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Nutri-Salud
COMMUNITY NUTRITION
AND HEALTH PROJECT

URC
UNIVERSITY
RESEARCH CO., LLC



Nutri-Salud QUARTERLY REPORT

JANUARY 1 – MARCH 31, 2013



APRIL 2013

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COMMUNITY NUTRITION
AND HEALTH PROJECT



QUARTERLY REPORT

QUARTER 2, FISCAL YEAR 2013

January 1 – March 31, 2013

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Acronym List

| | | | |
|------------|---|----------|---|
| AGUATESAR | Guatemalan Association of Rural Health Technicians | IRH | Institute of Reproductive Health Georgetown University |
| AIEPI | Integrated Management of Childhood Illness | ISSALM | Baby-friendly Health Services Initiative (<i>Iniciativa de Servicios Amigos de la Lactancia Materna [ISSALM]</i> in Spanish) |
| AIMN-c | Integrated Care of Women and Children in the Community | LQAS | Lot Quality Assurance Sampling |
| ANACAFÉ | National Coffee Association | MINFIN | Ministry of Finance |
| BRES | Form for balance, request and supply of inputs (<i>Balance, Requisición y Envío de Suministros</i>) | MOH | Ministry of Health |
| COCODE | Community Development Council | MNH | Maternal and Neonatal Health |
| CODEDE | Departmental Development Council | MNCH | Maternal, Neonatal and Child Health |
| COMUDE | Municipal Development Council | NGO | Non-Governmental Organization |
| CONEC | National Coordinator of PEC NGOs | OMM | Municipal Women's Office (in Spanish) |
| CRS | Catholic Relief Services | OSAR | Reproductive Health Observatory |
| DAM | Department of Acquisitions and Maintenance of the MOH | PEC | Extension of Coverage Program of the MOH |
| DECAP | Training Department of the MOH | PMP | Performance Monitoring Plan |
| DERCAS | Document of Analysis and Requirements Specifications for Acceptance of Software (<i>Documento de Especificaciones, Requerimientos y Criterios de Aceptación de Software [DERCAS]</i> in Spanish) | PGL | Local Governance Project (acronym in Spanish) |
| DMP | Municipal Planning Office (<i>Dirección de Planificación Municipal</i> in Spanish) | PROEDUSA | Department of Health Promotion and Education of the MOH |
| EPS | Professional Supervised Practice of last-year students in different careers | PROSAN | Food Security and Nutrition Program of Guatemalan MOH |
| ERI | Interinstitutional Resource Team (<i>Equipo Recurso Interinstitucional [ERI]</i> in Spanish) for Family Planning | QI | Quality Improvement |
| FAM | Fertility Awareness Methods | RENAP | Registro Nacional de Personas |
| FOG | Fixed Obligation Grant | RFA | Request for Applications |
| FP | Family Planning | SESAN | Secretary of Food and Nutrition Security |
| FtF | Feed the Future | SIAS | Integrated Health Care System of the MOH |
| FUNDAZUCAR | Sugar Foundation | SIGSA | Health Management Information System (<i>Sistema Gerencial de Salud [SIGSA]</i> in Spanish) |
| FUNDESA | Foundation for the Development of Guatemala (<i>Fundación para el Desarrollo de Guatemala</i>) | SOW | Scope of Work |
| FUNCAFÉ | Coffee Foundation | SSR | Sexual and Reproductive Health (<i>Salud Sexual y Reproductiva [SSR]</i> in Spanish) |
| GoG | Government of Guatemala | TIPs | Trial of Improved Practices |
| HEPP | Health and Education Public Policy | TISA | Tiendas de la Salud |
| INCAP | Institute of Nutrition of Central America and Panama | TMG | The Manoff Group |
| | | TOT | Training of Trainers |
| | | TWG | Technical Working Group |
| | | USAC | University of San Carlos of Guatemala |
| | | WFP | World Food Program |



Resumen Ejecutivo

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

Durante el período del 1 de enero al 31 de marzo de 2013 (segundo trimestre del año fiscal 2013- T2, AF '13), que representa el tercer trimestre de la ejecución del proyecto desde su lanzamiento, Nutri-Salud ha realizado la mayoría de actividades previstas en su plan de trabajo trimestral, que establecen firmemente las bases necesarias para el logro de sus objetivos. La inestabilidad política, la recuperación del terremoto que afectó al altiplano occidental, y las huelgas laborales en algunos departamentos son factores a considerar

en el progreso desigual entre las áreas del proyecto. El personal del proyecto trabajó con sus homólogos a nivel central, departamental, municipal y comunitario, así como con otros socios de USAID para facilitar una implementación sincronizada, integral y eficiente.

Entre los principales logros del proyecto se incluyen la finalización de varios esfuerzos críticos relacionados recopilación y análisis de datos, que proporcionan datos de línea de base para evaluar el progreso del proyecto, así como una base para la priorización y diseño del apoyo personalizado a los socios, incluyendo las áreas y distritos de salud, el Programa de Extensión de Cobertura (PEC) implementado por organizaciones no gubernamentales (ONG) y las Municipalidades. Estos esfuerzos incluyen: 1) una evaluación integrada de diagnóstico de todos (525 en total) los establecimientos del primer nivel de atención en los 30 municipios, 2) un diagnóstico de la formación del personal y la gestión de las 18 ONG del PEC, que recibirán subvenciones de apoyo para establecer una presencia permanente de atención de salud en las comunidades, y 3) una evaluación de las capacidades municipales relacionadas con la gestión, recopilación de datos y las necesidades de formación del personal de sus oficinas. El personal de salud de las áreas de salud, distritos, puestos de salud y centros de convergencia recibieron capacitación en el nuevo modelo de fortalecimiento del PEC, la realización de censos y la cartografía del área de cobertura de sus servicios y comenzaron estas actividades que proporcionarán los datos necesarios para identificar a las poblaciones vulnerables, calcular la cobertura y la morbilidad, y evaluar el progreso hacia objetivos. Además, Nutri-Salud prestó apoyo técnico y financiero al Ministerio de Salud Pública (MSPAS) para llevar a cabo un análisis y establecer los requisitos para un sistema de información en salud actualizada para hacer frente a las deficiencias del sistema actual. El Plan de Monitoreo del Desempeño de Nutri-Salud fue refinado para asegurarse de que refleja las áreas clave del proyecto, identifica indicadores apropiados, y se puede utilizar para gestionar la consecución de los objetivos del proyecto, y medir la efectividad de sus intervenciones.

Otras contribuciones clave de Nutri-Salud sentaron las bases para mejorar la atención de la salud a nivel comunitario. Estas incluyen: 1) apoyo al MSPAS para perfeccionar su modelo de “fortalecimiento del primer nivel de atención” garantizando la incorporación de



las acciones esenciales de nutrición (AEN) y otras intervenciones probadas y la orientación del personal clave de las seis áreas y distritos de salud prioritarios, 2) la negociación y redacción de los términos de referencia para las subvenciones a 18 ONG del PEC, y 3) la elaboración de módulos integrados y guías metodológicas para la formación y capacitación del nuevo personal de las ONG del PEC. Actividades de CCSC realizadas este trimestre, encaminadas a fortalecer la atención de salud de la comunidad incluyen: 1) un análisis de los facilitadores y barreras a la práctica de los 18 comportamientos prioritarios que forman el núcleo de la estrategia de CCSC de Nutri-Salud, con el fin de diseñar intervenciones eficaces de cambio de comportamiento y 2) una investigación formativa sobre los factores que influyen en las decisiones de las mujeres sobre el uso de anticonceptivos.

Se avanzó en la participación de amplios sectores de la sociedad civil, incluido el sector privado, para garantizar que se adopten las metas de salud del gobierno y Nutri-Salud. El proyecto dio a conocer su primera solicitud competitiva para aplicaciones sobre el tema de salud sexual y reproductiva de adolescentes y jóvenes, un tema en el que el MSPAS ha tenido dificultades en el apoyo. Una segunda convocatoria competitiva se elaboró para par proyectos de movilización y participación comunitaria en salud y se publicitará el próximo trimestre. El plan estratégico de Nutri-Salud para involucrar a los socios del sector privado en alianzas se esbozó, y el proyecto ha negociado con éxito su primera alianza, para la construcción de un centro de convergencia, con la colaboración de Hábitat para la Humanidad, Citibank e Iniciativa58, así como el gobierno municipal de Nebaj y la comunidad.

Las alianzas de Nutri-Salud con cuatro universidades y dos escuelas formadoras del occidente del país avanzó en la identificación de los programas de formación. Estos recursos servirán para la formación y capacitación del nuevo personal de las ONG del PEC, así como en el desarrollo con las universidades de la capacitación de los estudiantes de salud y nutrición en su ejercicio profesional supervisado.

El monitoreo y evaluación de los progresos hacia los objetivos del prime año presentan uno de los mayores desafíos para el proyecto. El Plan de Monitoreo de Desempeño de Nutri-Salud aprobado se basa para gran parte de los datos en el Sistema de Información Gerencial en Salud (SIGSA) existente del Ministerio de Salud que tiene numerosas debilidades, incluyendo la falta de reporte oportuno, la falta reporte o falta de inclusión de los datos de los niveles más bajos de notificación, y la calidad deficiente de los datos impidió a Nutri-Salud informar plenamente sobre los progresos. Nutri-Salud está tomando numerosas medidas para corregir esta situación.

Entre las principales actividades que se realizarán el próximo trimestre se encuentran las de fortalecimiento de la atención en el primer nivel de salud, tales como la firma de sub-convenios con las organizaciones no gubernamentales PEC, iniciando la formación de nuevo personal de ONG del PEC y la aplicación de planes de mejora de los servicios de salud materna, neonatal e infantil de 126 puestos de salud. Nutri-Salud elaborará planes de trabajo conjuntos con 30 distritos de salud y municipalidades y dará apoyo a los Consejos Comunitarios de Desarrollo y las comisiones de salud para involucrar a las comunidades en la elaboración de planes de emergencia y otras acciones en salud. Se emitirán subvenciones para proyectos de salud sexual y reproductiva de adolescentes y jóvenes, así como para la movilización de la comunidad en salud y nutrición. Se elaborarán materiales de CCSC y / o se reproducirán materiales existentes, de acuerdo con las conclusiones del análisis de situación de comunicación. Finalmente, se iniciará sitio web interactivo de Nutri-Salud.



Executive Summary

Nutri-Salud: Guatemala Community Nutrition and Health Care project, funded by the United States Agency for International Development (USAID) and managed by University Research Co., LLC (URC), is a five-year (2012-2017) project, which aims to improve community nutrition and health of women and children in 30 municipalities in five departments of the Western Highlands of Guatemala, where the population is predominantly indigenous Maya. Nutri-Salud has three major objectives: 1) improve the nutritional status of women of reproductive age and children under five, with a focus on the 1,000 day “window of opportunity”; 2) strengthen essential maternal, neonatal, and child health (MNCH) care and family planning services at the community level; and 3) engage communities in determining active solutions to their health care needs. The project’s four major technical components—1) prevention of chronic malnutrition; 2) improved obstetric, neonatal, and child health care; 3) community-based family planning and reproductive health services; and 4) community mobilization and linkages to local government—are implemented through four strategic approaches. These approaches are: 1) institutionalizing an improved package of essential nutrition and MNCH care actions in communities; 2) increasing municipal investment in nutrition and health; 3) engaging the private sector and civil society; and 4) establishing alliances with universities and training schools. Social and behavior change communication (SBCC), cultural pertinence and gender equality, continuous quality improvement, and monitoring and evaluation cut across all components and strategies.

During the period of January 1 through March 31, 2013 (Quarter 2 of fiscal year 2013—Q2, FY’13), which represents the third quarter of project implementation since its launch, Nutri-Salud accomplished most planned activities in its quarterly work plan, which firmly establish the necessary foundation for achieving its objectives. Political unrest, recovery from earthquakes, and labor strikes in some departments meant that progress was uneven across the project’s areas. The project’s staff worked with counterparts at the central, departmental, municipal, and community levels as well as with other USAID partners to facilitate synchronized, comprehensive, and efficient implementation.

Major accomplishments include completion of several critical efforts related data collection and analysis, which will provide both baseline data to assess the project’s progress as well as a basis for prioritizing and designing

tailored support to partners, including health areas and districts, Extension of Coverage Program (PEC) non-governmental organizations (NGOs), and municipalities. These efforts included: 1) an integrated diagnostic assessment of all (total 525) first level of care health facilities in the 30 municipalities; 2) an assessment of the staff, training, and management needs of the 18 PEC NGOs, which will receive grant support to establish a permanent health care presence in communities; and 3) an assessment of municipal capacities related to management, data collection, and training needs. Health personnel from health areas, districts, health posts and convergence centers received training in conducting censuses and mapping the coverage area of their services and began these activities, which will provide the data needed to identify vulnerable populations, calculate coverage and morbidity, and assess progress toward targets. In addition, Nutri-Salud provided technical and financial support to the Ministry of Health (MOH) to conduct an analysis of and develop requirements for an updated health information system to address the shortcomings in the current system. The Nutri-Salud Performance Management Plan was refined to ensure it reflects key areas of the project, identifies appropriate indicators, and can be used to manage the achievement of project targets, and gauge the effectiveness of project interventions

Other key Nutri-Salud contributions laid the groundwork for improving health care at the community level. These include: 1) support to the MOH to refine its “strengthened first level of care” model to ensure incorporation of essential nutrition actions (ENA) and other proven interventions, and orientation of key personnel from the six health areas and priority districts on the model; 2) negotiation and drafting of the terms of reference for grants to the 18 PEC NGOs; and 3) preparation of integrated training modules for the training the new PEC NGO staff. SBCC activities accomplished this quarter will strengthen community health care. These include: 1) an analysis of the motivators and barriers to practicing the 18 priority behaviors that form the core of the Nutri-Salud SBCC strategy, in order to design effective behavior change interventions; and 2) targeted formative research on contraceptive use.

