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*Nutri-Salud*  
COMMUNITY NUTRITION  
AND HEALTH PROJECT

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RESEARCH CO., LLC

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# *Nutri-Salud* Annual Report 2012

Submitted October 30, 2012

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

# Nutri-Salud

*Community Nutrition and Health Project*

Annual Report 2012

Submitted to:

Baudilio Lopez, USAID Agreement Officer Representative

Yma Alfaro USAID Alternate Agreement Officer Representative

Judith Timyan, USAID Senior Technical Advisor

## ***DISCLAIMER***

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## **Acronyms**

AMTSL	Active Management of the Third Stage of Labor
ANACAFÉ	National Coffee Association
COCODE	Community Development Council
COMUDE	Municipal Development Council
DECAP	Training Department of the MOH
EPS	Professional Supervised Practice of last-year students in different careers
FOG	Fixed Obligation Grant
FP	Family Planning
FTF	Feed the Future
FUNCAFÉ	Coffee Foundation
INCAP	Institute of Nutrition of Central America and Panama
MIS	Inclusive Health Model ( <i>Modelo Incluyente de Salud</i> )
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
PEC	Extension of Coverage Program of the MOH
PROEDUSA	Department of Health Promotion and Education of the MOH
QI	Quality Improvement
RUTF	Ready-to-use therapeutic food
SESAN	Secretary of Food and Nutrition Security
SIAS	Integrated Health Care System of the MOH

# 1 RESUMEN EJECUTIVO

El proyecto Comunitario de Nutrición y Salud (Nutri-Salud) con financiamiento de USAID tiene una duración de cinco años (2012-2017) para mejorar la salud y nutrición de las comunidades predominantemente indígenas Mayas en 30 municipios del altiplano occidental de Guatemala. El proyecto está siendo implementado por la University Research Co., LLC (URC), localizada en Bethesda, Maryland, Estados Unidos; Mercy Corps, The Manoff Group (TMG), el Instituto de Nutrición de Centro América y Panamá (INCAP), y The Cloudburst Group.

Nutri-Salud aborda dos de las tres áreas prioritarias de la Iniciativa de Salud Global del gobierno de los Estados Unidos de América para Guatemala: 1) Mejorar el acceso y la calidad de los servicios de salud en Guatemala, con énfasis en la población rural e indígena, para reducir las desigualdades en salud; y 2) Prevenir la desnutrición crónica en niños menores de dos años enfocando la población rural e indígena. Adicionalmente, el proyecto aborda la primera meta de la iniciativa de los Estados Unidos Alimentando el Futuro (Feed the Future en inglés): la prevención y tratamiento de la desnutrición. Finalmente, el proyecto se inscribe dentro de las prioridades de salud del gobierno de Guatemala y el Pacto Hambre Cero que es la principal iniciativa gubernamental para reducir la desnutrición crónica en el país.

Los objetivos del proyecto son:

1. Mejorar el **estado nutricional** de las mujeres de edad reproductiva y los niños menores de 5 años a través de la implementación de siete acciones esenciales de nutrición, enfocadas en “los primeros 1,000 días” de la vida, desde el embarazo hasta los dos años de edad
2. Fortalecer las acciones esenciales de **atención materna, neonatal y de la niñez** incluida la oferta sistemática y balanceada de métodos de **planificación familiar** a nivel de la comunidad
3. Involucrar activamente a las comunidades en la solución de sus necesidades de salud a través de la **movilización comunitaria**, los vínculos con los gobiernos locales y con otros proyectos de salud y seguridad alimentaria y nutricional.

Para lograr sus objetivos el proyecto desarrolla cuatro componentes que son:

- **Componente 1:** Prevención de la Desnutrición Crónica
- **Componente 2:** Atención Materna, Neonatal y de la Niñez Mejorada
- **Componente 3:** Servicios de Planificación Familiar con base en la comunidad
- **Componente 4:** Movilización Comunitaria y Vínculos con el Gobierno Local para Nutrición y Salud Mejoradas

Los componentes transversales proveen una plataforma de implementación a través de los componentes y son: Comunicación para el Cambio Social y de Comportamientos (CCSC), Monitoreo y Evaluación, Mejoramiento Continuo de la Calidad, Logística, Equidad de Género en salud, Pertinencia Cultural e Interculturalidad, Tecnología de Comunicación y colaboración y coordinación efectivas

En seguida después de haberse otorgado el proyecto en junio de 2012, URC trabajó con celeridad para establecer las estructuras y sistemas de gestión que apoyen la implementación eficiente de las actividades del proyecto. URC utilizó la oficina existente en la ciudad de Guatemala para apoyar el inicio rápido del proyecto. De junio hasta septiembre 2012, se desarrollaron los sistemas administrativos y financieros del proyecto, se estableció una oficina en Quetzaltenango, se contrató al personal clave y otros asesores técnicos y especialistas, y a los equipos locales (con base en las Áreas de Salud). A todo el personal se le equipó para que iniciara las actividades y se dio orientación al personal nuevo en los procesos administrativos y financieros de URC, así como en los objetivos, componentes técnicos, resultados y estrategias del proyecto.

Después de un taller de planificación con el equipo de asesores en agosto 2012, se prepararon y entregaron los cinco documentos requeridos por USAID: 1) Plan Estratégico de Cinco Años, 2) Plan de Trabajo del Primer Año, 3) Plan estratégico de Comunicación para el Cambio Social y de Comportamientos, 4) Plan de Monitoreo y Evaluación y 5) Plan de Costos Compartidos. USAID revisó estos documentos y proveyó comentarios el 24 de septiembre y actualmente están en el proceso de revisión por el proyecto para su entrega a USAID próximamente.

