of communities.

Nutri-Salud has also carried out joint activities with radio stations and NGOs in municipalities. Stations in one municipality each of San Marcos and Ixil broadcast radio spots on FP, free of cost. NGOs in Cotzal y Chajul received orientation in SRH/FP to disseminate messages to their target audiences.

Establishing Alliances with Universities and Training Schools

The institutionalization of EPS students doing their practicum at the primary care level in Nutri-Salud municipalities advanced this year. Monthly meetings



were held with the Consortium of Highland Universities, a committee of coordinators of the schools of medicine and nutrition, teachers of EPS students, and MOH representatives to discuss the role and performance of students in primary health care.

The project trained more than 400 medical students doing their supervised practice (EPS) in health posts in Totonicapán, San Marcos, Huehuetenango and Quetzaltenango. Topics included the Zero Hunger Pact, the 1,000 Day Window of Opportunity, strengthening primary health care, balanced family planning counseling, and contraceptive technology. The project also sensitized EPS coordinators and teachers in the medical schools of public and private universities of the Western Highlands on the health and nutrition issues in the context of the region.

These efforts produced an increase in the number of EPS medical students assigned to health posts in Nutri-Salud priority districts. Prior to the start of the project, the students were assigned to municipalities closer to Quetzaltenango: EPS students practiced in only 7 of the 30 municipalities prioritized by USAID (23%). Currently students practice in 18 of the 30 municipalities (60%). Additionally, approval for universities to place EPS at PEC convergence centers was received: previously students only practiced in establishments at the secondary and tertiary levels. In consensus with the central level of the MOH and the universities, the project began to develop an EPS induction training module to improve performance at the first level of care, with emphasis on preventing chronic malnutrition and maternal and infant mortality and epidemiological surveillance of risk groups.

The project also supported university faculty and students to strengthen applied research by collaboration in the design and development of research and postgraduate thesis, and in the dissemination of current scientific and technical information and research methods.

Participation in conferences, congresses and workshops with universities, nursing schools and professional associations also contributed to building national capacities to address chronic malnutrition and poor health. Nutri-Salud provided technical assistance to universities in the Western Highlands on health and nutrition at scientific conferences with national and international speakers, addressing topics such as epidemiological surveillance, chronic malnutrition, reduction of maternal and child mortality, the Zero Hunger Pact and the 1,000 Day initiative. The project developed technical and communication materials and presented them at conferences for distribution to participants. Students, professors, and NGO officials benefitted

from sensitization and materials on the issue of chronic malnutrition in the region and evidence-based, cost-effective interventions to reduce the problem.

The project also lent support to professional associations. In coordination with the USAID/FANTA Project and INCAP, Nutri-Salud provided technical assistance to the scientific conference organized by the Association of Western Highland Nutritionists with the participation of nutritionists from across the region (MOH Health Area nutritionists and NGOs). Topics addressed were culturally relevant practices, benefits of breastfeeding and chronic malnutrition in the region.

Crosscutting Components

| Component | Specific Accomplishments |
|---|---|
| M&E | <ul style="list-style-type: none"> • Two rounds of measurement of APRECIE quality indicators conducted • Baseline data on nutritional status of mothers and children under 5 collected • Ongoing technical and financial support to MOH and SIGSA for improvements in national health information system |
| SBCC | <ul style="list-style-type: none"> • New and updated SBCC materials pretested and produced on FP, primary health care in the community, Vitaceral • Collaboration and coordination with USAID implementing partners, MOH, Alliance for Nutrition, and others. • The “behavior wheel” for households was pre-tested and an operational trial was held, with support from The Manoff Group |
| Public Relations and Institutional Communication | <ul style="list-style-type: none"> • Frequent local and national press coverage of local events • Support for visit by of USAID Deputy Administrator |
| QI and Logistics | <ul style="list-style-type: none"> • Ongoing technical support to MOH Quality Management Unit • 813 facilitators of 4 Health Areas trained in quality management and measurement of quality in 11 workshops • Unified methodology for Continuous QI in collaboration with USAID/Capacity project and USAID/TRAction project in development • More than 300 trained in logistics in 6 Health Areas |
| Gender and Interculturality | <ul style="list-style-type: none"> • Coordination with the Unit of Indigenous Populations’ Health of the MOH • Training of Nutri-Salud staff in gender and interculturality |

Monitoring and Evaluation

Three baseline situational assessments were conducted this year in 30 priority *municipios*: of first level health care facilities (N=604), 19 PEC NGOs and 30 Municipalities. The findings of these assessments have been presented to health and Municipal authorities, to project staff, to USAID and partners, and to others in order to advocate for improvements.

The project finalized seven reports on the diagnostic assessment of the first level of care services: one for each of the six Health Areas and a general one of the 30 municipalities. These reports will be published next fiscal year.

Based on previous URC experience, the project developed a QI model of “Collaborative Learning and Evidence Exchange” (APRECIE in Spanish) which entailed the revision of quality of care standards and indicators and of KPC (Knowledge, Practice and Coverage) indicators, their measurement, and

improvement plans to be implemented during the following quarter.

For this purpose, 110 “supervision areas” or lots (a PEC jurisdiction or a group of 3-5 health posts) were defined and QI teams integrated by health providers were formed in each one of the supervision areas. Each quarter, clinical QI teams draw 19 clinical records (using LQAS) of each of 4 types from the group of health facilities and review them to check if certain criteria (that make up indicators) were registered. According to LQAS model if 16 out of 19 clinical records have correct information registered in one variable (indicator), the lot “passes the quality test” for that variable with a 90% predetermined threshold. Data from all supervision areas can be consolidated to get percentage of coverage.

QIs in supervision areas have conducted two rounds of monitoring using this methodology, the first of them in May-June 2013 and the second one in September 2013. Comparative analysis of the two rounds demonstrates progress on implementation of improvement plans.



Table 2 presents the results of the two monitoring rounds for health promotion (KAP of mothers) indicators.

The project M&E unit, together with project local teams and technical staff of the Health Areas, analyzed QI indicator results and shared them with the QI teams so they can develop improvement plans at the municipality level. The team also reviewed the APRECIE tools and methodology and made improvements to the tools and the criteria for determining achievement of the standard of quality set for the indicators.

The M&E unit also led the implementation of monitoring nutritional status of mothers and children under five in PEC influence areas where census data is available to draw a random sample. INCAP conducted the fieldwork and Nutri-Salud facilitated, coordinated and accompanied the fieldwork to ensure the quality of data collected and timely implementation. Data were collected from a sample of 1,275 children and their mothers from 68 jurisdictions of the PEC in six Health Areas. Table 3 presents the summary results for children. As observed, the main nutritional problem in these areas is chronic malnutrition or stunting.

Table 2. Indicators for health promotion activities (mothers' knowledge and practices), June and September 2013. Nutri-Salud, 30 Municipalities

| Indicators | Huehuetenango n=627 | Ixil n=228 | Quetzaltenango- Tonicapán n=247 | Quiché n=437 | San Marcos n=418 | Total % Coverage 6 Health Areas (30 municipalities) |
|---|------------------------|---------------|---------------------------------------|-----------------|------------------------|---|
| 1. % of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age | 76 | 81 | 73 | 74 | 80 | 77 |
| 2. % of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session (verified with children's monitoring program registration form, child card). | 87 | 85 | 77 | 78 | 85 | 83 |
| 3. % of mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum | 68 | 61 | 54 | 54 | 72 | 63 |
| 4. % of mothers with a child 0 to 23 months of age who recognize at least three new born danger signs | 58 | 43 | 36 | 48 | 59 | 51 |
| 5. % of mothers with a child 0 to 23 months of age who mention key moments for hand washing | 95 | 89 | 88 | 84 | 93 | 91 |
| 6. % 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) | 84 | 85 | 79 | 83 | 86 | 83 |
| 7. % 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 specific topic | 80 | 73 | 68 | 71 | 81 | 76 |
| 8. % of mothers with a child 0 to 23 months of age who have emergency family plans that show evidence of use | 12 | 14 | 6 | 11 | 20 | 13 |
| 9. % 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) | 61 | 57 | 49 | 53 | 60 | 57 |
| 10. % 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 | 69 | 73 | 67 | 69 | 80 | 72 |
| 11. % of mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week | 73 | 75 | 71 | 69 | 68 | 71 |

Table 3. Nutritional status of Children Under 5 in 30 Municipalities

| Age | Malnutrition Chronic H/A * | | | Malnutrition Global W/A ** | | | Malnutrition Acute W/H *** | | |
|---------|----------------------------|-------|-------|----------------------------|------|-------|----------------------------|-------|------|
| | N | Cases | % | N | Case | % | N | Cases | % |
| Total | 1,275 | 904 | 70.9% | 1,278 | 261 | 20.4% | 1278 | 10 | 0.8% |
| (0-5) | 92 | 37 | 40.2% | 92 | 6 | 6.5% | 92 | 1 | 1.1% |
| (6-11) | 144 | 84 | 58.3% | 144 | 19 | 13.2% | 144 | 3 | 2.1% |
| (12-23) | 265 | 204 | 77.0% | 266 | 65 | 24.4% | 266 | 3 | 1.1% |
| (24-35) | 291 | 226 | 77.7% | 293 | 77 | 26.3% | 293 | 1 | 0.3% |
| (36-47) | 261 | 196 | 75.1% | 261 | 49 | 18.8% | 261 | 2 | 0.8% |
| (48-60) | 222 | 157 | 70.7% | 222 | 45 | 20.3% | 222 | 0 | 0.0% |

H/A = Height for age
W/A = Weight for age
W/H = Weight for height

Source: Nutritional Status Monitoring, Nutri-Salud June 2013, 30 Municipalities

Chronic Malnutrition = H/A < -2 SD WHO Standards*
Global Malnutrition = W/A < -2 SD WHO Standards **
Acute Malnutrition = W/H < -2 SD WHO Standards ***
Overweight BMI > 2 WHO Standards ***

Throughout the year, Nutri-Salud participated actively in and provided technical and financial support to two MOH steering committees related to improvements in national health information systems, led by SIGSA. One committee works on designing a software application for the unique patient record and community health population counts (census). The other committee is developing the system information needs for first and second level health care.

Another important contribution to the national health information system is support to the MOH and SIGSA to attain interoperability between the Censo.Net, information system used by PEC, and the SIGSA. The objective is to ensure the MOH can obtain detailed data from PEC health care registers to measure indicators. A special software application is required to attain interoperability among the different sub-systems of the health information system.