Advances were made in engaging broad sectors of civil society, including the private sector, to ensure that they embrace Nutri-Salud’s goals. The project



issued its first competitive request for applications (RFA) on the topic of adolescent and youth sexual and reproductive health, a topic that MOH has had difficulty in supporting. A second RFA for community mobilization and participation in health was prepared and will be issued next quarter. Nutri-Salud's strategic plan to engage private-sector partners in alliances was outlined, and the project successfully negotiated its first alliance, to construct a convergence center, with contributions from Habitat for Humanity, Citibank, and Iniciativa58 as well as a municipal government. Nutri-Salud's alliances with universities and training schools progressed with the identification of auxiliary nursing schools and training programs to help train the new PEC NGO personnel, and the development of training plans with four universities and two nursing schools in the Western Highlands and initiation of training for students on health and nutrition.

Assessing progress toward Year 1 PMP targets presented one of the largest challenges. Nutri-Salud's approved PMP relies on the existing MOH health information system (SIGSA) for much of its data, and numerous weaknesses in that system, including lack of timely reporting, lower levels' failure to report, and poor data quality hindered Nutri-Salud's ability to fully report on progress. Nutri-Salud is taking numerous actions to rectify this situation.

Key activities to be carried next quarter include those for strengthening first level health care, such as issuing grants to the PEC NGOs, initiating training for new PEC NGO personnel and implementing improvement plans for MNCH/N services in 126 health posts. Nutri-Salud will develop joint work plans with 20 municipalities and support Community Development Councils and health commissions to engage communities in developing emergency plans. Grants for adolescent sexual and reproductive health as well as for community mobilization will be issued. SBCC materials will be produced and/or reproduced, according to the findings of the SBCC situational analysis. The interactive Nutri-Salud web-site will be launched.



Introduction

The Nutri-Salud: Guatemala Community Nutrition and Health Care project, funded by the United States Agency for International Development (USAID) and managed by University Research Co., LLC (URC), is a five-year (2012-2017) project which aims to improve community nutrition and health of women and children in 30 municipalities in five departments of the Western Highlands of Guatemala, where the population is predominantly indigenous Maya. Nutri-Salud addresses these issues through three major objectives:

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

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

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

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

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

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

Cross-cutting strategies apply to all program components. These are:

- ◆ Social and Behavior Change Communication (SBCC)
- ◆ Cultural pertinence and gender equality in health
- ◆ Continuous quality improvement and logistics

- ◆ Information communication technology
- ◆ Monitoring and evaluation

Nutri-Salud has developed four main strategic approaches to achieve outputs and results. Each approach clusters the activities embedded in four components and the cross-cutting strategies outlined above to ensure comprehensive and coordinated technical and programmatic project implementation as well as sustainability of interventions. The strategies are:

- ◆ Institutionalizing an improved package of essential nutrition and MNCH care actions in communities (MOH health posts and NGOs)
- ◆ Increasing municipal investment in nutrition and health
- ◆ Engaging the private sector and civil society
- ◆ Establishing alliances with universities and training schools

This report outlines key results, activities, and challenges for each of the project components for the period of January 1st through March 31st, 2013. The report also shows activities planned for the third quarter (Q3) of Fiscal Year 2013 (FY’13). Because Nutri-Salud activities are integrated, the report is organized by the four strategic approaches in order to avoid redundancies (e.g., a single activity such as the diagnostic assessment pertains to all four components.)

In reviewing the achievements and progress for each key strategy and its components, it is important to bear in mind that activities have progressed differently in the different health areas. In San Marcos, for instance, activities were slow to recommence due to the earthquake and political unrest. Political unrest was also experienced in Ixil, where the Health Area Management Team was replaced in its entirety by a new team with links to the ruling political party; this was unacceptable to health personnel in Ixil. At present, there are two “health area headquarters”: one in Nebaj and one in Chajul. In Huehuetenango there have been successive strikes due to lack of payment to health workers. Annex 1 provides the status of work plan activities for this quarter, and Annex 3 outlines training events of the quarter.

Institutionalizing an Improved Package of Essential Nutrition and MNCH Care Actions in Communities (MOH Health Posts and Service Delivery NGOs)

Integrated Activities

Coordination

Coordination and active communication with the health area direction in all six health areas is ongoing, led by the Deputy Director and the local teams. Nutri-Salud met with health area technical teams, service delivery managers, and PEC Coordinators in order to ensure that the Nutri-Salud project objectives and lines of action are known, and that activities to address undernutrition and the 1,000 day window are part of the general “agenda” of all health areas and are subject of technical and financial assistance by the project.

Within each health area, specific coordination activities have occurred. In San Marcos coordination meetings have been held with Catholic Relief Services (CRS) and FUNCAFE . In Quetzaltenango and Totonicapán coordination meetings have taken place with the following organizations: Serjus, Save the Children, PSI/PASMO/Plan-Fam, World Vision, Bilingual Education Network, PEC NGOs, FundaSistemas, Local Governance Project, Network of Indigenous Women in Agriculture; the latter work in Concepción Chiquirichapa, Quetzaltenango. Nutri-Salud and several of these organizations produced joint operational plans.

In Huehuetenango coordination meetings have taken place with the health area and most districts as well as with USAID partner projects PSI/PASMO/ PlanFam and PCI/ PAISANO Title II project, as well as with PEC NGOs.

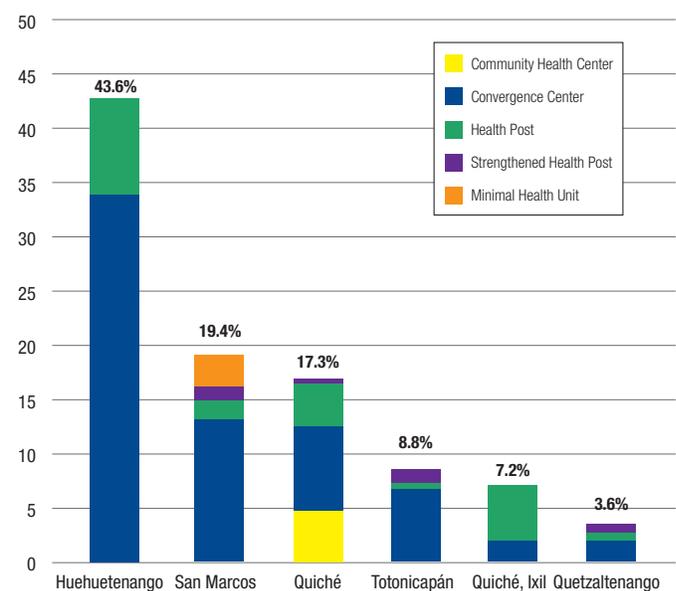
In Quiché coordination meetings have taken place with the health area, all districts, PEC NGOs, Asociación de Desarrollo Comunitario ASDECO in Chichicastenango, and four USAID partners, Agexport, Save the Children Title II project, PSI/PASMO/PlanFam, Fundazucar (RTI/Alianzas).

In Ixil, with only three Municipalities, meetings have taken place with all of them, with the health area and districts, with the PEC NGO COTONEB (Cooperative Todos Nebajenses), with two USAID partners, Agexport and Save the Children.

Integrated Diagnostic Assessment of First Level of Care Facilities

Nutri-Salud completed an integrated diagnostic assessment of first level of care facilities in the target areas. The assessment surveyed 525 health facilities (126 health posts and 499 convergence centers). The local team in Huehuetenango required assistance from other local teams given that the first level health facilities in this area represent 43.6% of all facilities in the 30 Nutri-Salud Municipios. One general and six health area and districts reports were prepared. The findings were shared in MOH workshops on the strengthening of the first level of care model at health area and districts levels and will serve as baseline for improvement planning. A presentation to USAID and to the central level MOH will be conducted next quarter.

Figure 1. Distribution and Type of Health Service Facilities in Nutri-Salud Target Health Areas





A girl receives micronutrient supplements at the health post in Chipuac, Tonicapán, in one of the USAID/Nutri-Salud municipalities.

The assessment gathered and analyzed data related to: 1) nutrition activities (e.g. micronutrient supplements, equipment for anthropometry, communication materials, and key messages)

Results show that the majority of health facilities are located in Huehuetenango with 43.6% of them (229 facilities), followed by San Marcos with 19.5% (102 facilities), Quiché with 17.3% (91 facilities), Tonicapán with 8.8% (46 facilities), Ixil with 7.2% (38 facilities), and Quetzaltenango with only 3.6% (19 facilities). Most facilities are convergence centers, even if at this point in time some of them function in schools or the community facilitator's home. The total number of communities covered by first level health services is 1,270 and 40% of them are located less than 1 km away from the health facility. 56% of the communities in the area of coverage was reported to have water, but only in 16% of them water is treated. According to the assessment 62% of the communities have an active Community Development Council or COCODE.

Even though the majority of health providers reported that they offer the complete array of services, when they were questioned about availability of micronutrients, medicines, and other supplies at the time of the survey, they did not have them. In relation to micronutrients a difference was observed between types of service: convergence centers have less of every input than health posts. Micronutrients found lacking the most were the powdered micronutrients and vitamin A for children 6-59 months. For example, in Huehuetenango, only 8.5% convergence centers had vitamin A capsules for children. A visit to the central

warehouse showed that the vitamin A supply was enough for 1.2 months. Nutri-Salud is providing training in the correct completion of the BRES (balance, requisition and supply) form to remedy this situation, as the form was not being used correctly.

Refinement of and Action Planning for Implementing the “Strengthened First Level of Care” Model

Nutri-Salud provided technical and financial support to the MOH's efforts to implement the “Strengthened first level of care” model for PEC and in health posts. Activities were carried out at the central level MOH and at the health area and district levels.

Nutri-Salud advisors continued to participate in the MOH's technical working groups to refine the “strengthened first level of care” model to be implemented in the country. The first version of the model, launched in October 2012, contained details only for the PEC NGO jurisdictions and convergence center components, and not for health posts. The Guatemalan Rural Health Technicians Association (AGUATESAR) in coordination with Nutri-Salud and, lately, with the Mesoamerica Project 2015, led the working groups to develop the model for the “institutional component,” which encompasses health posts. The refined model embraced the strategies for Integrated Management of Childhood Illnesses (AIEPI) and Integrated Care of Women and Children in the Community (AINM-C), originally developed by URC in the Calidad en Salud project (2000-05).



Nutri-Salud provided technical and financial support to the MOH to conduct workshops on the “Strengthened First level of Care” model in all six health areas and priority districts. Nutri-Salud and a central level MOH team co-facilitated the workshops. In each area, representatives from the area technical team, technical council, municipal health districts, health posts and PEC NGOs participated in the workshops.

The central level technical working groups prepared the training topics, which included: the MOH’s health priorities, the Zero Hunger Pact, as well as the “strengthened first level of care” model. The latter emphasized the change from mobile health teams to permanent health care presence in PEC convergence centers and the new functions of the health team members. The workshops also incorporated community mobilization and the system of rural development councils as an element of the “strengthened first level of care” model. Consequently, community mobilization is also a topic in the “integrated training modules” being developed for health personnel.

In addition, Nutri-Salud presented data on malnutrition in the Western Highlands, the ENA during the 1,000 days window, and the project components, expected results, and crosscutting areas. Nutri-Salud also presented relevant data from the diagnostic assessment of the first level of care in each priority health district.

Action plans with activities and timetables for the process of implementing the “strengthened first level of care” were the main products of these workshops. Coordination of activities with the PEC and the Reproductive Health Program also resulted. During the next quarter, existing health service personnel will continue to be trained in the “strengthened” model. In Ixil, 100% of health service personnel have already been trained.

In the context of the “strengthened first level of care”, the project completed a review and adjustment of C-IMCI protocols (production in SBCC budget line item). This job aid is designed for use by health providers in health posts and convergence centers to help them comply with norms of c-IMCI. Nutri-Salud worked within an MOH-led commission that included partners from the IDB Mesoamerica Project and AGUATESAR to review and standardize a training methodology, which will be used to conduct updated IMCI training for auxiliary nurses and in training schools and universities.

Support to PEC NGOs

The project conducted an assessment of the 18 PEC NGOs additional staff candidates (auxiliary nurses and health educators) to be hired with USAID Nutri-

Salud funds through grants. Candidates have to meet certain criteria such as being from or residing in the communities, speaking the local language, and having been trained by an officially approved school of nursing. Training needs have also been assessed and will form the basis of the training program to be offered to these new staff members. Other items included in the NGO assessment were administrative and financial and coordination with the Municipalities, the health district and other health projects.

As part of the “strengthening of the first level of care” effort, Nutri-Salud met with the MOH/SIAS PEC to draft the fixed obligation grant (FOG) sub-agreements that Nutri-Salud will provide to 18 NGOs. Negotiations included: funding for hiring up to 3 auxiliary nurses and 2 health educators per jurisdiction; a technical plan with indicators and objectives that the NGOs have to achieve; additional activities that the NGOs will conduct; monitoring plans; and supervision by Nutri-Salud.