Entre las principales actividades a la fecha están:

- El diagnóstico rápido sobre los servicios de salud del primer nivel y comunidades cubiertas en 30 municipios prioritarios
- El establecimiento de los equipos locales en las Direcciones de Áreas de Salud
- La visita a 16 de las 30 (53%) Municipalidades y Distritos de Salud para presentar el proyecto e identificar actores clave gubernamentales y no gubernamentales
- Múltiples reuniones con organizaciones gubernamentales, no gubernamentales y otros proyectos socios de USAID para coordinar y planificar actividades en común
- Participación plena en los esfuerzos del Ministerio de Salud Pública de Guatemala (MSPAS) para fortalecer el primer nivel de atención y en los talleres realizados y las mesas técnicas que ha establecido para ese propósito, así como en la actividad de lanzamiento del modelo del Programa de Extensión de Cobertura (PEC) fortalecido.

En el próximo trimestre las principales actividades del MSPAS que contarán con el apoyo de Nutri-Salud serán:

- El diagnóstico de los centros de convergencia del PEC que serán fortalecidos en su infraestructura, recursos humanos, equipamiento y procesos de atención
- Los talleres regionales y distritales para la reorganización del primer nivel de atención y la capacitación
- La capacitación del recurso humano de los puestos de salud
- El afinamiento de los mecanismos y procedimientos para hacer convenios y dar concesiones monetarias a las ONG del PEC

Por otra parte, se trabajará con las Municipalidades y los sistemas de Consejos de Desarrollo en temas de nutrición, género, salud reproductiva y planificación familiar, agua y saneamiento.

## 2 INTRODUCTION

Nutri-Salud is a five-year (2012-2017) project funded by the United States Agency for International Development (USAID) intended to improve community nutrition and health among the predominantly indigenous Mayan population of the Western Highlands of Guatemala. The project is managed by University Research Co., LLC (URC), based in Bethesda, Maryland USA, and its partners: Mercy Corps, The Manoff Group (TMG), the Institute of Nutrition of Central America and Panama (INCAP), and The Cloudburst Group.

The goal of **Nutri-Salud** is to improve the nutrition and health status of women and children in 30 municipalities in the Guatemalan Western Highlands. This goal fits into the overall context of The United States Government (USG)'s Global Health Initiative (GHI) for Guatemala, which defines three priority areas for USG investment: 1) Improve access to and quality of health services in Guatemala, with an emphasis on rural and indigenous populations, to reduce inequitable health outcomes; 2) Prevent chronic malnutrition for children under two years of age with a focus on rural and indigenous populations; and 3) Strengthen the collection and use of information for action at all levels of the health system. Nutri-Salud addresses the first two of these priority areas. Additionally, Nutri-Salud addresses the first goal of the USG's Feed the Future (FTF) initiative in Guatemala: the prevention and treatment of under-nutrition. The project will be carried out in an integrated manner to meet the following objectives:

1. Improve the nutritional status of women of reproductive age and children under five by implementing the seven Essential Nutrition Actions, focusing on "the first thousand days" (i.e., during pregnancy and the first two years of life) ,
2. 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
3. Engage communities in 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
- **Component 2:** Improved Obstetric, Neonatal, and Child Health Care
- **Component 3:** Community-based Family Planning Services
- **Component 4:** Community and local government support for Improved Health and Nutrition

Cross-cutting strategies provide a common platform of implementation across all components: social and behavior change communication (SBCC), quality improvement and continuous learning, gender equality, cultural pertinence, monitoring and evaluation (M&E), and innovative use of information technology.

### **3 PROJECT MANAGEMENT AND START-UP**

#### **3.1 Establishing Project Management Systems**

Following the project award in June 2012, URC rapidly worked at establishing project management systems and structures to support efficient implementation of project activities. URC used its existing infrastructure in Guatemala City to support a rapid project start-up. During this time financial management and administrative systems and processes were developed, a project office in Quetzaltenango was opened, personnel were contracted to form the Nutri-Salud technical team, and equipment was procured to support project activities.

##### **Key Activities and Results**

Project-specific administrative and financial processes were established based on URC's corporate Standard Operating Procedures in URC's Guatemala City office and in the newly opened Regional Office in Quetzaltenango. These operational procedures included:

- Standard financial management procedures
- Human resource and staffing procedures
- Procurement and contracts protocols
- Communications directives

Subsequently, specific activities were undertaken to set up project financial, management, and logistic infrastructure:

- Project bank accounts were established
- Letters of Authorization for the initiation of activities by Nutri-Salud partners, The Manoff Group, INCAP, Mercy Corps, and The Cloudburst group, were executed
- A request for approval of the purchase of project vehicles was submitted to USAID

##### **Planned Key Activities for Next Quarter**

Receipt of USAID approval for the purchase of seven project vehicles will enable the project to scale up implementation of project activities on schedule with the anticipated initiation of Nutri-Salud grants to support the Ministry of Health's Extension of Coverage Program (PEC).

#### **3.2 Establishing a Project Presence in the Western Highlands**

##### **Key Activities and Results**

Nutri-Salud's regional base of operations is in Quetzaltenango, the largest urban center in the Western region of the country. During the start-up phase, the regional office was established, and a project presence was established in the six Health Areas where the project is working (Totonicapán and Quetzaltenango share a local team).

### *Regional Office*

The regional project office is located in the neighborhood of Los Eucaliptos in the city of Quetzaltenango. This office will serve as the programmatic base of operations for the Nutri-Salud Project.

