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Nutri-Salud
COMMUNITY NUTRITION
AND HEALTH PROJECT

URC
UNIVERSITY
RESEARCH Co., LLC



Nutri-Salud QUARTERLY REPORT

APRIL 1 – JUNE 30, 2013



JULY 2013

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COMMUNITY NUTRITION
AND HEALTH PROJECT



QUARTERLY REPORT

QUARTER 3, FISCAL YEAR 2013

April 1 – June 30, 2013

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Acronym List

ABR	Helping Babies Breathe, in Spanish	KAP	Knowledge, Attitudes and Practices
AGUATESAR	Guatemalan Association of Rural Health Technicians	MAGA	Ministry of Agriculture and Animal Husbandry
ANACAFÉ	National Coffee Association	MINEDUC	Ministry of Education
ANAM	National Association of Mayors	MINFIN	Ministry of Finance
AOR	USAID Agreement Officer Representative	MOH	Ministry of Health
BRES	Form for balance, request and supply of inputs (<i>Balance, Requisición y Envío de Suministros</i>)	MNH	Maternal and Neonatal Health
COCODE	Community Development Council	MNCH	Maternal, Neonatal and Child Health
CODEDE	Departmental Development Council	NGO	Non-Governmental Organization
COMUDE	Municipal Development Council	OMM	Municipal Women's Office (in Spanish)
CONEC	National Coordinator of PEC NGOs	OSAR	Reproductive Health Observatory
CRS	Catholic Relief Services	PAHO	Pan American Health Organization
DAM	Department of Acquisitions and Maintenance of the MOH	PASMO	Pan American Social Marketing Organization
DECAP	Training Department of the MOH	PEC	Extension of Coverage Program of the MOH
DERCAS	Document of Analysis and Requirements Specifications for Acceptance of Software (<i>Documento de Especificaciones, Requerimientos y Criterios de Aceptación de Software –DERCAS–</i> in Spanish)	PMP	Performance Monitoring Plan
DMP	Municipal Planning Office (<i>Dirección de Planificación Municipal</i> in Spanish)	PGL	Local Governance Project (acronym in Spanish)
EPS	Professional Supervised Practice of last-year students in different careers	PROEDUSA	Department of Health Promotion and Education of the MOH
ERI	Interinstitutional Resource Team (<i>Equipo Recurso Interinstitucional –ERI–</i> in Spanish) for Family Planning	QI	Quality Improvement
FAM	Fertility Awareness Methods	REDISMAR	Network of Organizations of Indigenous Women for Reproductive Health, Nutrition and Education in Huehuetenango (<i>Red de Organizaciones de Mujeres Indígenas por la Salud Reproductiva, la Nutrición y la Educación en Huehuetenango</i> in Spanish)
FOG	Fixed Obligation Grant	RENAP	National Registry of Persons (<i>Registro Nacional de Personas</i> in Spanish)
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>)	SOA	Service-Oriented Architecture
FUNCAFÉ	Coffee Foundation	SOW	Scope of Work
GoG	Government of Guatemala	SSR	Sexual and Reproductive Health (<i>Salud Sexual y Reproductiva –SSR–</i> in Spanish)
HEPP	Health and Education Public Policy	TIPs	Trial of Improved Practices
HEO	Health and Education Office of USAID	TMG	The Manoff Group
INAB	National Forest Institute	TOT	Training of Trainers
INCAP	Institute of Nutrition of Central America and Panama	TWG	Technical Working Group
INFOM	National Institute of Municipalities	USAC	University of San Carlos of Guatemala
IRH	Institute of Reproductive Health Georgetown University	WFP	World Food Program
ISSALM	Baby-friendly Health Services Initiative (<i>Iniciativa de Servicios Amigos de la Lactancia Materna –ISSALM–</i> in Spanish)		



Resumen Ejecutivo

El Proyecto Comunitario de Nutrición y Salud, Nutri-Salud, financiado por la Agencia de Estados Unidos para el Desarrollo Internacional (USAID) y administrado por University Research Co., LLC (URC), tiene una duración de cinco años (2012-2017), y tiene como 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 rural. Nutri-Salud tiene tres objetivos principales: 1) mejorar el estado nutricional de las mujeres en edad reproductiva y los niños menores de cinco años, con 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 de abril a junio de 2013 (tercer trimestre del año fiscal 2013) el proyecto ha continuado operando en coordinación con el MSPAS y otras entidades de gobierno como SESAN, los socios de USAID, otros socios y el sector privado. Los principales avances del proyecto están relacionados con el fortalecimiento del primer nivel de atención, la sensibilización en temas del proyecto con las municipalidades, una primera alianza exitosa con el sector privado y la continuación de las relaciones con

las extensiones universitarias del altiplano occidental. En los ejes transversales se realizó una primera ronda de monitoreo en 111 áreas de supervisión o “lotes” y se aceleraron las actividades y el desarrollo de materiales de comunicación para el cambio social y de comportamientos.

En cuanto al fortalecimiento del primer nivel, en mayo se firmaron 19 convenios con igual número de ONG prestadoras de servicios del Programa de Extensión de Cobertura cubriendo 68 jurisdicciones de aproximadamente 10,000 habitantes cada una. Los fondos adicionales proporcionados a las ONG se han utilizado para la contratación de una auxiliar de enfermería comunitaria y dos educadoras en salud para cada centro de convergencia (en promedio 5) en cada jurisdicción.

Todos los servicios de PEC actualizaron los censos y croquis de sus áreas de cobertura, con apoyo técnico y financiero del Nutri-Salud. Los puestos de salud también están efectuando esta actualización. Por su parte, el eje de Monitoreo y Evaluación está trabajando en el rescate y la actualización del CENSO. NET (base de datos de las ONG con los censos de 1-2 jurisdicciones por computadora y un sistema de reporte de indicadores) y su vinculación con SIGSA.

Los puestos de salud y jurisdicciones del PEC definieron áreas de supervisión o “lotes” y llevaron a cabo la primera ronda de monitoreo con la metodología APRECIE y LQAS. Mediante este ejercicio se conformaron 111 áreas de supervisión y se obtuvieron datos sobre la calidad de atención prenatal, posparto, neonatal y de la niñez en los establecimientos del primer nivel de atención, así como de algunos conocimientos y prácticas de las madres de niños menores de 2 años.

Con las municipalidades de los 30 municipios priorizados se ha llevado a cabo un proceso de sensibilización en los componentes del proyecto. Específicamente en el componente de prevención de la desnutrición crónica, se compartió con las autoridades locales un marco conceptual sobre las causas directas, intermedias y básicas de la desnutrición crónica, el cual fue enriquecido con las discusiones en encuentros con alcaldes y representantes de las Municipalidades. Los alcaldes y sus corporaciones también han sido sensibilizados en el tema de salud sexual y reproductiva y planificación familiar. A la fecha 26 de 30 alcaldes



(87%) han firmado cartas generales de entendimiento con el proyecto y 20 de 30 alcaldes (67%) firmaron cartas específicas sobre su voluntad de apoyar acciones de salud sexual y reproductiva en su municipio.

Se llevaron a cabo dos convocatorias para solicitar propuestas a ONG diferentes de las que proveen servicios de salud en las áreas técnicas de salud sexual y reproductiva de adolescentes y movilización comunitaria, respectivamente. Los finalistas han sido seleccionados para continuar con el proceso y llegar hasta la adjudicación de concesiones.

La primera alianza con organizaciones del sector privado (Hábitat para la Humanidad, Iniciativa58 y otras empresas), la ONG prestadora de servicios COTONEB, socios de USAID, la Municipalidad de Nebaj y la comunidad de Pexlá Grande tuvo como resultado la construcción e inauguración de un centro de convergencia en esa aldea. Otras alianzas que sigan este modelo están encaminadas.

La coordinación con las universidades en aras de la sostenibilidad de las acciones del proyecto continúa. Se han apoyado técnica y financieramente varios eventos científicos y capacitaciones a estudiantes en su ejercicio profesional supervisado en áreas del proyecto.

Entre las principales actividades que se realizarán el próximo trimestre están la capacitación del personal de salud, con énfasis en las nuevas auxiliares de enfermería y educadoras en salud. Se otorgará el segundo desembolso a las ONG del PEC que logren alcanzar las metas en los indicadores oficiales y adicionales de Nutri-Salud. Una segunda ronda de monitoreo se llevará a cabo complementada con antropometría en madres y niños de 0-59 meses para obtener indicadores del estado nutricional. Asimismo, Nutri-Salud apoyará en el re-diseño del sistema de información en salud del país. Se otorgarán fondos a las organizaciones que hayan sido seleccionadas para ejecutar las actividades de salud sexual y reproductiva de adolescentes y movilización comunitaria. Se presentará al MSPAS y al sector privado el modelo de alianza para construcción o remodelación de centros de convergencia y se continuará buscando otras alianzas con el sector privado y la coordinación con la Alianza por la Nutrición sobre todo en aspectos de comunicación para el cambio de comportamientos.



Executive Summary

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

During the period of April 1 through June 30, 2013 (Quarter 3 of fiscal year 2013—Q3, FY'13), Nutri-Salud has continued coordination with the Ministry of Health (MOH) and other government bodies such as the Secretariat for Food Security and Nutrition (SESAN by its Spanish acronym) as well as with USAID implementing partners, other partners, and the private sector. The project's principle advances were in the areas of strengthening the first level of care, sensitizing municipalities on the project's main themes, achieving the first successful alliance with the private sector, and continuing relationships with university extension programs in the Western Highlands. In cross-cutting themes, the first round of monitoring (baseline data) was carried out in 111 supervision areas (or "lots" according to the lot quality assurance sampling [LQAS]

methodology) and activities and development of materials in social and behavior change communication (SBCC) were accelerated.

