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**Nutri-Salud**  
COMMUNITY NUTRITION  
AND HEALTH PROJECT

**URC**  
UNIVERSITY  
RESEARCH CO., LLC

# Nutri-Salud: Quarterly Report

October 1 – December 31, 2012



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.

## **Nutri-Salud: Community Nutrition and Health Project**

**Quarterly Report – Quarter 1, Fiscal Year 2013**

**October 1 – December 31, 2012**

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## Acronyms

ANACAFÉ	National Coffee Association
COCODE	Community Development Council
CODEDE	Departmental Development Council
COMUDE	Municipal Development Council
CONEC	National Coordinator of PEC NGOs
DECAP	Training Department of the MOH
DERCAS	Document of Analysis and Requirements Specifications for Acceptance of Software ( <i>Documento de Especificaciones, Requerimientos y Criterios de Aceptación de Software</i> –DERCAS- in Spanish)
EPS	Professional Supervised Practice of last-year students in different careers
ERI	Interinstitutional Resource Team ( <i>Equipo Recurso Interinstitucional</i> –ERI- in Spanish) for Family Planning
FAM	Fertility Awareness Methods
FOG	Fixed Obligation Grant
FP	Family Planning
FtF	Feed the Future
FUNDAZUCAR	Sugar Foundation
FUNDESA	Foundation for the Development of Guatemala ( <i>Fundación para el Desarrollo de Guatemala</i> )
FUNCAFÉ	Coffee Foundation
GoG	Government of Guatemala
HEPP	Health and Education Public Policy
INCAP	Institute of Nutrition of Central America and Panama
IRH	Institute of Reproductive Health Georgetown University
ISSALM	Baby-friendly Health Services Initiative ( <i>Iniciativa de Servicios Amigos de la Lactancia Materna</i> –ISSALM- in Spanish)
MINFIN	Ministry of Finance
MOH	Ministry of Health
MNH	Maternal and Neonatal Health
MNCH	Maternal, Neonatal and Child Health
NGO	Non-Governmental Organization
OMM	Municipal Women’s Office (in Spanish)
OSAR	Reproductive Health Observatory
PEC	Extension of Coverage Program of the MOH
PROEDUSA	Department of Health Promotion and Education of the MOH
QI	Quality Improvement
SESAN	Secretary of Food and Nutrition Security
SIAS	Integrated Health Care System of the MOH
SIGSA	Health Management Information System ( <i>Sistema Gerencial de Salud</i> -SIGSA- in Spanish)
SOW	Scope of Work

SSR	Sexual and Reproductive Health ( <i>Salud Sexual y Reproductiva</i> –SSR- in Spanish)
TIPs	Trial of Improved Practices
TMG	The Manoff Group
TWG	Technical Working Group

## 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:

1. 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);
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 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

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

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

This report outlines key results, activities, and challenges for each of the project components for the period of October 1 through December 31, 2012. The report also shows activities planned for the second quarter of Fiscal Year 2013.

## Resumen Ejecutivo

Componente	Resultados Esperados	Resultados Clave del primer Trimestre FY13
<p><b>Prevención de la Desnutrición Crónica durante la Ventana de Oportunidad de los “1,000 días”</b></p>	<ul style="list-style-type: none"> <li>• Mejoría en las prácticas de alimentación maternal e infantil (lactancia materna y alimentación complementaria) para prevenir la aparición de la desnutrición crónica.</li> <li>• Mejoría en las AEN maternas e infantiles (suplementación de micronutrientes y otros) para prevenir la desnutrición crónica.</li> <li>• Mejoría en las prácticas de higiene materna e infantil para prevenir la desnutrición crónica</li> <li>• Casos de desnutrición aguda severa en madres y niños, identificados y tratados</li> </ul>	<ul style="list-style-type: none"> <li>• Planes para trabajar con nutricionistas de las Áreas de Salud y de la iniciativa “Hambre Cero” para definir conjuntamente las actividades de capacitación y otras intervenciones.</li> <li>• Un plan fue desarrollado junto con el Área de Salud Ixil para instalar 30 hipocloradores de agua.</li> <li>• Se hicieron contactos con los Comités Municipales de Agua, y con proyectos que desarrollan productos nutricionales.</li> <li>• Se hicieron planes con PROSAN para que Nutri-Salud colabore al expandir la estrategia de Servicios Amigables de la Lactancia Materna en servicios de primer nivel, fortalecer los sistemas de información, gestión de logística y de la cadena de suministro, e iniciativas de promoción del crecimiento basadas en la comunidad.</li> <li>• Planes colaborativos para desarrollar un curso integrado de capacitación en AEN con FANTA e INCAP, y posiblemente con Tula Salud, con aprendizaje a distancia.</li> <li>• El personal de Nutri-Salud asistió a capacitaciones de: sistemas de vigilancia, investigación nutricional e iniciativas para la lactancia.</li> <li>• El personal de Nutri-Salud asistió al MDS y a UNICEF para capacitarse sobre salud móvil, y trabajó con el Área de Salud en Huehuetenango para capacitar a los educadores sobre la nutrición durante el embarazo y la lactancia.</li> </ul>

Componente	Resultados Esperados	Resultados Clave del primer Trimestre FY13
		<ul style="list-style-type: none"> <li>• Memorándum de Entendimiento firmado con el Ministerio de Salud de Guatemala para futuras colaboraciones de Nutri-Salud con las Áreas de Salud.</li> <li>• Análisis situacional de establecimientos de salud de primer nivel de cuidado. Los hallazgos la evaluación de los establecimientos de salud de primer nivel demuestran brechas en suministros y equipo que pueden usarse para guiar el enfoque de estrategia del proyecto a actividades de Mejoramiento de la Calidad.</li> </ul>
<b>Atención de la Salud Maternal, Neonatal y de la Niñez</b>	<ul style="list-style-type: none"> <li>• Mejoría en el acceso a salud obstétrica y neonatal</li> <li>• Mejoría en el acceso a atención de salud para infantes y niños</li> </ul>	<ul style="list-style-type: none"> <li>• Participación del personal técnico de Nutri-Salud en Grupos de Trabajo Técnico (GTT) asignados a la reorganización del Programa de Extensión de Cobertura.</li> <li>• Reuniones con organizaciones y ONG del Gobierno de Guatemala para coordinar el apoyo de Nutri-Salud al fortalecimiento del primer nivel de atención en los 30 municipios prioritarios de Nutri-Salud, incluyendo el apoyo para la mejora en los Centros de Convergencia.</li> <li>• Nutri-Salud asistió a autoridades de San Marcos con la evaluación de daños y esfuerzos de socorro en respuesta al terremoto del 7 de noviembre del 2012 que afectó al departamento.</li> <li>• Reuniones con Áreas de Salud para analizar muertes maternas e identificar soluciones a nivel</li> </ul>

Componente	Resultados Esperados	Resultados Clave del primer Trimestre FY13
<b>Aumento de la Disponibilidad de Servicios de Planificación Familiar basados en la Comunidad</b>	<ul style="list-style-type: none"> <li>• Programas efectivos de distribución comunitaria para servicios de PF implementados, incluyendo servicios preventivos para adolescentes</li> <li>• Incremento de la participación y apoyo de la comunidad a la PF y salud reproductiva</li> <li>• Capacidad de organizaciones locales seleccionadas para garantizar la calidad de la distribución de servicios de PF basados en las comunidades</li> </ul>	<p>comunitario.</p> <ul style="list-style-type: none"> <li>• Todo el personal de Nutri-Salud capacitado en la Enmienda Tiaht.</li> <li>• Corporaciones municipales en varias Áreas de Salud orientadas a metas de programa y actividades propuestas por Nutri-Salud.</li> <li>• Memorandos de Entendimiento firmados con tres Municipalidades comprometiéndose a colaborar en lograr las metas de salud sexual y reproductiva del programa.</li> <li>• Nutri-Salud integrada en el Equipo de Recursos Interinstitucionales (ERI) para discutir la situación de planificación familiar, identificar brechas y planear soluciones.</li> <li>• Protocolo actualizado sobre el Manejo Integrado de Casos de Mujeres y Recién Nacidos de 0 a 7 días, desarrollado con asistencia de Nutri-Salud.</li> <li>• Veintiocho Comadronas Tradicionales de puestos de salud en San Juan Ostuncalco, Quetzaltenango capacitados/as en métodos de planificación familiar.</li> <li>• Adolescentes del área Ixil fueron informados sobre la importancia de la buena nutrición, durante una feria local de salud reproductiva y nutrición apoyada por Nutri-Salud</li> </ul>
<b>Apoyo Comunitario y del Gobierno Local para la Salud y Nutrición Mejorada</b>	<ul style="list-style-type: none"> <li>• Participación de la comunidad en actividades de salud y nutrición, con énfasis en la participación de mujeres</li> </ul>	<ul style="list-style-type: none"> <li>• El proyecto Nutri-Salud ha sido presentado en la mayoría de Municipalidades prioritarias; fueron identificados los/las líderes de la Dirección de Planificación Municipal y La Oficina Municipal de las</li> </ul>

Componente	Resultados Esperados	Resultados Clave del primer Trimestre FY13
	<ul style="list-style-type: none"> <li data-bbox="596 305 1144 410">• Inversión municipal en servicios de agua y sanidad, y otras acciones de salud y nutrición incrementadas</li> </ul>	Mujeres