- An office building was identified and a lease agreement was signed in August 2012.
- Telephone and internet communication systems were contracted and set up in the new office space.
- Project equipment, including computers, other technology equipment, and office furniture, were procured according to USAID rules and regulations.
- Project activities began taking place from the Quetzaltenango regional office September 1, 2012.

### *Field Teams Established in Health Areas*

Teams of local advisors, each consisting of a Nurse/team lead, Nutritionist, Social Worker, and Rural Health Technician, have been established and located in the six Health Areas where Nutri-Salud target municipalities are located: Quetzaltenango/Totonicapán, San Marcos, Huehuetenango, Ixil, and El Quiche. The presence of these teams was facilitated through the following actions:

- Meetings were held with the central level MOH to obtain letters of support from the Directorate of the Integrated Health Care System (SIAS) to officially present the project and its local teams to Directors at the MOH's Health Area offices.
- Meetings were held in all six Health Areas to present the Nutri-Salud project and project personnel to the Health Area management teams.
- Office space was promised to Nutri-Salud in each of the Health Areas for Nutri-Salud's local teams, and presently five local teams are working from their respective Health Area headquarters (Quetzaltenango and Totonicapán have only one team, but have space in both Health Areas).
- The Project also obtained letters of introduction and support for each of the Nutri-Salud local teams from the Health Area Directors which have been useful in visits to health districts.

### **Planned Key Activities for Next Quarter**

An inauguration of the Nutri-Salud regional office is planned for November 8, 2012 in Quetzaltenango.

### **Challenges and Resolutions**

Huehuetenango is one of the largest departments in the country. There are 10 prioritized municipalities, which are spread out across the department. Providing technical support to health posts and NGO service providers in the department of Huehuetenango will be challenging for the local team that is assigned to that department. Therefore, we envision the team from Quetzaltenango/ Totonicapán helping with processes in Huehuetenango, and eventually hiring extra help.

### 3.3 Project Staff Recruitment and Orientation

#### Key Activities and Results

By the end of the first quarter, all key personnel positions were filled: Chief of Party, Nutrition Advisor, Community Mobilization Advisor (**Mercy Corps**), SBCC Specialist (**The Manoff Group**), and Financial and Administrative Manager. Recruitment and staffing was also done for administrative and technical positions to be located in Guatemala City, Quetzaltenango, and the five Health Areas. Positions were advertised through announcements in local and national newspapers. In addition to the key personnel, staff was hired for the following positions:

#### *Administrative staff*

- Administrator
- Accountants (2)
- Executive Assistant
- Logistics Specialist

#### *Technical advisors and specialists*

- Deputy Chief of Party/Maternal and Neonatal Health Advisor
- Monitoring and Evaluation and Strategic Information Advisor
- Integrated Service Delivery Senior Advisor
- IMCI/QI and Child Health Advisor
- Family Planning and Reproductive Health/Quality Improvement Advisor
- Quality management Advisor
- NGOs' Support Coordinator
- Gender Specialist – **Mercy Corps**
- Community M&E Specialist – **INCAP**
- Communications Specialist (2)

#### *Field-based health and nutrition advisors*

- Nurse/Field Team Lead (5)
- Nutritionist (5)
- Social Worker (5)
- Auxiliary Nurse/Rural Health Technician (5)

New staff was given orientation training on URC administrative and financial processes and policies in September. In addition, two technical workshops were held with Health Area/local staff on the objectives, results and strategies of the Project, as well as on the four technical components and the strategies.

### **Planned Key Activities for Next Quarter**

Nutri-Salud will continue to fill several technical positions in the next quarter as the skills sets needed for such positions are defined, based on the project needs. Drivers will be hired once all project vehicles have been purchased.

## **3.4 Partnerships with Key Counterparts and Project Partners**

### **Key Activities and Results**

#### *Guatemala Ministry of Health and Nutri-Salud Project Partners*

Meetings to plan and coordinate initial project activities were held with the Guatemala MOH and Nutri-Salud partners:

- Numerous meetings with the MOH at central, area and district/municipal level – described under different components
- Monthly meetings with Mercy Corps were held to communicate project progress and plan coordinated activities
- Meetings with INCAP on administration and financial matters and M&E system
- Monthly Project Partner conference calls were initiated in September
- Routine SBCC advisory calls were held with The Manoff Group to develop and begin implementation of Nutri-Salud SBCC activities

#### *USAID Health Projects and Other USAID Partners*

Members of the Nutri-Salud technical team attended meetings with various organizations implementing USAID projects in Guatemala to inform and coordinate program goals and activities:

- Meetings with PSI Plan Fam project for family planning and SBCC
- Meetings with APROFAM for family planning and SBCC
- Meetings with C-Change and the University del Valle de Guatemala (UVG), the organization tasked with managing the C-Change web page
- Meetings were held with Title II USAID partners (Catholic Relief Services –CRS- and Save the Children)
- Nutri-Salud representatives attended the monthly meetings of USAID health partners

### **Planned Key Activities for Next Quarter**

The project will continue to conduct coordination meetings and activity planning with the MOH, project partners and other USAID implementing partners to plan and coordinate activities. Coordination meetings and field visits will also be conducted together with the USAID/URC TRAction project in Guatemala (also known as *Calidad en Salud*) in the geographic and technical areas where both projects coincide (maternal and neonatal health, nutrition, and quality improvement).