The project M&E Unit also contributed to the strategy for the prevention of maternal deaths at the first level of care, reported above in Section “Institutionalization of a Basic Package of Care.” The Unit developed tools for data collection and designed the sample. The analysis of requirements for a user-friendly tool to provide information to the District and Health Areas in order to strengthen supply chain management is underway.



Nutri-Salud collected data from a sample of 1,275 children and their mothers from 68 jurisdictions of the PEC in six Health Areas in order to support quality improvement activities in nutrition and child and maternal health service delivery.



The team also provided technical inputs into the development of the Nutri-Salud web site, specifically on the dashboards that will present information on health and nutrition status, health services and QI indicators for each of the 30 municipalities.

Social and Behavior Change Communication

The project's SBCC component collaborated with a wide number of partners to promote unified, evidence-based messaging. Nutri-Salud led an Inter-institutional SBCC group composed of the project, Save the Children, Catholic Relief Services and Project Concern International, all important USAID Title II implementing partners in the Western Highlands. The institutions joined efforts to maintain a common or similar graphic line in materials and standardize behavioral messages.

Nutri-Salud provided technical and financial support to the new Communication and Health Promotion Unit of the MOH (previously known as PROEDUSA). Nutri-Salud meets regularly with Health Promotion Coordinators in each of six priority Health Areas to upgrade skills and plan joint activities that support the area coordinators in training and supervising health educators and other community health workers. The SBCC advisor participated in the working group of the National Commission for the Promotion of Breastfeeding (CONAPLAM) to strengthen activities to promote this practice and develop a communication plan for the World Breastfeeding Week, celebrated worldwide August 1-7, 2013.

The SBCC advisor also participated in the working group of the private sector Alliance for Nutrition, which aims to alliances between the public and private sectors to increase society's knowledge about chronic malnutrition. Among participants were: MOH, SESAN, the Pana American Health Organization (PAHO), UNICEF, USAID/Alianzas, Hill & Knowlton, and others. USAID, Nutri-Salud also collaborated with the USAID/Health Communication Capacity Collaborative (HC3) project to discuss the SBCC tools, resources and experiences available to USAID partners.

Nutri-Salud worked with the World Food Program (WFP), SESAN and the MOH, to host an encounter of organizations that work on community-based health and nutrition promotion strategies in Tonicapán. An outcome was the formation of a network of organizations that work with mother leaders in development and communication. Nutri-Salud also conducted an in-depth study of 20 mother leaders in Tonicapán in order to find out their experiences, future needs, and incentives. The data will



Nutri-Salud worked to develop or improve key health promotion tools used in primary care facilities in order to strengthen health promotion and counseling in primary health care.

be used to improve materials and strategies for this group of community health workers.

Throughout the year, numerous new and revised SBCC materials were developed and produced to strengthen health promotion and counseling in primary health care. These include:

- ◆ Promotional posters, posters on preparation instructions, recall leaflets for mothers and a guide for providers on the food supplement Vitaceral, together with the National Food and Nutrition Security Program (PROSAN) and WFP
- ◆ Posters to strengthen first level of health care and localize cultural pertinence at convergence centers and health posts, including: days and times the facility is open; local foods produced and consumed; COCOSAN members; traditional healers and birth attendants; spiritual guides and sacred places; medicinal plants.
- ◆ All-methods and single methods brochures, flipchart and posters on FP.

Activities completed in the final quarter of 2013 include TIPs of the "19 key behaviors wheel," (a pictorial guide in the form of a wheel, used during home visits to promote behaviors and check on their implementation at the household level). Project social workers and nutritionists received training in the use of the wheel and conducted the trials. In the first quarter of 2014, the project will design a course and a training of trainers (TOT) on the use of the behavior wheel, which will be completed with guidance from The Manoff Group.



Public Relations and Institutional Communication

Nutri-Salud has continued to disseminate information about the project for different audiences such as USAID Weekly News & Activities Report from October 2012 to September 2013.

Additional reports included:

We read for you:

“Healthy Municipalities Strategy in Alliance with the MOH and PAHO”

“Maternal and Neonatal Community Health System.” (Versions 1 & 2).

“Intercultural Approach in Health Services at the MOH Primary Care Level”

Featured news: Edition 1 | June 2013; Edition 2 | July 2013; Edition 3 | August 2013 and Edition 4 | September 2013.

Miscellaneous:

Executive Summary of the Document of Specifications, Requirements and Criteria for Software

Acceptance (DERCAS, by its Spanish acronym) of the Health Information System in Guatemala.

Events:

Nutri-Salud organized and provided technical and financial assistance for several events, some in coordination with partner and non-partner institutions:

Nutri-Salud held meetings in Huehuetenango, Quetzaltenango and Quiché with local authorities of the 30 priority municipalities by USAID. The objective was to raise awareness on chronic malnutrition, community mobilization and family planning as well as to share the main results of the project’s diagnostic assessments of the municipalities and primary health care services. As a result, all mayors signed a “cooperation agreement” between Nutri-Salud and the municipality to support project activities over the next four years.

Nutri-Salud, in coordination with the MOH and the Ministry of Development presented the conference “Nutrition makes a difference! The importance of maternal nutrition for pregnancy and breastfeeding,” by Dr. Teresita González de Cosío, professor and researcher at the Research Center in Nutrition and Health of the National Institute of Public Health of Mexico. More than 100 people from different institutions, NGOs, Ministries and partners attended.

Nutri-Salud co-hosted the regional launch of *The Lancet* 2013 maternal and child nutrition series. The project collaborated with INCAP, the Council of Ministers of Health from Central America, Alimentos, S.A. and PAHO. The event in Guatemala served as a nutrition advocacy platform for the Latin America region, giving impetus to a call for action in combating chronic malnutrition

Elena Hurtado, COP of Nutri-Salud, co-facilitated a workshop at the event “*Del qué al cómo... haciendo realidad la ventana de los mil días,*” [From what to how...making the 1,000 Day Window a reality], organized by the Inter-American Development Bank (IDB) and SESAN. Representatives from SESAN, the MOH, the National Program of Competitiveness, the Nutrition Alliance and other representatives from international cooperation, and the public and private sectors attended. The objective was to identify, based on success stories from Bangladesh and México, the critical points, challenges and opportunities to implement actions related to the Zero Hunger Pact.

In preparation for the visit to Guatemala of Dr. Ariel Pablos-Méndez, Assistant Administrator for Global Health at USAID, two scene setters were developed and preparatory visits were conducted to Xecalibal and Chipacá I Convergence Centers in Chichicastenango, Quiché. These convergence centers boasted the new model of primary health care delivery with community auxiliary nurses stationed daily in each center, instead of a mobile health team making monthly visits to the community. Nutri-Salud has provided funds to the NGO Carroll Behrhorst, which allows them to hire the community auxiliary nurses and health educators.

Media Coverage:

National and local media frequently covered Nutri-Salud events, such as the conference “Nutrition Makes a Difference,” in Prensa Libre, Emisoras Unidas, Guatevisión and Nuestro Diario, the launch of *The Lancet* series in Prensa Libre, the inauguration of the convergence center in Pexlá Grande, Ixil, Quiché, in Prensa Libre, Guatevisión, Stereo 100 and Diario de Centroamérica, a fair on sexual and reproductive health for adolescents in El Quetzalteco, the launch of the campaign “Me llega” to prevent pregnancies among young women in Huehuetenango in El Quetzalteco, as well as the donation of medical equipment in San Juan Ostuncalco valued in Q.29,227.00 in Nuestro Diario.



Website:

Substantial progress was made in the planning and design of Nutri-Salud’s website. A communication strategy to accompany the launch was prepared.

Branding and Marking:

Nutri-Salud developed and received approval for its branding implementation and marking plan with the objectives of: 1) position the project to attract attention of various target audiences; 2) create ready recognition and credibility for the project; and 3) ensure the visibility of project partners, including USAID, URC, its sub-partners, the Government of Guatemala (GoG) and its participating entities, and national partners, such as Guatemalan NGOs.

Quality Improvement and Logistics

The current GoG strengthened its support for the MOH Quality Management Unit, using its own resources to hire new staff in support of actions to strengthen the network of health services. This year, Nutri-Salud provided technical advice to the Unit with emphasis on the first and second levels of care, starting with workshops to improve the technical knowledge of its initial staff of eight people. Initial workshops included: sensitization on quality standards; collaborative problem-solving; and internal audit.

Subsequently the Unit expanded its staff from 8 to 23 people, and the project provided ongoing technical assistance on issues such as basic concepts and methodologies of QI and APRECIE. They identified the need to define standards that allow the improvement of the services of the first and second levels of health care. Nutri-Salud assisted in the review of quality standards in maternal neonatal and child health and nutrition, and the Unit incorporated some of the indicators used in the project. The updated standards were pre-tested in Chimaltenango and field tested in San Marcos, Quetzaltenango, Quiche and Huehuetenango. Following that, training workshops introduced the facilitators of the health districts and Health Areas to issues of quality and presented measurement standards for health services at the first and second levels of care, as described in the following table.

A unified methodology for Continuous QI for the purpose of providing technical support to the Quality Management Unit in the VMAPS is underway, in collaboration with USAID/Capacity project and USAID/TRAction project. This is a tool for the development of improved processes of care such as HIV/AIDS treatment, and MNCH care.

Table 4. Number of workshops and facilitators trained in quality management

| | Number of Workshops | Participants |
|----------------|---------------------|--------------|
| San Marcos | 4 | 277 |
| Huehuetenango | 3 | 250 |
| Quiché | 2 | 160 |
| Quetzaltenango | 2 | 146 |
| Total | 11 | 833 |

With the approach that the drug information and supplies system should reach the first level of care, the project supported numerous trainings in various aspects of logistics. More than 300 participants received training in logistics in workshops held in six Health Areas. The first round of training included the technical and financial Health Area and PEC NGOs accountants; the latter are responsible for training basic health teams in existing regulations in logistics. These workshops dealt with the logistics information system, specifically the BRES format and food storage practices. Support materials such as calculators were provided to participants

Following training of Health Area staff, these personnel trained basic health team of NGOs. Coordination with other USAID implementing partners, such as USAID/DELIVER, was an important element of logistics, to avoid duplication or conflict and to improve the national logistics. The project also coordinated with the PNSR to improve supply conditions and the central level MOH. The updating of administrative and financial manuals in logistics to make them as explicit as possible will assist PEC NGOs to manage information tools and systems to purchase inputs in a timely manner.

Project nutritionists are conducting an analysis of micronutrient logistics gaps to identify weaknesses in provision of micronutrients from the central level of the MOH, and thus strengthen it and contribute to ENA against chronic malnutrition.