## Executive Summary

Component	Results Expected	Key Results for the first Quarter FY13
<b>Prevention of Chronic Malnutrition during the '1,000 days' Window of Opportunity</b>	<ul style="list-style-type: none"> <li>• Maternal and child feeding practices (breastfeeding and complementary feeding) to prevent onset of chronic malnutrition improved.</li> <li>• Maternal and child ENA (micronutrient supplementation and others) to prevent onset of chronic malnutrition improved</li> <li>• Maternal and child hygiene and care practices to prevent the onset of chronic malnutrition improved</li> <li>• Maternal and child cases of severe acute malnutrition identified and treated</li> </ul>	<ul style="list-style-type: none"> <li>• Plans to work with Health Area nutritionists and nutritionists from the Zero Hunger initiative to jointly define training activities and other interventions.</li> <li>• A plan to install 30 water hypo-chlorinators was developed together with the Ixil Health Area.</li> <li>• Contacts were made with Municipal Water Committees, and with projects developing nutritional products.</li> <li>• Plans were made with PROSAN for Nutri-Salud collaboration in expanding Baby-Friendly Services strategy to first level of care, strengthening information systems, logistics and supply chain management, and community-based growth promotion initiatives.</li> <li>• Collaborative plans to develop an integrated training course on ENA with FANTA and INCAP and possibly Tula-Salud for distance learning.</li> <li>• Nutri-Salud staff attended trainings in surveillance systems, nutrition research, and breast feeding initiatives.</li> <li>• Nutri-Salud staff assisted the MOH and UNICEF with training on mobile health and worked with the MOH's Huehuetenango Health Area to train educators in nutrition during pregnancy and breastfeeding.</li> </ul>
<b>Improved Maternal, Neonatal, and Child Health</b>	<ul style="list-style-type: none"> <li>• Access to obstetric and newborn health care improved</li> </ul>	<ul style="list-style-type: none"> <li>• Memo of Understanding signed with Guatemalan Ministry of Health to further Nutri-Salud collaborations with Health Areas.</li> </ul>

Component	Results Expected	Key Results for the first Quarter FY13
<b>Care</b>	<ul style="list-style-type: none"> <li>• Access to infant and child health care improved</li> </ul>	<ul style="list-style-type: none"> <li>• Situational analysis of first level of care health facilities in priority areas completed. Findings from the assessment showed gaps in stocks and equipment that can be addressed through the project's QI activities.</li> <li>• Participation of Nutri-Salud technical staff in Technical Working Groups (TWG) tasked with reorganization of the Extension of Coverage Program.</li> <li>• Meetings with GoG organizations and NGOs to coordinate Nutri-Salud support to the strengthening of first level of care in Nutri-Salud's 30 priority municipalities, including supporting improvements to Convergence Centers.</li> <li>• Nutri-Salud assisted health authorities in San Marcos assess damages and relief efforts in response to the earthquake on November 7, 2012 that affected the department.</li> <li>• Meetings with Health Areas to analyze maternal deaths and identify community-based solutions.</li> </ul>
<b>Increased Availability of Community-based Family Planning Services</b>	<ul style="list-style-type: none"> <li>• Effective CBD programs for FP services implemented, including preventive services for adolescents</li> <li>• Community participation and advocacy for FP and reproductive health increased</li> <li>• Capacity of selected local</li> </ul>	<ul style="list-style-type: none"> <li>• All Nutri-Salud staff trained in the Tiaht Amendment.</li> <li>• Municipal corporations in several Health Areas oriented to Nutri-Salud program goals and proposed activities.</li> <li>• Memos of Understanding signed with Health Areas and three Municipalities to commit to collaboration in attaining sexual and reproductive health program goals.</li> <li>• Nutri-Salud integrated into the Ministry of Health's</li> </ul>

Component	Results Expected	Key Results for the first Quarter FY13
	<p>organizations to guarantee the quality of community-based distribution of FP services guaranteed</p>	<p>Interinstitutional Resource Team (ERI) to discuss the family planning situation, identify gaps and plan solutions.</p> <ul style="list-style-type: none"> <li>• Updated protocol on the Integrated Management of Cases of Women and Newborns 0 to 7 days, developed with Nutri-Salud assistance.</li> <li>• Twenty eight Traditional Birth Attendants from health posts in San Juan Ostuncalco, Quetzaltenango trained in family planning methods.</li> <li>• Adolescents in Ixil informed about the importance of good nutrition during a local reproductive health and nutrition fair supported by Nutri-Salud.</li> </ul>
<p><b>Community and Local Government Support for Improved Health and Nutrition</b></p>	<ul style="list-style-type: none"> <li>• Community-wide participation in health and nutrition activities, with emphasis on the participation of women</li> <li>• Municipal investments in water and sanitation services, and other health and nutrition actions increased</li> </ul>	<ul style="list-style-type: none"> <li>• Nutri-Salud project has been presented in most priority Municipalities; leaders in the Direction of Municipal Planning and Women's Municipal Office identified</li> </ul>

## Technical Components

### Component 1: Prevention of Chronic Malnutrition

#### Key Results

- An assessment of first level health care facilities whose results show gaps in stocks and equipment that can be used to guide the project's strategy for QI activities.
- Plans developed to work with Health Area nutritionists and nutritionists from the Zero Hunger initiative to jointly define training activities and other interventions.
- A plan to install 30 water hypo-chlorinators was formed together with the Ixil Health Area.
- Contacts were made with Municipal Water Committees, and with projects developing nutritional products.
- Plans were made with PROSAN for Nutri-Salud collaboration in expanding the Baby-Friendly Initiative to first level of care facilities, strengthening information systems, logistics and supply chain management, and community-based growth promotion initiatives.
- Collaborative plans to develop an integrated training course on ENA with FANTA and INCAP and possibly Tula-Salud for distance learning.
- Nutri-Salud staff attended trainings in surveillance systems, nutrition research, and breast feeding initiatives.
- Nutri-Salud staff assisted the MOH and UNICEF with training on mobile health and worked with the MOH's Huehuetenango Health Area to train educators in nutrition during pregnancy and breastfeeding.

#### Key Activities

- **Work with the Ministry of Health on actions to prevent chronic malnutrition among mothers and children under five**

The nutrition team has worked closely with Guatemala's MOH on actions to prevent chronic malnutrition among mothers and children under five. Project activities focused on carrying out an assessment of first level health care facilities which is still underway at the time of this report (see Table 1).

**Table 1. Number and percentage of first level of care facilities assessed in priority Municipalities in each Health Area (Jan 2013, preliminary results)**

Health Areas	Total facilities	Assessed	% Assessed
Totonicapán	44	44	100.0
Quetzaltenango	16	16	100.0
Ixil	38	38	100.0
Quiché	75	74	98.7
San Marcos	90	79	87.8
Huehuetenango	225	63	28.0
<b>Total</b>	<b>488</b>	<b>314</b>	<b>64.3</b>

The preliminary analysis indicates that health services lack appropriate equipment for growth monitoring, both in quantity and quality, as well as educational material and job aids. More importantly, as presented in Table 2, health services have a shortage of micronutrient stocks, including folic acid, iron and vitamin A. More health posts than other types of services have micronutrients (shaded cells show items in which  $\geq 80\%$  facilities have it).

**Figure 1. Convergence Center. Chaxa, Ixil**



**Table 2. Percentage of first level facilities that had standard supplements at diagnostic visit, N=314**

Supplements	Community Center n=16		Convergence Center n=188		Municipal Health Unit n=15		Health Post n=81		Strengthened Health Post n=14	
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Zinc tablets of 20Mg.	43.8	56.3	71.3	28.7	33.3	66.7	12.3	87.7	21.4	78.6
Macrovit or Sprinkles (powdered micronutrients)	81.3	18.8	79.8	20.2	60.0	40.0	24.7	75.3	42.9	57.1
Ferrous Sulfate (tablets)	43.8	56.3	38.8	61.2	46.7	53.3	14.8	85.2	7.1	92.9
Ferrous Sulfate (syrup)	87.5	12.5	54.8	45.2	46.7	53.3	14.8	85.2	50.0	50.0
Folic Acid										
Vitamin A	50.0	50.0	86.2	13.8	53.3	46.7	18.5	81.5	28.6	71.4

- **Coordination meetings with collaborating agencies**

During this quarter, the team also participated in coordination meetings and trainings directly related to the nutrition component and the prevention of chronic malnutrition. Below is a summary of these activities:

**Health Area Nutritionists**

Nutri-Salud project field teams met with nutritionists from the six target Health Areas, to share project plans and to invite the active involvement of Health Area staff.

**Water and Sanitation Committees**

The Nutri-Salud team in Ixil participated in a meeting with plumbers and representatives of water committees to learn about the safe water conditions in Cotzal where only 35% of communities have safe water to drink.

**Mani-Plus**

Two meetings were held to learn more about Mani-Plus, a collaborative effort of the Institute of Nutrition of Central America and Panama (INCAP) and the Shalom Foundation, with support from Vanderbilt University, and to discuss the

product's potential use in the highland area, as a complementary food for children under 24 months.