A joint workshop with MOH/SIAS and representatives of 18 NGOs was held on February 14th. The technical and financial PEC teams reviewed the documents prepared by the NGOs. The sub-agreements are being revised by URC after their first submission to USAID, and will be re-submitted next quarter.

Other Integrated Activities

Nutri-Salud advisors participated in the review of existing clinical records with the central MOH in order to develop new clinical records common to all three levels of care, called “unique clinical record”. Proposals for prenatal/ postnatal, infant/child, women of reproductive age, and adult records were developed and tested in several places. Nutri-Salud provided technical and financial assistance for the development and testing of the methodological guide for training on the new clinical records. Testing revealed that both the clinical records and the training methodology need further refinement. More validation and changes will be identified during MOH workshops on the clinical records.

In San Marcos, a puzzle on the 1,000 days strategy was developed in San Lorenzo and Nuevo Progreso, which led multi-disciplinary teams to identify the most important actions in that period, such as: prompt recognition of danger signs, emergency plan, feeding and nutrition, hand washing, family planning, home visiting, community participation, and quality improvement.

The project is providing technical support for the negotiation of physical space for convergence centers and functioning of the improved PEC.



In Quiché, the project distributed 9,000 family birth and emergency plans and 8,000 brochures on pregnancy care to first level of care facilities in Zacualpa, Sacapulas, Uspantan, Cunen and Chichicastenango. Materials are being used in health services for health talks and distribution to participants.

Component 1: Prevention of Chronic Malnutrition

Nutri-Salud held ongoing coordination meetings with MOH counterparts and partners to identify common objectives and define coordination plans. Nutri-Salud has ongoing dialogues with the World Food Program (WFP), Title II projects (Save the Children and Catholic Relief Services), Fundazucar and Funcafe. As coordination efforts continue to be refined, the project's local teams have also begun local meetings with local representatives of these projects. Immediate actions include supporting, jointly with WFP, the MOH's Food Security and Nutrition Program (PROSAN) on the first national-level training on the use and monitoring of the supplement Vitacereal.

The team in Tonicapán and Quetzaltenango visited the headquarters of the Zero Hunger Pact in each priority municipality to learn about their implementation plans. Inter-institutional coordination between all the organizations that work in those departments and in priority municipios allowed local teams to learn about the activities of the different organizations and take them into consideration for their plans.

Nutri-Salud met several times with PROSAN to follow up on key aspects for technical assistance, identified in the last quarter. Although these meetings were important to establish areas for coordination, management weaknesses at PROSAN (the PROSAN director has changed four times in the last six months) have negatively impacted PROSAN's influence in health areas; it has also made it very difficult for Nutri-Salud to coordinate activities at the central level. Nutri-Salud will visit PROSAN again in the next quarter, but will continue to focus coordination efforts with nutritionists at the local level.

Nutri-Salud, in collaboration with FANTA and INCAP, is developing a course curriculum for strengthening ENA skills among health providers, with emphasis on health and nutrition educators. With Nutri-Salud input the course will cover nutrition-related actions conducted by health educators at the first level of care. Topics will include conducting situational assessments, providing effective counseling, conducting home visits and details

on immunization and micronutrient supplementation. The project will explore effective ways to scale up the roll out of this training course.

Ten project staff members (five nutritionists and five nurses from the local health teams) completed the 20-hour course on The Baby-Friendly Hospital Initiative, which in Guatemala has been extended to second level facilities (health centers). Course topics will be the basis for technical assistance to expand the initiative to first level health services. Practicums were conducted at the Quetzaltenango Regional Hospital. A quality improvement methodology has been added by Nutri-Salud to the standard baby-friendly initiative. Training content will be included in the integrated capacity building plan under development by the project.

With support from our partner the Manoff Group (TMG), Nutri-Salud facilitated a workshop to outline the causal pathways that produce stunting in the Guatemalan highlands using data available from the ENSMI and formative research. Fifty-three participants from Nutri-Salud and more than 10 USAID projects working in nutrition attended. In the next quarter, the causal pathways framework developed during this workshop will be shared and discussed with health area and municipal teams, as an awareness and program activity negotiation tool.

In Quiché, Nutri-Salud coordinated its implementation plan for this quarter with the Department of Nutrition in the health area. A total of 367 health providers in the first level of care and health districts were trained in the ENA (46 in the Quiché health area; 75 in Uspantan, 32 in Cunen, 61 in Sacapulas, 53 in Zacualpa, 57 in Chichicastenango and 43 in Chupol).

In Ixil, seven PEC jurisdictions received training from Nutri-Salud in the logistics, preparation and use of the nutritional supplement Vitacereal, and are now distributing it to pregnant and nursing mothers and to children 6-23 months.

Component 2: Maternal, Neonatal, and Child Health Care

No activities to report this quarter for component 2.

Component 3: Family Planning

Nutri-Salud provided orientation to auxiliary nurses of health posts and community centers in Quetzaltenango on the Family Planning law (universal access to contraceptive methods) and balanced counseling for all methods. The



trainings and orientations are designed to overcome institutional and medical barriers that impede access to contraception. For example, contrary to the national family planning law, some providers require women to have had at least two children in order to be eligible to receive sterilization services or to be menstruating in order to get a family planning method, ignoring the possibility of conducting a verbal pregnancy test.

In Totonicapán and Quetzaltenango, coordination of activities with the local Reproductive Health Program (PNSR) was achieved. In San Marcos, the project is participating in the Responsible Parenthood network of organizations in that department and in the Observatories for Reproductive Health for women and men (OSAR).

Component 4: Community Mobilization

No activities to report this quarter for component 4.

Challenges and Solutions to Major Implementation Issues

| Challenges | Solutions |
|---|---|
| Homogenization of activities conducted in all six areas, given differences in population and political situation | Types of activities planned and those conducted in each area and district will be marked to identify gaps in implementation |
| Changes in the director of the MOH's Nutrition Program (PROSAN) (four times in the last six months) have weakened PROSAN's management and its work in health areas and made it difficult for Nutri-Salud to coordinate nutrition activities with the Program. | The nutrition advisor and COP will visit PROSAN again in the next quarter, and continue to focus coordination efforts and conduct activities with nutritionists at the local level. |

Activities Planned for Next Quarter

Grants to PEC NGOs

The FOGs for the 18 PEC NGOs will be issued. These grants will provide supplemental funding to the PEC NGOs and will include detailed targets that the NGOs have to meet in order to receive the funds. The intervention areas to be improved fall within the strengthened service model of delivery set by the MOH, which for PEC NGOs means changing from a mobile health team to permanent care in the communities. Additional project funding provided through the FOGs will enable the NGOs to hire personnel and meet higher targets and thus contribute to improved health outcomes in their respective jurisdictions. Upon award of the FOGs, staff of the NGOs will receive capacity building, coaching and monitoring support from the project.

Integrated Training, Including ENA, for New Personnel

Nutri-Salud is finalizing an integrated approach to all its capacity building efforts. "Integrated training workshops," planned for the period April – September 2013, will consist of training in clinical records, healthcare norms, ENA, communication messages, and quality improvement methodologies (setting indicators, measuring indicators and making improvements). Four "integrated training modules" have already been drafted: 1) prenatal, 2) postnatal/ neonatal, including family planning 3) infant and child, and 4) health prevention and promotion (communication) and community mobilization. The NGO health personnel training needs assessment will be concluded and training for new PEC NGO personnel will begin next quarter. Training will allow new personnel to integrate these components into their new role as permanent providers.

If the MOH does not decide otherwise (given weaknesses in the health information system) workshops on the new clinical records will also be supported.



Other

- ◆ Conduct meetings to disseminate findings of diagnostic assessment of services and assessment of municipal capacities.
- ◆ Develop and implement improvement plans for MNCH/N services in 126 health posts.
- ◆ Develop a training module on ENA for non-nutritionists, which will be shared with stakeholders and entities that complement Nutri-Salud actions.
- ◆ Lead meetings with health areas and municipalities to share the chronic malnutrition causal pathway framework.
- ◆ Continue to foster coordination efforts with partners working on nutrition, especially Title II NGOs, and the economic sector project by ANACAFE and AGEXPORT. Local teams will follow up with coordination at the community level.
- ◆ Given the findings of the diagnostic assessment of lack of micronutrient supplies and that micronutrients are such an important input to achieving positive maternal health and young child nutrition outcomes, Nutri-Salud will hold a logistics training workshop for project nutritionists, who will then replicate it at health areas and district levels; the replicas will include conducting a “critical links analysis” to identify the bottlenecks in the logistics process for micronutrients.
- ◆ Continue with inventory of organizations and other actors that can distribute FP methods at community level
- ◆ Train male health district personnel in FP for men [through EROS]
- ◆ Design an incentive strategy for the DMS (e.g. letters of recognition from MOH)
- ◆ Continue to organize field visits with MOH authorities between health services and communities
- ◆ Reward DMS that meet targets (e.g. publicity through news and local radio)
- ◆ Update cell phone database for health district, health post staff and NGOs for SMS strategy

Other activities planned are:

- ◆ Update software in computers of PEC NGOs for improved M&E systems
- ◆ Develop and implement workshops aimed to motivate health workers and team building
- ◆ Train bilingual health providers as “medical interpreters and translators”
- ◆ Review analysis of gaps in service delivery: emphasis on ENA and growth monitoring and promotion (GMP)
- ◆ Design Nutrition strengthening plans for district health personnel
- ◆ Implement nutrition counseling training at all levels
- ◆ Implement other nutrition strengthening activities including improving access to potable water
- ◆ Design a community database for CYP (STTA)
- ◆ Train health area staff (DAS) and district personnel in HMIS (SIGSA 27 - SIGSA 3- SIGSA WEB)
- ◆ Conduct initial sensitization trainings for health posts, minimal units, NGOs on RH/FP

Increasing Investment in Nutrition and Health by Municipalities

Integrated Activities

Nutri-Salud met with representatives of Departmental and Municipal Development Councils and Commissions (CODEDE, CUMUDE, COMUSANS, etc.) in priority municipalities in all departments except Huehuetenango, where this activity is being completed next quarter. These meetings introduced the project, laid the groundwork for the development of joint work plans, and helped to shape alliances between the project and local governments. In the course of these meetings, Nutri-Salud identified leaders in the Women's Municipal Office (OMM), COMUSAN, and Municipal Councils of 10 municipalities. These leaders will play the role of champions in advancing the 1,000 Day and Zero Hunger Pact agendas. In San Marcos, a telephone directory of all municipal office representatives (planning office and women's office) was compiled to facilitate communication between the project local team and municipalities. In Ixil, meetings with the COMUSANS in the Municipalities of Nebaj, Chajul and Cotzal led to a willingness to support the new PEC model of service delivery, including involvement in the construction or renovation of convergence centers.

Nutri-Salud's teams completed an integrated diagnostic assessment of the 30 target municipalities, which will provide the evidence for the development of joint work

plans with municipalities. The assessment addressed municipal capacities related to management of a municipal information system, such as data collection, data entry, databases, data analysis and presentation were explored. The assessment also looked at the existence of a municipal Web page, a development plan, an implementation plan, a budget for health projects and the kind of projects being carried out, the training needs of Municipal Planning Offices (DMP) and OMM.

Nutri-Salud also began a study of 16 Municipal Health Units in San Marcos. Municipal funds support these units, and the study will determine the potential for replicating this approach in other health areas.

Nutri-Salud and the Local Governance Project (PGL) made joint action plans to work with Municipal Councils in four priority municipalities in Quetzaltenango and Totonicapán. Municipal plans now under development through PGL will include health and nutrition topics; women leaders will receive training in these topics. As an immediate result of coordination, Nutri-Salud received a data base of water sources and health promoters that work with the PGL Project; in exchange, PGL change agents were trained in the 5 A's methodology to work with COCODEs' health commissions in emergency

Table 1. Communities in Priority Municipios that have active Community Development Councils, Health Commissions and Emergency Committees by MOH Health Area. Guatemala 2013

| Health Areas | Number and Percent of Nutri-Salud Target Communities | | Communities with Active Community Development Councils | | Communities with Active Health Commissions | | Communities with Active Emergency Committees | |
|----------------|--|------------|--|-------------|--|-------------|--|-------------|
| | n | % | n | % | n | % | n | % |
| Huehuetenango | 530 | 42 | 295 | 55.7 | 209 | 39.4 | 104 | 19.6 |
| Quetzaltenango | 222 | 18 | 23 | 41.8 | 8 | 14.5 | 6 | 10.9 |
| Quiché | 209 | 16 | 191 | 91.4 | 107 | 51.2 | 65 | 31.1 |
| Quiché, Ixil | 165 | 13 | 68 | 75.6 | 60 | 66.7 | 22 | 24.4 |
| San Marcos | 90 | 7.1 | 166 | 74.8 | 69 | 31.1 | 58 | 26.1 |
| Totonicapán | 55 | 4.3 | 44 | 26.7 | 34 | 20.6 | 32 | 19.4 |
| Total | 1271 | 100 | 787 | 61.9 | 487 | 38.3 | 287 | 22.6 |



Nutri-Salud staff meet with representatives of local government to introduce the project.

plans. Furthermore, Nutri-Salud now forms part of the Health Commission in these municipalities.

Component 1: Prevention of Chronic Malnutrition

Project staff put major effort into advocating for the inclusion of nutrition topics during municipal awareness events and training workshops. To date, 30 COMUDES, 30 COMUSAN and 30 OMM in the priority municipalities received orientation on chronic malnutrition and the importance of including it in all such events.