To strengthen the first level of care, Nutri-Salud signed agreements with 19 nongovernmental organizations (NGOs) of the Extension of Coverage (PEC, by its acronym in Spanish), which cover 68 PEC jurisdictions of approximately 10,000 residents each. Nutri-Salud's support to these NGOs (in addition to that of the MOH), will permit the NGOs to hire one auxiliary nurse and two health educators for each convergence center for a permanent health presence in each jurisdiction.

With Nutri-Salud support, all of the PEC services updated their community censuses and maps of their coverage areas. MOH health posts are also updating their censuses and maps. Nutri-Salud's M&E team is supporting the updating of the PEC NGO database (CENSO.NET) so that it can be computerized, deliver reports on the status of indicators, and be linked to the MOH's health information system (SIGSA).

Using the LQAS methodology (called APRECIE—for Collaborative Learning and Evidence Exchange in Spanish), MOH health posts and PEC jurisdictions carried out baseline assessments on the quality of prenatal, postpartum, neonatal, and child health care at the first level of care facilities (APRECIE—quality) as well as of certain indicators of knowledge and practice among mothers of children under two years of age (APRECIE—promotion).

Nutri-Salud continued its process of sensitizing the 30 priority municipalities on the project components. A conceptual framework on the direct, intermediate and root causes of chronic malnutrition was shared with local authorities; discussions with mayors and representatives of the municipalities during meetings enriched the framework with local elements. Mayors and their respective governments received orientation on sexual and reproductive health (SRH) and family planning. To date, 26 of 30 (87%) have signed general memorandums of understanding with the project, and 20 of 30 (67%) have signed specific memorandums signaling their support for activities in SRH in their municipalities.

Nutri-Salud issued two requests for applications (RFAs) for NGOs, other than those providing health services, to conduct activities in adolescent SRH and



in community mobilization, respectively. Finalists were selected, and the evaluation process will continue until grants are issued.

The project's first alliance with the private sector (Habitat for Humanity, Iniciativa58, and other businesses), the PEC NGO COTONEB, USAID partners, the municipality of Nebaj and the community of Pexlá Grande resulted in the construction and inauguration of a convergence center in the community. Other alliances using this model are in progress.

Coordination with universities and training schools, an important strategy for sustainability, continues. The project provided technical and financial support to several scientific events and training for students doing their professional practicum (EPS, by the acronym in Spanish) in project areas.

The main activities planned for next quarter include training health workers, with an emphasis on new auxiliary nurses and health educators. The second grant payment to PEC NGOS that achieve their indicator targets will be made. A second round of monitoring (APRECIE) will be carried out, to include anthropometric measurements of mothers and children 0-59 months to obtain baseline nutritional status indicators. Nutri-Salud will also support the redesign of the national health information system, and grant payments will be issued for NGO activities in adolescent SRH and community mobilization. An alliance model for renovation or construction of convergence centers will be presented to the private sector and the MOH, additional alliances with the private sector will be sought, and coordination with the Alliance for Nutrition, particularly in SBCC, will continue.



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

In addition, 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 April 1st through June 30, 2013 (third quarter [Q3]). The report also shows activities planned for Q4 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.)

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

At the central level of the MOH, the project has continued to coordinate with key personnel of the Integrated Health Care System (SIAS): general director and coordinators of the different units (Extension of Coverage Program [PEC], First Level of Care, Health Promotion and Education, among others). At the end of June, the SIAS became the Vice Ministry for Primary Health Care, and the director became the fourth Vice Minister. Together with the USAID Director of the Health and Education Office (HEO) and the Agreement Officer Representative (AOR) the project Chief of Party (COP) had a meeting with the Vice Minister, where all USAID projects made presentations on advances in technical and financial cooperation during the last quarter.

Nutri-Salud's continued coordination and communication with the Health Areas has been vital to program and implement activities in the third quarter of Fiscal year 2013 and to make sure that components are included in the health area agenda. Project staff met and coordinated with Area Directors, technical teams (Service Delivery, Health Programs, Epidemiology, Logistics, Community Health, Health Promotion and Education, PEC), and Administration and Finance.

Nutri-Salud has also coordinated with other USAID projects, and the project is part of departmental coordination committees formed in Quiché and Huehuetenango. Meetings have taken place with Project Concern International (PCI) in Huehuetenango, HEPP (USAID/Health and Education Public Policy Project), PASMO (Pan American Social Marketing Organization)/PlanFam and APROFAM (Guatemala Association for Family Well Being) in all the regions, and RTI/Alianzas, CURAMERICAS, and Anacafé, to avoid duplication of efforts.

Component 1: Prevention of Chronic Malnutrition

1,000 Day Window of Opportunity and Vitacereal

Together with the World Food Program (WFP), Nutri-Salud held a workshop for nutritionists, coordination of Health Promotion and the PEC in all 29 health areas in Guatemala. The workshop reviewed the essential nutrition actions within the 1,000 Day Window and use of Vitacereal. Nutri-Salud presented on the topics of maternal nutrition during pregnancy, lactation, and also collaborated with the Food Security and Nutrition Program (PROSAN in Spanish) in editing and re-designing Vitacereal informational materials. The artwork is ready for printing and use by PEC NGOs. The project reproduced this workshop with professional and auxiliary nurses, nutritionists, and health educators in the six priority health areas, in cooperation with other partners, including WFP in Totonicapán and Swedish Cooperation (Swedish International Development Cooperation Agency—Sida) in Huehuetenango. The replica workshops were an opportunity to reinforce the knowledge of the first level of care teams and other district personnel (coordinators, accountants, and warehouse and information assistants).

Locally, the project nutritionists meet monthly with Health Area nutritionists to identify points of coordination and collaboration. The following are highlighted actions taken to strengthen nutrition in primary care:

- ◆ **Quiche.** Five workshops were conducted on the theory and practice of essential nutrition actions (ENA) during the 1,000 Day Window and the conceptual framework of chronic malnutrition. Three-hundred ninety-five people from health teams of 18 health districts of Quiche attended.
- ◆ **Ixil.** A progress review meeting of Zero Hunger Pact was held with each district's social workers, managers, and municipal coordinators of "friendly spaces"



This child from Quiche will benefit from Nutri-Salud's interventions.

(spaces, usually in health centers, where adolescents can meet to discuss sexual and reproductive health issues and receive health care. The Zero Hunger Pact was shared with all health personnel, and actions within this framework are being carried out, albeit with some difficulties due to the lack of essential inputs for the provision of health care.

- ◆ **San Marcos.** Institutional and PEC personnel from the 8 prioritized municipalities received training on breastfeeding (immediate, exclusive, and prolonged).

Online Course for Primary Health Care Providers

Nutri-Salud continues to work in collaboration with FHI (Family Health International) 360/FANTA and INCAP in developing the curriculum for a distance education course for strengthening the skills of auxiliary nurses from health posts and convergence centers in ENA. Advisors reviewed the content of the first three units of the course, which are being adapted to be used interactively. As part of the process, local Nutri-Salud teams supported the INCAP team to conduct focus groups with health educators and auxiliary nurses in Santa Lucia la Reforma and Momostenango, the two prioritized *municipios* in Totonicapán. The findings will serve to define the educational strategy for these personnel. The auxiliary nurses prioritized the need for training in prenatal care, immunizations and micronutrient supplementation, although a smaller proportion prioritized health promotion and prevention activities through counseling and group sessions. Health educators, on the other hand, prioritized educational activities, health promotion and prevention, through counseling, training mother leaders and

support groups. 93% of staff interviewed has access to computers, but the majority (58.6%) must pay for internet access at internet cafes.

Consultancies/Visits

In May, The Ministry of Development, the MOH, and Nutri-Salud hosted the conference, "Nutrition Makes a Difference: the Importance of Maternal Nutrition during Pregnancy and Breastfeeding" by Dr. Teresita González de Cosío, professor and researcher at the Research Center in Nutrition and Health of the National Institute of Public Health of Cuernavaca, Mexico. The conference highlighted the situation of chronic malnutrition among women in Guatemala. More than 100 people from different institutions, NGOs, Ministries and partners attended the event. The event was also replicated in Quetzaltenango.

Graduate Students

Nutri-Salud is sponsoring the field work practicum of three Master of Public Health students. Yuna Hammond, from Emory University, Atlanta, performs formative research on the knowledge and attitudes of primary health care providers in two municipalities of Quetzaltenango and Totonicapán. Through interviews and observations, the goal is to identify knowledge and management of chronic and acute malnutrition and the role health providers take in differentiating these problems and emphasizing prevention of chronic malnutrition. The results will be the basis for a strategy that the project will promote to create an enabling environment with emphasis in the prevention of chronic malnutrition and treatment of acute malnutrition as part of provider behavior changes called for by Zero Hunger Pact.



As part of the collaboration with INCAP, Frances Knight, of the London School of Hygiene and Tropical Medicine, conducts research using trials of improved practices (TIPs) in Huehuetenango, to test the recommendation to feed children 9-11 months a nutritious (soft and dense) porridge, and foods enriched with animal or fortified cereals. This recommendation comes from the study conducted by FANTA and INCAP using the software OptiFoods to analyze maternal and child diets. Formative research results will be used to determine if it is possible to promote these behaviors and the best way to do it.