Gender Equity and Cultural Pertinence

The new gender specialist started coordination with the Unit of Indigenous Populations' Health of the MOH to review indicators of cultural pertinence of health services. Together with this Unit they conducted training of Nutri-Salud staff.

Environmental Compliance

In the first year of project implementation, Nutri-Salud developed an initial EMPR. This umbrella plan will guide the project's work to ensure that project activities do not have negative environmental impacts. The main area of concern is the management of medical waste by primary care facilities in Nutri-Salud's target area.

In September 2013, Nutri-Salud partners The Cloudburst Group conducted a field visit to identify the medical waste disposal systems in place in primary health care services (convergence centers and health posts).

The main findings were:

- ◆ Disposal of sharps is done in appropriate boxes with gathering centers at health districts and the company ECOTERMO collecting waste every week. The weak link in this system is transportation from far-away convergence centers to municipal capitals.
- ◆ Disposal of hazardous waste (gloves, blisters, and others) is presently non-existent; some centers incompletely burn these materials (due to lack of incinerators and rain) and others bury them, with no standard management procedures.
- ◆ There is no classification of waste in place.

During the field visit water systems and water treatment were also examined.

A workshop on the law 22CFR216, records and regulations for hospital solid-waste management in Governmental Accord 509-2001 was held with coordinators of NGOs receiving FOGs from Nutri-Salud. This workshop will help finalize the Environmental Mitigation Plan, which will be included in future FOGs. In the next quarter, the project will hold training workshops for PEC NGOs facilitators (district nurses and auxiliary nurses).

Major Implementation Challenges and Strategies for Resolution

Table 5. Major Implementation Challenges and Strategies for Resolution, 2013

| Challenges | Resolutions |
|--|---|
| Institutionalizing an Improved Package of Essential Nutrition and MNCH Care | |
| The Vice Minister of Primary Health Care was ousted from her post and changes are expected in the MOH | As soon as the new Vice Minister is appointed presentations of the project will be made |
| New clinical records are not being well accepted by providers or used in primary health care facilities; in addition, these records have not been reproduced | Participate in revision to improve and increase acceptance; in the mean time help with the reproduction of former version |
| Training of primary level health providers, especially new auxiliary nurses and health educators, in PEC programming | Develop alliances with nursing schools and/or an NGO to train new personnel; for training health educators on ENA use curriculum being developed with FANTA and INCAP, and behaviors wheel curriculum |
| Difficulty of PEC NGOs to reach milestones in FOGs—(targets met for 80% of the indicators) | Development of improvement plans for NGOs to increase performance to meet targets. |
| Coverage area censuses not yet 100% completed in CENSO.NET | Coordinate with SIGSA to update CENSO.NET and alliance with private sector to obtain computer equipment for health posts |
| Gaps in the PEC NGOs health provider performance in conducting AIEPI AINM-C | Design curriculum to train personnel in competencies included in AIEPI AINM-C; specific competencies will be identified using quality monitoring |
| Underutilization of community providers of FP methods; present prohibition by the PNSR that community facilitators distribute methods | Advocacy at the health district level to improve use of use community providers of FP methods identified in the inventory; advocacy to override present prohibition that community facilitators distribute methods |
| Increasing municipal investment in nutrition, water, and health | |
| A few mayors have not signed letter of agreement with the project | Visit reluctant mayors with support from the Departmental Governor and the project's private sector specialist |
| Lack of training curriculum on topics of nutrition, water and sanitation for OMM, DMP and Municipal Commission for Food and Nutrition Security (COMUSAN) | Develop and present training curriculum and methodology (gender approach included); seek support from USAID partner projects (such as HEPP and PlanFam) and other organizations to implement; avoid cascade training, instead reaching communities' organized groups directly |
| Lack of understanding by Municipal councils (COMUDE) and commissions (COMUSAN) on the causes and importance of chronic malnutrition | Present the causal framework of malnutrition to all the Municipal councils (COMUDE) and commissions (COMUSAN) in meetings with appropriate methodology and materials |
| Training needs in sexual and reproductive health and family planning not well defined at the Municipal and Health District levels | Define training needs in sexual and reproductive health and family planning together with OMM, COMUDE, and Health District Implement the plan with support from other donors and local allies |



| Challenges | Resolutions |
|---|--|
| 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 |
| Engaging Civil Society and the Private Sector | |
| Developing alliances with the private sector demands significant resources and time to execute | <p>Focus on the more promising alliances</p> <p>Finalize “Alliance Packages” for remodeling, equipping or building convergence centers to offer to promising private sector partners</p> |
| Cross-Cutting Strategies | |
| Slow progress in development of national health information system, despite being MOH priority. Project PMP relies on system and unable to obtain data. | Project providing technical and financial support to expedite the process of the system development. |
| Insufficient training to QI teams for APRECIE data collection, especially in conducting interviews and entering data. | Reinforce skills when doing improvement plans and supervisory visits |
| “Refocusing” continuous QI methodology within the frameworks of management for results, Zero Hunger Pact, and the 1,000 Day Window of Opportunity can be puzzling to some counterparts. | Provide coaching and support during workshops with Departmental Health Areas and Municipal districts to advocate for essential nutrition and health actions within the frameworks. |
| Logistics does not always receive the attention required within the integrated training workshops being delivered. | Negotiate a minimum of four hours time for logistics during workshops, so that there is sufficient time for practice as well as theory. |
| Some PEC NGOs are having difficulty implementing specific logistics activities. | Develop strategic alliances and improve the implementation methodology. |

Program Management

FY13 ended with Nutri-Salud fully staffed (with the exception of the recently created Team Leader for Strategic Communications). There are now 63 total staff: 18 at the office in Guatemala, 18 in the Quetzaltenango office, and 27 among the five field teams. Regular meetings of the Senior Management Team and the addition of a Deputy Director for Operations in Quetzaltenango aid in efficient management of a complex project. Monthly planning and training meetings with all project staff ensure coordination of technical inputs and other resources.

The contributions of partners helped to advance project achievements. With all three Mercy Corps' seconded staff (Community Mobilization, Private Sector, and Gender Specialists) on board, key lines of action and cross-cutting strategies gained momentum. The

Cloudburst Group guided the development of an initial Environmental Mitigation Plan and Report and provided training to Nutri-Salud grant recipients on environmental impact mitigation procedures such as medical waste management. The high level strategic discussions with Nutri-Salud partners, held in mid-August 2013, set the stage for continued strengthening of the relationship.

Coordination and Collaboration with USAID and other Partners

The project invested substantial effort in effective collaboration and coordination with government, development partners and civil society in FY13. In addition to partnerships with government actors described in "Accomplishments" above, Nutri-Salud worked closely with many other stakeholders, as outlined in Table 6.

Table 6. Coordination and collaboration with USAID and other partners

| Partnership | Major Activities |
|---|---|
| USAID/Guatemala | <ul style="list-style-type: none"> • Updates, strategic input and guidance, alignment with Country Development Strategy |
| Other USAID partners (Agexport, Anacafé, Save the Children, CRS, PSI PASMO, HEPP, FANTA.) | <ul style="list-style-type: none"> • Monthly coordination/integration meetings at central and departmental (Huehuetenango, Quiché and San Marcos) levels • Joint activities with USAID/Local Governance Project; USAID/Health and Education Public Policy (HEPP) project to strengthen municipalities. • Peace Corps volunteer support to Nutri-Salud activities |
| USAID/TRAction project, managed by URC. | <ul style="list-style-type: none"> • Definition of strategy for the prevention of maternal deaths at the first level of care • Training 160 trainers in six Health Areas in strategy • Coordination in activities in the second level of care; monitoring visits and training until March 2014 • Unified methodology for continuous QI in collaboration with USAID/Capacity project and USAID/TRAction project in development • Joint support to ensure implementation of Ministry of Finance (MINFIN) and MOH agreement on budgeting for MNCH and nutrition |
| MOH and other government institutions; other international cooperation agencies; private sector organizations | <ul style="list-style-type: none"> • Participation in the MOH commission to develop IMCI AINM-C manual, in collaboration with Mesoamerica 2015 and the World Bank. • Participation in GoG commission to review micronutrient supplementation norms • Collaboration with LIPECON and INCAP on assessment of food fortification • Support to national-level initiatives: SESAN's Zero Hunger Pact, private sector FUNDESA Alliance for Nutrition (with UNICEF and USAID partners), MOH Strengthening of the first level of care • Participation in the Responsible Parenthood network and the OSAR in the six departments. • INFOM and Nutri-Salud exploring municipal certification program in water and sanitation • Development of EPS induction module in collaboration with Consortium of Universities in the Western Highlands initiated |

Annex I

Performance Monitoring Indicator Table, FY13

The table below contains only those PMP indicators to be measured on a quarterly, semiannual, or annual basis. Some indicators do not have data (ND) because they were not available at the time of this preliminary report, but will be by October 30, 2013, the due date of the full FY13 annual report. Other data are missing

because the Nutri-Salud PMP relies on the existing MOH health information system (SIGSA), which has numerous weaknesses previously reported, including: lack of timely reporting, failure of health districts to report, lack of verification processes, and inadequate updating of software in the Censo-net.

| # | Indicator | Baseline | Q1 | Q2 | Q3 | Q4 | Year 1 Targets |
|---|---|---|--------|---------------------------|---------------------------|--------------------|----------------|
| Result 1: Chronic Malnutrition Prevented | | | | | | | |
| 1 | % of children under 2 years with global malnutrition (low weight-for-age) | 18% (ENSMI ¹ 2008-09) (Measure) (SIGSA ²) | | No data reported by SIGSA | No data reported by SIGSA | 20.4% ³ | 17% |
| 2 | % of children under 5 years of age with stunting (low height-for-age) | 64% (ENSMI) (Measure) (SIGSA) | | No data reported by SIGSA | No data reported by SIGSA | 70.9% | 63% |
| 6 | % of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age | (LQAS) | | | 77% | 84% | 60% |
| 7 | % of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session (verified with children's monitoring program registration form, child card) | (LQAS) | | | 83% | 87% | 30% |
| 8 | % of mothers with a child 0 to 23 months of age who recall having been oriented in ENA by community health staff during their last pregnancy / last month | (LQAS) | | | 76% | 84% | 30% |
| 9 | % of pregnant women supplemented with folic acid in the first prenatal visit | 15.8% (ENSMI) (SIGSA) | 35.56% | 33.70% | 33.72% | 51% | 70% |