Component 2: Maternal, Neonatal, and Child Health Care

Project Social Workers and Field Monitors built their capacities in strengthening community organization and “municipalization” of health. In Quetzaltenango, they also received training in the 5 A’s methodology to “activate, analyze, action plan, act and assess” emergency committees within the Health Commissions linked to COCODEs. The manual for training of trainers (TOT) and for participants were revised. Next quarter, the project will train facilitators in this methodology in the other health areas.

Component 3: Family Planning

The project conducted 10 sensitization workshops on family planning and reproductive health directed at Municipal Corporations in 10 municipalities. Following the workshops, seven municipalities in the Nutri-Salud zone of influence signaled their commitment to participate in the alliance to

support sexual and reproductive health, bringing the total to 10 municipalities (33%). These included the Municipal Councils from Concepción Chiquirichapa, Quetzaltenango and Momostenango in Totonicapán; Sibinal, San Lorenzo and Nuevo Progreso in San Marcos; Chichicastenango in Quiché, and the three Nutri-Salud municipalities in Ixil.

The municipalities requested that messages be disseminated to all communities through health providers, volunteers, and radio spots. In Huehuetenango, Nutri-Salud worked with Plan-Fam and representatives of FUNCAFÉ to plan joint training to the Municipal Women’s Office (OMM) in the municipality of La Democracia.

Nutri-Salud conducted an assessment of practical and useful tools that can be used by the OMM and other municipal counterparts to identify RH/FP problems. These tools will be identified and/or developed and used in trainings on sexual and reproductive rights, FP and related topics next quarter.

Component 4: Community Mobilization

Nutri-Salud and partners developed a guide to help build awareness of the causal framework for chronic malnutrition among local governments. The causal framework has been made into a pictorial display: all partners identified women’s self-esteem and self-confidence as central elements to this framework. The guide will be used with workshops for municipal councils to advocate for greater attention to and investment in nutrition and MNCH and in the crosscutting gender component. The workshops will be held next quarter.



Challenges and Solutions

| Challenges | Solutions |
|--|---|
| Inability to reach the Municipal Mayor in Tajumulco; appointments made have been in vain | Sponsorship from PROEDUSA, Community Mobilization advisor and Municipal Health District Director being sought |

Activities Planned for Next Quarter

- ◆ Present municipal assessment results to the Municipal authorities to plan their improvement of data collection, management and use capabilities, including the use of the Nutri-Salud Web site for posting relevant data.
- ◆ Develop joint work plans with 20 municipalities.
- ◆ Complete the Municipal Health Units assessment in San Marcos as well as presentation of results to the central level MOH, health area and districts.
- ◆ At the central level MOH, hold monthly coordination meetings with PROEDUSA in order to keep them informed of progress and seek their collaboration, when feasible. Coordination meetings and activities will also be held with USAID partners.
- ◆ Hold TOT workshops on the 5A's methodology to work with COCODE and health commissions to train health district facilitators in all priority districts.
- ◆ Continue to identify leaders within each priority municipality Conduct activities to sensitize Municipalities in the topics of sexual and reproductive health and family planning will continue during the next quarter. As a result it is expected that 10 more municipalities will sign the letters of commitment to support a pro-reproductive health/ family planning environment.
- ◆ Develop training plans for COMUDES and COCODEs on financial management and budget execution for emergency plans, following an assessment of capacities in emergency transportation and support to COCODE health commissions.
- ◆ Hold workshops for municipal councils to advocate for greater attention to and investment in nutrition and MNCH and in the crosscutting gender component.
- ◆ Train COCODEs in social audit methodology and tools.



Engaging the Private Sector and Civil Society

Integrated Activities

Nutri-Salud issued its first competitive request for application (RFA) on the topic of adolescent and youth sexual and reproductive health to obtain proposals from non-PEC NGOs, associations, foundations, and others. Grants to selected NGOs will be awarded next quarter, up to US\$100,000/grantee. This is a topic that the MOH has had difficulty in supporting and that is critical for the 1,000 days window and Zero Hunger Pact strategy. The selection process will follow the steps outlined in the Nutri-Salud grants manual. A second competitive RFA on the topic of community mobilization and participation in health, which will involve non-PEC NGOs in activities to strengthen municipalities, municipal offices, Development Councils Systems and Commissions within the councils, was prepared.

The formation of public-private alliances gained momentum with the second visit of an expert consultant in private sector collaboration and Mercy Corps' hiring of the Public-Private Alliances Specialist, seconded to Nutri-Salud. Nutri-Salud met with 14 potential private-sector partners to create awareness on project goals and objectives and to identify possible avenues for alliance building, including support for SBCC activities from media companies. The project continues to identify businesses, foundations, organizations and others with potential to become allies.

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

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

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

Nutri-Salud will focus mainly on category 2-type alliances. However, this quarter the project successfully

negotiated its first alliance, which is in category 1. The alliance involves Habitat for Humanity, Citibank, Iniciativa58, Nutri-Salud and the community of Pexla Grande in Nebaj in building a convergence center, with a cost of approximately US\$20,000. The community has already donated to the MOH the land where the center will be built. Citibank and Iniciativa58 will make cash donations of US\$5,000 and US\$15,000 each, the Municipality will donate cement, Habitat for Humanity has developed the convergence center prototype and will contribute volunteers for construction and supervision, and Nutri-Salud funds will allow for hiring an auxiliary nurse and a health educator for provision of regular health services. The inauguration of this convergence center has been scheduled for May 10th.

Throughout the quarter, the project conducted coordination meetings with health and nutrition/food security partners to promote inter-sectoral collaboration.

Component 1: Prevention of Chronic Malnutrition

Nutri-Salud is collaborating with the Alliance for Nutrition of the Fundación para el Desarrollo de Guatemala (FUNDESA), and has met with the alliance members as a group and individually (Iniciativa58, Habitat for Humanity, Despertemos Guatemala, Cervecería Centroamericana, Licorera Nacional).

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

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

Component 3: Family Planning

No activities to report this quarter for component 3.



A convergence center in Chapala, Cuilco, Huehuetenango.

Component 4: Community Mobilization

The World Food Program and Nutri-Salud are conducting a joint qualitative evaluation of the knowledge, motivation and practices of over 200 mother counselors trained as part of the joint UN “1,000 day window” program in Tonicapán. The findings will support the “strengthened first level of care model” with Integrated Care of Women and Children in the Community (AINM-C). This quarter, a simple protocol for this formative research was developed, and two instruments (interview and focus group discussion) were tested. The research will be conducted next quarter by a Nutri-Salud consultant.

The RFA for community mobilization to be issued early in Q3 calls for NGOs to implement a range of activities to promote community participation in health, including participation in the system of development councils and advocacy for investments in safe water.

Activities Planned for Next Quarter

- ◆ Develop terms of reference for other NGO grant solicitations (women’s groups, community mobilization, etc.)
- ◆ Conduct technical proposal development training for NGOs
- ◆ Select NGOs and award second round of grants
- ◆ Develop and launch awareness campaign for sponsorship of client-friendly health services by well-off urban communities (“Adopt a health post”)

- ◆ Coordinate visits and meetings with private sector partners to create awareness on project goals and objectives
- ◆ Develop and Implement plan to engage and support private sector by forming broad alliances to increase stewardship for health and nutrition
- ◆ Conduct inter-sectoral coordination meetings for inter-sectoral participation in FP, MNCH, Nutrition, and WASH
- ◆ Continue collaboration with FUNDESA
- ◆ Develop alliances with private sector to support BCC activities (e.g., printing of material, air time etc.)
- ◆ Define and develop a plan to engage and support private sector related to nutrition interventions, including the provision of nutritional supplements
- ◆ Design a “Medical alert” system paid for by private funds for MNH complications
- ◆ Implement “Medical alert system”
- ◆ Conduct advocacy with private sector for commodities and inputs for C-IMCI (ORS, antibiotics)
- ◆ Design a campaign to promote participation in Development Councils and health and nutrition commissions
- ◆ Implement campaign to promote community participation (through community mobilization FOGs)
- ◆ Complete study on mother counselors and use findings to improve Nutri-Salud programming.
- ◆ Create incentives for voluntary personnel
- ◆ Continue planning for TISA in Huehuetenango



Establishing Alliances with Universities and Training Schools

Integrated Activities

Nutri-Salud conducted a study on community auxiliary nursing schools and training programs to identify those that can help train the new personnel who are being hired by the PEC NGOs. The schools proposed that the project provide scholarships for auxiliary nurses to enter their regular auxiliary nurse programs. The schools are also interested in offering diplomas in community component of auxiliary nurse training, nutrition and food security, and maternal and neonatal health.

The project developed training plans with one public and three private universities and two nurse training schools in the Western Highlands, and conducted three workshops on health and nutrition with medical and nursing school students. More than 300 university students received training in all components of SBCC, and a graphic design student from Universidad Landivar is doing her practice (EPS) with Nutri-Salud, supporting the design of the women's health card.

Component 1: Prevention of Chronic Malnutrition

Nutri-Salud met two times with the practicum coordinators of the Universities San Carlos de Guatemala, Mesoamericana, Landivar, and Mariano Galvez to coordinate practicum assignments in the project's target areas and the pre-practicum training of medical and nursing students. To date, 25 medical students have been placed in an equal number of priority health posts. These activities will strengthen nutrition teaching, research, and education in the priority municipalities, and will continue throughout FY'13.

Component 2: Maternal, Neonatal, and Child Health Care

The project also held two workshops with final year medical students on the themes of MNCH, including preventive care and inclusion of TBAs and auxiliary nurses in HBB, KMC, and HACAP. As mentioned, 25 medical students have been placed in an equal number of priority health posts.

Component 3: Family Planning

Together with USAID's Plan-Fam Project and the University of San Carlos of Guatemala (USAC), Nutri-Salud trained over 300 medical students doing their supervised practice (EPS in Spanish) in health posts in Totonicapán, San Marcos, Huehuetenango and Quetzaltenango in family planning balanced counseling and contraceptive technology. Plan-Fam focused on technical competencies for IUD and Jadelle implant insertion. In addition, the workshops for final year medical students mentioned above include themes related to sexual and reproductive health, gender, and male involvement in family planning.

In order to foster the ongoing availability of Fertility Awareness Methods (FAM), Nutri-Salud and the Institute of Reproductive Health (IRH) FAM Project jointly conducted training in lactational amenorrhea (LAM), the standard days' method (SDM) and the two-day method. Nutri-Salud and other USAID project staff participated. The MOH and Nutri-Salud will continue to include FAM in their family planning method mix.

A training module, on sexual and reproductive health, gender, and male involvement for male health providers was developed, based on the methodology Experiencia, Reflexión, Ordenamiento de Conocimientos y Seguimiento para la Acción (EROS in Spanish). This manual will be used for training male health provider facilitators in working on sexual and reproductive health/family planning with groups of men.

Component 4: Community Mobilization

No activities to report this quarter for component 4.

Activities Planned for the Next Quarter

- ◆ Hold workshops for nursing students MNCH themes, similar to the workshops for medical students.
- ◆ Conduct study on community auxiliary nurse schools and programs (STTA)
- ◆ Implement health and nutrition training plans with Universities and schools
- ◆ SBCC training for University students



Nutri-Salud's Deputy Chief of Party delivers documents on chronic malnutrition to medical and nutrition students at the University Center of the Western Highlands (CUNOC, by its Spanish Acronym).

- ◆ Involve students in formative research for BCC
- ◆ Design plan to strengthen MNH education with emphasis preventive care and inclusion of TBAs and auxiliary nurses in HBB, KMC, and HACAP.
- ◆ Continue with plan to strengthen MNH teaching and research capabilities of students assigned to priority Municipalities
- ◆ Produce C-IMCI protocols (production in SBCC budget line item); case management of women pending
- ◆ Conduct IMCI training using updated training curriculum and protocols with training schools and universities
- ◆ Explore production of inputs for C-IMCI (ORS, zinc) with Universities' schools of chemistry and pharmacy
- ◆ Develop training modules for SRH, gender, male involvement, FP
- ◆ Adapt and apply methods and tools from the Institute for Reproductive Health (Georgetown) in Guatemala
- ◆ Create joint websites, long-distance training curriculums, and continuous learning programs together with Universities and training schools



Cross-Cutting Activities

Monitoring and Evaluation

Integrated Diagnostic Assessment

The project's M&E unit managed, analyzed and reported the results of the integrated diagnostic assessments of first level health services completed this quarter. Power point presentations with the assessment results were prepared for the "Strengthening of the first level of care services" workshops carried out in all health areas. The assessments results will be presented to USAID and the central level MOH in Q3.

Municipality Assessment

Nutri-Salud completed an assessment of municipal capacities during this quarter to guide strategic planning for project support to municipal governments. The work will aim to improve municipal investment in health and use of data for decision making. Results of the assessment will be analyzed in the third quarter of fiscal year 2013 (April-June, 2013)

Extension of Coverage (PEC) NGO Assessment

Nutri-Salud initiated an assessment of NGOs, which focuses on NGO new personnel and training needs. Data collection was completed, and the data will be entered and analyzed in the third quarter of fiscal year 2013 (April-June, 2013).

Updating Census and Maps

Nutri-Salud advisors also participated in the MOH's central level working group for updating the methodology for population censuses and maps, which personnel at the primary level of care will apply in their areas of coverage. This working group proposed standardization in the definition of priority population groups (pregnant women, postpartum mothers, newborns, children 0-23 months, acutely malnourished children) and revised several census forms, from which two were derived: family census and obstetric census.