### 3.5 Short Term Technical Assistance

#### Key Activities and Results

Nutri-Salud's project start-up was supported by short term technical assistance from:

- Tisna Veldhuijzen Van Zanten, URC, IDG Senior Vice President, provided technical support for Nutri-Salud project start up with staff and partners including developing project management systems, staffing, procurement and project planning.
- Leslie Lugo, Associate Director for Program Support, provided technical support for Nutri-Salud project launch workshop with staff and partners in developing project management systems, staffing, procurement and project planning.
- Nancy Newton, Senior Advisor, Behavior Change and Communication provided technical support for Nutri-Salud project launch workshop with staff and partners and follow up on workshop outputs.
- Michael Favin, of The Manoff Group, who participated in a large Nutri-Salud planning meeting in August, 2012.
- Irene Monzón, independent consultant, helped to coordinate meetings and joint visits with high level authorities of the MOH, and also helped to involve Nutri-Salud in the process of primary health care strengthening.

## 4 PROGRAM RESULTS

### 4.1 Nutri-Salud Program Planning

#### Key Activities and Results

Key events in the program planning process included:

- A project planning workshop held with key staff and partners August 7-10. The following key outputs were discussed and drafted during this meeting:
  - A revised, more detailed log frame for the 5-year strategic plan
  - Definition of annual targets for proposed performance management plan (PMP) indicators
  - An analysis of key stakeholders in Nutri-Salud
  - An understanding of staffing, roles, and communication among staff and other stakeholders
  - Identification of possible challenges and ways to overcome them
  - Proposals for innovative project activities, use of information communication technology, and approaches to ensuring cultural pertinence in activities
  - Identification of critical next steps in implementation
  - Suggestions for cost-share strategies and private sector partners
  - An understanding of USAID's expectations for Nutri-Salud
  - Ideas for communication channels aligned with the Nutri-Salud SBCC plan
- These were incorporated into the following key project documents/deliverables, submitted to USAID on August 30, 2012:
  - Five-year Project Strategic Plan
  - Year 1 Annual Work Plan
  - Performance Management Plan
  - Strategic Communication Plan
  - Cost Share Strategy
  - Branding and Marking Plan

#### Planned Key Activities for Next Quarter

Project deliverables were reviewed by USAID, which provided feedback to the Nutri-Salud team on September 24<sup>th</sup>. These key project documents in the process of revision and will be submitted again to USAID in early November.

Project planning is currently being conducted on a monthly basis and revised weekly. The project will continue to conduct work planning and team building workshops with staff, headquarters, and key partners on a regular basis.

Present Nutri-Salud to the system of community development councils (CODEDE, CUMUDE, COCODE, COMUSANs, COCOSANs, etc.) and priority municipalities. The project will begin to develop joint work plans with 30 Municipalities.

Identify leaders within each priority municipality; determine municipal level counterparts in relation to each component (Women's Municipal Office (OMM), COMUSAN, Development Councils, etc.)

Develop and implement 5 regional workshops and 30 health district workshops aimed at joint planning with Health Districts (including health posts and NGOs)

Development of improvement plans of MNCH / N services in 85 health posts

## **Challenges and Resolutions**

Changes in MOH planning produced changes in the project's planning. For instance, regional workshops were postponed due to competing activities at the central level MOH, and therefore the project could not conduct health district workshops as planned. Having postponed health district workshops, the project will first conduct the assessment of PEC convergence centers to verify their selection for strengthening.

## **4.2 Technical Components**

### **4.2.1 Component 1: Prevention of Chronic Malnutrition**

#### **Key Activities and Results**

##### *Presentations*

This quarter the project focused on presentation of the project's nutrition component in various forums.

The Nutrition Advisor participated as moderator in the Food and Nutrition Security Congress organized by FUNCAFE/ANACAFE –two partners in the FTF rural value chain projects- in the forum entitled “Good Practices for Food and Nutrition Security.” Presentations were also made in several Guatemalan Congresses (Nutritionists, Professional Nurses, Rural Health Technicians) in nutrition topics. Presentations focused on the 1,000 days window of opportunities and the essential nutrition actions. During these meetings documents previously produced by URC projects were distributed to attendees:

- Brochure on Food and Nutrition Situation in Guatemala, Challenges and Solutions
- Document on Health and Nutrition at the national level and in five Western Highland departments: situation, challenges and resolutions
- Malnutrition Surveillance System (SIVIM) summary report

##### *Coordination meetings*

Meetings were held with the Secretary of Food and Nutrition Security (SESAN) to learn about the Zero Hunger Plan and to identify lines of coordination. SESAN is promoting a sentinel site methodology, and the M&E and Nutrition Advisors attended training.

Working sessions were also held with the USAID Title II PVOs – Save the Children and Catholic Relief Services- to present our projects, map geographic areas of interventions, and identify common and/or complementary lines of action in places where we coincide. Nutri-Salud and Title II NGOs will coincide in priority municipalities of Quiché, Huehuetenango, Quetzaltenango (Save/PCI) y Totonicapán y San Marcos (CRS/Cáritas)

### *Training*

Nutri-Salud Health Area/local teams received training by project advisors in two important nutrition-related topics:

- Essential Nutrition Actions
- Optimal infant and young child feeding

The project participated in working meetings for the revision of a training module in Food and Nutrition Security for health educators proposed by the NGO TulaSalud for the training department of the MOH. Recommendations were made regarding the content of the module (e.g. focus on the 1,000 days window of opportunity) and audience (e.g. expand it to include other health educators, and not just PEC).

### *Social and Behavior Change Communication*

During the World Breastfeeding Week in August, the Project participated in MOH activities, reproducing printed and audio materials from previous URC projects and distributing them to Health Promotion and Education Coordinators of 29 Health Areas.