Component 2: Maternal, Neonatal, and Child Health Care

An inter-institutional team with representative of the MOH, Mesoamerican 2015 project funded by the Inter-American Development Bank (IDB), and Nutri-Salud was formed and conducted a literature and document review on the IMCI (or AIEPI in Spanish) and (Atención Integral de la Mujer y la Niñez en la Comunidad (AINM-C—or integrated community-based maternal, newborn and child health) strategy. The team prepared the document “Guidelines for the Implementation of the AIEPI-AINM-C Strategy in Guatemala,” which includes the methodological guidelines for conducting the census and mapping of primary health care facilities’ coverage areas.

Census and Mapping

All health post and convergence center personnel were trained in conducting a census and drafting maps of their coverage areas, including important characteristics that allow identification of vulnerable and at-risk groups (pregnant women, probable date of delivery, etc.). The mapping will be critical to facilitate home visits and opportune referral of complications. Currently all 68 PEC jurisdictions supported by Nutri-Salud PEC have an updated census and map, and all 126 health posts in the project municipalities are in the process of updating them. The census of the coverage area should be seen as a dynamic census that allows health workers to locate pregnant women, postpartum mothers and their newborns, acutely malnourished children, health commission members, and others, as well as providing denominators to accurately calculate indicators.

Training on New Clinical Records

Nutri-Salud provided technical and financial support to the MOH to plan and carry out training events focused on the new clinical records to be used in the first (health posts and convergence centers) and second levels of care. Specifically, Nutri-Salud assisted with the training

of trainers (TOT) conducted by MOH central level staff and in the replicas for health districts, health posts and NGOs. Replicas conducted by Nutri-Salud in prioritized health districts introduced the notion of monitoring quality of care through the review of clinical records as proposed in the APRECIE (Collaborative Learning and Evidence Exchange) methodology. Health district personnel were familiar with a similar methodology previously used by the URC HCI project in Guatemala. The Monitoring and Evaluation section below provides more detail on the quality of care monitoring method and tools designed by Nutri-Salud to support training on clinical records. Despite political problems in the Ixil health area, health teams were able to complete all their baseline measurements of quality in this and two other health areas.

Maternal Mortality Surveillance

Workshops dealing with maternal and neonatal mortality were held with the health area and district teams in Quiché, Totonicapán and San Marcos. Birth audits were also implemented to find weaknesses in neonatal care. The following issues were identified: poor recognition of danger signs in newborns by mothers, lack of awareness of the concept of exclusive breastfeeding, and little knowledge of family planning.

The project has identified five processes to improve maternal and neonatal care: surveillance of pregnant women and delivery, postnatal and newborn care, emergency planning at individual, family and community levels, referral and response system with identification of key places for initial management of complications; enabling environment in primary health care facilities; and knowledge and skills of auxiliary nurses. Training on initial management of complications will be conducted next quarter in collaboration with the TRAction project.

At the request of the Quetzaltenango health area, Nutri-Salud conducted refresher workshops on the National Immunization Program guidelines, cold chain, logistics and surveillance by health post and convergence center personnel.

Support to PEC NGOs

In May, fixed obligation grants (FOGs) were provided to 19 NGOs in six health areas to cover 68 jurisdictions of approximately 10,000 inhabitants each. After the symbolic signing of the sub-agreements, which took place at SIAS with the Minister of Health in attendance, Nutri-Salud held a meeting with area directors and administrative and financial managers of the PEC NGOs to finalize the process. The funds are destined to hire additional personnel to ensure a permanent health care



Nutri-Salud supported a workshop for staff and directors of 19 NGOs receiving grant support to establish a permanent health presence in remote communities.

presence in communities and to support achievement of health and nutrition indicators required by PEC as well as more challenging targets set by Nutri-Salud.

Component 3: Family Planning

The project has supported training of personnel from health districts and jurisdictions in family planning (FP), and in the use of the balance, request, and supply of inputs (BRES) form.

Health providers in the San Juan Ostuncalco and Concepción Chiquirichapa districts were trained in FP, and providers identified the following barriers: misunderstanding of benefits, eligibility criteria, and the family planning law.

A consultant reviewed the FP counseling process and materials in a sample of health posts and convergence centers in the project's area. While the consultant found that URC's FP brochures (from a previous project) are well-liked and positioned in health services, the concept of "balanced counseling" has for the most part been forgotten or is unknown by new auxiliary nurses and health educators. The flipchart previously used for counseling needs to be updated with methods such as implants and the fertility awareness 2-day method, and a new easy-to-use flipchart was designed and pre-tested by the consultant along with a curricula for training in "systematic offer" of methods and "balanced counseling" strategies (from previous URC project).

In response to a request for applications, Nutri-Salud received more than 30 proposals from NGOs in the 30 priority municipalities to implement interventions in adolescent sexual and reproductive health. A Grant Evaluation Committee, coordinated by the FP advisor, reviewed the proposals for eligibility and technical soundness, and identified eight finalists.

Component 4: Community Mobilization

The study of 16 Minimal Health Units in six *municipios*/ health districts in San Marcos was completed. Among the most important results were: Minimal Units bring services to areas where there is no health post or PEC NGO; they attend 5 days a week 8 hours each day, vaccinate children, have medicinal herb gardens, and support surveillance of reproductive-age women, young children, and children with acute malnutrition through home visits. However these units, which are supported by municipalities, have not been officially recognized by the MOH. The Community Development Councils (COCODE) have been trying to obtain additional resources for the units.

Challenges and Solutions to Major Implementation Issues

Challenges	Solutions
New clinical records are not being well accepted by providers or used in primary health care facilities	Participate in revision to improve and increase acceptance
Training of primary level health providers, especially new auxiliary nurses and health educators, in PEC programming	Develop alliances with nursing schools or an NGO to train new personnel; use curriculum being developed with FANTA and INCAP
Difficulty of PEC NGOs to reach milestones in FOGs—(targets met for 80% of the indicators)	Development of improvement plans for NGOs to increase performance to meet targets.
Coverage area censuses not yet 100% completed in CENSO.NET	Coordinate with SIGSA to update CENSO.NET and obtain computer equipment for health posts
Gaps in the PEC NGOs health provider performance in conducting AIEPI AINM-C	Design curriculum to train personnel in skills included in AIEPI AINM-C
Lack of improvement plans following first monitoring round	Program follow-up activities to ensure the completion of baseline monitoring
Under utilization of community providers of FP methods	Advocacy at the health district level to improve use of use community providers of FP methods identified in the inventory

Activities Planned for Next Quarter

Nutrition

- ◆ Observe and document the quality of growth monitoring and promotion sessions (including monitoring nutritional status of pregnant women) to identify opportunities for simplification and improvement.
- ◆ Conduct rapid diagnosis of bottlenecks in nutrition inputs with emphasis on micronutrients
- ◆ Provide technical and financial assistance for developing baby-friendly primary health care services workshops and activities to support World Breastfeeding Week.
- ◆ Assess the use and availability of Ready to Eat Therapeutic Food (or ATLC by its acronym in Spanish), in sufficient quantities and appropriate conditions, for the treatment of severe acute malnutrition.

Maternal, Neonatal, and Child Care

- ◆ Monitor and update census and maps of health services, especially health posts
- ◆ Complete census and maps of institutional services, upgrade CENSO.NET and install it at the District, NGO and health post levels
- ◆ Review and implement a strategy with five processes for the prevention of maternal deaths; in collaboration with the TRAction project staff from selected facilities will receive training in initial management of complications
- ◆ Train personnel in the AEIPI AINM-C strategy and other components, with emphasis on new auxiliary nurses and health educators
- ◆ Meetings to develop or review improvement plans based on baseline measurements with Area, Health District, and NGO PEC coordinators.
- ◆ Monitor the implementation of the improvement plans in all the areas of supervision.
- ◆ Visit PEC NGOs to reinforce the need for timely reporting of progress in meeting indicator targets (deliverables) by July 15
- ◆ Train local health teams and PEC and Health Area personnel of areas in the instruments to evaluate 16 PEC indicators and additional Nutri-Salud indicators of the FOGs provided by Nutri-Salud to PEC NGOs.
- ◆ Monitor progress of PEC NGOs towards the second set of milestones.



Family Planning

- ◆ Final selection of NGOs and award of grants for Adolescent Sexual and Reproductive Health
- ◆ Refine supervision and monitoring instruments for NGOs
- ◆ Include FP in the training of new auxiliary nurses, health educators and community based providers identified

Community Mobilization

- ◆ Follow up health committees and define incentive plan for their operation.



Increasing Investment in Nutrition and Health by Municipalities

Integrated Activities

An assessment of 30 prioritized municipalities that examined municipal capacities related to management of a municipal information system, existence of a municipal Web page, a municipal development plan, a budget for health projects, health projects being carried out, if any, and the training needs of Municipal Planning Offices (DMP) and OMM was finalized. Identification of the municipalities' strengths and weaknesses in improving the health and nutrition conditions of the population will be used to develop improvement plans so that these institutions acquire the abilities, methodologies, techniques, tools, and other inputs that will allow them to comply with their functions, especially related to water and sanitation.

Coordination

Coordination with the USAID Health and Education Public Policy (HEPP) project was formalized with a memorandum of understanding. Meetings between HEPP and Nutri-Salud have taken place at central and health area levels.