### **PROSAN**

Nutri-Salud technical staff met with the MOH's Food Security and Nutrition Program (PROSAN), to identify key aspects for technical assistance. Many areas of need for technical assistance were discussed and will be further analyzed.

### **FANTA**

Nutri-Salud staff met with staff from implementing partner INCAP, and FANTA to discuss collaborating to develop a course that integrates Essential Nutrition Actions (ENA) with maternal and infant feeding to be used for training community health providers, including extension of coverage teams and health post teams from the 30 priority municipalities.

### **Fundazucar**

Nutri-Salud met with the management team from Fundazucar, sugar industry social responsibility foundation and a USAID partner, to explore local level collaboration efforts. Fundazucar's experience working with women's groups to improve their self-esteem and empowerment was discussed extensively.

- **Training events**

In this quarter Nutri-Salud staff participated in the following training events:

#### **Surveillance Systems**

Organized by INCAP, this training reviewed different tools and methodologies, to implement Surveillance Systems, including sentinel sites, food consumption records, and geo reference systems. The event also included refresher training on dietary recommendations.

#### **OptiFood**

FANTA, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) facilitated an introductory session on Optifood, a software based on linear programming that allows formulation and testing of population-specific food bases recommendations.

#### **Quiche, Breastfeeding Initiative**

Members of the Nutri-Salud project team in Quiche, completed a 20 hour training course on the *Iniciativa de Servicios de Salud Amigos de la Lactancia Materna – ISSALM*. The training was held by the Quiche Health Area team, led by the Area nutritionist, who was previously trained and certified by USAID | HCI.

### **Mobile Health**

A training event organized jointly by the project, UNICEF and the MOH was held in Huehuetenango. Nutri-Salud staff from the Huehuetenango field team participated in this training and reviewed the training material and protocol.

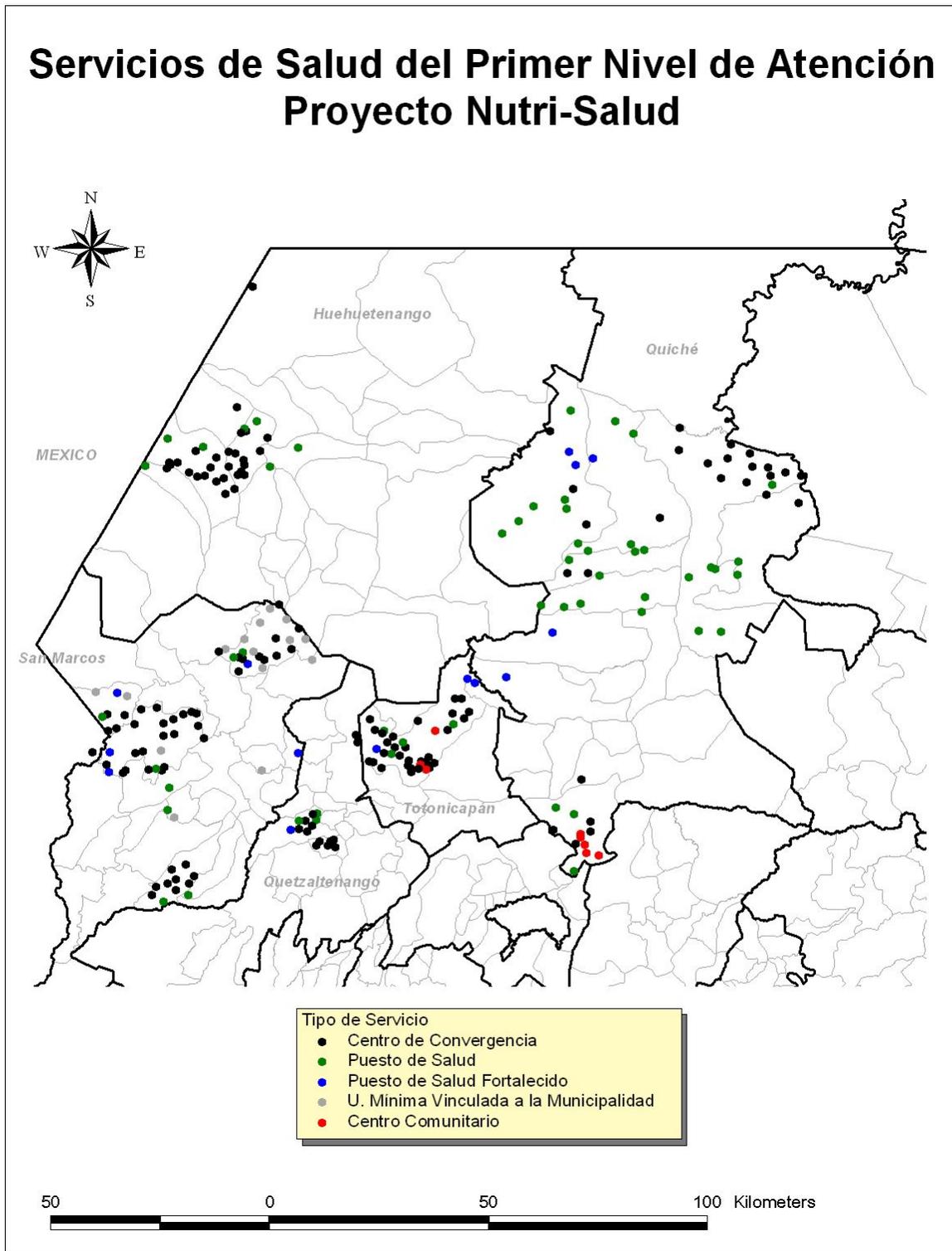
### **Nutrition during Pregnancy Training - Huehuetenango**

Nutri-Salud technical staff supported the Huehuetenango Health Area in training educators on nutrition during pregnancy and breastfeeding. The training provided an opportunity for the team to work with ASODESI- one of Huehuetenango's Extension of Coverage (PEC) NGOs.

### **Component 1: Activities Planned for the Next Quarter**

- Carry out refresher trainings with Health District and PEC teams to improve understanding of the MOH information system; Nutri-Salud nutrition and M&E teams will work closely with PROSAN to prepare this training.
- Advance discussions with health area teams, including nutritionists, and PROSAN, based on the results of the assessment of the first level health care facilities.
- Begin formative research activities on young child feeding practices, jointly with The Manoff Group.
- Foster continued coordination efforts with Title II PVOs, FANTA, INCAP, and Fundazucar, among others.
- Develop a training plan for the MOH teams, with emphasis on the ENA and the 1,000 days window of opportunity and nutritional counseling based on the Trials of Improved Practices (TIPs) methodology.
- Follow the experience of the Ixil Health Area in installing 30 water hypo-chlorinators in collaboration with local plumbers and representatives of water committees to learn how Nutri-Salud can assist municipalities in providing safe water to the population and improving sanitation.

Figure 2. Map of first level health facilities in 30 priority Municipalities. Geo-referencing training was provided to Nutri-Salud staff by INCAP.



## Component 2: Improved Maternal, Neonatal, and Child Health Care

### Key Results

- Memo of understanding signed with Guatemalan Ministry of Health to further Nutri-Salud collaborations with Health Areas.
- Situational analysis of first level of care health facilities in priority areas completed in 5 of 6 Health Areas.
- Participation of Nutri-Salud technical staff in Technical Working Groups (TWG) tasked with redeveloping the Extension of Coverage Program.
- Meetings with GoG organizations and NGOs to coordinate Nutri-Salud support to the strengthening of first level of care in Nutri-Salud's 30 priority municipalities, including supporting improvements to Convergence Centers.
- Meetings with Health Areas to analyze maternal deaths and identify community-based solutions.
- Assistance given to health authorities in San Marcos with the assessment of damages and relief efforts in response to the earthquake that affected the department in October 2012.

### Key Activities

- **MOU signed with MOH SIAS unit to host Nutri-Salud field teams in Health Area headquarters**

Following introductory meetings, the SIAS Direction provided official authorization to the Nutri-Salud project to obtain office space in Health Area headquarters and conduct a situational assessment of first level of care services.

- **Situational assessment of primary level health care facilities in the 30 priority municipalities, including health posts, minimal units and convergence centers.**

The situational assessment of health care facilities in the first level of care produced the following results regarding basic drugs for maternal, neonatal and child care. Findings from the assessment show gaps stocks and equipment that will be used to guide the focus of QI activities aimed at improving logistics.