### **Planned Key Activities for Next Quarter**

The project team will undertake an assessment of nutrition interventions in PEC NGOs, especially regarding anthropometric equipment, micronutrient supplements, registries, SBCC materials, and ready-to-use therapeutic food (RUTF) for treatment of acute malnutrition.

Nutri-Salud will also conduct an analysis of existing training curricula for nutrition available in service delivery NGOs, begin to design nutrition strengthening plans for district health personnel, and will begin to implement nutrition counseling training at all levels.

## **4.2.2 Component 2: Improved Maternal, Neonatal, and Child Health**

### **Key Activities and Results**

#### *Assessments – M&E*

Project personal conducted an initial assessment to ascertain the number of primary level health services in the 30 priority municipalities. The results of this initial assessment are presented in Table 1 below. Jurisdictions are territories of about 10,000 inhabitants each. Around 330 community centers under PEC will be transformed into Convergence Centers (where other communities can converge for services) with permanent health presence in the form of a community auxiliary nurse and health educators.

**Table 1: Number of Health Services in 30 priority Municipalities**

Health Area	PEC Jurisdictions	Communities under PEC	PEC Community Centers	Health Posts
Quiché	16	291	159	25
Ixil	7	133	84	24
San Marcos	12	220	168	18
Huehuetenango	25	516	323	45
Totonicapán	6	135	60	9
Quetzaltenango	2	25	18	5
	<b>68</b>	<b>1320</b>	<b>812</b>	<b>126</b>

Project Health Area/local teams and technical advisors also conducted a presentation exercise which included visiting priority health districts (one per municipality) and PEC NGOs located in the same municipalities. Visits to 16 of 30 Health District (53%) were made. Meetings were held with legal representatives of the NGOs that provide PEC services.

During the visits the data collection instruments that will be used in a complete assessment of health posts and convergence centers (including human resources, inputs, equipment, infrastructure, and medical waste disposal) to be conducted in the second quarter were pre-tested.

#### *Health Centers and Posts*

At the request of the MOH, the project conducted a workshop on continuous Quality Improvement (QI) in maternal and neonatal health for 55 participants from 12 Health Districts in the area of Quetzaltenango; priority districts of San Juan Ostuncalco and Concepción Chiquirichapa were included. The 12 Health Districts committed themselves to continue to measure quality of care indicators and implement improvement changes.

Together with TRAction Project the Nutri-Salud Project provided technical assistance for the vertical integration of the network of health services in the Ixil and Quiche Health Areas (from the community to the hospitals). Two visits were made to these areas, which included discussion with the Technical Area Team (composed by the Health Area Director, Nurse, Epidemiologist, Social Worker, Health Technician in charge of PEC, and Manger), presentation of the “critical links” methodology for the analysis of maternal mortality, a visit to Santa Elena Hospital in Quiche, a visit to the District Hospital in Nebaj, a visit to the NGO COTONEB, and working groups for the assessment tools.

#### **Planned Key Activities for Next Quarter**

- Nutri-Salud Health Area/local teams will undertake the verification of the location of the convergence centers that will be strengthened and conduct an assessment of

infrastructure, human resources, equipment and supplies, and distance of converging communities.

- A training workshop with representatives of at least 85 health posts (auxiliary nurses) will be held by Nutri-Salud advisors to complete assessment of MNCH/N/FP services within each health posts. The assessment includes availability of commodities and inputs for MNCH/N/FP.
- Improvement plans for MNCH / N services in 85 health posts will be developed following the assessment.
- A workshop aimed to motivate health workers and build teams will be developed.
- Plans for the creation of a permanent community health worker presence in prioritized community centers (300) will be developed.
- An assessment on capacities in emergency transportation and support to COCODEs' health commissions will be conducted. Training plans for COMUDEs and COCODEs on financial management and budget execution for Emergency Plans will be developed in the Ixil area.
- An analysis of service delivery gaps will be reviewed with an emphasis on the identification of pregnant women, availability of ambulatory care, home visits, nutritional status, and the classification and treatment of diarrhea and pneumonia.

### **Challenges and Resolutions**

Getting all the processes to move and conclude on time is a tremendous challenge. The project team will work closely with the MOH and try to maintain the dates that have been proposed for workshops and assessments.

### **4.2.3 Component 3: Community-based Family Planning and Reproductive Health**

#### **Key Activities and Results**

All newly hired technical staff participated in a mandatory training on the Tiaht amendment for family planning. The training was replicated with local teams.

Nutri-Salud's Family Planning Advisor participated in a conference on the links between FP and nutrition with FUNCAFE/ANACAFE Food and Nutrition Security Congress.

#### *Coordination*

Meetings were conducted to coordinate work with USAID partners: SIFPO/PlanFam and APROFAM. One area of coordination with these partners will be SBCC. Nutri-Salud will also work with SIFPO to revamp convergence centers and health posts.

#### **Planned Key Activities for Next Quarter**

The assessments described under Component 2 above will address issues related to FP infrastructure, human resources, equipment, commodities, and supplies as well as improvement plans. Following orientation, Memos of Understanding (MOU) will be signed with Mayors of at least 10 priority municipalities in which these mayors commit themselves to support family planning/reproductive health in their municipalities.

#### **4.2.4 Component 4: Community and Local Government Support for Health and Nutrition**

##### **Key Activities and Results**

A memorandum of understanding (MOU) was signed with USAID | Local Governance Project.