Following the workshops on "Strengthening the First Level of Care" Model, health personnel from Health areas, districts, health posts and convergence centers received practical and theoretical training in census and mapping and began to conduct censuses and map the coverage area of their services. The new data will be used in Censo-net, an automated census tool, which

will be set up for use in all health posts in the project areas. The census data will also allow the M&E Unit to re-calculate cluster samples in the priority municipios for quality improvement purposes.

The Chajul health district and the NGO COTONEB also received training in census and mapping of the communities identifying vulnerable population (pregnant women, postpartum women, acutely malnourished children). In addition, they will identify traditional Mayan healers, sacred places and transportation owners for emergency planning.

ProCONE and AINM-C Quality Improvement Measurements

These will consist of two separate surveys: 1) assessment of knowledge, attitudes and practices related to MNCH and nutrition in lots of 10,000 inhabitants; and 2) monitoring the quality of care in 126 health posts and over 400 convergence centers. During the quarter the QI survey protocols and instruments were drafted; the first measurements will be taken in Q3, FY'12.

Support to MOH for Updating the Guatemalan Health Management Information System (SIGSA)

At the request of the MOH, Nutri-Salud supported an analysis and development of requirements specifications for a new automated health information system that will conform to the "fichas clínicas unicas" (identical medical records for all primary and secondary of care facilities) initiative of the MOH. The process entailed meetings with multidisciplinary MOH staff and other key stakeholders, observation of the processes of the different system components, and literature review, including findings of the Nutri-Salud diagnostic assessment.

Key findings regarding inefficiencies in the existing system included: 1) existence of 52 subsystems with no interoperability or integration; 2) frequent differences between data entries at the first care level and consolidated data at SIGSA level; c) subsystems with different software releases. SIGSA's hardware at the central level was found to be obsolete and unable to accomplish the functions required by internal and external users. Current bandwidth also is insufficient for Web based applications.



The development of an integrated information platform was proposed, based on the creation of a service-oriented architecture (SOA), which will permit SIGSA to standardize all efforts related to operational information at the primary and secondary levels of the health system.

Recommendations included contracting two companies: 1) to analyze, design and develop the SOA platform and its components; and 2) to manage and coordinate activities among SIGSA, SIAS, and stakeholders. The formation of a steering committee to advise and oversee the process of design, development and deployment of the proposed platform was also recommended.

Review and Refinement of Nutri-Salud Performance Management Plan

Nutri-Salud's M&E team conducted a systematic review of the PMP in order to ensure that it reflects key areas of the project, identifies appropriate indicators, and can be used by a) Nutri-Salud to manage the achievement of project targets, and b) USAID to gauge the effectiveness of project interventions. Key outputs of this process included: 1) a revised PMP, based on available data sources; 2) a mapping of health information structures and flows (including SIGSA, Lot Quality Assurance Sampling (LQAS) and the project's web-enabled system); and 3) guidelines for conducting LQAS to collect data on health knowledge and behaviors of women with a child under age 2 and inform quality and coverage improvement efforts at the local community or primary health care level as well as municipal health district (DMS) clinical levels.

The revised PMP will be submitted to USAID/Guatemala for approval in Q3. As part of the refining the PMP, Nutri-Salud advisors also revised the quality improvement (QI) methodology to be implemented in the first level of care facilities. A process for monitoring QI of communication activities that lead to behavior change was also developed. The QI methodology proposed for the first level of care services is known by the acronym APRECIE, which stands for Collaborative Learning and Evidence Exchange (Aprendizaje Colaborativo e Intercambio de Evidencia in Spanish), and is based on lessons learned from previous URC projects.

Design of Nutri-Salud's Web-enabled System and Web Portal

The configuration and outline of the web-site were drafted and preliminary content has been developed. PMP monitoring and evaluation data will be administered in a centralized web-enabled system (WERS) and made available through the Nutri-Salud web portal (or web site). Modules of the WERS include but are not limited to: 1) survey data (e.g., ENSMI, MEASURE Evaluation data); 2) service delivery data imported from the SIGSA (e.g., preliminary data from the district level; officially approved data from the central level; census data); 3) LQAS data; and 4) project reported data (e.g., services produced, facility assessments, and grants data). Design of the information system platform will be completed in Q3, and the web-based system and dashboards will be launched in Q4.

Other Activities

Local Nutri-Salud teams in six health areas participated in local meetings for the analysis of the 2012 health data in priority health districts, in the Maternal Mortality Committees, and in developing local action plans to improve health and reduce maternal deaths.

Challenges and Solutions to Major Implementation Issues in Monitoring and Evaluation

| Challenges | Solutions |
|---|---|
| Multiple weaknesses (see “Support to MOH” above) in SIGSA and CENSO-Net, which threaten availability and quality of the data Nutri-Salud uses to report on progress. | <p>Nutri-Salud will support the updating of Censo Net, to allow for automated reporting to SIGSA. This will aid in monitoring the performance of the PEC NGOs</p> <p>Nutri-Salud will contribute to the proposed Steering Committee advising the development of the upgraded SIGSA</p> <p>Nutri-Salud will explore providing support to the MOH to assess the feasibility of using a single identification code for all health service users nationwide</p> <p>Nutri-Salud will work with Municipalities on data collection, processing and reporting</p> |
| Delays in and/or failure to submit required reporting by health posts and municipal health districts | Nutri-Salud has identified bottlenecks and will work with health personnel to improve process of data consistency and flow |
| Lack of accurate or updated population data to allow for estimates of coverage and morbidity | <p>Nutri-Salud supporting census and mapping in target areas</p> <p>Nutri-Salud will support installation of Censo Net in all health posts in the target areas so census data can be used to present valid measures of coverage and morbidity</p> |
| Nutri-Salud proposed using university students to collect data for its baseline survey; however, MEASURE Evaluation will conduct the baseline survey for all USAID projects in the Western Highlands. | Remove Nutri-Salud’s responsibility for baseline survey from work plan; Nutri-Salud to coordinate with MEASURE Evaluation as requested. |

Activities Planned for Next Quarter

- ◆ Submit a revised PMP to USAID.
- ◆ Present the findings of the diagnostic assessments to USAID and the central level MOH. A complementary health facilities assessment will be undertaken in Ixil in the jurisdictions that participated in the previous USAIDIUNDP project and that have already implemented the new model of first level care. This will allow comparisons between jurisdictions that have implemented the intervention and those that have not.
- ◆ Together with other USAID partner projects and other cooperating agencies, participate in the improvement of the health information system and update SIGSA indicators and outputs, in accordance with USAID and URC guidelines
- ◆ Complete health censuses and mapping.
- ◆ Set up Censo-net, an automated census tool, for use in all health posts in the project target areas.
- ◆ Re-calculate cluster samples in priority municipios for QI.
- ◆ Conduct ProCONE and AINM-C knowledge, attitude and practices (KAP) surveys in priority districts.
- ◆ Conduct ProCONE and AINM-C quality of care monitoring in 126 health posts.
- ◆ Finalize the design interactive web-based portal” / dashboards and launch interactive web-based portals and dashboards.
- ◆ Design a community database for CYP (STTA)
- ◆ Train health area staff (DAS) and district personnel in HMIS (SIGSA 27 - SIGSA 3- SIGSA WEB)

Social and Behavior Change Communication (SBCC)

Situation Analysis of 18 Priority Behaviors

In order to refine the SBCC strategy, Nutri-Salud carried out a situation analysis (mostly based on literature review and complemented by a few key informant interviews) of the 18 priority behaviors that form the core of the Nutri-Salud SBCC strategy (see Annex 5 for a summary of these key behaviors).

The analysis summarized what is known about the actual practice of the behavior and the critical contextual information related to the behavior, the known motivators for and barriers to changing the behavior, and information that is still needed to better understand the behavior in order to strengthen behavior change interventions. For example, for the behavior exclusive breastfeeding during



the first six months of life, current practice is to introduce “aguitas” (infusions) for what are perceived to be “therapeutic” reasons. Documented barriers to changing the practice of “aguitas” include: mothers-in-laws’ and TBAs’ recommend the practice; persistent infant crying is associated with pain (and hence the need to “treat” it with infusions); and the term “exclusive breastfeeding” is not widely understood by Mayan women. Missing information about this practice includes TBAs’ perceptions of exclusive breastfeeding. Other key behaviors that are poorly or not at all documented include handwashing at critical moments (e.g., before preparing food or infant feeding), although the literature reports widely varying rates of knowledge of this practice, and micronutrient supplementation in the postpartum period.

This analysis will allow Nutri-Salud to better target formative research to fill gaps in what is known about the practices and to revise and refine messages, materials, and other SBCC interventions. The Spanish report is under final review and will be available next quarter.

Annex 5 presents the list of key behaviors.

Review and simplification of family planning balanced counseling and materials for first level of care

A process of review, simplification, and pretesting of family planning job-aids and communication materials is underway. The family planning balanced counseling algorithms and materials will be adapted for the first level of care.

Targeted Formative Research

Qualitative formative research was conducted in a rural village in Guatemala to develop a larger behavior change communication strategy. The “doers/ non doers” rapid assessment methodology proposed by the Academy for Educational Development (presently FHI 360) that had never been tried in Guatemala was employed. Health post registries were used to randomly select 20 women in a union who used a contraceptive method (fertility awareness methods users were excluded). These women were paired (age, currently in a union, and socioeconomic level) with 20 other women who do not use a contraceptive method, and all 40 women were interviewed. Partners of these women were also interviewed. Interviews posed the same set of 7-9 questions to women users and non-users of contraceptive methods and their partners.

This study will contribute to knowledge on two levels: with formative information to better tailor behavior change communication strategies directed to potential family



A Mayan woman from Huehuetenango breastfeeds her daughter. At the convergence center, she learned about the benefits of exclusive breastfeeding for the first six months of life.

planning users and health providers in Guatemala, and as a trial of the “doers/ non-doers” rapid assessment method. Results will be presented next quarter.

The workshop on causal pathways for chronic malnutrition also included presentations and group work on the trials of improved practices (TIPs) methodology. TIPs allow participants to try out new behaviors (for instance, adding micronutrient sprinkles to child’s food) and comment about motivators, facilitators and barriers to adoption that can then be used to improve SBCC strategies. Participants developed simple protocols for conducting TIPs on four topics: handwashing, micronutrient powders, couples’ communication regarding family planning, and client-friendly health services. Nutri-Salud and USAID partners plan to conduct TIPs during the next quarter.



Coordination with Counterparts and Partners

Nutri-Salud shared its SBCC strategy and community mobilizations plans with with central level MOH PROEDUSA (Department of Health Promotion and Education). The SBCC and nutrition advisors met with Save the Children, Catholic Relief Services (Title II) and Mercy Corps to coordinate health and nutrition activities under the 1,000 days framework.

MercyCorps' PROCOMIDA project in Alta Verapaz shared with Nutri-Salud and Title II partners its communication strategy as well as communication and educational materials. In particular, Mercy Corps' House and Patio Management tool ("Plan de Manejo de Vivienda y Lote") is of interest to Nutri-Salud and partners. Nutri-Salud proposed that all projects adapt it to include the 18 priority behaviors and use it for standardizing communication and monitoring across all Nutrition and Food Security priority behaviors and at three levels: individual, family and community. It is expected that this material is available in every home and that different change agents use it when they make home visits and provide counseling on health, nutrition/ feeding, and agricultural practices. In addition, a similar tool with key indicators will be used by health commissions at the community level; collection at the municipal level will also include a few of the same indicators.

Nutri-Salud obtained permission from Fundazucar to use its module on self esteem as part of Nutri-Salud's SBCC activities. Nutri-Salud will sign an agreement with this institution. In order to implement a national reproductive health/ family planning SBCC strategy, a group of 12 institutions –from both the governmental and non-governmental sector- are actively involved in the Family Planning Communication Strategy Working Group, which is updating the C-Change Family Planning strategy, and expects to have it ready by the end of June 2013.

Working Groups on Behavioral Clusters

An additional outcome of the workshop on the causal pathways to chronic malnutrition described above was the formation of working groups that focuses on the key behavioral clusters to be addressed in implementing the SBCC strategy:

- ◆ Short inter-pregnancy intervals in relation to low birth weight and chronic malnutrition,
- ◆ The concept of nutritious foods,
- ◆ Underutilization of health care services,
- ◆ Low male involvement,
- ◆ Women's poor self-esteem, and
- ◆ Poor water and sanitary conditions.

Communication Materials

Communication materials developed this quarter are listed in Annex 4, including the Community Emergency Plan poster, which will be distributed in Q3 with the TOT on the "5 As."

Activities Planned for Next Quarter

- ◆ Share and use findings from situational assessment for SBCC
- ◆ Finalize review, update, test, and reproduce existing FP, nutrition, MNH, IMCI, community mobilization materials.
- ◆ Finalize review, update, test, and reproduce NEW FP, nutrition, MNH, IMCI, community mobilization materials.
- ◆ Explore the feasibility of call center/hotlines aimed at adolescents for SRH/FP (included in small grants)
- ◆ Develop and disseminate articles featuring "unsung heroes" from health sector
- ◆ Conduct TIPS (targeted formative research to fill SBCC gaps)
- ◆ Train basic health teams and facility based personnel on counseling and group facilitation skills
- ◆ Conduct orientation on SBCC materials
- ◆ Design and launch awareness campaign for male leaders in FP/RH
- ◆ Implement awareness campaign for maternal health and nutrition
- ◆ Design and reproduce CONEC (PEC program) newsletter
- ◆ Develop FP/RH materials for adolescents and men; youth; and culturally appropriate materials considering Mayan perspectives
- ◆ Support the design of posters and BCC materials for "Health Champion" activities
- ◆ Identify and adapt positive development methodologies for SRH, and Mayan culture
- ◆ Finalize review and improvement of FP counseling cards
- ◆ Print and distribute updated c-IMCI clinical protocols
- ◆ Finalize review of logistics system for SBCC materials

Quality Improvement (QI) and Logistics

In coordination with URC's TRAction and USAID's Capacity projects Nutri-Salud advisors provided follow-up to the process of harmonization of the Quality Improvement (QI) methodology to be used by the Quality Management Unit of the MOH. Revision of the QI manual is underway as part of this process.