Component 1: Prevention of Chronic Malnutrition

Nutri-Salud conducted three regional encounters with mayors, other municipal participants, and health area representatives in: 1) Huehuetenango, 2) San Marcos, Quetzaltenango and Totonicapán, and 3) Quiche and Ixil. The topics covered included: the Nutri-Salud strategies; the Zero Hunger Pact and ENA during the 1,000 Day Window of Opportunity, and the main findings of the Nutri-Salud diagnostic assessment of health facilities in their *municipios*. Eight-seven percent (26 of 30 mayors) signed letters of agreement with Nutri-Salud, committing them to support actions in favor of nutrition and health in their communities. The goal is to have letters signed by all 30 mayors

The draft causal framework on stunting or chronic malnutrition in the Guatemalan highlands, created with technical assistance from our partner, The Manoff Group, was presented and discussed during the regional meetings with mayors and in other meetings with

COMUDEs, COMUSANs and OMMs. The introduction of the framework in all health areas yielded the addition of new local elements to enrich understanding of the factors contributing to stunting. Local teams incorporated comments and additions and have used the framework as an awareness and negotiation tool to introduce the topic of chronic malnutrition.

Nutri-Salud's local teams are present in the municipalities through training in nutrition topics such as ENA in the 1,000 Day Window. In most areas, municipalities defined a schedule of training to strengthen the prevention of chronic malnutrition, which will be implemented in a comprehensive manner with the other components of the project. Some activities that project nutritionists have supported this quarter are:

- ◆ **San Marcos.** In Sibinal they discussed the topic of breastfeeding on a radio program called "SAN (food security and nutrition) in the home", led by the Ministry of Agriculture and Animal Husbandry (MAGA). Nutri-Salud also forms part of this municipality's review commission on acute malnutrition. In six of eight (67%) priority *municipios* in San Marcos workshops on the importance of the 1,000 Day Window have been carried out with local authorities.
- ◆ **Huehuetenango.** The Cuilco COMUDE urged support for the monitoring and recovery of 46 cases of children with severe acute malnutrition without complications. The project worked with the health area to verify the cases and manage them using ATLC and will make sure that other inputs needed for the recovery of these children are available.
- ◆ **Quiche.** The project nutritionist and local teams provided educational sessions on chronic malnutrition to members of the municipality in four of five priority municipalities (80%): Cunen, Sacapulas, Zacualpa and Chichicastenango. In these meetings they also shared the chronic malnutrition causal framework.
- ◆ **Ixil.** In addition to working with the three municipalities, Nutri-Salud supported the Board of Education in designing and delivering the Diploma of Health Promotion and Nutrition, aimed at teachers in five schools in San Juan Cotzal.



The Nutri-Salud Chief of Party congratulates the mayor of one of the 30 municipalities supported by the project for agreeing to support actions in favor of nutrition and health in the community he represents.

Component 2: Maternal, Neonatal, and Child Health Care

Nutri-Salud Maternal and Child Health Advisors worked with the Private Sector Specialist to develop and present to the private sector a concept paper for an insurance plan for emergency transportation of pregnant women and children with complications to a referral health facility. The company, Global Assistance and Medical Alert, has equipped units and trained personnel and might be interested in creating insurance for emergency transportation. Nutri-Salud will assess municipality and community interest in this project and help negotiate alliances with Global Assistance and Medical Alert or another private sector company.

Nutri-Salud conducted TOT workshops on the five-step methodology to strengthen the organization of health commissions and emergency planning in 28 of 30 *municipios* (90%). These facilitators (rural health technicians, ambulatory nurses, and auxiliary nurses, and health educators from both health posts and PEC jurisdictions) were provided with materials and skills to carry out training sessions for members of COCODES and health commissions. In Ixil, with the help of the third public health graduate student from UCLA, a system for monitoring formation and activities of health commissions is being tested.

Nutri-Salud also trained social workers from the Health Areas of Quetzaltenango, Totonicapán, Huehuetenango, San Marcos, Ixil, and Quiché in the 5-step methodology

for developing emergency plans with health commissions. In the Huehuetenango health area, 32 social workers received the training.

Component 3: Family Planning

Sensitization workshops with members of the Municipal Corporations of 30 Municipalities produced awareness about SRH/FP. Tools have been shared with three Municipal Women's Offices (OMM) in the three Ixil *municipios*: Chajul, Cotzal and Nebaj. The OMM in the Ixil have also been trained in sexual and reproductive rights and FP, and the laws supporting them. Twenty Municipal mayors (67%) have signed the letter of understanding with the project to support SSRH/FP *municipios*.

The local teams are participating in the MOH organized "networks of responsible parenthood" The team for Quetzaltenango and Totonicapán is taking part of a network of men for reproductive health that other USAID projects have fostered (HEPP and Plan Fam). The project also participated in a departmental (Quiché) collective "Protect me from pregnancy" in coordination with PSI/PASMO, REDMISAR (Network of Organizations of Indigenous Women for Reproductive Health, Nutrition and Education in Huehuetenango), OSAR (Reproductive Health Observatory), APROFAM and MINEDUC (Ministry of Education).

The project participated in the Totonicapán departmental forum on "Responsible Fatherhood" and prevention of pregnancies directed at 100 teachers of cooperative institutes.



Component 4: Community Mobilization

Nutri-Salud is sponsoring the field work practicum of one Master of Public Health student from UCLA with emphasis in community mobilization for health. This student is helping the project to develop a monitoring component for the formation, strengthening of health commissions and their engagement in the 5-step methodology to draw community emergency plans. The student is based in Ixil.

Workshops were carried out with 26 Municipal COMUSAN (four prioritized municipalities do not have a COMUSAN), OMM (Municipal Women’s Office) and DMP (Municipal Planning Office) to sensitize them to the topics of the project: prevention of chronic malnutrition prevention, and maternal and neonatal mortality, FP, exclusive breastfeeding within the framework of the government’s Zero Hunger Pact and the 1,000 Day Window of Opportunity.

In Momostenango the local team was able to influence the COMUDE to change a project to amplify the Municipality headquarters for another to build a convergence center with funds from the Departmental Development Council (CODEDE) next year.

Nutri-Salud received 40 proposals from NGOs in response to an RFA to implement interventions in community mobilization.

Challenges and Solutions to Major Implementation Issues

Challenges	Solutions
A few mayors have not signed letter of agreement with the project	Visit reluctant mayors with support from the Departmental Governor and the project’s private sector specialist
Lack of training curriculum on topics of nutrition, water and sanitation for OMM, DMP and Municipal Commission for Food and Nutrition Security (COMUSAN)	Develop and present training curriculum and methodology (gender approach included); seek support from USAID partner projects (such as HEPP and PlanFam) and other organizations to implement; avoid cascade training, instead reaching communities’ organized groups directly
Lack of understanding by Municipal councils (COMUDE) and commissions (COMUSAN) on the causes and importance of chronic malnutrition	Present the causal framework of malnutrition to all the Municipal councils (COMUDE) and commissions (COMUSAN) in meetings with appropriate methodology and materials
Training needs in sexual and reproductive health and family planning not well defined at the Municipal and Health District levels	Define training needs in sexual and reproductive health and family planning together with OMM, COMUDE, and Health District Implement the plan with support from other donors and local allies
Health commissions lack resources to respond to cases of emergency, and to support their basic functions	Develop request for applications and alliances for financial support to health commissions with seed money and revolving funds, and training in finances

Activities Planned for Next Quarter

- ◆ Advocacy meetings using chronic malnutrition causal framework tools
- ◆ Develop integral training curriculum for OMM (Municipal Women’s Office) and DMP (Municipal Planning Office)
- ◆ Final selection of NGOs and award of grants for Community Mobilization

Engaging the Private Sector and Civil Society

During the last quarter numerous meetings were held with potential partners from the private sector. The following alliances were finalized:

- ◆ Alliance for the construction of one Convergence Center in Pexlá Grande, Nebaj. The alliance included the donation of US\$15,000 by i58 (protestant churches), equipment by previous USAID/UNDP project, and by PSI/PASMO PlanFam project, construction by Habitat for Humanity, donation of the land and labor by the community, grant to COTONEB from Nutri-Salud to hire an auxiliary nurse and two health educators. Inauguration of the convergence center took place on June 14, 2013.
- ◆ Citibank donated US\$5,000 for the construction of a Convergence Center in Quetzaltenango or Huehuetenango.
- ◆ Letter of Agreement with Funcafé to coordinate and continue with project activities when the USAID/Alliances project ends.

The process of introducing the staff that will provide administrative and financial advice to health stores (Tiendas de la Salud or TISA) was coordinated with Mercy Corps.

Challenges and Solutions

Challenges	Solutions
Alliance development demands significant resources and time to execute	Focus on the more promising alliances Finalize “Alliance Packages” for remodeling, equipping or building convergence centers to offer to promising private sector partners

Activities Planned for Next Quarter

The following potential alliances were also explored and follow-up will occur next quarter:

- ◆ Negotiations are underway with the municipalidad of San Miguel Ixtahuacán in Huehuetenango to build 6 Convergence Centers. This municipality is receiving support from the Marlin Mine, a gold mine owned by Montana Exploradora de Guatemala, S.A (Montana), which is a subsidiary of the Canadian company Goldcorp. USAID has agreed that alliances can be made if the Municipality is an intermediary between the project and the mine.
- ◆ Negotiations are underway with the Chajul Municipality as an intermediary of the Xacbal Hydroelectric Dam (Planta Hidroeléctrica Xacbal), a reinforced concrete gravity dam and power plant spanning the Xacbal River. The alliance will allow for the construction of 2 Convergence Centers (Xaxmoxán and Estrella Polar).
- ◆ Nutri-Salud is seeking a long-term alliance with Habitat for Humanity not only for building convergence centers but for “nutrition-sensitive small home improvement.” Habitat provides services not only to build houses, but also for small home improvements. Nutri-Salud would like to have an alliance to help families make nutrition/ health-sensitive home improvements, such as replacing a dirt floor with a cement floor, introducing water inside the home, improving the stove, making a separate kitchen, building animal kennel, and other appropriate renovations. In addition, Nutri-Salud would like to involve Habitat in their capacity as educators on finance and home care topics.
- ◆ An alliance with Banrural for micro-credits linked to nutrition/health-sensitive home improvements will be explored.