**Table 3. Percentage of first level facilities that had each kind of micronutrient supplement at diagnostic visit, N=314**

Antibiotics	Community Center n=16		Convergence Center n=188		Municipal Health Unit n=15		Health Post n=81		Strengthened Health Post n=14	
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Amoxicilin suspension bottle 250 mg/ 5	43.8	56.3	37.2	62.8	40.0	60.0	29.6	70.4	35.7	64.3
Amoxicilin tablets 500 mg	31.3	68.8	65.4	34.6	66.7	33.3	43.2	56.8	21.4	78.6
Ampicilin,vial	100.0	0.0	97.3	2.7	93.3	6.7	93.8	6.2	92.9	7.1
Antibiotic drops (neonate)	100.0	0.0	97.3	2.7	100.0	0.0	82.7	17.3	78.6	21.4
Azithromycin	93.8	6.3	80.9	19.1	100.0	0.0	66.7	33.3	71.4	28.6
Ciprofloxacin (no specific presentation)	62.5	37.5	78.7	21.3	60.0	40.0	42.0	58.0	42.9	57.1
Clindamycin (no specific presentation)	37.5	62.5	72.9	27.1	100.0	0.0	74.1	25.9	78.6	21.4
Clotrimazole (No specific presentation)	37.5	62.5	34.0	66.0	46.7	53.3	23.5	76.5	35.7	64.3
Erytromycin bottle of 250 mg/ 5 ml	18.8	81.3	45.2	54.8	60.0	40.0	30.9	69.1	28.6	71.4
Erytromycin Tablets	56.3	43.8	70.2	29.8	46.7	53.3	37.0	63.0	14.3	85.7
Metronidazole ovules	93.8	6.3	91.0	9.0	66.7	33.3	54.3	45.7	64.3	35.7
Metronidazole suspension 250 mg/5ml	81.3	18.8	73.4	26.6	40.0	60.0	12.3	87.7	21.4	78.6
Metronidazole tablets	75.0	25.0	59.6	40.4	86.7	13.3	51.9	48.1	42.9	57.1
Tinizadole tablets	93.8	6.3	98.4	1.6	86.7	13.3	27.2	72.8	50.0	50.0
Trimethoprim-Sulfamethoxazole	25.0	75.0	43.6	56.4	40.0	60.0	11.1	88.9	7.1	92.9

- **Collaboration with MOH to develop the Expanded Extension of Coverage Program**

The strengthened PEC model was launched by the Minister of Health on October 4<sup>th</sup>. Nutri-Salud technical staff participated in the Technical Working Groups (TWG) tasked with redeveloping the Extension of Coverage Program. Nutri-Salud provided technical and financial support to the MOH to facilitate the restructuring and revision of the Extension of Coverage Program.

The table below summarizes advances to date in each of the TWGs as well as activities planned for next quarter.

**Table 4. Technical Working Groups in the MOH/SIAS**

<b>Technical Working Groups</b>	<b>Accomplished Oct-Dec 2012</b>	<b>Planned for next quarter (MOH with assistance from Nutri-Salud)</b>
<b>Certification of NGOs</b>	<ul style="list-style-type: none"> <li>• Revision and redesign of the certification process (first phase) for NGO providers and administrators of health services</li> <li>• Revision of the NGO's pre-selection and selection processes</li> <li>• Revision of the evaluation process of PEC jurisdictions</li> </ul>	<ul style="list-style-type: none"> <li>• Publishing final protocols</li> <li>• Ministerial agreements signed and published</li> <li>• Initiate pre-selection and selection process on January 2013</li> <li>• Conduct certification process (first phase) Jan 7-11, 2013</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Revision of 28 PEC indicators</li> <li>• Revision of indicators of Management for Results</li> <li>• Revision of MOH commitments under Zero Hunger Pact</li> <li>• Identification of trace indicators to follow-up progress of Zero Hunger Pact and Management for Results</li> <li>• Identification of new M&amp;E indicators for the PEC under Zero Hunger Pact and Management for Results</li> </ul>	<ul style="list-style-type: none"> <li>• Establish targets for each indicator</li> <li>• Publicize indicators</li> <li>• Training on M&amp;E</li> <li>• Make corresponding changes in the information system</li> </ul>
<b>Information System</b>	<ul style="list-style-type: none"> <li>• Design of the "single clinical record" divided by life cycle</li> <li>• Prepare instructions for use</li> <li>• Validate clinical record in the field</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize clinical record and job aids</li> <li>• Train in the use of clinical records</li> <li>• Implement use of clinical records</li> <li>• Program reports in agreement with the updated censo.net system</li> </ul>

Technical Working Groups	Accomplished Oct-Dec 2012	Planned for next quarter (MOH with assistance from Nutri-Salud)
	<ul style="list-style-type: none"> <li>• Publicize single clinical record</li> <li>• Update Censo.net</li> <li>• Update population matrices</li> <li>• Develop SOW for the redesign of the information system for the first and second level of care (DERCAS in Spanish)</li> </ul>	<ul style="list-style-type: none"> <li>• Hire consultants that will conduct DERCAS</li> <li>• Develop SOW for the contracting agency/ company that will develop the information system</li> </ul>
<b>Formation of human resources</b>	<ul style="list-style-type: none"> <li>• Coordination meetings between SIAS, Programs, TULA Salud</li> <li>• Develop guidelines for the PEC NGOs to recruit candidates for the post of community auxiliary nurse</li> <li>• Identification of the human resources formation mode that will be used (decentralized; scholarship/work</li> <li>• Establish the needs of human resources by PEC jurisdictions</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize plans to form new personnel</li> <li>• Recruitment and selection of students</li> <li>• Initiate formation courses</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Identification of the need for the following training courses</li> <li>• Health and Nutrition in the 1,000 Days</li> <li>• Maternal and Neonatal Care</li> <li>• Develop contents of training program for continuous training of basic health teams</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting with DECAP</li> <li>• Develop timetable for training</li> <li>• Develop continuous training program</li> </ul>
<b>Behavior Change Communication and Community Mobilization</b>	<ul style="list-style-type: none"> <li>• Meeting the new Communication Advisor in the MOH/SIAS</li> <li>• Meeting with PROEDUSA</li> </ul>	<ul style="list-style-type: none"> <li>• Develop SBCC work plan for the first level</li> </ul>

• **Planning for Grants to NGOs under the Extension of Coverage Program (PEC)**

The Nutri-Salud grants Manual was submitted to USAID for review in October, 2012.

Meetings were held with SIAS PEC Financial Officer and CONEC representatives to discuss details of Nutri-Salud support to PEC NGOs and coordination with the MOH in defining Scopes of Work and terms of agreement.

- **Multi-partner Coordination to Strengthen PEC**

Nutri-Salud together with SESAN (Zero Hunger Pact), SIGSA, SIAS Director, the SIAS Coordinator of the first level of care, SIAS PEC Coordinator and CONEC representatives participated in the meeting with the Minister of Health to present the document on the process of Certification of PEC NGOs. Certification of NGOs is a step prior to signing contracts with them.

- **Coordination with FUNDESA**

Several meetings were held with directives of FUNDESA, a private nonprofit organization that works as a Think Tank to contribute to integrated, sustainable, and democratic development within a market economy and the rule of law, to learn about the organization's "model projects" that support food and nutrition security and the Zero Hunger Pact in two Nutri-Salud priority municipalities (San Miguel Ixtahuacán, San Marcos and Nebaj, Quiché).

- **Coordination to Improve Convergence Centers**

Coordination and technical working meetings were held with USAID health partners in the USAID UNDP project to coordinate continuation of efforts to equip health service Convergence Centers.

- A meeting was held with Project Cure to discuss possible collaboration to equip convergence centers.
- The project coordinated with Habitat for Humanity to visit Pexlá Grande, Nebaj, a community that has identified a place to build its Convergence Center and is seeking partnerships to build the Center. This initiative, if operationalized, could serve as a model for an alliance with other FUNDESA members.

- **Community Solutions to Prevent Maternal Deaths**

The project has participated in Health Area meetings to analyze maternal deaths and identify community-based solutions. Due to the earthquake that affected the Western Highlands, particularly San Marcos, in November, the team in San Marcos combined the situational assessment of health care facilities with an assessment of damages caused by the earthquake and help health authorities with relief efforts.

## **Component 2: Activities Planned for the Next Quarter**

- Finish assessment of health facilities in Huehuetenango with participation from other local teams that have finished the assessment
- Present results to SIAS, health areas, districts, and NGOs
- Provide FOGs to PEC NGOs
- Together with the Municipality, FUNDESA, and communities build a model convergence center that can motivate other organizations to do the same
- Continue discussions with the Catholic Church *Pastoral de la Salud* and Habitat for Humanity, two FUNDESA consortium members to support their health promotion extension work –through religious health promoters- from Quiche to the Ixil.
- Continue discussions about the possibility of a joint venture between the Municipality, Habitat for Humanity, Nutri-Salud and community members in Nebaj (Pexlá Grande) that could serve as a model for an alliance with other FUNDESA members.
- Monitoring training of new personnel (community auxiliary nurses and health educators) that may be provided by Tula Salud
- Carry out workshops with health post personnel (auxiliary nurses, rural health technicians and health educators) to begin process of Quality Improvement (QI) of the integrated package of MNCH care.

### Component 3: Increased Availability of Community-based Family Planning and Reproductive Health Services

#### Key Results

- The assessment of first level health care facilities also shows gaps in family planning stocks that can be used to guide the focus of QI activities aiming to improve logistics.
- All Nutri-Salud staff trained in the Tiaht Amendment.
- Municipal corporations in three Health Areas oriented to Nutri-Salud program goals and proposed activities.
- Nutri-Salud integrated into the Ministry of Health's Interinstitutional Resource Team (ERI) to discuss the family planning situation, identify gaps and plan solutions.
- Updated protocol on the Integrated Management of Cases of Women and Newborns 0 to 7 days, developed with Nutri-Salud assistance.
- Twenty eight Traditional Birth Attendants from health posts in San Juan Ostuncalco, Quetzaltenango trained in family planning methods.
- Adolescents in Ixil informed about the importance of good nutrition during a local reproductive health and nutrition fair supported by Nutri-Salud.