The revision quality of care standards for all three levels of health care is also underway under the leadership of the Quality Management Unit of the MOH. Partners' revision of the standards has been scheduled on April 2013, and standards and indicators will be shared with SIAS for their final approval.

The Collaborative Learning methodology was shared with the German cooperation agency which is interested in applying it in the interventions aimed at prevention of violence in adolescents.

Nutri-Salud and the USAID Deliver project shared a joint work plan to coordinate activities and tasks in the field of logistics.

Technical support was provided to SIAS in order to define security levels of medicines for the prioritized health areas and involve them in their pre-testing. The MOH Department of Acquisitions and Maintenance was involved in the theoretical definition of security levels in health areas.

Redesign of the logistic process in the PEC is underway including its definition and implementation through institutional coordination. The definition of logistics for convergence and community centers within the "strengthening of the first level of care" model is also underway.

Technical assistance was also provided for the definition of the basic list of medicines at the national level and by first, second and third levels of care.

Training activities were conducted for the MOH central level PEC, First Level of Care Unit (health posts), Quality Management Unit and the Financial Unit of PEC. The training curriculum in logistics for the PEC was developed. A TOT for accountants, warehouse accountants, technical and financial teams at the health areas and logistics personnel will be conducted first.

Training in logistics guidelines for micronutrients was conducted with Nutri-Salud project nutritionists to support their involvement in monitoring of micronutrient supplements in order to implement essential nutrition actions.

The Nutri-Salud logistics advisor worked with other project advisors, the monitoring and evaluation unit and the private sector alliances specialist to include the logistics system component in integrated training and the other crosscutting project components.

Gender Equity and Cultural Pertinence

The resignation of the Gender Specialist delayed implementation of several planned activities to advance integration of gender into the project. However, the prominence of gender equality in reducing chronic malnutrition was focal point of the workshop on the causal framework for stunting, and several activities were planned for next quarter. These include sharing the framework health area and municipal teams, highlighting the cross-cutting gender issues and adapting training modules on women's self-esteem and self-confidence for community mobilization. In addition, the need for formative research on client-friendly (or "Maya friendly") health services was identified.

Nutri-Salud also provided both technical and financial assistance for the execution of a forum, discussion tables, walks and educational entertainment activities coordinated by the Municipal Women's Offices in three municipalities in Ixil. (Municipalities provided half of the funding and the project provided the other half.) Topics included family planning, women's health and nutrition, preventing adolescent pregnancies, use of birth and emergency plans by pregnant women, women's immunization and micronutrient supplementation. More than 1,000 Ixil women participated in these activities.



Discussion of Progress on Results to Date

Assessing progress toward Nutri-Salud's Year 1 targets presented challenges in the first part of the first year of the project. As seen in Annex 3: Nutri-Salud Performance Management Plan (PMP) Indicator Targets: Q2, FY'13, which contains only those PMP indicators to be measured on a quarterly or semi-annual basis, some of the indicators do not have data (ND) for baseline, targets, and/or progress. The project PMP relies on the existing MOH health information system (SIGSA) for much of its data. As discussed above in the Monitoring and Evaluation section of the report, there are numerous weaknesses in the system, including: lack of timely reporting, failure of municipios/health districts to report (e.g., the current SIGSA report includes data on morbidity for only 17 out of 30 health districts; the other 13 districts report no cases of diarrhea or pneumonia, which is highly unlikely), lack of verification processes (e.g., data that are found at the health district and health area levels are not found at the central level), and inadequate updating of software in the Censo-net. In addition, health posts, which represent 28% of the provision of first level of care services, do not have a real census available, so that very often they use projections that do not reflect the reality in their communities. Therefore, percentages of coverage of health post services are not accurate or are not available. Thus, for indicators, such as number 23 (% of births attended by skilled birth attendant), only absolute numbers and not percentages can be reported.

Of those PMP indicators for which full data (baseline, target, and quarterly progress) are available, progress toward targets is mixed. For example, for indicator number 8 (% of pregnant women supplemented with folic acid in the first prenatal visit), progress toward the target of 70% is on track, with 33.70% of women receiving this supplement in Q2. Others, such as numbers 9 and 11 (% of children 6-59 months of age supplemented with folic acid and % of children 6-59 months of age that receive iron supplementation, respectively) progress toward the targets of 7% (for both indicators) is slow. This is largely due to weaknesses in the supply chain for these micronutrients, which Nutri-Salud is in the process of addressing.

In summary, the absent and/or low coverage and percentages from the SIGSA (and consequently in the Nutri-Salud PMP) are not only due to lack of inputs (e.g. micronutrients) but also to lack of adequate data registration systems, deficient data entry and integration at the central level, and failure to comply with data reporting deadlines and requirements. Nutri-Salud will take the following actions in the next six months in order to improve the reporting of indicators from SIGSA, as mentioned in the Monitoring and Evaluation section:

- ◆ Update the Censo-net application and data base to develop an automated report from Censo-net to SIGSA in order to prevent inconsistencies derived from manual tabulation and consolidation of data. In addition, the updating Censo-net will help for follow up of the sub-agreement indicators that Nutri-Salud of the PEC NGOs.
- ◆ Continue training in census and mapping of health services in 30 priority municipalities. The manual for trainers and another one for participants will be shared with the MOH, which is very interested in reviewing and using them nationwide.
- ◆ Censo-net will be installed in 126 health posts in 30 municipalities, so that they have population data and can compute real prevalence of the coverage of services, morbidity and mortality.
- ◆ Pursue discussions with the MOH regarding the use of a unique code of identification of health service users at the national level, linked to the code used by the National Registry of Persons (RENAP in Spanish) and the creation of an e-service (automated online service) for registering family members so that the MOH can have real censuses in all first level of care facilities.



Project Management

Partnerships and Collaboration

Nutri-Salud established means of collaboration with all USAID health sector partners, including DELIVER, Health and Education Policies and Programs (HEPP), family planning PSI/PASMO/PlanFam, and a committee of implementing partners meets monthly. TRAction and Nutri-Salud coordination is ongoing.

In the department of Quiché, USAID partners met two times this quarter, with the following outputs: signing of letters coordination between USAID partners; creation of USAID partners committees to strengthen interventions; and joint presentation of projects and advances to mayors, including economic investment (Agexport), food security (Save the Children) and nutrition and health (Nutri-Salud and PlanFam). The meetings will continue in the future.

Staffing and Administration

A project office was rented in San Marcos, given that the health area premises were destroyed by last year's earthquake. Given that Huehuetenango is the health area with the most priority municipalities and 48% of convergence centers and 32% of health posts, the decision was taken to hire two additional regional staff. The announcement and selection procedures were carried out in March 2013, and personnel have been selected to start working next quarter. Annex 5 outlines other staffing changes in the project as well as short-term technical assistance (STTA) and local consultants.

Public Relations and Development Communication

Disseminating information on Nutri-Salud achievements and progress for different audiences is an ongoing activity that includes weekly updates to USAID.

In addition, the following literature reviews for internal and external audiences were published:

- ◆ 2 on Community Maternal and Neonatal systems,
- ◆ 1 on Intercultural services and indicators,
- ◆ 1 on a nutrition communication intervention focusing on health services in Peru, and
- ◆ 1 on impact evaluation of nutrition interventions.

Substantial progress was made on the design of the Nutri-Salud Web site, which will be launched in Q3, FY'13. Establishing and promoting web-based communities of practice to exchange lessons learned and best practices has been postponed until FY'14, when the entire Nutri-Salud Web-enabled system and web portal are up and running. (See Section Monitoring and Evaluation for more information [add cross reference])

Compliance with USAID Environmental Guidelines

Nutri-Salud submitted the draft Environmental Mitigation Plan and Report to USAID and received comments. A revised plan will be submitted in April. All NGOs which receive a grant from the project will benefit from training in environmental compliance.

Activities Planned for Next Quarter

- ◆ Conduct work planning and team building workshops with staff, headquarters, and key partners
- ◆ Conduct Coordination meetings and activity planning with other USAID implementing partners In Guatemala, the six departments and 30 municipalities.
- ◆ Conduct gender Training Workshop with Mercy Corps
- ◆ Conduct coordination meetings and field visits for institutionalization activities with TRAction
- ◆ Disseminate information on Nutri-Salud achievements and progress for different audiences
- ◆ Develop and launch project website
- ◆ Establish and promote "communities of practice" to exchange lessons learned and best practices



Annex I

Work Plan Progress Table Q2, FY'13

| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|--|
| Project Management and Startup | | |
| Conduct work planning and team building workshops with staff, headquarters, and key partners | In Progress | Monthly planning workshops |
| Conduct Coordination meetings and activity planning with other USAID implementing partners | In Progress | A committee of USAID implementing partners meets montly |
| Conduct coordination meetings and activity planning with other USAID implementing partners in the field | In Progress | Meetings held with USAID partners the department of Quiché |
| Gender training workshop with mercy corps | In Progress | Mercy Corps is hiring new Gender Specialist for the Nutri-Salud project |
| Conduct coordination meetings and field visits for institutionalization activities with TRAction | In Progress | Coordination with TRAction is ongoing |
| Municipality | | |
| Integrated Project Activities | | |
| Present Nutri-Salud to Departmental and Municipal Development Councils and Commissions (CODEDE, CUMUDE, COMUSANS, etc.) in priority municipalities | In Progress | Presentations complete in all departments except Huehuetenango, to be done next quarter |
| Conduct assessment of Minimal Units paid for by municipalities (STTA) | In Progress | Assessment to be completed next quarter |
| Develop joint work plans with 30 Municipalities | In Progress | Findings of diagnostic assessment of the 30 municipalities will provide basis for work plans |
| Identify leaders within each priority municipality (20 in year 1); determine municipal level counterparts in relation to each component (Women's Municipal Office (OMM), COMUSAN, Development Councils, etc.) | In Progress | At least 10 leaders in 10 municipalities To continue in Q3 through joint planning |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|--|
| Implement training plans on nutrition for OMM, COMUSAN | In Progress | <p>5 A's workshops to develop facilitators to implement trainings with local health commissions have been held in Totonicapán, Quetzaltenango, and Ixil</p> <p>Workshops will continue and training plans will be implemented in the next quarter following the development of a strategic plan based on the results of diagnostic assessments in target areas</p> |
| Present health situation and diagnostic assessment results to municipalities and OMMs (Municipal Women's Offices) in 30 workshops with Municipal Health Districts | In Progress | Diagnostic assessment completed Presentations at municipal level underway Results to be presented to central and local levels in Q3 |
| Component 1: Prevent Chronic Malnutrition | | |
| Develop training plans on integrated nutrition, health, and Wat/San for OMM, COMUSAN | In Progress | Integrated training modules under development based on findings of diagnostic assessment |
| Component 2: Maternal, Neonatal, and Child Health Care | | |
| Conduct an assessment on capacities in emergency transportation and support to COCODEs' health commissions | Pending | Will be conducted in Q4 together with Municipalities' interventions |
| Develop training plans for COMUDEs and COCODEs on financial management and budget execution for Emergency Plans | Pending | Will be conducted in Q4 together with Municipalities' interventions |
| Implement training plans for COMUDEs and COCODEs on Emergency Plans | In Progress | All project staff and facilitators in Quetzaltenango trained in the "5 As" methodology |
| Component 3: Family Planning | | |
| Provide practical and useful tools to OMM and other Municipality counterparts to identify RH/FP problems | In Progress | Assessment conducted Tools to be identified or developed in Q3 and Q4, FY'13 |
| Conduct RH/FP sensitization workshops for Deputy Mayors (20 mayors; 2 regional workshops) | In Progress | 10 workshops conducted in 10 municipalities |
| Train OMM and COMUDEs in sexual and reproductive rights, FP | In Progress | Trainings planned for Q3 and Q4, FY'13 |
| Component 4: Community Mobilization | | |
| Sensitize stakeholders supporting Nutri-Salud activities | In Progress | Guide to create awareness of chronic malnutrition among local governments developed |
| Conduct sensitivity/awareness training for municipal councils on MNCH and nutrition together with other components | In Progress | Sensitization meetings with Municipal Councils scheduled for Q3, FY'13 |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|--|
| Activate and strengthen Municipal COMUDES, COMUSANs role in health, nutrition and Wat/San through training and ongoing supervision and coaching | Pending | These will be achieved through provision of small grants to local NGOs, to be implemented in Q3 and Q4, FY'13 |
| Train COCODEs in social audit methodology and tools | Pending | Will be conducted in Q4 |
| Identify "champion" municipalities (e.g. investment in health and nutrition) and provide diplomas or other recognition | Pending | Will take place after Municipalities have been trained in use of web page, to be implemented in Q3 and Q4, FY'13 |