1 ENSMI = Encuesta Nacional de Salud Materno-Infantil 2008/2009.

2 Sistema de Información Gerencial en Salud

3 Nutritional Status Monitoring, Nutri-Salud/INCAP 2013



| # | Indicator | Baseline | Q1 | Q2 | Q3 | Q4 | Year 1 Targets |
|----|---|---|--------|--------|--------|----------------------|----------------|
| 10 | % of children 6-59 months of age supplemented with folic acid | Measure 7% (SIGSA) | 1.62% | 0.13% | 0.6% | 6% | 7% |
| 11 | % of pregnant women supplemented with iron in the first prenatal visit | 15.8% (ENSMI) N/D en Measure (SIGSA) | 35.86% | 36.81% | 32.27% | 50% | 71% |
| 12 | % of children 6-59 months of age that receive iron supplementation | 7% ENSMI Measure (SIGSA) | 1.62% | 0.14% | 0.6% | 5.6% | 7% |
| 13 | % of mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week | | | | 71% | 86% | 40% |
| 14 | % of children 6-59 months of age that receive Vitamin A | ENSMI Measure 30% (SIGSA/2011) | 4.97% | 0.89% | 3.02% | 8% | 7% |
| 15 | % of postpartum women that receive iron supplementation in the first control visit | ENSMI N/D en Measure SIGSA | | 14.79% | 70.7% | 63% | 60% |
| 16 | % of postpartum women that receive folic acid in the first control visit | ENSMI N/D Measure SIGSA | | 14.68% | 70.6% | 64% | 60% |
| 17 | % of children under 2 years of age who have monthly well-baby care visits (growth monitoring and promotion) | ENSMI Measure SIGSA LQAS | | ND | ND | | 50% |
| 18 | No. of children under five years of age reached by USG-supported nutrition programs | Census | | | | 200,000 ⁴ | |
| 19 | % of mothers with a child 0 to 23 months of age who mention key moments for hand washing | (LQAS) | | | 91% | 94% | 70% |

4 Based on estimation of coverage of the Extension Coverage Program (13% of total population are children under five)



| # | Indicator | Baseline | Q1 | Q2 | Q3 | Q4 | Year 1 Targets |
|--|--|---|-------------------------------|-------------------------------------|-------|--|---------------------------------|
| 20 | % 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) | (LQAS) | | | 83% | 87% | 70% |
| 21 | % of children 0-59 months of age with severe acute malnutrition | Measure SIGSA | 0.04% (79 cases) ⁵ | ND | 0.8% | 0.80% at the end of the project | 0.80% at the end of the project |
| 22 | % of pregnant women with malnutrition | N/D Measure SIGSA | 0.59 % | 0.6% | 0.4% | 1% at the end of the project | |
| 23 | No. of health facilities in the target area with established capacity for community management of severe acute malnutrition (SAM) | Project reports ND en Measure | 8.4% | 8.4% | 8.4% | 15% at the end of the project | 15% at the end of the project |
| Result 2: Improved Neonatal, Child and Maternal Health Care | | | | | | | |
| 24 | % of births attended by skilled birth attendant* | 26.5% (ENSMI) Measure SIGSA | | Number of births 1,530 ⁶ | ND | Number of births reported by 13 municipalities 1,013 | 26.5% |
| 27 | % of mothers with a child 0 to 23 months of age who have emergency family plans that show evidence of use | LQAS | | | 13% | 36% | 75% |
| 28 | % of mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum | LQAS | | | 63% | 80% | 40% |
| 30 | % of pregnant women with first prenatal visit during first 12 weeks of pregnancy * | ENSMI SIGSA 5c | | 52.59% | 44.8% | 42% | 40% at the end the project |
| 32 | % of children 0 to 59 months of age free of diarrheal disease in the last two weeks | 71.2% (ENSMI) Measure | | | | 67% ⁷ | 75% |
| 33 | % of diarrheal episodes in children under 5 years managed (diagnosed and treated) by CHWs | 62.3 % ⁷ ENSMI Measure SIGSA | | Number of cases 3,256 | ND | 49.4% ⁷ | 62.3% |

5 There are under registration in the morbidity and all cases notifications. For instance, only 19 out of the 30 municipalities reported malnutrition. It is hard to believe that in the rest of the 11 municipalities didn't have malnutrition cases. It is important to stress out that in the measure that the registration get better the prevalence of disease will grow.

6 SIGSA didn't report the total number of births in each one of the 30 municipalities, reason why is not possible at this moment determine the percentage of births attended by skilled birth attendant.

7 Nutritional Status Monitoring, (Children under 5), Nutri-Salud/INCAP, 30 municipalities representative



| # | Indicator | Baseline | Q1 | Q2 | Q3 | Q4 | Year 1 Targets |
|----|--|--|----|------------------------|----|------------------|----------------|
| 34 | % of pneumonia cases in children under 5 years managed (diagnosed and treated) by CHWs | 58.1% ²² ENSMI Measure SIGSA | | Number of cases 736 | ND | 69% ⁷ | 59.6% |
| 35 | % of children 12 to 23 months with complete immunization coverage | 76.5% ENSMI N/D Measure SIGSA | | ND | ND | ND | 85% |
| 37 | No. of people trained in child health and nutrition | Project reports | | | | | |

Result 3: Increased Availability of Community-based Family Planning Services

| | | | | | | | |
|----|---|-----------------|--|---------------------------|------------------|---|-----|
| 39 | % of primary health care facilities with community based distribution of family planning methods | BRES | | ND | ND | 60% (364 convergence centers of 604 health facilities) | 25% |
| 40 | No. of couple years of protection (CYP) provided by FP methods in targeted communities | BRES | | No data provided by SIGSA | ND | | ND |
| 41 | % 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) | LQAS | | | 57% | 71% | |
| 42 | % 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 | LQAS | | | 71% | 86% | |
| 43 | No. of new users of FP methods | SIGSA | | 7,154 | 7,557 | | ND |
| 46 | % of municipalities that support activities to promote FP/RH | Project reports | | 10 of 30 (33.3%) | 20 of 30 (66.6%) | 24 of 30 (80%) 9 Huhue. 4 Quiché 3 Ixil 4 San Marcos 2 Quetzaltenango 2 Totonicapán | 20% |



| # | Indicator | Baseline | Q1 | Q2 | Q3 | Q4 | Year 1 Targets |
|--|---|-----------------|----|-----------------------|----|--|----------------|
| 47 | % community health staff trained in FP service delivery | Project reports | | 0 | 0 | 36% Family Planning sensibilization 17% FP law 7% FP barriers | 0 |
| 48 | % of COMUSANs (Health and Nutrition Commissions) that comply with the 5 steps defined for community participation in health and nutrition * | Project reports | | | | 43% | 10% |
| Result 4: Established Community and Local Government Unit Support for Improved Health and Nutrition | | | | | | | |
| 50 | % of health and nutrition committees headed by women | DMP/OMM | | Is not yet determined | | 14% | 5 |
| 51 | % of municipal expenditures on water and sanitation in 30 priority municipalities | SIAF/MUNI | | | | | |
| 52 | Number of rural households benefiting directly from USG intervention | Census ∞ | | | | 176,000 | 158,000 |
| 53 | Number of vulnerable households benefiting directly from USG assistance | Census ∞ | | | | 158,400 | 142,000 |

* Study by USAID/Health Care Improvement (HCI) in 12 municipalities. *Annual Outcome Monitoring Survey of USAID Funded Health Services and Products in Guatemala*. USAID/Calidad en Salud/HCI. 2009 Y 2011. (Health areas prioritized: Ixil, Quiché, San Marcos, Huehuetenango, Quetzaltenango, Totonicapán, Sololá y Chimaltenango).

∞ Limited to beneficiary population of primary health care facilities within project's catchment area

Annex 2

Work Plan Progress Table FY13

| Activities Planned FY13 | Activity Status | Observations |
|---|-----------------|--|
| Project Management and Startup | | |
| Contract key personnel | Complete | With exception of newly created position of Team Leader for Strategic Communications |
| Recruitment of project technical and administration personnel | Complete | With exception of newly created position of Team Leader for Strategic Communications |
| Meet with USAID/Guatemala to refine operating procedures, reporting requirements, and priority focus areas | Complete | |
| Identification of office space in Quetzaltenango and finalization of lease | Complete | |
| Procurement of IT equipment, office furniture and set-up of systems/ service providers: internet, telephones, security, utilities | Complete | |
| Open office in Quetzaltenango | Complete | |
| Procurement of vehicles | Complete | |
| Conduct work planning and team building workshops with staff, headquarters, and key partners | Complete | |
| Set up communication and coordination protocols with partners and counterparts | Complete | |
| Set up project financial systems | Complete | |
| Finalize initial deliverables: work plan, milestone plan, M&E plan, branding and marking, etc. | Complete | |
| Conduct Coordination meetings and activity planning with other USAID implementing partners | In Progress | A committee of USAID implementing partners meets monthly; Nutri-Salud participation in Departmental Coordination Committees in Huehuetenango, Quiché and San Marcos; inter-institutional SBCC group with Title II partners; QI coordinated with CAPACITY and TRAction. |



| Activities Planned FY13 | Activity Status | Observations |
|--|-----------------|--|
| Conduct rapid assessment to identify number of communities, health posts, NGOs, jurisdictions, community centers and coverage | Complete | |
| Integrated Project Activities | | |
| Training of new advisors and local personnel in project | Complete | |
| Present Nutri-Salud to MOH central level: SIAS, programs, other | Complete | |
| Present Nutri-Salud to the Coordinator of PEC NGOs | Complete | |
| Conduct coordination meetings and activity planning with other USAID implementing partners in the field | In Progress | MOU with USAID/Health and Education Public Policy (HEPP) project signed; joint development of distance education course on nutrition with FANTA II and INCAP. (See also “Project Management” section of narrative. |
| Gender Training Workshop with Mercy Corps | In Progress | Assessment of gender knowledge conducted among project staff |
| Conduct coordination meetings and field visits for institutionalization activities with TRAction | In Progress | Workshops on maternal and neonatal mortality surveillance conducted |
| Integrated Package of Nutrition and MNCH Actions | | |
| Integrated Project Activities | | |
| Conduct integrated diagnostic assessment of MNCH/N/FP services within each community centers, PEC NGOs (458 convergence centers), and health posts | Complete | Assessments completed; data presented to USAID, USAID partners, MOH, and mayors. Detailed Municipality-specific data shared |
| Assessment of available commodities and inputs for MNCH/N/FP | Complete | Part of diagnostic assessment above |
| Develop improvement plans of MNCH / N services in 136 health posts | Complete | Two rounds of data collection; QI teams in 6 areas formed. Plans under development |
| Present Nutri-Salud to Health areas and Municipal Health Districts | Complete | |
| Develop and implement 20 workshops aimed at joint planning with Health Districts (including health posts and NGOs) | Complete | |
| Develop and implement workshop aimed to motivate health workers and team building | Complete | Motivational and team-building activities conducted in each workshop |
| MOH Training workshops and conferences (Rural Health Technicians, Nurses, Field Monitors, Nutritionists) | Complete | |