The project has been presented to mayors and municipal councils in 16 of 30 priority Municipalities (53%). Initial contacts were made with institutions and organizations participating in the Municipal Development Council (COMUDE). An address and telephone directory of all these institutions was prepared to facilitate future presentation and coordinated planning activities.

Meeting with individual universities and schools of nursing and auxiliary nursing Quetzaltenango were held, as well as a half-day workshop with representatives of the Universities and Schools of Nursing to discuss lines of cooperation. Those identified were: training, research and extension; the latter through their Professional Supervised Practice (EPS) of medical and professional nurse students in their last year of studies. Specifically, schools of medicine have agreed to place EPS medical students in Nutri-Salud priority health districts in primary health care posts.

##### **Planned Key Activities for Next Quarter**

Project personnel will present the Nutri-Salud project to municipal and community development councils (COCODE, COMUDE, COMUSANS, etc.) in the remaining 14 priority municipalities. The project will also start training of the Municipal Women's Office personnel.

A Senior Quality Improvement Advisor from URC's USAID Health Care Improvement Project with experience in developing innovative community improvement approaches using social networks will provide technical assistance to analyze existing community systems and identify the best way to involve COCODEs and other community organizations in nutrition and health. This activity will involve mapping social actors at different levels (Municipal, community).

The project will continue to meet with leaders of schools and universities in the Western Highlands to establish alliances and develop a consortium of schools and universities in Quetzaltenango to support training, research and M&E.

#### **4.3 Extension of Coverage Program (PEC)**

##### **Key Activities and Results**

###### *Visits*

Nutri-Salud project directors and technical advisors visited primary level health care strengthening projects together with high Ministry of Health and USAID authorities. The three visits conducted were:

- UNDP USAID Project to improve the quality of PEC services in Ixil and Quiche through the NGO COTONEB to better understand the changes made in the traditional PEC package of services by this project

- NGO El Recuerdo in Jalapa to get acquainted with the MOSAICO (Integrated Community Health Care Model) which also represents an improvement over the traditional model, and was the basis for the UNDP project
- MIS (*Modelo Incluyente de Salud*) extension Project through health posts that has interesting elements of training, cultural pertinence, and information system

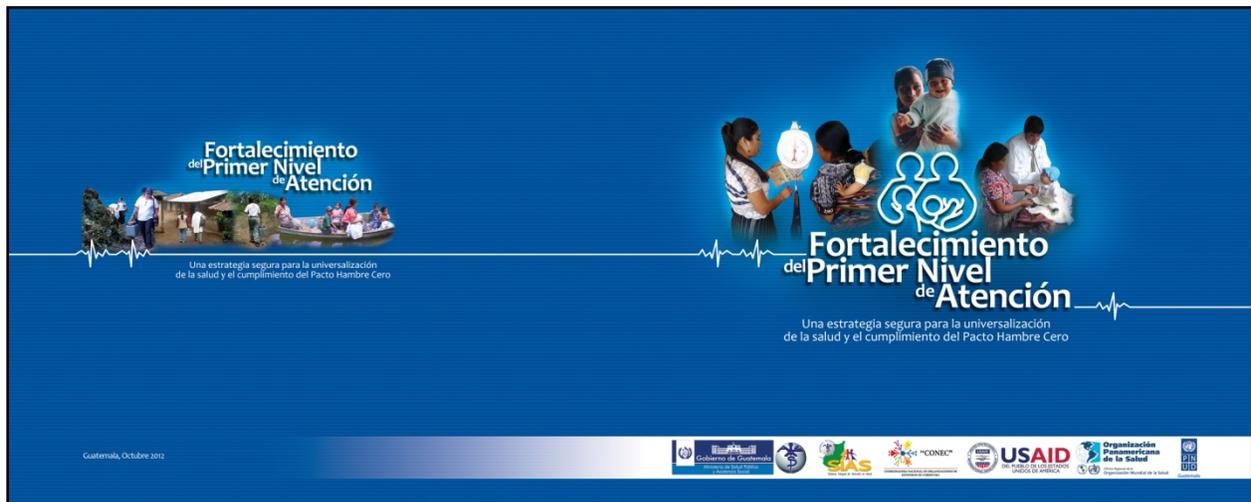
### *Improved PEC Model*

The project provided technical and financial assistance to the MOH for the development of a proposal for Strengthening of the PEC, which dates from 1998.

Nutri-Salud project personnel are participating in the presentation of the essential nutrition and health actions in the context of a “management by results” agreement between the MOH and Ministry of Finance. This agreement will directly affect the implementation of an improved PEC model. Furthermore, project personnel are providing technical assistance for the implementation of this agreement.

Project advisors have been participating in each of five working groups that were formed by the MOH to accelerate implementation of the improved PEC model:

- Universal access to health services through the reorganization and establishment of a permanent health presence in all jurisdictions (territories of 10,000 inhabitants each).
- NGO certification process
- Human resources training
- NGO indicators of performance
- Information system



**Figure 1: A document that describes the strengthened PEC model was produced with Nutri-Salud involvement**

The strengthened PEC model calls for the implementation of five permanent “Convergence Centers” in each jurisdiction, which formerly had community centers visited by an itinerant basic health team. In the 30 Nutri-Salud priority municipalities there are 68 jurisdictions where 293

convergence centers will be improved; 47 additional convergence centers have already been strengthened by the USAID UNDP project working in the Ixil and Quiché areas. Table 2 below summarizes the other major proposed changes to the PEC model.