Municipal Health District and Service Delivery NGOs

Integrated Project Activities

| | | |
|---|-------------|--|
| Conduct integrated diagnostic assessment of MNCH/N/FP services within each community centers, PEC NGOs (400 convergence centers) and 126 health posts | Complete | Diagnostic assessment completed for 525 primary care level health facilities in the 30 target municipalities |
| Assessment of available commodities and inputs for MNCH/N/FP | Complete | Assessment completed as part of the diagnostic assessment |
| Develop improvement plans of MNCH/N services in 126 health posts | Pending | Improvement plans to be developed in Q3, FY'12, following analysis of the diagnostic assessment |
| Develop and implement 30 workshops aimed at joint planning with Health Districts (including health posts and NGOs) | Complete | Workshops carried out in the six health areas and 30 health districts, covering Nutri-Salud target communities |
| Develop and implement workshop aimed to motivate health workers and team building | In Progress | Motivation and team building of health workers will be an ongoing aspect of all project activities |
| MOH Training workshops and conferences (Rural Health Technicians, Nurses, Field Monitors, Nutritionists) | In Progress | Workshops have been held in health census implementation, community mapping, and logistics |
| Implement quality improvement plans in MNCH/N in 126 health posts | Pending | QI plans to be implemented in Q3 and Q4, FY'13 |
| Develop plans for creation of permanent community health worker presence in prioritized community centers (400) | Complete | Nutri-Salud worked with the Guatemala MOH to develop the scope of work and work plans for the PEC model |
| Implement c-IMCI, MNH, and nutrition strengthening plans through grants | In Progress | Grants will be awarded to 19 PEC NGOs to guarantee permanent health presence in 400 convergence centers in Q3, FY'13 |
| Update computers of PEC NGOs for improved M&E systems through grants | Pending | Planning to be revisited after grants with the PEC NGOs awarded and activities underway |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|---|
| Issue RFAs for PEC NGO grants | Complete | Competitive RFA was not issued, as grants will only be offered to organizations certified by the MOH |
| Conduct technical and financial proposal development training for PEC NGOs | Complete | Support provided to the MOH for a workshop for PEC NGOs |
| Select PEC NGOs and award first round of grants to NGOs to provide complementary services in 30 jurisdictions | In Progress | MOH selected 18 NGOs Nutri-Salud target areas to work under PEC Terms of reference developed for grants to support PEC NGOs Grants to be awarded Q3, FY'13 |
| Support certification of PEC NGOs | In Progress | Nutri-Salud gave technical assistance to MOH to revise standards of inputs and quality of service delivery of maternal, neonatal, and child health projects |
| Train bilingual health providers as "medical interpreters and translators" | Pending | Will be conducted in Fiscal year 2014 |
| Conduct PEC NGOs service delivery survey to determine capacity building and next steps in each area and health district | In Progress | The assessment was conducted Data is being entered, and data analysis and report will be prepared next quarter |
| Conduct dissemination meetings | Pending | After reports and presentations are prepared, to be implemented in Q3 and Q4, FY'13 |
| Component 1: Prevent Chronic Malnutrition | | |
| Review analysis of gaps in service delivery: emphasis on ENA and growth monitoring and promotion (GMP) | Complete | Part of the diagnostic assessment of health facilities |
| Conduct diagnostic assessment of severe acute malnutrition community treatment (availability and use of RUTF) | Pending | Data analysis to be conducted Q3, FY'13, with analysis of diagnostic assessment data |
| Design nutrition strengthening plans for district health personnel | In Progress | To be part of trainings |
| Implement nutrition counseling training at all levels | In Progress | Results of TIPS will inform design of nutrition counseling training Will be conducted together with TIPS methodology |
| Implement other nutrition strengthening activities including improving access to potable water | Pending | To be revisited within the strategy to form alliances with private sector actors in Q4, FY'13 |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|--|-----------------|---|
| Component 2: Maternal, Neonatal, and Child Health Care | | |
| Review analysis of gaps in service delivery: emphasis on identification of pregnant women, ambulatory care, home visits, nutritional status, inclusion of TBAs , and classification and treatment of diarrhea and pneumonia | In Progress | Census and mapping being conducted in health posts and convergence centers area of coverage |
| Component 3: Family Planning | | |
| Design a community database for CYP (STTA) | Pending | To be designed Q3, FY'13 |
| Train health area staff (DAS) and district personnel in HMIS (SIGSA 27 - SIGSA 3- SIGSA WEB) | Pending | To be designed Q3, FY'13 |
| Conduct initial sensitization trainings for health posts, minimal units, NGOs on RH/FP | In Progress | Trainings underway, to be completed in Q3, FY'13; trainings conducted in all health posts and with NGOs in Quetzaltenango In Ixil, NGO staff trained |
| Conduct inventory of organizations and other actors that can distribute FP methods at community level | In Progress | Meetings held with MAGA, Plan FAM, APROFAM, Save the Children, and other organizations working in family planning in the target areas This activity will continue in the 3rd and 4th quarters of FY 2013 |
| Train male health district personnel in FP for men | Pending | To be conducted Q3, FY'13 |
| Train health district personnel in youth friendly SRH/FP | Pending | To be conducted as part of FOGs provided to NGOs Q3, FY'13 |
| Component 4: Community Mobilization | | |
| Design an incentive strategy for the DMS (e.g. letters of recognition from MOH) | Pending | Negotiations with IDB for project to collaborate with Nutri-Salud in Health Post activities underway |
| Organize field visits with MOH authorities between health services and communities | In Progress | Field visits with MOH staff are regular activities; to be continued in Q3 and Q4, FY'13 |
| Reward DMS that meet targets (e.g. publicity through news and local radio) | Pending | Negotiations with IDB for project to collaborate with Nutri-Salud in Health Pst activities underway |
| Update cell phone database for health district, health post staff and NGOs for SMS strategy | Pending | To be designed Q4, FY'13 |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|--|-----------------|---|
| Academia and Training Schools | | |
| Integrated Project Activities | | |
| Conduct study on community auxiliary nurse schools and programs (STTA) | In Progress | Schools propose that Nutri-Salud provide scholarships |
| Implement health and nutrition training plans with universities and schools | In Progress | Training plans developed and 3 workshops conducted |
| SBCC training for University students | In Progress | >300 students trained; 25 assigned to Nutri-Salud health posts |
| Involve students in formative research for BCC | In Progress | 1 graphic design student doing EPS with project |
| Component 1: Prevent Chronic Malnutrition | | |
| Design plan to strengthen nutrition education with emphasis on essential nutrition actions, GMP | In Progress | Planning meetings held with practicum coordinators of 3 universities |
| Design plan to strengthen nutrition teaching and research capabilities of students assigned to priority Municipalities | In Progress | (See above) Activities to continue in Q3 and Q4, FY'13 |
| Component 2: Maternal, Neonatal, and Child Health Care | | |
| Design plan to strengthen MNH education with emphasis preventive care and inclusion of TBAs and auxiliary nurses in HBB, KMC, and HACAP. | In Progress | Two workshops held with final year medical students |
| Design plan to strengthen MNH teaching and research capabilities of students assigned to priority Municipalities | In Progress | Two workshops held with final year medical students |
| Implement plans with Universities and schools | In Progress | Plans being implemented in medical schools; will continue in Q3 with nursing students |
| Review and adjust C-IMCI protocols (production in SBCC budget line item) | Complete | Protocols reviewed and will be validated and printed in Q3 |
| Conduct IMCI training using updated training curriculum and protocols with training schools and universities | In Progress | Nutri-Salud participated in MOH-led commission to review and standardize a training methodology |
| Explore production of inputs for C-IMCI (ORS, zinc) with Universities' schools of chemistry and pharmacy | Pending | Sufficient nutrition products available; focus should be on supply chain logistics |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|---|
| Component 3: Family Planning | | |
| Develop training modules for SRH, gender, male involvement, FP | In progress | Module developed for male involvement; other modules will be designed Q3 and Q4 |
| Adapt and apply methods and tools from the Institute for Reproductive Health (Georgetown) in Guatemala | In Progress | Workshop conducted to transfer components and tools |
| Include RH issues in the EPS interdisciplinary curriculum | In Progress | Included in training to date |
| Private Sector and Civil Society | | |
| Integrated Project Activities | | |
| Develop terms of reference for other NGO grants solicitations (women's groups, community mobilization, etc.) | In Progress | First RFA for grants to NGOs to implement youth sexual and reproductive health activities issues Second RFA for NGOs activities to increase community involvement in health prepared |
| Conduct technical proposal development training for NGOs | Pending | Proposal and workplan refinement workshops for NGO finalists to be conducted Q3, FY'13 |
| Select NGOs and award second round of grants | Pending | To be awarded Q3, FY'13 |
| Develop and launch awareness campaign for sponsorship of friendly health services by well-off urban communities ("Adopt a health post") | Pending | To be revisited within the strategy to form alliances with private sector actors in Q4, FY'13 |
| Coordinate visits and meetings with private sector partners to create awareness on project goals and objectives | In Progress | Meetings held with 14 potential private-sector |
| Develop and Implement plan to engage and support private sector by forming broad alliances to increase stewardship for health and nutrition | In Progress | A strategic plan is in development |
| Conduct inter-sectorial coordination meetings for inter-sectoral participation in FP, MNCH, Nutrition, and WASH | In Progress | Coordination with health sector and nutrition and food security partners |
| Develop alliances with private sector to support SBCC activities (e.g., printing of material, air time etc.) | In Progress | Contacts made with media companies; to continue in Q3 FY'13 |
| Component 1: Prevent Chronic Malnutrition | | |
| Define and develop a plan to engage and support private sector related to nutrition interventions, including the provision of nutritional supplements | In Progress | A strategic plan is in development |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|---|
| Component 2: Maternal, Neonatal, and Child Health Care | | |
| Design a "Medical alert" system paid for by private funds for MNH complications | Pending | To be explored in greater detail in Q3 and Q4, FY'13 |
| Implement "Medical alert system" | Pending | To be explored in greater detail in Q3 and Q4, FY'13 |
| Conduct advocacy with private sector for commodities and inputs for C-IMCI (ORS, antibiotics) | In Progress | To be explored in greater detail in Q3 and Q4, FY'13, as part of the larger private sector strategy |
| Component 4: Community Mobilization | | |
| Design a campaign to promote participation in Development Councils and health and nutrition commissions | Pending | To be conducted by NGOs receiving grants for community mobilization |
| Implement campaign to promote community participation | Pending | To be conducted by NGOs receiving grants for community mobilization |
| Identify peer mother counselors (mother leaders) for counseling activities | In Progress | Assessment of 200 mother counselors underway |
| Create incentives for voluntary personnel and/or health posts | In Progress | Negotiations with IDB funds to "add value" to Nutri-Salud interventions |
| Cross-cutting Activities | | |
| Monitoring and Evaluation | | |
| Facilitate updating census and maps with 85 health posts | In Progress | Health censuses and mapping underway; to be completed in Q3, FY'13 Censo-net, an automated census tool, will be set up for use in all health posts in the project target areas |
| Design interactive web-based portal" / dashboards | In Progress | Project information system platform to be finished Q3, FY'13 |
| Launch interactive web-based portals and dashboards | Pending | Web-based system and dashboardsto be launched Q4, FY'13 |
| Re-calculate cluster samples in priority municipalities for QI | In Progress | Censuses of Convergence Center catchment areas completed Census of health post catchment areas to be finished in the Q3, FY'13 |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|---|
| ProCONE and AINM-C knowledge, attitude and practices (KAP) surveys in priority districts | In Progress | The diagnostic assessment of the primary care level of health service identified 525 health facilities in the Nutri-Salud target areas First measurements will be made Q3, FY'13 |
| ProCONE and AINM-C quality of care monitoring in 85 health posts | In Progress | First measurements will be made Q3, FY'13 |
| Conduct baseline surveys using university students for data collection | Pending | Measure-Evaluation to conduct baseline survey |
| Participate in meetings to update SIGSA indicators and outputs | Complete | Nutri-Salud participated with the MOH in reviewing the SIGSA, the project funded an analysis of the system that included recommendations for system improvements |
| Social and Behavior Change Communication | | |
| <i>SBCC Strategy and Activities</i> | | |
| Develop SBCC strategies | Complete | Situation analysis of 18 priority behaviors completed to refine SBCC strategy |
| Conduct a situational assessment for SBCC | In Progress | Field visits to communities in San Marcos and Huehuetenango were made during the quarter Field visits will continue in the remaining quarters of FY'13 |
| Explore the feasibility of call center / hotlines aimed at adolescents for SRH/FP | Pending | To begin in Q3, FY'13 |
| Develop and disseminate articles featuring "unsung heroes" from health sector | In Progress | Articles and weekly updates have been written this quarter and publications will continue throughout the project |
| Targeted formative research to fill SBCC gaps | Pending | Formative research is being planned for specific behaviors |
| Train basic health teams and facility based personnel on counseling and group facilitation skills | Pending | To begin in Q3, FY'13 |
| Conduct orientation on SBCC materials | In Progress | To be implemented To begin in Q3-Q4, FY'13 |
| Design and launch awareness campaign for male leaders in FP/RH | Pending | To be designed Q3-Q4, FY'13 |
| Implement awareness campaign for maternal health and nutrition | Pending | To be designed Q3-Q4, FY'13 |
| Perform street theater and puppet shows to raise awareness | Pending | Will be programmed in FY'14 |



| Activities Planned - FY 2013, Q2 | Activity Status | Observations |
|---|-----------------|--|
| <i>SBCC Materials</i> | | |
| Design and reproduce CONEC newsletter | Pending | A contact within the MSPAS is still being defined for this activity |
| Review, update, test, and reproduce existing FP, nutrition, MNH, IMCI, community mobilization materials. | In Progress | Materials reviewed; to be updated Q3, FY'13 |
| Review, update, test, and produce NEW FP, nutrition, MNH, IMCI, community mobilization materials. | In Progress | Materials have been reviewed and updates will be made in Q3, FY'13 |
| Develop FP/RH materials for adolescents and men; youth; and culturally appropriate materials considering Mayan perspectives | In Progress | A consultant hired to revise all job aids for health providers and materials for distribution for population |
| Support the design of posters and BCC materials for "Health Champion" activities | Pending | FY'14 |
| Identify and adapt positive development methodologies for SRH, and Mayan culture | Pending | FY'14 |
| Review and improve FP counseling cards | In Progress | Materials reviewed; to be updated Q3, FY'13 |
| Review and update clinical protocols (e.g., IMCI) | In Progress | Protocols reviewed and updated; printing distribution Q3, FY'13 |
| Review logistics system for SBCC materials | In Progress | Review completed; design of new system in Q3, FY'13 |
| Public Relations and Development Communication | | |
| Disseminate information on Nutri-Salud achievements and progress for different audiences | In Progress | Activity ongoing |
| Develop and launch project website | In Progress | Website to be launched Q3, FY'13 |
| Establish and promote "communities of practice" to exchange lessons learned and best practices | Pending | Postponed until FY'14, when web-based portal up and running |