#### Key Activities

- **Situational assessment of primary level health care facilities in the 30 priority municipalities, including health posts, minimal units and convergence centers.**

The assessment of first level health care facilities shows gaps in family planning stocks as shown in the following table. These results will be used for sensitization of MOH authorities and to guide project strategies.

Table 5. Percentage of first level facilities that have various family planning method, N=314

FP Method	Community Center n=16		Convergence Center n=188		Municipal Health Unit n=15		Health Post n=81		Strengthened Health Post n= 14	
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Standard Days Method (necklace)	100.0	0.0	98.9	1.1	60.0	40.0	75.3	24.7	71.4	28.6
Condoms	50.0	50.0	79.8	20.2	46.7	53.3	9.9	90.1	14.3	85.7
Implant	100.0	0.0	99.5	0.5	100.0	0.0	95.1	4.9	78.6	21.4
Monthly Injectable	93.8	6.3	97.3	2.7	93.3	6.7	86.4	13.6	71.4	28.6

Quarterly Injectable	43.8	56.3	75.5	24.5	40.0	60.0	8.6	91.4	14.3	85.7
Contraceptive pills (cycles)	59.4	40.6	90.4	9.6	63.3	36.7	53.7	46.3	82.1	17.9
IUDs	100.0	0.0	97.3	2.7	93.3	6.7	96.3	3.7	85.7	14.3

- Municipal Corporations given orientations to Nutri-Salud’s FP/RH Component**

During this period, the Project carried out meetings to sensitize Municipal corporations in the Health Areas of San Marcos, Huehuetenango and Quetzaltenango, and memorandums of understanding were signed.

The COMUDES of San Juan Ostuncalco, Quetzaltenango and Cunen, Quiche were also sensitized on the topic of Sexual and Reproductive Health/ Family Planning.

- Coordination with other Reproductive Health/Family Planning Initiatives**

Meetings were held with the Reproductive Health Observatories (OSAR) promoted by the USAID Futures Group/ Health and Education Public Policy (HEPP) project.

Coordination meetings were held with APROFAM, IRH FAM project and PSI PASMO/Plan Fam.

Nutri-Salud participated in the MOH’s “Interinstitutional Resource Team (ERI) fostered by the IRH FAM project to discuss the family planning situation, identify gaps and plan solutions. Member of the ERI include MOH( PNSR, DECAP, RRHH, PEC, Unidad de Pueblos Indígenas, SIGSA, USME), Health areas of Quetzaltenango, Sololá, and Santa Rosa, FESIRGUA, Instituto de Estudios Interétnicos de la USAC–IDEI; Tierra Viva; Save the Children; APROFAM; ALIANMISAR; Child Fund; IRH Georgetown University; Plan Fam and Nutri-Salud.

- Family Planning Protocol Updated**

The family planning section of protocol on the Integrated Management of Cases of Women and Newborns 0 to 7 days was updated. This protocol is the basis for health care provision in the first level of care.

- Training of Traditional Birth Attendants - San Juan Ostuncalco, Quetzaltenango**

Nutri-Salud collaborated with USAID’s Local Governance Project (PGL) to train 28 TBAs at health posts in San Juan Ostuncalco, Quetzaltenango in family planning methods. This joint endeavor in which the MOH convened the TBAs and provided meeting space, the PGL provided financial support, and Nutri-Salud provided technical expertise and training is a good model of coordination between different USAID projects.

- **Nutri-Salud Participation in Reproductive Health and Nutrition Fair - Ixil**

On December 15th the Nutri-Salud team in Ixil participated in a local reproductive health and nutrition fair. Nutri-Salud informed adolescents about the importance of good nutrition, including micronutrients supplementation, during adolescence and the cycle of good nutrition.

**Component 3: Activities Planned for the Next Quarter**

- Prepare RFAs on reproductive health and FP for grants to non-PEC NGOs
- Continue with sensitization with Municipalities and sign MOUs with remaining priority Municipalities (MOUs will be developed with the COMUDE of San Juan Ostuncalco, Quetzaltenango and Cunen, Quiche).
- MOUs to be signed with collaborating projects, including APROFAM.
- The local teams will be trained in the Tiaht Amendment and in the IRH FAM project SBCC strategies.

## Component 4: Community Mobilization and Linkages to Local Government

### Key Results

- Nutri-Salud Project presented to Development Councils and Food and Nutrition Security Commissions (COMUDES, COMUSAN) in Totonicapán, Quetzaltenango, Quiché, Huehuetenango and Ixil.
- MOUs were signed with three Municipal Mayors, representing a Municipality in each of the Departments of San Marcos, Huehuetenango, and Quetzaltenango.

### Key Activities

- **Presentation of Project to Development Councils and Food and Nutrition Security Commissions**

The Project has been presented to Development Councils and Food and Nutrition Security Commissions (COMUDES, COMUSAN) in Totonicapán, Quetzaltenango, Quiché, Huehuetenango and Ixil to identify leaders and potential project counterparts.

- **MOUs with Municipal Mayors Outline Collaboration in Achieving Program Objectives**

MOUs were signed with three Municipal Mayors, representing a Municipality in each of the Departments of San Marcos, Huehuetenango, and Quetzaltenango to support training activities in SSR/FP.

- **Municipal Food Security Commissions (COMUSAN) Monthly Meetings**

Project teams from Quetzaltenango, Totonicapán, Quiché (Ixil and Quiché) and Huehuetenango participated in monthly meetings of Municipal Food Security Commissions. Teams shared the project's objectives and work plan and also participated in developing the yearly activity plan.

The following table with the number of priority municipalities whose population will double in less than 20 years was prepared by the TRAction project and is being used in presentations by Nutri-Salud's family planning component.

**Table 6. Percent of priority Municipalities doubling their population in less than 20 years (at current growth rates)**

<b>Department</b>	<b>Number of priority Municipalities</b>	<b>Number of priority Municipalities doubling their population in less than 20 years</b>	<b>Percent of priority Municipalities doubling their population in less than 20 years</b>
<b>Quetzaltenango</b>	2	0	0
<b>San Marcos</b>	2	8	25
<b>Huehuetenango</b>	4	10	40
<b>Quiché</b>	4	5	80
<b>Ixil</b>	3	3	100
<b>Totonicapán</b>	2	2	100

**Component 4: Activities Planned for the Next Quarter**

- Continue presentations with Development Councils and Food and Nutrition Security Commissions (COMUDES, COMUSAN) in all Nutri-Salud priority Municipalities.
- Support Municipal Food Security Commission planning activities to integrate plans that advance Nutri-Salud program objectives at the Municipal level.
- A Request for Applications (RFA) will be published to provide grants to organizations implementing activities to strengthen community health systems.

## Crosscutting Activities

### Social and Behavior Change Communication (SBCC)

#### Key Activities

- **Revision and Modification of the Community Emergency Plan**

Nutri-Salud staff undertook the revision and modification of the Community Emergency Plan to make it consistent with the model of strengthened first-level health care services. Figure 1 shows one of the changes made in step 4 (Action) of the five step planning process. In order to make the plan for transporting emergencies more specific, a table was added with the following questions: what is the name of the driver, where can we find him, what is his cell phone number, what type of transportation does he have, at what times is he available, what is the price of transportation. This table will be made into a poster for health posts and convergence centers.

Figure 3. Community Action Plan – Who can transport emergencies?



- **Video Produced to Document Success of Integrated Maternal and Child Center (CAIMI) - Momostenango, Totonicapán**

A brief video was produced on the first cesarean section performed in the Integrated Maternal and Child Center (CAIMI) in Momostenango, Totonicapán. Aired in local cable TV, the video announced upgraded services at the CAIMI as well as promoted childbirth assisted by qualified health personnel in the department.

- **SBCC Committee Established**

An SBCC committee was established in alliance with PSI PASMO/ Planfam with more than 15 member organizations, including the MOH. As a result, individual brochures on family planning methods, formerly produced by URC projects, were revised and will be reproduced funded by PASMO.

- **Youth-Focused Intervention Designed for Grant Opportunity**

A youth-focused intervention was designed to be included as part of the Request for Proposals (RFA) for grants awarded to non-PEC NGOs.

- **Information, Education and Communication (IEC) Materials Distributed**

The following table presents the number of information, education and communication (IEC) materials distributed during this quarter.

- **Nutri-Salud Support to MOH in Development of Communication Strategy**

The communication specialist had several meetings with MOH counterparts of the Integrated Health Care System (SIAS), in order to plan technical and financial support for their annual Institutional Communication Strategy. These meetings, and the planning of several key activities, are ongoing.

- **Nutri-Salud Website**

The project continued the planning, design, and technical review of Nutri-Salud's website. The Nutri-Salud Web Site is envisioned to serve as primary communication vehicle to exchange and disseminate multi-purpose key information and to reinforce Nutri-Salud's technical strategies and implementation.