**Table 2: Major Changes to the Traditional PEC Model**

<b>Program Aspects</b>	<b>Traditional PEC model</b>	<b>Strengthened PEC model</b>
<b>Jurisdictions</b>	10,000 inhabitants	10,000 inhabitants
<b>Health Facilities</b>	Variable number of community centers	5 community centers per jurisdiction will become Convergence Centers
<b>Institutional health workers</b>	Mobile health team: 1 Ambulatory nurse: 1 Institutional facilitator: 1 or no health educator	Permanent community team: 1 Auxiliary nurse; 2 Health educators
<b>Community health workers</b>	5 Community facilitators	10 Community facilitators
<b>Delivery of care</b>	Mobile health team visits each community center once a month	Permanent team provides care in Convergence centers and visits community centers
<b>Extension</b>	No regular home visits by mobile team	Regular home visits by permanent team

The project also provided technical and financial assistance to conduct two workshops with participants of the priority Health Areas and all 30 Health Districts/ Municipalities, PEC NGOs and their basic health teams to start the reorganization of the jurisdictions. The workshops were conducted in Huehuetenango (111 participants) and Quiché (70 participants) from Health Areas, Districts, NGOs and Basic Health Teams of the NGOs.

### *Training*

The project participated in the revision of various training documents and protocols, especially those designed for the personnel at the first level of care and community health workers (CHWs), such as those of TulaSalud and FUNDAP's training curriculum for auxiliary nurses in maternal and neonatal care.

### **Planned Key Activities for Next Quarter**

The strengthened PEC model was launched by the Minister of Health on October 4<sup>th</sup>. The working groups will continue their effort to prepare all the necessary inputs for implementation in January 2013. Processes that will take place are:

- NGO certification
- Training of new auxiliary nurses
- Definition of performance indicators and information system
- Development of agreements to provide financial resources to PEC NGOs.

In the next quarter, Nutri-Salud project managers will present the Nutri-Salud Project to the Coordinator of PEC NGOs (CONEC) in anticipation of providing grants to PEC NGOs to support service delivery and extension of coverage.

The Nutri-Salud project will provide to NGOs Fixed Obligation Grants (FOGs) of approximately US\$32,000 per jurisdiction, which will help the NGOs hire permanent auxiliary nurses for convergence centers. The project will coordinate assistance from other projects (e.g. CURE) and the private sector (e.g. FUNDESA) to improve and equip convergence centers.

#### **4.4 Nutri-Salud Grants Program**

##### **Key Activities and Results**

A Grants Manual was developed to guide the implementation of Nutri-Salud grants, based on USAID and URC corporate standards. Grants under the Nutri-Salud grants program will be implemented using two funding mechanisms: Fixed-Obligation and Cost-Reimbursable, depending on the activity goals and type of recipient.

A key part of the Nutri-Salud's strategy is to work with the MOH to support the PEC. In preparation for this activity, Nutri-Salud staff and key personnel from URC's Contracts and Finance departments reviewed relevant documents, including the current UNDP contract with COTONEB (a PEC NGO) and Mercy Corps grant documents.

##### **Planned Key Activities for Next Quarter**

- Nutri-Salud's financial manager and technical team will continue to plan for grant implementation processes, including the definition of performance indicators, information systems, and deliverable schedules to manage grants to PEC NGOs.
- NGOs will receive technical support in writing proposals and agreements will be prepared for NGOs.

#### **4.5 Public Private Alliances**

Nutri-Salud will form alliances with the private sector to support strengthening nutrition and health (including water and sanitation) services in the Guatemalan Highlands. Partnerships with the private sector will also help the project meet its cost share goal of \$6.8 million.

##### **Key Activities and Results**

Meetings and consultations were held to plan the development of a private sector alliance strategy. Mercy Corps will hire a private sector staff member that will help design the strategy. A meeting was held with a group of the most important advertisement agencies in the country to plan the communication campaign that could accompany the Zero Hunger Pact.

##### **Planned Key Activities for Next Quarter**

An international consultancy firm, O'Brien and Associates, with more than 15 years experience in working with private sector initiatives in developing countries will provide technical

assistance to conduct an assessment of the private sector in priority areas and municipalities to identify potential private sector entities and civil society groups, coordinate visits and meetings with private sector partners to create awareness of project goals and objectives, and develop a strategy to form partnerships.

## 4.6 Cross Cutting Components

### 4.6.1 Social and Behavior Change Communication (SBCC)

In addition to SBCC activities described under the project components above, the SBCC Advisor participated in the development and subsequent revisions of the SBCC strategy and plan. The SBCC advisor traveled to Huehuetenango to obtain information on the SBCC activities in target municipalities.

Meetings with MOH counterpart, the Department of Health Promotion and Education (PROEDUSA) were held to: 1) plan technical and financial support for training workshops to Health Promotion Coordinators on the Zero Hunger Strategy and 2) distribute the C-Change implementation guide.

The advisor attended a workshop by JICA (Japan International Cooperation Agency) to learn about the agency's experience in Chiapas working through Pregnant Women's Clubs. This methodology is being promoted by JICA in Quetzaltenango, and the project will consider its use.

Nutri-Salud worked to share SBCC materials with partners at important moments in strategic planning. Among these were many materials developed by previous USAID/URC projects in Guatemala, including a SIVIM summary report, an e-card sent to MOH providers on the Health Workers Day Sept 6, and many others detailed in Table 3 below.