Residents of the community of Pexla Grande in Quiche cut the ceremonial sash on the new convergence center, built through an alliance coordinated by Nutri-Salud.

- ◆ An alliance with Foundation Against Hunger is in progress as it already collaborated by donating the tin rooftop for the Pexlá center. Nutri-Salud will also coordinate activities and support for the construction of one Convergence Center in Cambalam.
- ◆ Fundación Pantaleón to build more convergence centers.
- ◆ Xelapan to produce a “dissolvable nutritional cookie” for children and pregnant women

The project will design a brochure to promote future alliances and the packages of the various options for contributions (remodeling, equipping and/or building, training scholarships). The project is also planning to produce a video and a booklet on how to maintain a convergence center and how to properly use its facilities (such as toilets).



Establishing Alliances with Universities and Training Schools

Component 1: Prevention of Chronic Malnutrition

Several scientific sessions and working meetings took place with the National School of Professional Nurses in which professors and 380 students participated. Nutri-Salud presented on the following topics:

- ◆ Zero Hunger Pact and the 1,000 Day Window of Opportunity
- ◆ Essential Nutrition Actions
- ◆ Health and nutritional Status in the country and the Highland region
- ◆ Maternal and neonatal mortality in the country and the Highland region
- ◆ Critical links methodology to analyze and prevent maternal deaths
- ◆ Immunization program, cold chain and guidelines
- ◆ Municipalities, system of development councils, community organization
- ◆ Family Planning
- ◆ Logistics: micronutrient supplements, vaccines and family planning methods
- ◆ Strengthening of the first level of care

URC's Country Director gave the conference on the "Nutritional Situation of Guatemala and the Central American Region" to 1,500 attendees, both professors and students from San Carlos University Western Center (CUNOC) and other Central American Universities, at the International Scientific Medical Congress of CUNOC.

URC's Country Director presented the topic "Nutritional Situation in Guatemala and Keys to Its Improvement" and URC consultant Teresita Gonzalez de Cosío presented the "Basis of Maternal Nutrition during Pregnancy and Lactation" to 750 students and teachers at the Scientific Medical Congress of the Mesoamerican University in Quetzaltenango.

Component 2: Maternal, Neonatal, and Child Health Care

Third-year students of the National School of Nursing received training on Helping Babies Breathe (ABR in Spanish) under the coordination of the National Reproductive Health Program of the MOH.

Component 3: Family Planning

Students from various universities in Quetzaltenango were trained in family planning methods available in the MOH health facilities and counseling.

Component 4: Community Mobilization

Under the line of action seeking to establish alliances with universities and training schools there are no Community Mobilization activities to report for Quarter 3.

Challenges and Solutions

Challenges	Solutions
Classes to University teachers and students, as well as participation in Congresses, take human and material resources and time	Develop a package of TOT manuals and training materials for teachers to replicate with final-year students that do their practice in health services

Activities Planned for the Next Quarter

- ◆ Development of initial orientation for students in their Professional Practice (EPS) in nutrition and medicine
- ◆ Development of training modules on maternal, neonatal and child health, nutrition, family planning for students
- ◆ Joint supervisory visits to EPS students by university supervisors and Nutri-Salud teams to health services where they are placed; combine with project's supervisory/ coaching visits
- ◆ Continued support to scientific forums, congresses and meetings (National Congress of Professional Nurses, Scientific Fair at Mariano Galvez University, and others at San Carlos de Guatemala University)

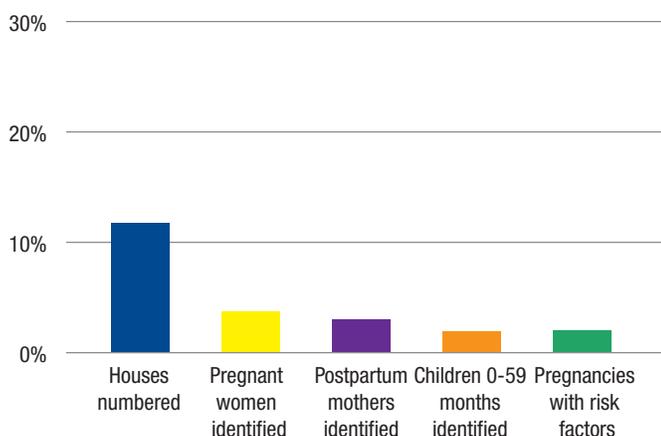
Cross-Cutting Activities

Monitoring and Evaluation

Censuses and maps

Analysis of data from the Diagnostic Assessment of Health Services, conducted last quarter, found numerous shortcomings in the existing censuses and maps in health posts and convergence centers. Censuses and maps of the coverage area did not have information that allows proper identification of vulnerable groups (e.g. house numbers, number of pregnant women, number of children <2 years, number of acutely malnourished children). For example, only 2% and 3% of health service' maps identified pregnant women and postpartum mothers identified, respectively.

Figure 1. Relevant information in health services' maps



Source: Diagnostic Assessment of health services in the first level of care in 30 prioritized municipios. Nutri-Salud Technical Report, May 2013.

Taking into consideration these results, this quarter Nutri-Salud conducted the following activities:

- ◆ **Training of providers in census and mapping:** 100% of 594 health posts and convergence center personnel were trained in conducting a census and drafting maps of their area of coverage. Currently all 68 jurisdictions under the PEC have an updated census and map and all 126 health posts are in the process of updating them.
- ◆ **Scope of work for a consultancy in census and mapping:** In order to obtain improved maps a consultant will be hired to assist in developing maps on the basis of orthophotos (aerial photographs which are geometrically corrected) provided by the MAGA and the National Forest Institute (INAB).
- ◆ **Scope of work for a consultancy to design the online data base for censuses:** Coordination has taken place with SIGSA and SIAS (presently a Vice Ministry) to design the module that will be used to enter the census data from the first level of care. This consultancy will consider the possibility of including in the design of the application a unique identification code for each person who receives services. This will contribute to establishing actual coverage of interventions and make possible continuous and longitudinal analyses. In addition, this application will take into consideration and be compatible with the service-oriented architecture (SOA) that has been proposed for the development of the new health information system. One hundred eleven supervision areas were formed in the Nutri-Salud project area as shown in Table 1.

Table 1. Supervision areas defined in health areas and percent that have conducted baseline assessment

Health Areas	Supervision areas or lots	% supervision areas with monitoring of clinical processes	% supervision areas with monitoring of mothers' KAP
Huehuetenango	41	95	80
Quiché	23	100	100
San Marcos	22	95	45
Totonicapán-Quetzaltenango	13	100	100
Ixil	12	100	100
Total	111	98	82

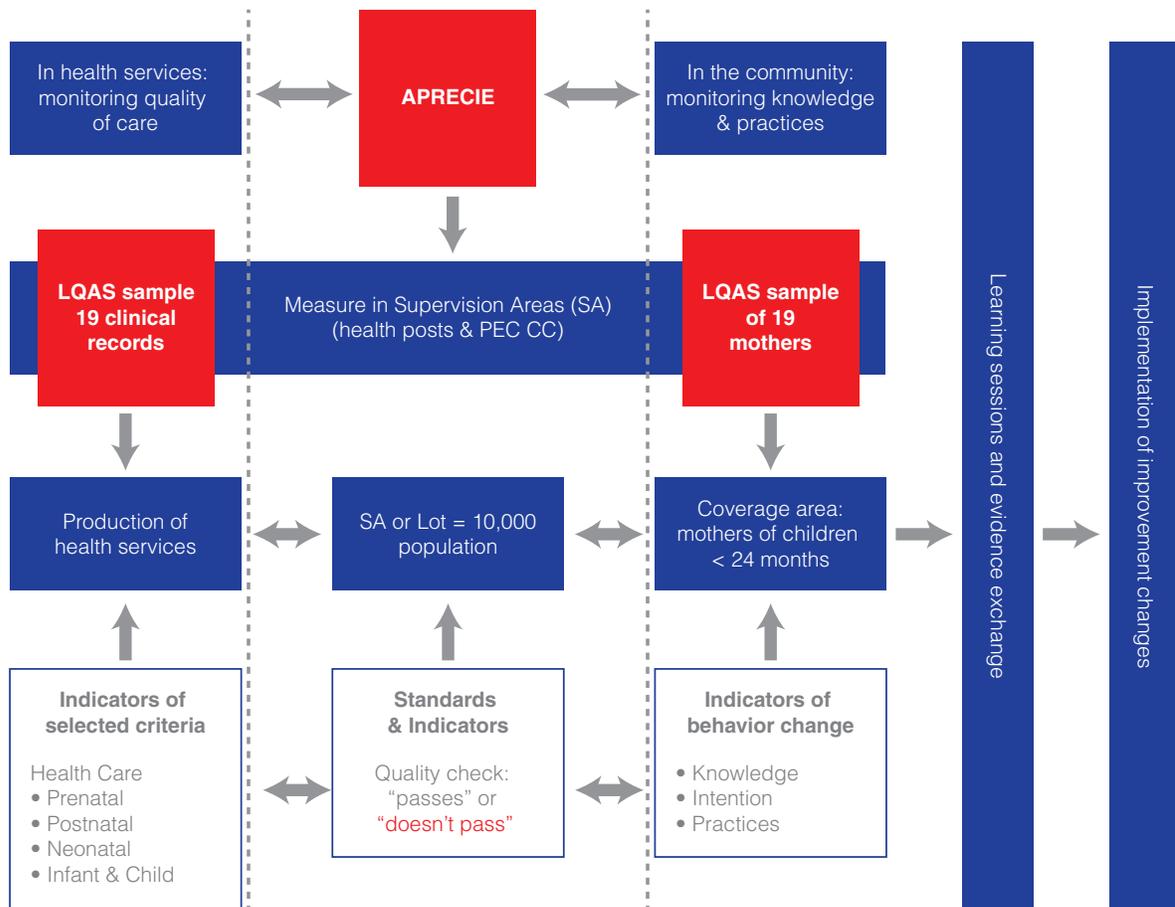
Collaborative Learning and Evidence Exchange (APRECIE)