| Activities Planned FY13 | Activity Status | Observations |
|---|-----------------|--|
| Implement quality improvement plans in MNCH / N 136 health posts | In Progress | |
| Develop plans for creation of permanent community health worker presence in prioritized community centers (458) | Complete | Grants issued to 19 PEC NGOs to provide permanent health workers in community centers; technical support ongoing |
| Implement c-IMCI, MNH, and nutrition strengthening plans through grants | In Progress | Grants issued to 19 PEC NGOs; technical support and training ongoing. |
| Conduct advocacy with central authorities to include funding for NGO service providers | Complete | |
| Update computers of PEC NGOs for improved M&E systems through grants | Pending | Diagnostic assessment (above) completed |
| Complete proposal and criteria for NGO certification | Complete | |
| Design tools and methodologies for NGO assessment for certification | Complete | |
| Participate in MOH meetings to develop standards and criteria for NGO certification | Complete | |
| Dissemination of proposal and criteria for NGO certification | Complete | |
| Finalize small grants manual | Complete | |
| Develop terms of reference for NGO grants solicitations | Complete | |
| Issue RFAs for NGO grants | Complete | |
| Conduct technical proposal development training for NGOs | Complete | |
| Select NGOs and award first round of grants to NGOs to provide complementary services in 30 jurisdictions | Complete | Second disbursement made Q4, FY13 |
| Support certification of NGOs | Complete | |
| Train bilingual health providers as "medical interpreters and translators" | Pending | To be implemented FY14 |
| Conduct NGO service delivery survey to determine next steps and models in each municipality | Complete | Diagnostic assessment of services completed |
| Conduct Dissemination meetings | Complete | Results of assessment presented to municipalities, Health Areas, MOH |



| Activities Planned FY13 | Activity Status | Observations |
|--|-----------------|--|
| Component 1: Prevent Chronic Malnutrition | | |
| Review analysis of gaps in service delivery: emphasis on ENA and growth monitoring and promotion (GMP) | Complete | |
| Conduct diagnostic assessment of severe acute malnutrition community treatment (availability and use of RUTF) | In progress | |
| Design Nutrition strengthening plans for district health personnel | In Progress | Assessment of mother counselor functions (Momostenango) completed; content and methodology defined; five modules developed |
| Implement nutrition counseling training at all levels | Pending | STTA Q1, FY14 |
| Implement other nutrition strengthening activities including improving access to potable water | In Progress | |
| Component 2: Maternal, Neonatal, and Child Health Care | | |
| Review analysis of gaps in service delivery: emphasis on identification of pregnant women, ambulatory care, home visits, nutritional status, inclusion of TBAs, and classification and treatment of diarrhea and pneumonia | In Progress | Two rounds of APRECIE data collected. Collaboration with TRAction on strategy to prevent maternal death |
| Component 3: Family Planning | | |
| Design a community database for CYP (STTA) | Pending | |
| Train health area staff (DAS) and district personnel in HMIS (SIGSA 27 - SIGSA 3- SIGSA WEB) | In Progress | |
| Conduct initial sensitization trainings for health posts, minimal units, NGOs on RH/FP | In Progress | |
| Conduct inventory of organizations and other actors that can distribute FP methods at community level | In Progress | Meetings held with MAGA, Plan FAM, APROFAM, Save the Children, and other organizations; activity to continue in Q4, FY13 |
| Train male health district personnel in FP for men | Pending | |
| Train health district personnel in youth friendly SRH / FP | In Progress | 4 NGOs selected to provide youth-oriented communication and services. |



| Activities Planned FY13 | Activity Status | Observations |
|-------------------------|-----------------|--------------|
|-------------------------|-----------------|--------------|

| | | |
|--|--|--|
| Component 4: Community Mobilization | | |
|--|--|--|

| | | |
|---|----------|--|
| Design an incentive strategy for the DMS (e.g. letters of recognition from MOH) | Pending | |
| Organize field visits with MOH authorities between health services and communities | Complete | |
| Reward DMS that meet targets (e.g. publicity through news and local radio) | Pending | |
| Update cell phone database for health district, health post staff and NGOs for SMS strategy | Pending | |

| | | |
|---------------------|--|--|
| Municipality | | |
|---------------------|--|--|

| | | |
|--------------------------------------|--|--|
| Integrated Project Activities | | |
|--------------------------------------|--|--|

| | | |
|--|-------------|---|
| Present Nutri-Salud to Development Councils (CODEDEs, COMUDEs, COMUSANs, etc.) and municipalities | In Progress | Ongoing through orientation, training, assessments and other activities at Municipality level |
| Conduct study on Minimal Health Units supported by municipal government | Complete | |
| Develop joint work plans with 20 municipalities | In Progress | 15 joint plans developed. |
| Identify leaders in each municipality (20 in Year 1/FY13); establish partnerships with each of the municipality offices (OMM, COMUDE, COMUSAN, etc.) | In Progress | At least 10 leaders in 10 municipalities |
| Implement training plans on MNCH and nutrition with OMM and COMUSAN | In Progress | 2/3 of training completed. |
| Present results of diagnostic assessments of health services and municipalities to municipal governments and OMM in 20 workshops with Municipal Health Districts | Complete | Assessment findings provided basis for joint project-municipality work plans |

| | | |
|--|--|--|
| Component 1: Prevent Chronic Malnutrition | | |
|--|--|--|

| | | |
|---|-------------|--|
| Develop training plans on nutrition, water and sanitation for OMM and COMUSAN | In Progress | Content for integrated training modules identified; modules in development |
|---|-------------|--|



| Activities Planned FY13 | Activity Status | Observations |
|--|-----------------|---|
| Component 2: Maternal, Neonatal, and Child Health Care | | |
| Conduct an assessment on capacities in emergency transportation and support to COCODEs' health commissions | Complete | Concept paper on "Implementing a Community-based Collective Medical Emergency Transport System" presented to private sector |
| Develop training plans for COMUDES and COCODEs on financial management and budget execution for Emergency Plans | Complete | |
| Implement training plans for COMUDES and COCODEs | In Progress | 2/3 of technical meetings completed; of these 75% of respective institutions trained |
| Component 3: Family Planning | | |
| Conduct working meetings with MOH, PASMO, APROFAM | Complete | |
| Provide practical and useful tools to OMM and other Municipality counterparts to identify RH/FP problems | In Progress | 20% of municipalities oriented |
| Conduct RH/FP sensitization workshops for Deputy Mayors (20 mayors; 2 regional workshops) | In Progress | |
| Train OMM and COMUDES in sexual and reproductive rights, FP | In Progress | OMM in 3 municipalities of Ixil trained |
| Component 4: Community Mobilization | | |
| Map social actors at different levels (Municipal, community) | Complete | |
| Sensitize stakeholders supporting Nutri-Salud activities | In Progress | |
| Conduct sensitivity / awareness training for municipal councils on MNCH and nutrition together with other components | In Progress | |
| Activate and strengthen Municipal, COMUDES, COMUNSAN role in health, nutrition and Wat/San through training and ongoing supervision and coaching | Pending | |
| Train COCODEs in social audit methodology and tools | Pending | |
| Identify "champion" municipalities (e.g. investment in health and nutrition) and provide diplomas or other recognition | Pending | |



| Activities Planned FY13 | Activity Status | Observations |
|---|-----------------|--|
| Private Sector and Civil Society | | |
| Integrated Project Activities | | |
| Develop strategy to identify potential private sector entities and civil society groups to form partnerships | Complete | Strategy in implementation |
| Develop terms of reference for other NGO grants solicitations (women's groups, community mobilization, etc.) | Complete | Proposals for adolescents received and reviewed; proposals for community mobilization received and reviewed. Grants to be issued Q1, FY14 |
| Conduct technical proposal development training for NGOs | Complete | |
| Select NGOs and award second round of grants | In Progress | NGOs selected; grants to be issued Q1, FY14 |
| Develop and launch awareness campaign for sponsorship of friendly health services by well-off urban communities ("Adopt a health post") | Pending | |
| Coordinate visits and meetings with private sector partners to create awareness on project goals and objectives | Pending | |
| Develop and Implement plan to engage and support private sector by forming broad alliances to increase stewardship for health and nutrition | In Progress | First alliance completed: convergence center in Pexlá Grande inaugurated; agreement with Funcafé signed; Citibank donation for convergence center; other alliances under development |
| Conduct inter-sectorial coordination meetings for inter-sectoral participation in FP, MNCH, Nutrition, and WASH | Pending | |
| Develop alliances with private sector to support BCC activities (e.g., printing of material, air time etc.) | In Progress | Discussions with TV and print media ongoing |
| Component 1: Prevention of Chronic Malnutrition | | |
| Conduct diagnosis of existing training curricula for nutrition available in service delivery NGOs | Complete | |
| Define and develop a plan to engage and support private sector related to nutrition interventions, including the provision of nutritional supplements | In Progress | Assessment and monitoring of fortified foods under way with INCAP and Consumer League (LIPECOM); with Xelapan for development of a fortified biscuit for pregnant women, with CLARO for collaboration on mHealth |



| Activities Planned FY13 | Activity Status | Observations |
|--|-----------------|---|
| Component 2: Maternal, Neonatal, and Child Health Care | | |
| Design a "Medical alert" system paid for by private funds for MNH complications | Pending | Concept paper developed |
| Implement "Medical alert system" | Pending | Seeking private sector partners |
| Conduct advocacy with private sector for commodities and inputs for C-IMCI (ORS, antibiotics) | Pending | Possible alliance with pharmaceutical company Novartis |
| Component 3: Family Planning | | |
| Component 4: Community Mobilization | | |
| Design a campaign to promote participation in Development Councils and health and nutrition commissions | Pending | SOW to be developed FY14 |
| Implement campaign to promote community participation | Pending | |
| Identify peer mother counselors (mother leaders) for counseling activities | Pending | FY14 |
| Organize field visits with private sector (journalists, businesses, etc.) to health services and communities | In Progress | One conducted to Convergence Center inauguration in Pexlá Grande, Nebaj, Ixil |
| Create incentives for voluntary personnel | Pending | |
| Academia and Training Schools | | |
| Integrated Project Activities | | |
| Present Nutri-Salud to Universities and training schools | Complete | Report submitted |
| Hold initial meetings with training schools to review and make adjustments or additions to the training curricula related to Nutri-Salud content areas | Complete | |
| Establish alliances and develop a consortium of schools and universities in Quetzaltenango to support training, research and M&E | Complete | |
| Conduct study on community auxiliary nurse schools and programs (STTA) | Pending | |



| Activities Planned FY13 | Activity Status | Observations |
|-------------------------|-----------------|--------------|
|-------------------------|-----------------|--------------|

| | | |
|--|-------------|--|
| Implement health and nutrition training plans with Universities and schools | Complete | |
| Create academic incentive program for students' participation in MNCH and nutrition activities | Pending | |
| SBCC training for University students | In Progress | |
| Involve students in formative research for BCC | In Progress | |