## Continuous Quality Improvement

### Key Activities

- **Nutri-Salud Provided Technical and Financial Support to MOH to Advance Management for Results.**

Technical and financial assistance was provided to carry out the following workshops:

- Revision, Analysis and Interpretation of the Management for Results Agreement with participation from around 30 officials from: SESAN; DTP/MINFIN; MOH/RRHH, MOH/SIGSA, MOH/UDAF, MOH/UPE; Zero Hunger Pact, MOH/PEC, MOH/Juridical Department; MOH/SIAS/ Quality Assurance Unit (UGC)
- MINFIN for the revision of annexes to the Management for Results Agreement with the MOH, in coordination with the National Epidemiology Center (CNE), MOH/UDAF, and MOH/SIAS
- Training the newly constituted MOH/SIAS/UGC in the topics of statistics and statistical methods, negotiation and problem resolution, Initiative for the Strengthening of the Extension of Coverage Program, auditing process.
- Monthly evaluation workshops of Health Area Directors and Financial Managers regarding the execution of the budget for results with 91 participants from: MINFIN, central level MOH(UDAF, SIGSA, UPE, RRHH), and MOH/SIAS (Director, Coordinator

of the First Level of Care, Coordinator of Health Areas, Zero Hunger Pact Coordinator, Juridical Department, PEC, UGC)

- **Revision of Standards of the First and Second Level of Health Care within the Management for Results framework**

Nutri-Salud staff undertook the revision of the indicators of the first level and second of care of the MOH that will be measured to demonstrate progress within the Management for Results agreement signed between the Ministry of Health and the Ministry of Finance. Indicators are related to the two main priorities of the GoG: diminish chronic malnutrition, and lower maternal and neonatal mortality.

- **Development of the Functions Manual for the Quality Assurance Unit (UGC) of the MOH**

Together with URC's TRAction project, Nutri-Salud staff has been involved in training the newly established Quality Assurance Unit of the MOH. As part of Nutri-Salud's assistance a functions manual for this Unit was developed.

- **Coordination with USAID DELIVER**

The logistics advisor held several coordination meetings with USAID DELIVER project to identify areas that each project will work and lend technical assistance to the MOH. A joint workshop was carried out on the logistic process of PEC in order to improve the supply chain.

- **Assessment of Warehousing in Heath Areas, Districts and Local Facilities**

An assessment of heath areas, districts and facilities warehouses was completed to determine components of the logistics cycle that need to be strengthened.

## Gender Equity and Cultural Pertinence

### Key Activities

- **Support to Quiché Municipal Women’s Office**

In Quiché, the project has worked with the Municipal Women’s Office (OMM for its Spanish acronym) to include training in gender-relevant topics in its work planning.

- **Creation of Municipal Women’s Commissions - Ixil**

The Nutri-Salud local team in Ixil participated in the creation of two municipal women’s commissions, in coordination with the Fundación Guillermo Toriello (FGT), Presidential Human Rights Commission (COPREDE) and the Women’s Municipal Offices from Chajul and Cotzal.

- **Development of Gender Education Program with MOH**

Nutri-Salud supported the MOH in the design of a gender education program in alliance with the MOH’s Program for Indigenous and the Training Department (DECAP).

### Monitoring and Evaluation

#### Key Activities

- **Nutri-Salud local teams trained in data collection for the Situational Assessment of first level of care facilities**

Nutri-Salud’s five local teams were trained and standardized in data collection for the situational assessment of first-level of care facilities, including GPS of surveyed facilities.

- **Support of Consultancy to MOH to Update CENSO NET**

Nutri-Salud guided and financed a consultancy to update the CENSO NET data structure and database for the Ministry of Health.

### **Crosscutting Activities Planned for the Next Quarter**

- Finalize updating and editing of the protocol for IMCI (AIEPI AINM-C for its acronym in Spanish).
- Finalize revision of protocol for Integrated Management of Women and Newborn Cases (AIEPI AINM-C for its acronym in Spanish).
- Revise and edit Family Planning/Reproductive Health brochures; simplify algorithm to provide balanced family planning counseling.
- Carry out formative research studies, starting with the situational assessment of key behaviors.
- Conduct TIPs in at least four communities in each Health Area.
- Develop and print posters on the Community Action Plan for transportation of emergencies.
- Continue training of the Quality Assurance Unit of the MOH and promote its participation in the certification of PEC NGOs
- Conduct training in logistics for District level staff.
- Finalize development and launch of Nutri-Salud web site.
- Initiate field work for the baseline study for M&E indicators.

## Implementation Issues and Strategies for Resolution

Challenges	Resolutions
MOH SIAS has asked for support for large workshops, but has not approved smaller health district workshops in priority municipalities.	Include health district, health posts and NGO workshops in local Health Area plans (not in central level plans).
Delay in the certification and signing contracts with PEC NGOs has contributed to delayed implementation and slow budget execution.	Continue to be involved in Technical Working Groups to accelerate processes for implementation and focus on development of grant opportunities to non-PEC NGOs.
One of the major challenges will be to get the MOH's to make official the AIEPI/AINM-C Protocols before the end of the first quarter.	In order to complete MOH requirements we will ask assistance from the Quality Improvement Advisor of the project. Hiring a part-time graphic artist and designer is deemed necessary for opportune changes in existing materials as well as the design of new materials. The graphic designer could help the project have a data base of all materials digital arts in the Nutri-Salud office. Finally, the project plans to hire short-term consultants (for FP and SBCC).
M&E data from existing sources (SIGSA) is limited and very unreliable	Project will work with MOH to improve data registration and processing in the information systems and will undertake baseline surveys – using LQAS- to collect M&E data.

## Program Management

### Administration

- **Regional Office – Quetzaltenango**

The Nutri-Salud Regional Office in Quetzaltenango was inaugurated on November 8<sup>th</sup>, 2012.

“In the Mayan calendar, November 8, 2012, is Oxlajuj Noj, which means the ‘thirteen wisdoms or understandings,’” explained Mr. Francisco Poncio, a Nutri-Salud staff member and an Ajq’ij (“counter/lord of the days” in the Mayan tradition). “I recommended this date for the inauguration of the Nutri-Salud office in Quetzaltenango because it is very auspicious for starting an important enterprise.” Quetzaltenango, where Nutri-Salud opened its primary technical assistance office, is the largest urban center in the Western Highland region of the country.



**Figure 4. Mr. Francisco Poncio (left), a Nutri-Salud staff member and an Ajq’ij (“counter/lord of the days” in the Mayan tradition), leads the ceremony. Photo by Lucía Mayorga, Communications Assistant.**

“Scheduling the inauguration of the Nutri-Salud regional office on November 8<sup>th</sup>, 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 health systems and traditions of these communities,” explained Nutri-Salud Chief of Party.

More than 100 people—from municipality governments, the Ministry of Health, NGOs, USAID Guatemala, and USAID partner projects—attended the opening event, despite an earthquake the previous day. The event began with a traditional Mayan ceremony, performed by Mr. Poncio, and included project presentations, in-depth technical discussions on each of the planned project components, and a ribbon-cutting ceremony.

- **Staffing**

**The following positions were added to the Nutri-Salud Project team:**

- Project's Finance and Administrative Manager
- Logistics Advisor
- Administrative assistant (Mercy Corps seconded staff)

**Planned staffing additions for next quarter:**

- Grants Manager
- Human Resources Specialist
- Monitoring and Evaluation support staff (Information System Specialist, mHealth Specialist, Community Monitoring Assistant).
- Maternal and Neonatal Care Advisor

- **Equipment**

**The following project vehicles were acquired:**

- Five pick-up trucks
- Two multi-passenger SUVs
- Five motorcycles

## **Compliance with USAID Environmental Procedures**

Environmental management expertise was provided by The Cloudburst Group to develop and Environmental Review Checklist for the Nutri-Salud Grants Manual. A general Environmental Management Plan will be developed for the project and activity specific plans and trainings will be undertaken as needed for future activities.

## Partnerships and Collaboration

- **USAID project coordination**

Monthly meetings are held with all health partners on the last Tuesday of each month (October and November) and carried out with technical and financial assistance from Nutri-Salud. Topics dealt with: extension of coverage, USAID UNDP project results, IRH project results, FANTA's cost program, Management for results.

Meetings with Title II USAID partners were also held.

## Short Term Technical Assistance

### International Technical Assistance

- **Dan O'Brien of O'Brien and Associates International**

Mr. O'Brien provided support in private sector engagement assessment and strategy development. Interviews and meetings resulted in a report that provides a short description of the business organization and company, the classification of the private sector entities according to their potential, and the potential alliance concept. He will follow-up on this assessment in February 2013,

- **Ram Shrestha, URC Senior Quality Improvement Advisor**

Ram Shrestha, URC's Senior Quality Improvement Advisor, provided technical assistance to Nutri-Salud in the development of innovative community improvement approaches using social networks. One of the main objectives of this consultancy was to identify and analyze existing community systems to strengthen broad community engagement in addressing malnutrition and the involvement of community organizations in supporting emergency transport, community pharmacies, and other health-related ventures.

- **Tisna Veldhuijzen van Zanten, URC Senior Vice President**

Tisna Veldhuijzen van Zanten, URC Senior Vice President, focused on a review of the project's accomplishments to date, including technical implementation, overall administration and financial management and staffing. The visit coincided with the monthly two-day work plan review and planning meeting the project holds in Quetzaltenango.

- **Kevin Embrey, URC Program Officer**

Kevin Embrey, URC Program Officer provided technical support on technical and administrative programming, including next steps related to the PEC NGOs.