APRECIE is Nutri-Salud's monitoring methodology for assessing process indicators of quality of health care, and knowledge, attitudes and practices (KAP) of mothers of children under the age of two. As shown in the Figure 2, APRECIE's objectives are to improve quality of care and health promotion activities, establishing standards and measuring indicators related to interventions in the Zero Hunger Pact and the 1,000 Day Window of Opportunity. The methodology uses lot quality assurance sampling (LQAS) to select samples from "supervision areas" or lots. LQAS is functionally identical to stratified sampling (where each lot is a single stratum), but requires smaller samples (19) because it does not attempt to construct a precise estimate of population parameters. A PEC jurisdiction with approximately 10,000 inhabitants is considered

a supervision area. The area of coverage of 3 to 5 adjacent health posts (6,000-10,000 inhabitants) is also considered a supervision area. In each supervision area two QI teams are formed, one focused on quality of health care and the other focused on maternal KAP.

Quality of care is assessed by the QI team through the review of a sample of 19 clinical records for each prenatal, postnatal, neonatal and child consultations. Mothers' KAP are assessed through interviews with a random sample of 19 mothers of children under the age of two in the supervision area. According to LQAS method for clinical records the threshold was set at 90%, so that if 15 out of 19 clinical records fulfill all the criteria, the indicator meets the predetermined standard of quality. For maternal interviews the threshold was set at 80%, which means that if 13 out of 19 mothers provide the correct answer (e.g. respond that they have an emergency plan) the indicator meets the predetermined standard of quality.

Figure 2. Conceptual framework of the Collaborative Learning and Evidence Exchange monitoring system (APRECIE), using LQAS



Threshold set at 90% for clinical processes 15/19 and at 80% for maternal KAP 13/19

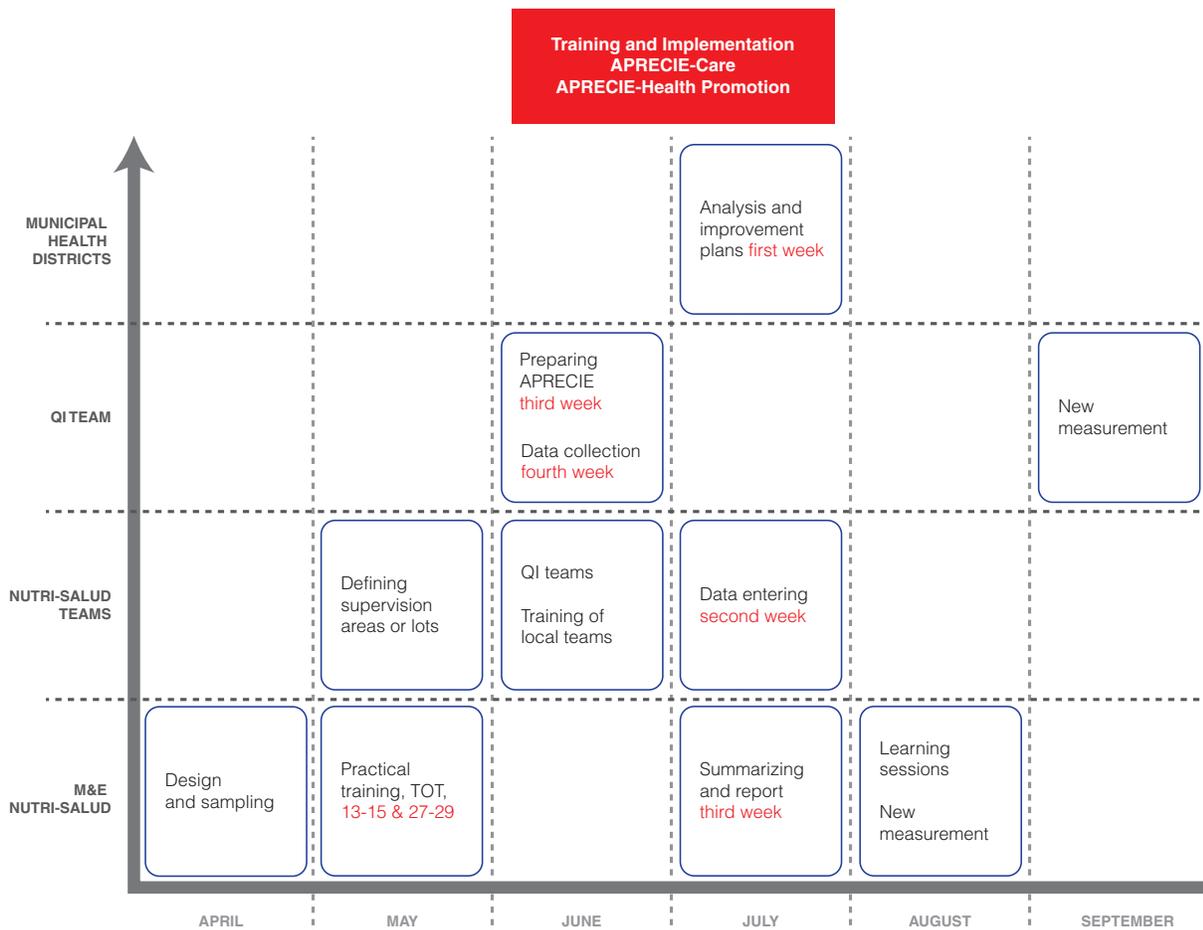


As shown in Figure 3 the baseline measurements started in the last week of June, and the data will be consolidated and analyzed in July 2013. The collaborative learning part of the methodology allows teams to share their measurements and discuss the interventions that will be put in place to improve the indicators.

Once the monitoring methodology and instruments were designed the following activities were carried out:

- ◆ Presentation of APRECIE to SIGSA and the MOH Information System Working Group. The methodology was presented as part of efforts to verify and improve the quality and consistency of the data. The Director of SIAS (presently the vice minister) wrote a letter of approval, which Nutri-Salud used in the health areas to support the implementation of the system.
- ◆ Training of Nutri-Salud staff. Training was conducted during two workshops in May to standardize staff (advisors and local teams) skills in the APRECIE methodology and use of LQAS.
- ◆ Training of QI teams in supervision areas. QI teams were formed and supervision areas were defined. At the same time, QI teams were trained in the APRECIE methodology.
- ◆ Baseline measurement in health facilities and the community. In June, data collection was conducted from clinical records and in the community from interviews with mothers of children 0-23 months of age.
- ◆ Data analysis and improvement plans in supervision areas. Data were entered in Excel data bases prepared by the project, and results were analyzed indicator by indicator. Those indicators that did not meet the standard of quality at the specified threshold were subject to discussion to find out the reasons, and to propose an improvement plan.

Figure 3. Critical route followed to implement monitoring of indicators with APRECIE and LQAS



Diagnostic Assessment of First Level of Care Facilities

Activities to follow-up the collection and analysis of data in Q2 were conducted:

- ◆ **Presentation to mayors of 30 priority municipalities.** The results of the diagnostic assessment of first level of care facilities were presented in three regional workshops with mayors. The presentation was focused on infrastructure, and water and electrical service availability, so that mayors understand the poor conditions of health facilities in their municipalities.
- ◆ **Technical reports on assessment.** One general report and six health area reports were prepared. These will be reproduced next quarter. Work on 30 municipio-specific reports is underway.
- ◆ **Presentations to USAID partners.** The assessment was presented to USAID Title II partners on June 30th and to the USAID AOR the following week.
- ◆ **Online reports.** The main indicators in the diagnostic assessment are presently on an internal web page. They will be available on the official Nutri-Salud Web site once the site has been launched. The platform used will allow filtering and making searches of available data by department, municipio and community. All health facilities were geo-referenced, which allows looking for important variables such as availability of electricity or water.

Challenges and Solutions to Major Implementation Issues

Challenges	Solutions
Insufficient training to QI teams, especially in conducting interviews and entering data	Reinforce skills when doing improvement plans, and supervisory visits

Activities Planned for Next Quarter

The activities planned for next quarter are:

- ◆ **Publication of technical reports on the diagnostic assessment of first-level of care facilities.** The M&E unit will finalize the reports, and publish and distribute them to the different audiences.
- ◆ **Second round of monitoring with APRECIE and LQAS.** Learning sessions will take place among QI teams to share baseline results and interventions planned. A second round of monitoring will take place.