**Table 3: SBCC and other materials distributed June – September, 2012**

Material	Quantity distributed
<b>Nutrition</b>	
Complementary feeding flip chart	25
Poster: Baby-friendly Hospital: 10 Steps for Successful Breastfeeding – to Hospitals, CAIMI,CAP	110
<b>Maternal, Neonatal and Child Health Care (MNCH)</b>	
Radio spots on simple solutions that save lives	179
Radio spots on vaccination	5
<b>MNCH Registries and Monitoring Forms</b>	
Infant and Child clinical records : first consultation	3000
Infant and Child clinical records: follow-up consultations	6000
Prenatal/ postpartum clinical records	3000
PROCONE QI monitoring sheets	600
Prenatal care QI monitoring sheets (blocks of 50 each)	6

Postpartum care QI monitoring sheets (blocks)	6
Newborn ambulatory care QI monitoring sheets (blocks)	6
Partograph QI monitoring sheets (blocks)	6
Active Management of the Third Stage of Labor (AMTSL or MATEP in Spanish) QI monitoring sheets (blocks)	6
Routine care of the ne born QI monitoring sheets (blocks)	6
Infant and child care QI monitoring sheets (blocks)	6
Obstetric and neonatal complications QI monitoring sheets	105
Obstetrical risk community surveillance (blocks)	180
AINM-C Interview forms (packages of 19 each)	19
<b>Family Planning</b>	
Reproductive health/ family planning norms	4
<b>SBCC</b>	
SBCC Implementation Guide: C-Change	126
<b>Technical Reports</b>	
Health and Nutrition in five departments in the Western highlands	176
Malnutrition Surveillance System (SIVIM) results - Summary	200
Brochure on Chronic Malnutrition - Challenges and Experiences	185
<b>Total</b>	<b>13,956</b>

### **Planned Key Activities for Next Quarter**

The project will review, update, test, and reproduce existing FP, nutrition, MNH, IMCI, and community mobilization materials, together with the MOH and other USAID partners.

Nutri-Salud will establish a technical group for SBCC, conduct a situational assessment for SBCC, and begin to implement targeted formative research to fill SBCC gaps.

The project will begin to train basic health teams and facility based personnel on counseling and group facilitation skills

#### **4.6.2 Cultural Pertinence**

Nutri-Salud will embrace the participation of the Mayan population in shaping activities to ensure that the project takes into consideration cultural understandings of child rearing, nutrition, and health and disease. We will, for example, strengthen and expand cultural adaptation of childbirth centers and include understanding of culture-bound syndromes in children as well as involve indigenous providers (especially traditional birth attendants, curers and masseuses) and therapies in IMCI protocols at facility and community levels.

### **Planned Key Activities for Next Quarter**

The technical assistance provided by a Senior Quality Improvement Advisor from URC's USAID Health Care Improvement Project with experience in developing innovative community

improvement approaches using social networks will begin to develop project partnerships with existing community systems and promote the use of culturally appropriate approaches to nutrition and health interventions.

The scheduling of the inauguration of the Nutri-Salud Regional office on November 8, an important date in the Mayan calendar, was meant to signal to target communities that the Nutri-Salud project will work with local communities and respect the cultural systems and traditions of these communities.

#### **4.6.3 Gender Equality in Health**

Nutri-Salud will strive to ensure that women and girls, men and boys, and adolescents have equal conditions for realizing their full rights and potential to be healthy. Nutri-Salud/Mercy Corps technical staff attended workshop on Gender in September, 2012.

#### **Planned Key Activities for Next Quarter**

In the coming quarter, Nutri-Salud will continue Gender Training Workshops with Mercy Corps.

#### **4.6.4 Institutional Communication**

Nutri-Salud has begun development of important institutional communication systems and processes, including:

- Weekly news and activities reports prepared for USAID
- A Nutri-Salud project brochure

#### **Planned Key Activities for Next Quarter**

The Nutri-Salud technical team with support from Bethesda headquarters is working to develop and launch a project website. This Web site will provide a password protected portal to the Web-enabled Nutri-Salud data dashboards.

#### **4.6.5 Continuous Quality Improvement**

In addition to QI efforts in MNC, Nutri-Salud advisors provided technical assistance to the Health Area Coordination in the MOH's Integrated Health Care System (SIAS) and training to new personnel in the Quality Management Unit of the MOH.

#### **Planned Key Activities for Next Quarter**

QI activities in health posts will begin.

#### **4.6.6 Monitoring and Evaluation**

Nutri-Salud will build upon and link with existing M&E systems, to avoid the duplication of efforts and to contribute to sustainability and to foster institutionalization, while supporting

activities using state-of-the-art information technology. Nutri-Salud's M&E team worked in the following key activities and results:

- Conducted initial assessment of accessibility to health services
- Refined the project log frame and corresponding indicators
- Worked on the PMP deliverable
- Held a meeting at INCAP to review Health Information System (SIGSA)
- Participated in the MOH's information system working group

### **Planned Key Activities for Next Quarter**

An assessment of PEC jurisdictions and convergence centers to define scopes of work, indicators and information systems will take place in the coming quarters.

## **4.7 Environmental Compliance**

### **Key Activities and Results**

Nutri-Salud partner, The Cloudburst Group, provided technical assistance in incorporating environmental compliance measures in the Nutri-Salud Grants Manual, including the development of an Environmental Review (ER) checklist using impact assessment tools to ensure that sub-awards to NGOs and other entities will result in no adverse environmental impact.

### **Planned Key Activities for Next Quarter**

Cloudburst will continue to lead Nutri-Salud's environmental compliance activities by providing assistance to the Nutri-Salud team in developing a technical assistance plan which will focus on targeted capacity building and monitoring for health staff at MOH facilities and their supervisors, including selected representatives from the municipalities and NGOs who will receive project grants. We envision involving the logistics advisor of the project in this crosscutting component.