Component 1: Prevent Chronic Malnutrition

| | | |
|--|-------------|--|
| Design plan to strengthen nutrition education with emphasis on essential nutrition actions, GMP | In Progress | Scientific forum with students and faculty of USC on chronic malnutrition (1,500 participants); scientific forum on chronic malnutrition students and faculty of Universidad Mesoamericana (750 participants). |
| Design plan to strengthen Nutrition teaching and research capabilities of students assigned to priority Municipalities | In Progress | |

Component 2: Maternal, Neonatal, and Child Health Care

| | | |
|--|-------------|--|
| Design plan to strengthen MNH education with emphasis preventive care and inclusion of TBAs and auxiliary nurses in HBB, KMC, and HACAP. | Pending | |
| Design plan to strengthen MNH teaching and research capabilities of students assigned to priority Municipalities | Pending | |
| Implement plans with Universities and schools | In Progress | Scientific forum with Quetzaltenango School of Nursing (380 participants); nursing students training in Helping Babies Breathe |
| Review and adjust C-IMCI protocols (production in SBCC budget line item) | Complete | |
| Conduct IMCI training using updated training curriculum and protocols with training schools and universities | In Progress | |
| Explore production of inputs for C-IMCI (ORS, zinc) with Universities' schools of chemistry and pharmacy | Pending | |



| Activities Planned FY13 | Activity Status | Observations |
|---|------------------------------|--|
| Component 3: Family Planning | | |
| Develop training modules for SRH, gender, male involvement, FP | In Progress | Students in Quetzaltenango universities trained in contraceptive technology; modules under development |
| Adapt and apply methods and tools from the Institute for Reproductive Health (Georgetown) in Guatemala | In Progress | TBAs training conducted in Ixil using method from the Institute for Reproductive Health |
| Include RH issues in the EPS interdisciplinary curriculum | In Progress | |
| Component 4: Community Mobilization | | |
| Create joint websites, long-distance training curriculums, and continuous learning programs together with Universities and training schools | Pending | |
| Cross-cutting Activities | | |
| Monitoring and Evaluation | | |
| Facilitate updating census and maps with 85 health posts | Complete | 100% of 594 health posts and convergence center personnel trained in conducting census and drafting maps; all 68 jurisdictions under the PEC have updated census and map and all 126 health posts are in the process of updating them. |
| Design interactive web-based portal" / dashboards | In Progress | Dashboards designed; to launch Q1, FY14, |
| Launch interactive web-based portals and dashboards | Pending | Pending approval of USAID/Guatemala, Q1, FY14 |
| Re-calculate cluster samples in priority municipalities for QI | | |
| Complete | In Progress | Baseline APRECIE/Promotion surveys to be completed early Q4, FY13. |
| | Two rounds of data collected | Baseline APRECIE/Services surveys to be completed early Q4, FY13. |
| ProCONE and AINM-C knowledge, attitude and practices (KAP) surveys in priority districts | Complete | Baseline APRECIE surveys to be completed early Q4, FY13. |
| | Two rounds of data collected | Letter of approval for participation received from MOH. |



| Activities Planned FY13 | Activity Status | Observations |
|--|-----------------|--|
| Social and Behavior Change Communication | | |
| Develop SBCC strategies | Complete | Strategy shared with USAID implementing partners, MOH, Alliance for Nutrition, and others |
| Establish Technical group for SBCC | Complete | Regular meetings with Title II partners (CRS, Concern International, Save the Children) to harmonize messages, prioritize materials |
| Conduct a situational assessment for SBCC | Complete | Results used to inform SBCC priorities |
| Explore the feasibility of call center / hotlines aimed at adolescents for SRH/FP | In Progress | To be implemented FY14 through grant to APROFAM |
| Develop and disseminate articles featuring “unsung heroes” from health sector | In Progress | Regular articles and weekly updates to continue throughout the project. |
| Targeted formative research to fill SBCC gaps | In Progress | TIPS on complementary feeding for children 9-11 months and study of provider KAP regarding chronic vs. severe acute malnutrition completed. New topics include maternal nutrition. |
| Train basic health teams and facility based personnel on counseling and group facilitation skills | In Progress | Training modules and plans drafted; TOT in Q1, FY14. |
| Conduct orientation on SBCC materials | In Progress | Orientation guides developed; training ongoing |
| Design and launch awareness campaign for male leaders in FP/RH | In Progress | Campaign and materials in design stage |
| Implement awareness campaign for maternal health and nutrition | In Progress | Discussions with ad agencies and other partners underway |
| Perform street theater and puppet shows to raise awareness | In Progress | To be implemented by NGO grantees, beginning Q1, FY14. |
| Design and reproduce CONEC newsletter | Pending | Activity postponed pending agreement with PEC |
| Review, update, test, and reproduce existing FP, nutrition, MNH, IMCI, community mobilization materials. | In Progress | Vitacereal materials reviewed and revised with PROSAN and WFP. FP materials revised and a new counseling material developed |
| Review, update, test, and reproduce NEW FP, nutrition, MNH, IMCI, community mobilization materials. | In Progress | Materials to strengthen first level of care services designed and pretested; “18 key behaviors wheel” undergoing TIP |



| Activities Planned FY13 | Activity Status | Observations |
|---|-----------------|---|
| Develop FP/RH materials for adolescents and men; youth; and culturally appropriate materials considering Mayan perspectives | In Progress | To be implemented by NGO grantees FY14. |
| Support the design of posters and BCC materials for “Health Champion” activities | Pending | Activity was cancelled by the MOH due to numerous changes in PROEDUSA |
| Identify and adapt positive development methodologies for SRH, and Mayan culture | In Progress | |
| Review and improve FP counseling cards | Complete | Materials in distribution |
| Review and update clinical protocols (e.g., IMCI) | In Progress | Protocols revised; pending introduction and commitment by MOH. |
| Review logistics system for SBCC materials | Complete | Review completed; system in implementation |
| Public Relations and Development Communication | | |
| Disseminate information on Nutri-Salud achievements and progress for different audiences | In Progress | Ongoing |
| Design and reproduce project summary materials | Complete | Materials to be updated FY14 |
| Develop and launch project website | In Progress | Launch Q1, FY14, pending USAID/Guatemala approval |
| Establish and promote “communities of practice” to exchange lessons learned and best practices | Pending | Initiate FY14 as part of knowledge management strategy |

Annex 3

Financial Report FY13

Period: October 1, 2012 to September 30, 2013
 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 | \$2,900,000.00 |

| Cost Element | Total Estimated Cost | Cumulative Expenditures to Date | YR 2 Actual Expenditures | Expended This Period (07/1/13-9/30/13) |
|---|----------------------|---------------------------------|--------------------------|--|
| Community Nutrition and Health Care Project | \$24,671,528.00 | \$3,872,983.09 | \$3,629,835.54 | \$1,325,934.00 |
| Procurement | \$370,119.00 | \$392,769.24 | \$317,977.87 | \$8,740.38 |
| Training | \$3,000,035.00 | \$255,317.39 | \$228,431.77 | \$113,401.62 |
| Indirect Costs | \$3,739,843.00 | \$976,159.80 | \$879,498.99 | \$313,552.46 |
| Total Federal Funds | \$31,781,525.00 | \$5,500,824.82 | \$5,059,339.47 | \$1,761,628.47 |
| Cost Share Amount | \$6,356,305.00 | \$385,900.97 | \$396,232.65 | \$364,331.33 |
| Total Program Amount (+ Cost Share) | \$38,137,830.00 | \$5,886,725.79 | \$5,455,572.00 | \$2,125,959.80 |

| | |
|----------------------------|----------------|
| Obligated Amount | \$6,859,666.56 |
| Obligated Spent to Date | \$5,500,824.82 |
| Obligated Amount Remaining | \$1,358,841.74 |

Annex 4

SBCC & Training Materials Printed and Distributed 2012-2013

| Technical Component | Content | Distributed |
|------------------------------|---|-------------|
| Nutrition | Breastfeeding radio spots in Spanish and Mayan languages | 38 |
| | Complementary feeding brochures | 2,000 |
| | SARAR manual for nutrition | 100 |
| | ISSALM posters | 90 |
| | Breastfeeding fact sheet | 2,600 |
| | Breastfeeding t-shirts | 2,230 |
| Maternal and Neonatal Health | Family birth/emergency plan card | 38,048 |
| | Video on community emergency planning | 21,670 |
| | Emergency Plan Guide | 2,500 |
| | Poster on community emergency planning | 6,229 |
| | Mirrors (self-esteem pregnant women) | 120 |
| C-IMCI | Vaccination poster | 10 |
| Family Planning | All family methods brochure | 1,300 |
| | DVD Counseling after delivery (Kiché) | 1 |
| | CD Radio spots on "Responsible men" (Spanish-Kiché-Mam) | 4 |
| | Counseling CD for training | 40 |
| Other | 4 types clinical records | 990,986 |
| | 4 types of monitoring forms | 2,250 |
| | Shannon press paper table | 1,000 |
| | Census and sketches vinyl | 1,530 |
| | Census and sketches vinyl stickers | 468 |
| | Census and sketches markers | 215 |
| | Census and sketches pencils | 1,974 |
| | Census and sketches sharpeners | 1,995 |
| | Census and sketches rulers | 360 |
| | Health Commission ID card | 2,000 |
| | Calculators (logistics) | 1,000 |
| | Rulers (logistics) | 1,500 |
| | Video and radio spots (set of 16) on "easy solutions that save lives" tied to "management plan" | 55 |
| | Water bottles | 200 |