- ◆ **Conducting anthropometry together with interviews.** To establish the present situation of nutritional status in a sample of 111 supervision areas of supervision in the 30 municipios, a team of anthropometrists will be hired. These anthropometrists will accompany QI teams in each supervision area and measure the children under five years of age and their mothers being interviewed.
- ◆ **Develop the software application for census using a unique identification code.** Within the strengthening of the first level of care as well as within the strengthening of the health information system, and as a follow-up to the Document of Analysis and Requirements Specifications for Acceptance of Software (DERCAS in Spanish), a module for entering the community census data and that has a unique identification code for each patient will be developed. This module is essential for reporting coverage and the production of services at the first and second levels of care. The unique ID is essential to link all the actions and/or services provided to each individual, and should be eventually tied to RENAP (National Registry of Persons) identification numbers.
- ◆ **Follow-up to the DERCAS.** At the request of the MOH, a consultant will be hired to work together with a PAHO consultant to establish the critical route for the development of the new health information system.
- ◆ **Interoperability between Censo. Net and SIGSA.** With the objective of supporting processes to improve the quality and consistency of data, the project will continue to coordinate with SIGSA and SIAS for the exportation and importation of data, generation of reports and links between the Censo.Net and SIGSA applications.
- ◆ **Design district data profiles.** Analysis of SIGSA data found that data reports at the central, area and district levels are different. Analysis of key indicators will be made to identify differences and inconsistencies.
- ◆ **Follow-up to maternal deaths (prevention and registration of maternal deaths).** In coordination with the Maternal and Neonatal Health Advisor, a proposal to prevent maternal deaths will be presented to health areas. At the same time, the information flow for notification of maternal deaths and their mapping will be proposed.
- ◆ **Design of web-based electronic dashboards.** The design of electronic dashboards will continue to provide information relevant to various stakeholders, especially to the Municipal Planning Offices (DMP) to facilitate implementation of municipal activities oriented toward improving the health and nutrition conditions of the population.



Social and Behavior Change Communication (SBCC)

Coordination

Three organizations form part of the Inter-institutional SBCC group led by Nutri-Salud: Save the Children, Catholic Relief Services and Project Concern International. Health communicators of these institutions joined efforts in order to maintain a common or similar graphic line in materials and standardize behavioral messages. This quarter, the main activities were: 1) revision and modifications to the “18 key behaviors wheel,” (a pictorial guide in the form of a wheel, used during home visits to promote behaviors and check on their implementation at the household level); 2) design of a course on counseling in the 1,000 Day Window of Opportunity; and 3) agreements on printing and use of communication materials, respecting each project’s branding plan.

Nutri-Salud provided technical and financial support to the new Communication and Health Promotion Unit of the MOH (previously known as PROEDUSA). In response to this renewed link with this Unit, the director of SIAS provided Nutri-Salud with a letter of authorization to regularly meet and plan with health Promotion Coordinators in each of six priority health areas. This is an important achievement that is expected to facilitate coordination and actions at the area, district and PEC levels. The intention is to support the area coordinators in training and supervising health educators and other community health workers that directly interact with mothers and families in the communities.

The SBCC advisor participated in the working group of the National Commission for the Promotion of Breastfeeding (CONAPLAM) to strengthen activities to promote this practice and develop a communication plan for the World Breastfeeding Week, to be celebrated worldwide August 1-7, 2013 and October 1-7, 2013.

The SBCC advisor participated in the working group of the private sector Alliance for Nutrition, sharing Nutri-Salud’s communication strategy. This group aims to create alliances between the public and private sector to increase society’s knowledge about chronic malnutrition. Among participants are: MOH, SESAN, PAHO, Unicef, USAID/Alanzas, Hill & Knowlton, and others.

As requested by USAID, Nutri-Salud participated in meetings of the USAID/Health Communication Capacity Collaborative (HC3) project led by the Center for Communication Programs. The purpose was to discuss the tools, resources and experiences available to USAID partners.

Together with the World Food Program (WFP), SESAN and the MOH, an encounter of organizations that work on community-based health and nutrition promotion strategies in Tonicapán was conducted. The meeting intended to bring together implementers and map their areas of operation (municipios, communities and smaller hamlets), materials that they use, communication products, methodologies, and community groups which they target. The result was the formation of a network of organizations that work with mother leaders in development and communication. In May 2013, Nutri-Salud conducted an in-depth study of 20 mother leaders in Tonicapán in order to find out their experiences, future needs, and incentives. The data for this study is currently being processed for analysis.

Revision, Pre-testing and Production of Communication Materials

AIEPI-AINM-C protocols were reviewed by Nutri-Salud and SIAS. Most require small modifications before use. Others, such as a birth plan, need to be modified and are presently under revision.

Together with the National Food and Nutrition Security Program (PROSAN) and WFP, Nutri-Salud conducted a technical review and made modifications to materials used to train health providers and educators on the food supplement Vitacereal. Materials revised include: promotional posters, posters on preparation instructions, recall leaflets for mothers and a guide for providers.

In order to contribute to the new model for strengthening first level of health care facilities and cultural pertinence, the following posters, to be used at health centers and health posts to inform the community, were designed and pre-tested:

- ◆ Days and times the facility is open or closed
- ◆ Local foods produced and consumed
- ◆ Health and Nutrition commission members
- ◆ Traditional curers and birth attendants
- ◆ Spiritual Guides and sacred places
- ◆ Medicinal plants

The communication strategy was shared with social workers in Nutri-Salud teams, who in their turn presented it to Health Promotion Coordinators in their areas. The Health Promotion Coordinators then supported the implementation of communication plans and the reproduction of educational materials.



Nutri-Salud pretests family planning materials with audience members before producing them.

A consultant reviewed and updated existing FP materials and designed new counseling materials. These will be produced next quarter.

Activities Planned for Next Quarter

The following activities are planned for next quarter:

- ◆ Continue to coordinate with MOH, SESAN, USAID partners, private sector, and others
- ◆ Together with the nutrition component organize a workshop on popular education
- ◆ Together with the Gender and Interculturality component organize a workshop on Gender and review materials from partners
- ◆ Presentation of Nutri-Salud strategy and materials to the private sector Alliance for Nutrition
- ◆ Pretest the behavior wheel described above in two phases: 1) visual comprehension and attractiveness; 2) use in 'real time' with health educators and family members.
- ◆ Develop companion counseling cards for providers in the first level of health care; develop user guides and training plans
- ◆ Finalize materials for first level of care facilities (posters)
- ◆ Develop training modules on counseling for the 1,000 Day Window of Opportunity by age group (pregnancy, 0-6 months, 6-8 months, 9-11 months, 12-23 months, sick child) and the 18 key behaviors
- ◆ Develop curriculum for TOT for health educators on how to train mother counselors and other community volunteers
- ◆ Meet with Health Promotion Coordinators to develop yearly plan
- ◆ Follow up to the network of community-based communication interventions by organization working in Totonicapán
- ◆ Develop a plan for incentives to community volunteers and families
- ◆ Include gender and cultural pertinence in SBCC activities and materials
- ◆ Identify with each advisor other pro-health and nutrition behaviors that should be promoted
- ◆ Coordinate with the community mobilization component for the communication strategy with Municipalities and in University students training
- ◆ Participate in the HC3 (Health Communication Capacity Collaborative) working group



Public Relations and Institutional Communication

Nutri-Salud has continued to disseminate information about the project for different audiences such as USAID – Weekly News & Activities Report. Additionally, the following reports were prepared and disseminated:

- ◆ We read for you: “Health Municipalities Strategy in alliance with the MOH and PAHO”
- ◆ Featured news. Edition 1 | June 2013
- ◆ Executive Summary of the Document of Specifications, Requirements and Criteria for Software Acceptance -DERCAS- of the Health Information System in Guatemala

International Events

In coordination with other components of the Project as well as with partners, Nutri-Salud provided technical and financial assistance for the launching of the Lancet 2013 series on Maternal and Child Undernutrition, held at INCAP.

Appearances in the Media

The following events that were carried out this quarter appeared in the media:

- ◆ Conference “Nutrition Makes a Difference”
 - Noticiero Guatevisión
 - Prensa Libre
 - Nuestro Diario
 - Emisoras Unidas
- ◆ Launch of The Lancet series
 - Prensa Libre
- ◆ Inauguration of the Convergence Center in Pexlá Grande, Quiché
 - Prensa Libre
 - Guatevisión
 - Stereo 100
 - Diario de Centroamérica

Web Site

Substantial progress was made in the planning and design of Nutri-Salud’s web page, which will be launched in the next quarter. A communication strategy to accompany the launch was prepared.

Communication Materials

The USAID/Policy Regulatory Support Project and Nutri-Salud are exploring a joint campaign to raise awareness of and popularize the 1,000 Day Window of Opportunity concept. A scope of work was prepared and submitted to advertising agencies to propose concepts for the campaign.

Communication materials developed and/or distributed this quarter are listed in Annex 4.

Activities Planned for Next Quarter

- ◆ Launching of the Nutri-Salud web page
- ◆ Redesign official Nutri-Salud publications: “success stories”, “notable characters”, “we read for you”, feature news
- ◆ Implement activities for web site launch to generate traffic to web site (mass e-mails, other promotional materials)
- ◆ Disseminate information on Nutri-Salud achievements and progress for different audiences
- ◆ Elaborate Nutri-Salud promotional materials (souvenirs)
- ◆ Develop infographics on chronic malnutrition, assessment of health services, family planning
- ◆ Review advertising agency proposals on the 1,000 Day Strategy
- ◆ Reproduce conceptual framework on chronic malnutrition
- ◆ Design bulletin for CONEC NGOs
- ◆ Organize field trips to health services and communities with the private sector, including journalists
- ◆ Coordinate with the Alliance for Nutrition

Quality Improvement (QI) and Logistics

Coordination

Nutri-Salud accompanied USAID/DELIVER in technically supporting the workshops on reorganization of logistics in the Quetzaltenango and Huehuetenango Departmental Health Areas. Although this is a DELIVER direct activity, Nutri-Salud’s involvement helps to ensure that issues related to primary level health services are addressed.