Annex 2

Nutri-Salud Performance Management Plan Indicator Targets: Q2 FY'13

| # | Indicator | Baseline | Q1 | Q2 | Year 1 Targets |
|---|--|--|--------|------------------------------|----------------|
| Result 1: Chronic Malnutrition Prevented | | | | | |
| 1 | % of children under 2 years with global malnutrition (low weight-for-age) | 18% (ENSMI 2008-09) (MEASURE) (SIGSA) | | No data reported by SIGSA | 17% |
| 2 | % of children under 5 years of age with stunting (low height-for-age) | 64% (ENSMI) (MEASURE) (SIGSA) | | No data reported by SIGSA | 63% |
| 7 | % traditional birth attendants (TBAs) trained on ENA | 15.8% (ENSMI) (SIGSA) | | 0 | ND |
| 8 | % of pregnant women supplemented with folic acid in the first prenatal visit | 15.8% (ENSMI) (SIGSA) | 35.56% | 33.70% | 70% |
| 9 | % of children 6-59 months of age supplemented with folic acid | MEASURE 7% (SIGSA) | 1.62% | 0.13% | 7% |
| 10 | % of pregnant women supplemented with iron in the first prenatal visit | 15.8% (ENSMI) N/D en MEASURE (SIGSA) | 35.86% | 36.81% | 71% |
| 11 | % of children 6-59 months of age that receive iron supplementation | 7% ENSMI (SIGSA) | 1.62% | 0.14% | 7% |
| 13 | % of children 6-59 months of age that receive Vitamin A | ENSMI MEASURE 30% (SIGSA/2011) | 4.97% | 0.89% | 30% |



| # | Indicator | Baseline | Q1 | Q2 | Year 1 Targets |
|--|---|--------------------------------------|----|---|---------------------------------|
| 14 | % of postpartum women that receive iron supplementation in the first control visit | ENSMI N/D SIGSA | | 14.79% | ND |
| 15 | % of postpartum women that receive folic acid in the first control visit | ENSMI N/D /MEASURE SIGSA | | 14.68% | ND |
| 16 | % of children under 2 years of age who have monthly well-baby care visits (growth monitoring and promotion) | ENSMI MEASURE SIGSA | | ND | 50% |
| 20 | % of children 0-59 months of age with severe acute malnutrition | MEASURE SIGSA | | 0.04% (79 cases) only 19 out of 30 municipalities in NS intervention area have reported cases | 0.80% at the end of the project |
| 21 | % of pregnant women with malnutrition | N/D /MEASURE SIGSA | | 0.59 % (102 cases out of the 17,248 pregnant women in prenatal control) | 1% at the end of the project |
| 22 | No. of health facilities in the target area with established capacity for community management of severe acute malnutrition (SAM) | Project reports ND en MEASURE | | 8.4% | ND |
| Result 2: Improved Neonatal, Child and Maternal Health Care | | | | | |
| 23 | % of births attended by skilled birth attendant | 26.5% (ENSMI) MEASURE SIGSA | | Number of births 1,530 | 26.5% |
| 29 | % of pregnant women with first prenatal visit | ENSMI N/D en MEASURE SIGSA | | 52.59% | ND |



| # | Indicator | Baseline | Q1 | Q2 | Year 1 Targets |
|----|---|---|----|--|----------------|
| 32 | % of diarrheal episodes in children under 5 years managed (diagnosed and treated) by CHWs | ENSMI MEASURE SIGSA | | Number of cases 3,256, (21 out of the 30 Municipal Health Districts reported cases) Percentage not available | 62.3% |
| 33 | % of pneumonia cases in children under 5 years managed (diagnosed and treated) by CHWs | ENSMI MEASURE SIGSA | | Number of cases 736 (12 out of the 30 Municipal Health Districts reported cases) Percentage not available | 59.6% |
| 34 | % of children 12 to 23 months with complete immunization coverage | 76.5% ENSMI N/D /MEASURE SIGSA | | ND | 85% |

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

| | | | | | |
|----|--|-----------------|--|---------------------|----|
| 38 | % of primary health care facilities with community based distribution of family planning methods | BRES | | ND | ND |
| 39 | No. of CYP provided by FP methods in targeted communities | BRES | | ND | ND |
| 43 | No. of new users of FP methods | SIGSA | | 7,154 | ND |
| 46 | % of municipalities that support activities to promote FP/RH | Project reports | | 10 de 30 (33.3%) | ND |
| 47 | % community health staff trained in FP service delivery | Project reports | | 0 | ND |

Result 4: Established Community and Local Government Unit Support for Improved Health and Nutrition

| | | | | | |
|----|--|---------|--|----|----|
| 50 | % of health and nutrition committees headed by women | DMP/OMM | | ND | ND |
|----|--|---------|--|----|----|

Annex 3

Nutri-Salud Training Events Q2 FY'13

| Training Event | Participants | M | F | Total |
|---|--------------|----|-----|-------|
| Strategic Planning workshop | SIGSA unit | 14 | 3 | 17 |
| Early warning system and timely response to acute malnutrition and maternal and neonatal monitoring | DAS IXIL | 19 | 18 | 37 |
| Grants to PECs (CEP) NGOs workshop | SIAS | 32 | 33 | 65 |
| Workshop standardization of the strengthening of the first and second levels of care "Pacto Hambre Cero" | SIAS | 51 | 44 | 95 |
| Strengthening of first level health care, Municipality of Cunén, Quiché | Community | 13 | 24 | 37 |
| Training of trainers workshop, "Ficha Única" MOH, Central level | MSPAS | 15 | 12 | 27 |
| Strengthening of first level health care, Nuevo Progreso and San Lorenzo districts, San Marcos (workshop) | SIAS | 16 | 23 | 39 |
| Women's Day in Cotzal, Quiché | Community | 0 | 219 | 219 |
| Strengthening of first level health care, district Sibinal and Tajumulco, San Marcos | SIAS | 21 | 38 | 59 |
| Logistics cycle, health care districts staff of the municipalities of San Marcos (workshop) | SIAS | 39 | 23 | 62 |
| Strengthening of the first level health care, municipalities of Huehuetenango (workshop) | SIAS | 40 | 70 | 110 |

Annex 4

Communication Materials Developed and Distributed in Q2 FY'13

Communication Materials Developed (Updated/Revised* Existing Materials)

| Material | Type | Primary Audiences | User | Printing |
|---|------------|---|--|--------------|
| Four delays | Flip chart | Family members; Community members, including COCODE, Health Commissions | Basic Health Team; Educators; Auxiliary Nurses | Next quarter |
| Emergency plan (post partum) | Flip chart | As above | Basic Health Team; Educators; Auxiliary Nurses | Next quarter |
| Home delivery (Preparations for safe, clean birth & postpartum period & emergency planning) | Poster | As above | Basic Health Team; Educators; Auxiliary Nurses | Next quarter |
| Breastfeeding | Poster | As above | Basic Health Team; Educators; Auxiliary Nurses | Next quarter |

* Examples of revisions include the addition of the Nutri-Salud and MOH logos, a message to bring the new Guatemalan identity care (DPI), and a message on the importance of including in an emergency plan money for both leaving the community (going to a hospital) and returning to the community.

Communication Materials Distributed

| Health Area | Clinical records prenatal/postnatal | New prenatal consultation | Clinical record infant and child | New infant and child consultation |
|----------------|-------------------------------------|---------------------------|----------------------------------|-----------------------------------|
| Ixil | 8,000 | 8,000 | 10,000 | 8,000 |
| Quiché | 70,000 | 80,000 | 100,000 | 70,000 |
| Quetzaltenango | 25,000 | 38,000 | 32,000 | 53,542 |
| San Marcos | 20,000 | 15,000 | 60,000 | 46,500 |
| Totonicapán | 29,000 | 30,000 | 65,000 | 55,000 |
| Huehuetenango | 90,000 | 89,500 | 110,000 | 90,000 |
| Alta Verapaz | 2,000 | 4,000 | 2,000 | 4,000 |

Annex 5

Key Behaviors to Promote for the I,000 Day Window of Opportunity

| Pre- pregnancy | Pregnancy | Delivery | Postpartum | Maternal health |
|--|---|---|--|---|
| Have a life project | | | Practice hand washing | |
| Delay sexual intercourse/ pregnancy before 20 yrs. | | | Drink clean water | |
| | | | Dispose of feces adequately, safely | |
| Use condom | | | Diminish intra-household smoke (use clean stove) | |
| Use other FP methods | | | Practice timely and safe health seeking | |
| Micronutrients | | | Recognize danger signs and seek care | |
| Feeding | | | Prepare and follow birth plan and family emergency plan | |
| Participate in groups | | | Participate in community organizations/conducting social audits of health services | |
| | Ask for & use micronutrients | | Ask for & use micronutrients | |
| | Variety of foods, including sources of animal protein | | Variety of foods, including sources of animal protein | |
| | Ask for family help (rest, feeding) | Ask for family support (labor and delivery) | Ask for family help (rest, feeding) | |
| | | | Space pregnancies with contraceptive methods | |
| | | Newborn | Infant (0 - 6 months) | Infant & child (6 - 24 months) |
| | | | Practice hand washing | |
| | | Keep warm & dry | Keep children far from human and animal feces | |
| | | Recognize danger signs and seek care | Practice timely and safe health seeking (monthly) | |
| | | | Recognize danger signs and seek help | |
| | | | Timely and complete vaccination of children | |
| | | | Attend well-baby care (monthly growth monitoring & promotion) | |
| | | Immediate breast feeding | Feed the sick child | |
| | | Exclusive breast feeding | | Continued breast feeding |
| | | | | Drink clean water |
| | | | | Complementary feeding |
| | | | | Ask for & use micronutrients |



Annex 6

Nutri-Salud Staffing Changes and Short-term Technical Assistance, Q2 FY'13

Project Staff

Resignation of gender specialist: recruitment by Mercy Corps underway

New Finance/Admin Director: Carlos Quintana

Grants Manager: Jorge Pecks

Human Resources Coordinator: Claudia Avila

Private Sector Specialist (Mercy Corps): Ingrid Jacobs

Use of Short Term Technical Assistance

Paul Richardson (URC) – Monitoring and Evaluation

Tiana Jaramillo (URC) – Monitoring and Evaluation

Dan O'Brien (URC) – Public-Private Alliances

Marcia Griffiths (TMG) – Nutrition and SBCC

Michael Favin (TMG) – SBCC

Local Consultants

Berna Salas – SBCC IMCI

Karina Arriaza – SBCC FP

Felipe Lopez – NGO new personnel assessment

Elsy Cita Orozco – Assessment of Municipal Health Units in San Marcos

Catarina Osorio – Qualitative evaluation of mother counselors in Totonicapán

Irma Salazar – Data entry

Annex 7

Financial Report Q2 FY'13

Period: January 1–March 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 \$38,138,830.00

Current Obligation \$6,859,666.56

| Cost Element | Total Estimated Cost | Cumulative Expenditures to Date | Expended this Period (1/1/2013 – 3/31/2013) |
|---|----------------------|---------------------------------|---|
| Program Areas for Community Nutrition and Health Care Project | \$24,671,528.00 | \$1,400,926.46 | \$683,661.43 |
| Procurement | \$370,119.00 | \$379,319.59 | \$18,996.17 |
| Training | \$3,000,035.00 | \$94,125.86 | \$32,949.72 |
| Indirect Costs | \$3,739,843.00 | \$450,116.41 | \$169,924.42 |
| Total Federal Funds | \$31,781,525.00 | \$2,324,488.32 | \$905,531.74 |
| Cost Share Amount | \$6,356,305.00 | \$15,000.00 | – |
| Total Program Amount (+ Cost Share) | \$38,137,830.00 | \$2,339,488.32 | \$905,531.74 |

Obligated Amount \$6,859,666.56

Obligated Spent to Date \$2,324,488.32

Obligated Amount Remaining \$4,535,178.24

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