Annex 5

Success Stories



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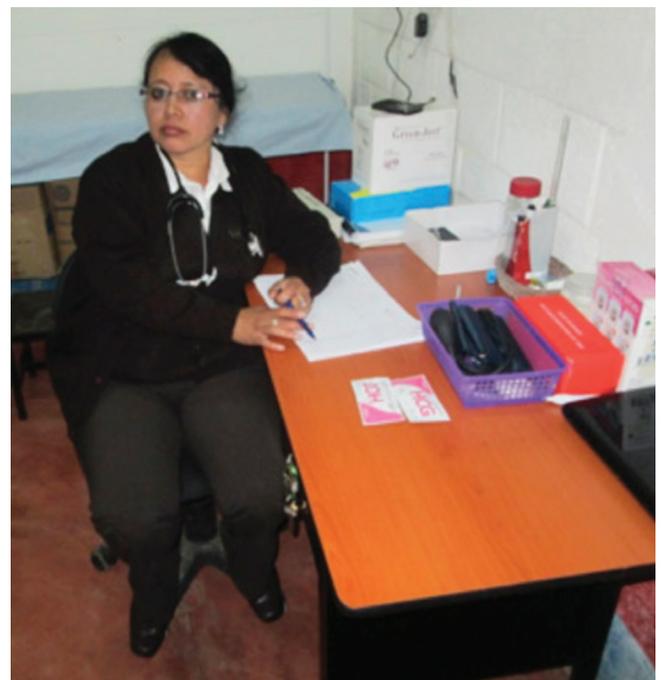
HEALTH PROVIDERS

Serving with Quality and Warmth to People of Mucubaltzip in Chichicastenango, Quiché

The convergence center of Mucubaltzip is located nine miles from Chichicastenango and covers a population of 932 habitants, divided into two communities: Chijtinimit (meaning “behind the town” in K’iche’ language) and Mucubaltzip (which means “hill hidden by clouds and smoke” in the same language). However, this health service attends people from other communities, such as Xeabaj I, Pocohil I and II. The convergence center is staffed by Guatemalan Foundation for Development Carroll Behrhorst.

Amarilis Macario Ordoñez , Auxiliary Nurse working in the convergence center, says many positive experiences have originated from assist kindly and providing quality service to the population and have made the health service one of the most sought among the people. She also says that thanks to the technical and financial support from the USAIDINutri-Salud project, health workers have improved the health and nutrition indicators. Among the major achievements include:

- ◆ 20 women of the community plan their pregnancies
- ◆ All pregnant women have been captured before 12 weeks (as specified in the Care Standards of the Ministry of Health [MOH]) and all attend prenatal checkups



Staff from the the “Carroll Behrhorst” Guatemalan Development Foundation provide health care services at the Mucubaltzip convergence center.

- ◆ Most families in the community come to the clinic to monitory growth and receive micronutrients and vaccines for their children under five years.
- ◆ The credibility of health care providers is generally known in the community, while many families attend the service to receive psychological counseling.





By keeping medication and other health care supplies well organized, the center has improved safety and efficiency.



A community map allows the center to track households, ensuring full coverage and access

Also, health providers have several objectives to implement technical process improvements, which include:

- ◆ Community sketch updated with list of householders and family census ballot.
- ◆ Sheets clinics organized by sector and classified under: Children, Women, Pregnancy and Family Planning. Infants are also identified to be received supplementation and growth monitoring.
- ◆ List of women of childbearing age that should receive supplementation and a list of children susceptible to monthly vaccination.
- ◆ Listings for recording the prenatal care of women
- ◆ Listings of puerperal women attended by health providers
- ◆ Listings of family planning users
- ◆ Medications organized, labeled and placed in a safe cabinet

The health providers also perform monthly educational sessions with mothers with children under five. They also provide individual counseling during the consultation and home visits.

All actions performed by health providers of the convergence center are focused on improving the care provided to the population and aligned to the objectives of the Government of Guatemala, with the Zero Hunger Pact, the Thousand Day Window of Opportunity and the MOH. The effort and dedication of health providers have improved people's access to health promotion, prevention and health care, which affects in a positive way the well-being of women and infants, families, and communities served.

El Proyecto Nutri-Salud es posible gracias al apoyo financiero de la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID), University Research Co., LLC (URC), en colaboración con Mercy Corps, el Instituto de Nutrición de Centro América y Panamá (INCAP), Manoff Group y Cloudburst Group. El contenido de esta nota informativa es responsabilidad exclusiva de USAID Nutri-Salud y el mismo no necesariamente refleja la perspectiva de USAID ni del Gobierno de los Estados Unidos de América.

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A DREAM COME TRUE

Building a Convergence Center in Momostenango

Julio Velásquez is a professional nurse from Chonimacaná, a community 25 kilometers away from Momostenango, Tonicapán. Due to the deplorable condition of the health clinic where he currently works—which lacks running water and has a damaged tin roof, dirt floor, and wooden walls—Velásquez always had a dream: to build a proper convergence center to serve the people of his community. Recently, he finally had the opportunity to realize his aspiration.

With this idea in mind, Velásquez brought together local authorities along with the Basic Health Team of the community and contacted the USAID/Nutri-Salud project to discuss the situation. He also took the opportunity to start mobilizing the support of both the public and private sectors to build a new convergence center in Momostenango.

Velásquez worked tirelessly to turn his dream into reality. In conjunction with local authorities, he was able to convene a community meeting in which each neighbor contributed with a small sum of money towards the center's development. As of result of these efforts, the community was able to raise Q.15,000 (US \$1,900), which were used to buy 6x4 square meters of land and building supplies. Velásquez also asked the people to donate three days of work to help build the center.

Although Momostenango's convergence center is still under construction and has not yet been equipped with medical supplies, the community and local authorities have made a clear



Members of the Momostenango community discuss the Convergence Center project.

commitment to improving the quality of care available in health facilities. Their actions, catalyzed by Julio Velásquez's dedication to the project, demonstrate that the quality of life for families in the Western Highlands of Guatemala can be improved.

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PREVENTING

Teenage Pregnancies in Totonicapán

In the first seven months of 2013, there were more than 34,000 pregnancies in women between 15 and 19 years reported nationally. This alarming statistic has united several NGOs, Government agencies, and other organizations in a joint effort to prevent early pregnancies among Guatemalan girls and adolescents.

The organizations participating in this initiative are: the Ministry of Education (MOE) through the Departmental Direction of Education; the Ministry of Health (MOH), through the Health Area; the Observatory of Sexual and Reproductive Health (OSAR, by its Spanish acronym); the NGO APROFAM; the USAIDINutri-Salud project; the USAIDIPasmo project; the USAIDIPlanFam project; and the Network of Indigenous Women Organizations for Reproductive Health (REDMISAR, by its Spanish acronym). As part of its larger goal, this group is working together to reduce pregnancies among girls under 14 years in the Department of Totonicapán.

In support of this important objective, the organizations have come together to develop a social campaign called “Protect Me From Pregnancy” (Protégeme del Embarazo, in Spanish). The campaign warns of the dangers that pregnant girls face: malnutrition, infections, delivery



The campaign warns of the dangers that pregnant girls face: malnutrition, infections, delivery complications, and death.

complications, and death. The campaign has also been supplemented by other successful activities:

- ◆ A forum on responsible parenthood that was aimed at teachers and public authorities in the 48 cantons in Totonicapán. The objective of the activity was to raise awareness and engage teachers to work on issues of sexual and reproductive health with female students in order to prevent adolescent pregnancies at school.

SEPTEMBER 2013

- ◆ Conversation with judicial officers for the analysis of compliance with the laws supporting sexual and reproductive health in Totonicapán. The workshop was attended by the Department municipalities' Peace Court Officers, advocates of indigenous women, and representatives from the Attorney General's Office and the Court for Children. This activity highlights the commitment of public employees to comply and respect the laws on rights of sexual and reproductive health.

With these first steps underway, the initiative's partners are launching other activities dedicated to improving the wellbeing of children and adolescents in Guatemala. For example, they will plan media trainings to support promotion efforts for pregnancy prevention issues.

“The success of this partnership is that we have good coordination between all the organizations and are very focused on preventing teenage pregnancies. This will reduce the rate of maternal mortality in the Western Highlands of the country,” said María Alejandra Morales, social worker of USAID|Nutri-Salud. She added that Nutri-Salud's work excels in providing technical advice to health care providers who are part of the MOH's Coverage Extension Program (PEC, by its Spanish acronym) to achieve dignified and quality care to women of Totonicapán. The project's work in this area, and across all of its activities, is aligned with the objectives of Government of Guatemala and national campaigns like the Thousand Days Initiative.

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HEALTH CARE PROVIDER

Looks after Well-being in San Marcos in Many Ways

Elio Chávez Vicente is an Auxiliary Nurse from the convergence center of Media Cuesta in Unión Tolash, Tajumulco, San Marcos. He works for the Sustainable Development Association (ADISS, by its Spanish acronym) and is a community leader who is dedicated to serving the population of Tajumulco.

Vicente has 13 years of experience in community health and organization, working to improve the health of women and children of the community. He started his career as a health advocate in 1998 and was elected to the community assembly, as well as serving voluntarily with Tajumulco's Basic Health Team of the Coverage Extension Program (PEC, by its Spanish acronym) of the Ministry of Health (MOH). The following year, he was promoted to the position of Community Facilitator and was placed in charge of health monitoring in the communities of Unión Tolash, Nuevo Progreso, Tajumulquito, Loma del Carmen, Media Cuesta, Nueva Colonia, and Nueva Victoria in Tajumulco.

For those that know him, Vicente's work is characterized by dedication and commitment to the people he serves. This focus led him to develop and maintain a community health profile that outlines key health indicators and outcomes and a current household census and map of communities that he is responsible for.



Elio Chávez Vicente

Over the years, Vicente has gained popularity in the community. He has also strengthened relationships with local authorities and began working on projects focused on improving the health and nutrition of women in the community. In 2000, he was selected as Secretary of the Water Committee, a position from which he managed a

running water project which benefited 98 families in the community. In 2004, he was named the President of the Community Development Council (COCODE, by its Spanish acronym). He also currently leads two livelihoods projects with the population of Media Cuesta: they produce honey and have 18,000 tilapia ponds.

By working across several sectors, including health, water, and livelihoods, Elio Chávez Vicente continues to promote development in his community. His activities improve the quality of life for residents and benefit the most vulnerable. A tireless advocate, Vicente says that “this is just the beginning” and that he will continue to promote the well-being of everyone in Media Cuesta.

El Proyecto Nutri-Salud es posible gracias al apoyo financiero de la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID), University Research Co., LLC (URC), en colaboración con Mercy Corps, el Instituto de Nutrición de Centro América y Panamá (INCAP), Manoff Group y Cloudburst Group. El contenido de esta nota informativa es responsabilidad exclusiva de USAID/Nutri-Salud y el mismo no necesariamente refleja la perspectiva de USAID ni del Gobierno de los Estados Unidos de América.