## **Local Technical Consultants**

- **Irene Monzón**

Provided assistance in coordination with high level authorities of the MOH (including the Minister of Health and the SIAS/MOH Director) and facilitated Nutri-Salud's involvement in the technical working groups (TWG) formed to follow-up on the strengthening of the first level of care initiative.

- **Felipe López**

Provided to support to assess the courses and methodologies that are available and have been used to form Community Auxiliary Nurses and train health educators, as the new personnel that will be employed by PEC to move from itinerant to permanent health care in Convergence Centers.

- **Axel Moscoso**

Hired to update the application and data base for CENSO NET (the first level of care census carried out by NGOs and shortly to be carried out by health posts too) according to requirements by MOH SIAS and SIGSA.

- **Berna Salas**

Hired to update the IMCI protocol for community personnel, including new topics (measuring height) and the graphics.

## **Planned Short Term Technical Assistance for next quarter**

The following consultants will be coming to Guatemala during next quarter to provide short-term technical assistance to Nutri-Salud:

### **International consultants**

- Paul Richardson (URC)
- Tiana Jaramillo (URC)
- Marcia Griffiths (The Manoff Group)
- Michael Favin (The Manoff Group)

### **Local consultants**

- Irene Monzón, Work with the National Coordinator of PEC NGOs (CONEC)
- Sandra Saenz, Situational analysis of key SBCC behaviors
- Rosa Angélica de León, Graphic artist and designer
- Karina Arriaza, SBCC family planning assistance

## Annex 1: Performance Monitoring Indicator Table

Indicator	Baseline	FY 2013 Qtr 1	Year 1 Targets
<b>Result 1: Chronic Malnutrition Prevented</b>			
% of children under 2 years with global malnutrition (low weight-for-age)	18% (ENSMI)		17%
% of children under 5 years of age with stunting (low height-for-age)	64% (ENSMI)		63%
% of pregnant women supplemented with folic acid	62% (SISVI) 15.8% (ENSMI)	35.56%	70%
% of children under five years of age supplemented with folic acid	1.3% (SISVI) 7% (SIGSA)	1.62%	7%
% of pregnant women supplemented with iron	66% (SISVI) 15.8% (ENSMI)	35.86%	71%
% of pregnant women who report weekly intake of iron supplements	<i>TBD</i>		
% of children under five years of age supplemented with iron	3.5% (SISVI) 7% (SIGSA)	1.62%	7%
% of mothers of children 6-59 months of age who report daily intake of iron supplements by children	<i>TBD</i>		
% of children under 5 years supplemented with vitamin A	1.5% (SISVI) 30% (SIGSA/2011)	4.97%	40%
% of postpartum women that receive iron supplementation**	<i>TBD</i>		
% of postpartum women that receive folic acid**	<i>TBD</i>		
% of children under 2 years of age have monthly well-baby care visits (growth monitoring and promotion)	76.5% (SISVI, 2011)		50%
% of traditional birth attendants (TBAs) who counsel pregnant women and postpartum mothers on ENA**	<i>TBD</i>		
% caretakers who mention key moments for hand washing**	<i>TBD</i>		
% caretakers who demonstrate correct hand washing	<i>TBD</i>		
% homes that have a specific place for hand washing; that use soap for hand washing	<i>TBD</i>		
% of children under 2 and under 5 years of age with severe acute malnutrition**	<i>TBD</i>		
% of pregnant and lactating mothers with severe acute	<i>TBD</i>		

Indicator	Baseline	FY 2013 Qtr 1	Year 1 Targets
malnutrition**			
No. of health facilities with established capacity for community management of severe acute malnutrition (SAM)**	<i>TBD</i>		
<b>Result 2: Improved Neonatal, Child and Maternal Health Care:</b>			
% of births attended by skilled birth attendant	26.5% (ENSMI)		26.5%
Number of births attended by skilled birth attendants		899	
% of postpartum women/ newborns who receive care from a qualified community-based provider in the first 72 hours**	<i>TBD</i>		
% of pregnant women with first prenatal visit during first 12 weeks**	<i>TBD</i>		
% of pregnant women/childbirths with at least 4 prenatal visits with a qualified community-based provider**	<i>TBD</i>		
% of diarrheal episodes in children under 5 years managed (diagnosed and treated) by CHWs	62.3% (HCI)		62.3%
Number of diarrheal episodes in children under five diagnosed and treated		6,497	
% of pneumonia cases in children under 5 years managed (diagnosed and treated) by CHWs	58.1% (HCI)		59.6%
Number of pneumonia cases in children under five diagnosed and treated		2,536	
% of children 12 to 23 months with complete immunization coverage	76.5% (ENSMI 2008-09)		85%
% of communities that have a full-time trained health worker	<i>TBD</i>		60%
<b>Result 3: Increased Availability of Community-based Family Planning Services</b>			
% of women that use a modern FP methods in targeted communities, including LAM	18.9 % (ENSMI 2008-09)		25%
% of communities with community based distribution of family planning methods	<i>TBD</i>		20%
Number of new users of FP services**	<i>TBD</i>	8,203	
% of women 18-24 who have first birth before age 18**	<i>TBD</i>		
% of births spaced at least 36 months apart**	<i>TBD</i>		
% of municipalities that support activities to promote FP/RH**	<i>TBD</i>	6.67	66.7%
% community health staff trained in FP service delivery**	<i>TBD</i>		
<b>Result 4: Established Community and Local Government Unit Support for Improved Health and Nutrition</b>			
% of communities with access to safe water	<i>TBD</i>	35% (Ixil)	15%
% of municipal expenditures on water and sanitation**	<i>TBD</i>		

## Annex 2: Nutri-Salud Training Events – Qtr 1 FY 2013

Nutri-Salud Project					
Training Events Oct-Dec 2012					
Training Event	Charge account	Participants	Total participants		
			Male	Female	Total
<b>Prevent Chronic Malnutrition</b>					
Scientific Conference	301	University students & professionals	19	169	188
Nutritional Surveillance	201	MSPAS / SIAS / CNE / SESAN	8	7	15
Health Area Directors and Management Meeting - Zero Hunger Pact and Management by results	301 & 302	MSPAS / SIAS	81	30	111
mHealth: Alert system for acute malnutrition using cell phones	301	MSPAS / SIAS	26	45	71
SBCC a key element in the Zero Hunger Pact	301	MSPAS/Soc Communications	51	75	126
<b>Maternal, Neonatal and Child Health</b>					
Conflict and problems resolution - Quality Assurance Unit	202	MSPAS / SIAS/ QA	5	5	10
General assembly of PEC NGOs in six Health Areas - 2013 Guidelines for presenting their Strategic Plan	202	MSPAS / SIAS/PEC NGOs	163	136	299
Strengthening the first level of care	303	MSPAS / SIAS / RHT	12	3	15
<b>Total trained</b>			365	470	835

### Annex 3: Work Plan FY 2013 Quarter 1

Activities Planned - FY 2013, Qtr 1	Activity Status	Observations
<b>Integrated Project Activities</b>		
Present Nutri-Salud to the Coordinator of PEC NGOs (CONEC)	Complete	
Conduct coordination meetings and activity planning with other USAID implementing partners in the field	Complete	
Gender Training Workshop with Mercy Corps		Will do next quarter
Conduct coordination meetings and field visits for institutionalization activities with TRAction	Complete	
<b>Municipality</b>		
Present Nutri-Salud to community development councils (CODEDE, CUMUDE, COMUSANS, etc.) and priority municipalities	Almost complete	Will finish next quarter
Conduct evaluation on Minimal Units paid for by municipalities (STTA)	Protocol and instruments developed	Will carry out next quarter
Develop joint work plans with 20 Municipalities	Municipalities were visited; work plans pending	Will plan next quarter
Identify leaders within each priority municipality (20 in year 1); determine municipal level counterparts in relation to each components ( Women's Municipal Office (OMM), COMUSAN, Development Councils, etc.)	In progress	
<b>Municipal Health District and Service Delivery NGOs</b>		
Conduct integrated diagnostic assessment of MNCH/N/FP services within each community centers , PEC NGOs (60	Finished in 5 out of 6 Health Areas; Huehuetenango pending	Will finish Jan 31, 2013

<b>Activities Planned - FY 2013, Qtr 1</b>	<b>Activity Status</b>	<b>Observations</b>
convergence centers), and health posts		
Assessment of available commodities and inputs for MNCH/N/FP	Finished in 5 out of 6 Health Areas; Huehuetenango pending	Will finish Jan 31, 2013
Develop improvement plans of MNCH / N services in 85 health posts	Delayed due to MOH reorganization	Will carry out next quarter
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)	Delayed due to MOH reorganization	Will carry out next quarter
Develop and implement workshop aimed to motivate health workers and team building	Conducted one at central level MOH	Will carry out with other MOH levels next quarter
MOH Training workshops and conferences (Rural Health Technicians, Nurses, Field Monitors, Nutritionists)	Complete	
Develop plans for creation of permanent community health worker presence in prioritized community centers (100)	Grants to PEC NGOs pending	Will provide next quarter
Conduct advocacy with central authorities to include funding for NGO service providers	Complete	
Complete proposal and criteria for NGO certification	Certification document completed; actual certification pending	
Design tools and methodologies for NGO assessment for certification	Certification document completed; actual certification pending	
Participate in MOH meetings to develop standards and criteria for NGO certification	Certification document completed; actual certification pending	
Dissemination of proposal and criteria for NGO certification	Certification document completed; actual certification pending	
Develop terms of reference for NGO grants solicitations	Complete	
<b>Academia and training schools</b>		

<b>Activities Planned - FY 2013, Qtr 1</b>	<b>Activity Status</b>	<b>Observations</b>
Present Nutri-Salud to Universities and training schools in Quetzaltenango	Complete	
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	
Create academic incentive program for students' participation in MNCH and nutrition activities	Students have been assigned to Nutri-Salud priority municipalities for period Jan-June 2013	
<b>Private Sector and Civil Society</b>		
Develop strategy to identify potential private sector entities and civil society groups to form partnerships	Consultant Dan O'Brien carried out assessment	Consultant will continue assignment February 2013
Develop terms of reference for other NGO grants solicitations (women's groups, community mobilization, etc.)	In progress	
Coordinate visits and meetings with private sector partners to create awareness on project goals and objectives	In progress	
Conduct inter-sectorial coordination meetings for inter-sectorial participation in FP, MNCH, and nutrition	In progress	
<b>Component 1: Prevent Chronic Malnutrition</b>		
<b>Municipality</b>		
Develop training plans on integrated nutrition and health for OMM, COMUSAN	In progress	
<b>Municipal Health District Health Posts and NGOs</b>		

<b>Activities Planned - FY 2013, Qtr 1</b>	<b>Activity Status</b>	<b>Observations</b>
Review analysis of gaps in service delivery: emphasis on ENA and growth monitoring and promotion (GMP)	In progress	
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	
Implement nutrition counseling training at all levels	In progress	
<b>Academia and training schools</b>		
Design plan to strengthen nutrition education with emphasis on essential nutrition actions, GMP	In progress	Training of new EPS will start next quarter
<b>Private Sector and Civil Society</b>		
Conduct diagnosis of existing training curricula for nutrition available in service delivery NGOs	Complete	
<b>Component 2: Maternal, Neonatal, and Child Health Care</b>		
<b>Municipality</b>		
Conduct an assessment on capacities in emergency transportation and support to COCODEs' health commissions	Pending	
Develop training plans for COMUDEs and COCODEs on financial management and budget execution for Emergency Plans	Pending	
<b>Municipal Health District, health posts and NGOs</b>		
Review analysis of gaps in service delivery: emphasis on identification of pregnant women, ambulatory care, home visits, nutritional status, TBAs, and classification and treatment of diarrhea and pneumonia	In progress	

Activities Planned - FY 2013, Qtr 1	Activity Status	Observations
<b>Academia and training schools</b>		
Design plan to strengthen MNH education with emphasis preventive care and inclusion of TBAs and auxiliary nurses in HBB, KMC, and HACAP.	In progress	
Design plan to strengthen MNH teaching and research capabilities of students assigned to priority Municipalities	In progress	New students will be trained next quarter
Review and adjust C-IMCI protocols (production in SBCC budget line item)	In progress	
<b>Private Sector and Civil Society</b>		
Conduct advocacy with private sector for commodities and inputs for C-IMCI (ORS, antibiotics)	In progress	
<b>Component 3: Family Planning</b>		
<b>Municipal Health District, health posts and NGOs</b>		
Design a community database for CYP (STTA)	Pending	
Train health area staff (DAS) and district personnel in HMIS (SIGSA 27 - SIGSA 3- SIGSA WEB)	Pending	
Conduct inventory of organizations and other actors that can distribute FP methods at community level	Pending	
<b>Academia and training schools</b>		
Develop training modules for SRH, gender, male involvement, FP	In progress	New students to be trained next quarter
Adapt and apply methods and tools from the Institute for Reproductive Health (Georgetown) in Guatemala	Complete	
Include RH issues in the EPS interdisciplinary curriculum	In progress	New students to be trained next quarter
<b>Component 4: Community Mobilization</b>		

Activities Planned - FY 2013, Qtr 1	Activity Status	Observations
<b>Municipality</b>		
Map social actors at different levels (Municipal, community)	Complete	
<b>Municipal Health District, health posts and NGOs</b>		
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	Pending	Planned for next quarter
<b>Private Sector and Civil Society</b>		
Organize field visits with private sector (journalists, businesses, etc.) to health services and communities	Pending	
<b>Cross-cutting Activities</b>		
<b>Monitoring and Evaluation</b>		
Design interactive web-based portal" / dashboards	In progress	
Participate in meetings to update SIGSA indicators and outputs	In progress	
<b>Social and Behavior Change Communication</b>		
Establish Technical group for SBCC	Complete	
Conduct a situational assessment for SBCC	In progress	
Explore the feasibility of call center / hotlines aimed at adolescents for SRH/FP	Pending	
Targeted formative research to fill SBCC gaps	In progress	
Train basic health teams and facility based personnel on counseling and group facilitation skills	Pending	

Activities Planned - FY 2013, Qtr 1	Activity Status	Observations
<b>SBCC Materials</b>		
Design and reproduce CONEC newsletter	Pending	
Review, update, test, and reproduce existing FP, nutrition, MNH, IMCI, community mobilization materials.	In progress	
Review, update, test, and reproduce NEW FP, nutrition, MNH, IMCI, community mobilization materials.	In progress	
Develop FP/RH materials for adolescents and men; youth; and culturally appropriate materials considering Mayan perspectives	Pending	
Review and improve FP counseling cards	In progress	
Review logistics system for SBCC materials	In progress	
<b>Academia</b>		
Involve students in formative research for BCC	In progress	1 graphic designer and 1 Emory MPH student will be conducting research for SBCC; Consultant has been hired. Meetings with academic institutions underway.
<b>Private sector and civil society</b>		
Develop alliances with private sector to support BCC activities (e.g., printing of material, air time etc.)	Pending	Consultant Dan O'Brien and Mercy Corps personnel will continue negotiations.
<b>Public relations and development communication</b>		
Design and reproduce project summary materials	Complete	
Develop and launch project website	In progress	
<b>Project Management and Startup</b>		

Activities Planned - FY 2013, Qtr 1	Activity Status	Observations
Recruitment of project technical and administration personnel	Complete	
Procurement of IT equipment, office furniture and set-up of systems/ service providers: internet, telephones, security, utilities	Complete	
Procurement of vehicles	Motorcycles pending	5 pick ups and 2 vans have been procured
Conduct work planning and team building workshops with staff, headquarters, and key partners	Complete	3 workshops conducted this quarter
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	Complete	More meetings are planned for next quarter

## Annex 4: Financial Report – FY 2013 Quarter 1

Period: October 1 to December 31, 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	Expended This Period (10/1/13-12/31/13)	Remaining Funds
Community Nutrition and Health Care Project	24,671,528.00	717,265.03	474,117.48	23,954,262.97
Procurement	370,119.00	358,698.91	283,907.54	11,420.09
Training	3,000,035.00	61,176.14	34,290.52	2,938,858.86
Indirect Costs	3,739,843.00	279,889.50	183,228.70	3,459,953.50
<b>Total Federal Funds</b>	<b>31,781,525.00</b>	<b>1,417,029.59</b>	<b>975,544.23</b>	<b>30,364,495.41</b>
Cost Share Amount	\$ 6,356,305.00	\$ 15,000.00	\$ 15,000.00	6,341,305.00
<b>TOTAL PROGRAM AMOUNT (+ COST SHARE)</b>	<b>\$ 38,137,830.00</b>	<b>\$ 1,432,029.59</b>	<b>\$ 990,544.23</b>	<b>36,705,800.41</b>

<b>Obligated Amount</b>	<b>2,900,000.00</b>
<b>Obligated Spent to Date</b>	<b>1,417,029.59</b>
<b>Obligated Amount Remaining</b>	<b>1,482,970.41</b>

## Annex 5: Communications Materials

- **Information, Education and Communication (IEC) materials distributed**

IEC materials distributed during the quarter October-December 2012

<b>Material</b>	<b>Quantity distributed</b>
<b>Nutrition</b>	
Poster: Baby friendly Hospitals: 10 steps for successful breastfeeding in facilities with childbirth services	1 CD (final arts)
Pregnancy Care brochure	83200
Infant and Young Child Feeding Guide brochure	400
<b>Maternal Neonatal and Child Health Care</b>	
Family Emergency Plan card	19850
Safe Water Poster	25
<b>MNCH Registries and Monitoring Forms</b>	
Infant and child clinical records: first consultation	5700
Infant and child care monitoring sheets	600
Prenatal clinical records	2500
Prenatal clinical records: follow-up	4000
<b>SBCC</b>	
SBCC Implementation Guide: C-Change	20
<b>Technical reports</b>	
Health and Nutrition in five departments in the Western highlands	183
Malnutrition Surveillance System (SIVIM) results - Summary	207
<b>POP Materials</b>	
Nutri-Salud pen	350
Nutri-Salud brochure	500
<b>TOTAL</b>	<b>117, 536</b>

- **Institutional Communication and Public Relations**

Informative materials about the Nutri-Salud project are being distributed to different audiences, including printed and digital material.

- Weekly news and activities reports were prepared for USAID.
- A brochure on the project was produced and distributed.
- Fact sheets for each project component were prepared and distributed.
- Three success stories were prepared illuminating successes in Nutri-Salud project technical areas to promote public awareness.