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REDUCING MATERNAL MORTALITY

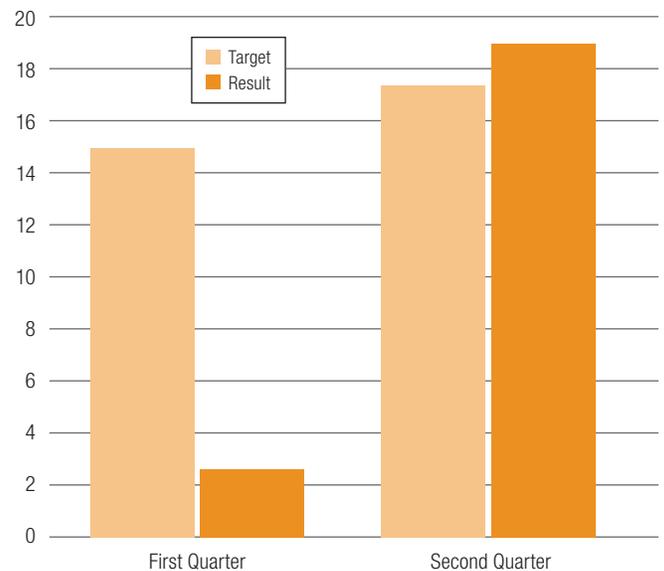
Cases in Santa Cruz Barillas, Huehuetenango

Maternal mortality in Guatemala is an extremely challenging problem with many contributing factors, such as low level of education and status of women, poverty, limited access to health services and transportation, lack of cultural sensitivity in clinical attention, among others. In the Western Highlands of Guatemala, early prenatal care in the first trimester of pregnancy is quite rare. Almost half (48.3 percent) of births are attended in homes and it is uncommon for women to receive skilled care after giving birth (only 25 percent receive such care).¹

The U.S. Agency for International Development (USAID) is supporting efforts to reduce maternal mortality rates in selected municipalities in the region through the USAID|Nutri-Salud project. In May 2013, Nutri-Salud launched a new program to provide technical and financial support to the Life Development and Hope Association (ADIVES, by its Spanish acronym), an NGO located in Santa Cruz Barillas, north Huehuetenango. In turn, ADIVES has hired auxiliary nurses and health educators that are involved in 1) identifying and monitoring pregnant women, 2) organizing pregnancy support groups, 3) training midwives, and 4) supporting health committees to develop community emergency plans in order to prevent further maternal deaths.

As postpartum care is another important factor in maternal mortality, ADIVES monitors progress on

Women who receive an examination by a doctor or nurse within 48 hours of delivery



indicators skilled care given after birth. According to Mirtala Fuentes, Technical Coordinator of ADIVES, the first evaluation exercise conducted in July 2013 showed that health care providers were struggling to adjust to new national standards of care. While the previous standard required that mothers and newborns receive an examination within six weeks of delivery, the new standard calls for mothers and newborns to be attended by qualified personnel (i.e., a doctor or nurse) in the first 48 hours. Although ADIVES did not reach its expected target in its preliminary evaluation, the NGO and its health



care providers initiated actions to improve the implementation of the new standard, including:

- ◆ The Professional Nurse and Auxiliary Nurses at the convergence centers of Santa Cruz Barillas monitored and identified the obstetric risk of all pregnant woman who had upcoming due dates.
- ◆ Processes were put in place where the Traditional Midwife was alerted by telephone when a woman started labor and the Community Facilitator accompanied them to activate the community emergency plan, if necessary.
- ◆ The Auxiliary Nurses accompanied Midwives in the delivery, making referrals to the Barillas Hospital if there were complications that could not be safely addressed in the home. They also applied the Hepatitis B vaccine to newborns within 24 hours and monitored the vital signs of the mother.

As a result of these improvement activities, and through the efforts of the team, ADIVES reported a dramatic improvement in the indicator of attention of mothers and newborns by qualified personnel in the first 48 hours of life: the rate rose from only 2 percent to 18 percent within one quarter.

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Annex 6

Summaries of International MPH Students' Studies

Monitoring Implementation of Community Mobilization

(Laura Baetscher, University of California, Los Angeles)

The objective of this study, carried out in the health area of Ixil, was to verify progress in the implementation of the project's community mobilization component in three *municipios*, particularly to verify links between the community health commissions and the Community Development Councils (COCODEs), and training in emergency plans. Together with Nutri-Salud advisors, Laura participated in meetings with health area and district directors and Municipalities to present her plans for the follow-up and monitoring. She was granted permission to do the monitoring.

Laura conducted the follow-up and monitoring together with the NGO COTONEB, which provides services in the area, and Nutri-Salud. The following activities took place:

- ◆ A review of all available documents on the methodology to strengthen community participation through COCODEs and health commissions, including development of community emergency plans.
- ◆ Participation in training on strengthening health commissions linked to COCODEs and emergency plans in Nebaj and Cotzal (2 workshops in Nebaj and 2 in Cotzal).
- ◆ Interviews with members of 10 health commissions in 10 communities (6 communities in Nebaj, 3 in Chajul, and 1 in Cotzal).

Results obtained through the student's practicum were:

- ◆ Concrete recommendations to improve the manual on how to use the "5 As" methodology to develop an emergency plan: a) add improved instructions on legalization of health commissions; b) include a section on the importance of community participation; and c) outline how to conduct community assemblies.
- ◆ Coordination with Peace Corps volunteers to implement simulations for emergency planning.

Findings from the interviews were:

- ◆ 100% of the health commission members interviewed recognized that they are part of the health commission.
- ◆ 100% of the health commissions have five or more members.
- ◆ 70% of the health commissions have at least one woman among their members.
- ◆ 60% of health commissions have among their members a member of the COCODE.
- ◆ In Nebaj, all health commissions have completed training in emergency plans; this training is not complete in communities in Chajul and Cotzal.
- ◆ In all 10 health commissions, some members recognize at least three danger signs during pregnancy.
- ◆ Health commissions do not have a stamp/insignia or a community savings fund to provide loans in case of emergencies.

The following decisions resulted from the practicum:

- ◆ More than half of the health commissions have a woman and a member of the COCODE within their members. These are two important criteria in the community mobilization indicators and the project will monitor them.
- ◆ Training workshops and other activities will be continued, especially in Chajul and Cotzal, where health commissions have not completed their training.
- ◆ Training should be based on the expected competencies of health commissions and include practice and simulations.
- ◆ Coordination with Peace Corps will continue in Ixil.



Development of A Set of Population-Specific, Food-Based Recommendations for Children Aged 6-11 Months in The Western Highlands of Guatemala

(Frances Knight, London School of Hygiene and Tropical Medicine)

This study aimed to develop a set of feasible and acceptable food-based recommendations (FBRs), which were derived from the use of the Optifood Software.* Thirty women in the municipio of Chiantla, Huehuetenango, received three household visits over a period of eight days to evaluate their knowledge, trial and adoption of five FBRs, which were:

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

The study also aimed to develop motivational statements for overcoming identified constraints to practicing the FBRs in order to make the final set of FBRs stronger.

At baseline and endline, 24-hr recalls of child feeding were collected to assess changes in practices. Anthropometric measurements and socio-demographic data were also collected. In-depth interviews with mothers over the three household visits explored behaviors, beliefs and opinions.

The findings included:

- ◆ Modifications are needed in order to make the FBRs feasible and acceptable to mothers. FBRs related to consumption of porridge, fortified cereal blends and potatoes were practiced by most women, but daily use of black beans and meat/eggs was constrained by economic factors, beliefs and preferences.

Recommendations included:

- ◆ Intensify message to prepare cereals as a thick porridge and not as atole [a beverage].
- ◆ Look for food alternatives to potatoes in regions where they are not available.
- ◆ Change intake of black beans to 2-3 times per week instead of daily.
- ◆ Modify consumption of eggs to 2-3 times per week and meat to 1 time per week, not daily.
- ◆ Add micronutrient supplementation to ensure dietary adequacy, specially for problem nutrients such as iron and zinc.

* Optifood is a linear programming software application that allows public health professionals to identify the nutrients people obtain from their local diets, and to formulate and test population-specific food-based recommendations to meet their nutritional needs. Optimization analyses help these professionals specify the lowest cost combination of local foods that will meet or come as close as possible to meeting the nutrient needs of specific target groups. Optifood was developed by WHO in collaboration with the London School of Hygiene and Tropical Medicine, FANTA, and Blue Infinity.



Guatemalan Health Providers' Knowledge and Practices of Chronic Malnutrition (Yuna Hammond, Emory University, School of Public Health)

The study aimed to evaluate the knowledge, attitudes and practices of primary health care providers regarding chronic malnutrition (CM) in children under two and how they address it in their daily interactions with clients. A total of 120 providers from two health districts in Totonicapán and two in Quetzaltenango were interviewed and observed (76 auxiliary nurses, 25 health educators, 12 professional nurses and 9 others, including doctors) during basic health services (sick child visits, growth monitoring and promotion, and prenatal visits).

Only 32% of providers had less than 2 years of experience, and 52% had between 2 and 7 years. Most providers (81%) can identify a child of normal nutritional status. Only 1 in 4, however, understand that a child can simultaneously have both forms of malnutrition (acute and chronic). Additionally, they often mischaracterized the chronically malnourished child as being “normal” or of “low weight,” meaning that many failed to recognize stunting as a physical manifestation of chronic malnutrition. Also, most providers recognized that the mother’s diet is very important for the nutritional health of her baby. However, fewer providers identified lack of exclusive breast feeding and of appropriate complementary feeding as fundamental causes of CM in children. Average scores of correct responses were: 55% correctly identified physical characteristics of CM; 70.3% correctly prioritized causes of chronic malnutrition; and only 38% correctly mentioned characteristics and consequences of CM. No provider ever mentioned concepts related to the 1,000 Day Window of Opportunity throughout the observation period.

There is still much confusion about the causes, characteristics and consequences of CM and how they are related to the 1,000 Day Window. Almost half (47%) of providers surveyed considered CM to be short term, rather than irreversible. Furthermore, one out of every two providers did not realize that chronic malnutrition cannot be treated, only prevented.

In general, there were no significant differences in the average scores between the following groups: 1) Extension of Coverage or institutional providers; 2) years of experience; or 3) department. Professional nurses received the highest score of the three groups, and health educators outperformed auxiliary nurses by a narrow margin.

Two main recommendations derived from this study are:

- ◆ Train providers on how to effectively recognize chronic malnutrition and to counsel mothers to prevent it.
- ◆ Devise a more effective way of training health providers, prioritizing competencies and the basic information needed to improve provider understanding of CM.

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