Nutri-Salud participated in the monthly meetings of the National Commission for Contraceptive Security to foster coordination with the Reproductive Health Program and ensure regular supplies of contraceptives for project services.



Quality Improvement

In coordination with the MOH Quality Management of Health Services Unit, Nutri-Salud provided technical and financial support to the technical staff of the PEC (now called the DEC, Departamento de Extensión de Cobertura) in updating its standards and guidelines manuals related to technical administrative and financial procedures, and NGO pre-selection, selection, and adjudication. Redesign of the logistics system was part of the technical support, although a few aspects still need to be finalized.

The project also began providing technical support to the Quality Management Unit to update and include standards on the selected aspects of MNCH care (including logistics) that Nutri-Salud is supporting. The first workshop “Transfer of Quality Improvement Processes” was held in the San Marcos Health Area, with 39 participants, including municipal health coordinators, district-level professional nurses and logisticians, and the Departmental Health team.

In Huehuetenango, Nutri-Salud staff accompanied DEC/PEC central level financial staff on monitoring and following visits to ADIVES to support improved administrative, financial and logistics processes. The direct contact and reinforcement to accountants and warehouse managers helped to ensure adherence to information system and storage guidelines.

Logistics Training

The logistics training workshops for PEC NGOs are almost complete; more than 150 people were trained. The only training pending is in the Health Area of Totonicapán, due to the need to update the electronic record-keeping system and coordinate with the Quality Management Unit. Participants in both workshops noted the importance of well designed data collection forms for smooth logistics and resupply.

The project provided technical and financial support to the PEC NGO ADIVES in Huehuetenango so it could replicate the logistics trainings for other interested organizations and the basic health team of Barillas District.

In Huehuetenango, nutritionists and health educators from participating districts received training in “Introduction to Logistics for Micronutrients and Other Supplies.” The training reinforced the importance of adequate coverage and use of micronutrients in reducing chronic malnutrition.

A ‘concentrated’ training curriculum for logistics training for Health Districts and health posts, including for Vitacereal, was developed and reproduced for Totonicapán. In Quetzaltenango, a similar curriculum was developed in response to a request from the Departmental Health Area to replicate the Vitacereal training and introduce supply logistics. This activity was coordinated with the Quality Management Unit and DELIVER.

Health technicians, nurses, and auxiliary nurses from health posts and convergence centers in Chiquirichapa District in Quetzaltenango received training in logistics during a workshop on immunization. Due to the short time dedicated to logistics, follow up on information management and storage conditions will be provided.

Logistics M&E

In collaboration with the project M&E team, possible indicators for measuring logistics processes and results were proposed. This activity will be completed next quarter.

The instruments for an assessment of logistics bottlenecks were drafted and revised with the inputs of project nutritionists and M&E specialists.

Challenges and Solutions to Major Implementation Issues

Challenges	Solutions
“Refocusing” continuous quality improvement methodology within the frameworks of management for results, Zero Hunger Pact, and the 1,000 Day Window of Opportunity can be puzzling to some counterparts.	Provide coaching and support during workshops with Departmental Health Areas and Municipal districts to advocate for essential nutrition and health actions within the frameworks.
Logistics does not always receive the attention required within the training workshops being delivered.	Negotiate a minimum of four hours time for logistics during workshops, so that there is sufficient time for practice as well as theory.
Some PEC NGOs are having difficulty implementing specific logistics activities.	Develop strategic alliances and improve the implementation methodology.



Activities Planned for Next Quarter

- ◆ Develop and implement logistics monitoring guide for PEC NGOs
- ◆ Continue coordination with USAID/DELIVER at the Departmental Health Area levels
- ◆ Support central level DEC/PEC technical and financial monitoring team at Departmental levels
- ◆ Follow up DEC logistics system redesign
- ◆ Continue coordination with Reproductive Health Program for contraceptive supply security
- ◆ Follow up M&E of Nutri-Salud logistics
- ◆ Provide technical support to Departmental Health Areas requesting training in logistics and related matters
- ◆ Support analysis of assessment of micronutrient logistics
- ◆ Lead refinement of environmental mitigation plan with partner Cloudburst
- ◆ Contribute to the definition of the obstetric and neonatal emergency kits at the primary level of care
- ◆ Follow up with continuous quality improvement at the Departmental levels
- ◆ Validate and finalize DEC/PEC manuals on a) NGO selection; b) technical norms; c) administrative and financial guidelines, including logistics; d) social audit
- ◆ Train Departmental health Area and Quality Management Unit staff in quality improvement in maternal and newborn health

Gender Equity and Cultural Pertinence

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

Discussion of Progress on Results to Date

As reported in Q2, FY'13, assessing progress toward Nutri-Salud's Year 1 targets continues to present challenges. As seen in Annex 3: Nutri-Salud Performance Management Plan (PMP) Indicator Targets: Q3, FY'13, which contains only those PMP indicators to be measured on a quarterly or semiannual basis, some indicators do not have data (ND). The project PMP relies on the existing MOH health information system (SIGSA) for much of its data, which has numerous weaknesses, including: lack of timely reporting, failure of health districts to report, lack of verification processes, and inadequate updating of software in the Censo-net.

Obtaining data from the SIGSA continues to be problematic not only because it is very difficult to acquire them on time but also because the inconsistencies in and poor quality of the data do not allow us to properly assess the project indicators. Coordination meetings have been held with SIGSA. A letter of authorization to take data directly from the Municipal Health District and check the consistency of data all the way to central level SIGSA was finally obtained from the Vice Minister of Primary Health Care. Next quarter an assessment of the consistency of the

data from health posts and NGOs, to the Health District and to central SIGSA will be conducted to detect the points at which the data are missed. At the same time Nutri-Salud is working to improve data quality, but with limited leadership from the MOH.

Table 2 gives examples of inconsistencies in the data, comparing the findings of from Nutri-Salud's review of clinical records (part of the project's monitoring of quality of care—or APRECIE) with the data reported in SIGSA. For prenatal care, 89% of defined supervision areas passed the quality check for giving iron and 90% passed the quality check for giving folic acid to pregnant women. Related figures in SIGSA are lower: 33.72% for pregnant women supplemented with iron and 32.27% for pregnant women supplemented with folic acid. The same is true for the micronutrient supplementation of children. While clinical records show that children are being supplemented in more than half of the supervision areas, related figures in SIGSA are 3.02% children 6-59 months of age supplemented with vitamin A, 0.6% with iron, and 0.6% with folic acid. Next quarter clinical records will be reviewed to obtain indicators on diarrhea and pneumonia treatment.

Table 2. Comparison of findings from a review of a sample of clinical records with data reported by SIGSA

Review of a sample of clinical records (19 per supervision area for 109 supervision areas or 2,071 in all)	Supervision areas that pass quality check (90% threshold)	%	Supervision areas that do not pass	%	Total supervision areas reporting	Comparable data in SIGSA %
Prenatal care						
1.8 Gave ferrous sulfate (clinical record item E11)	97	89	12	11	109	33.72
1.9 Gave folic acid (clinical record item E12)	98	90	11	10	109	32.27
Prenatal care						
4.6 Administered vitamin A; 6 months onward	56	51	53	49	109	3.02
4.7 Gave iron (or sprinkles), 6 months onward	64	58	45	36	109	0.6
4.8 Gave folic acid (or sprinkles), 6 months onward	64	58	45	36	109	0.6



There is also under registration in morbidity and all case reports. For instance, only 19 out of the 30 municipalities reported malnutrition. It is hard to believe that none the remaining of 11 municipalities had malnutrition cases. It is important to stress that as reporting improves, the prevalence of disease will increase. Additionally, SIGSA did not report the total number of births in each one of the 30 municipalities; this is why it is not possible at this moment to determine the percentage of births attended by a skilled birth attendant.

Nutri-Salud has engaged in ongoing dialogue with SIGSA regarding this issue. In addition to dialogue and support to the MOH for improving SIGSA, Nutri-Salud has taken numerous other actions to resolve these issues. With the completion of the census and mapping of each first level of care facility and of APRECIE in early Q4, FY '13, baseline data and percentages for indicators (vs. absolute numbers) will be available.

Of those PMP indicators for which full data (baseline, target, and quarterly progress) are available, progress toward targets continues to be mixed. For example for indicators 14 and 15 (% of postpartum women that receive iron supplementation and folic acid supplementation in the first control visit, respectively), the targets have been surpassed. In contrast, for indicators 8 and 10 (% of pregnant women supplemented with folic acid and with iron in the first prenatal visit) are lagging behind targets. However, as noted above, review of clinical records (APRECIE) found that the percentage of pregnant women receiving micronutrient supplementation was higher than that reported by SIGSA.

Among the indicators showing great promise are others pertaining to reproductive health. The percentage of municipalities that support activities to promote FP/RH (no. 46) has greatly exceeded its target (67% have indicated support vs. a target of 20% in the first year). The absolute number of new family planning users has also increased over Q2. The percentage of women with first prenatal care visit before 12 weeks has also exceeded its target.

Analysis of the APRECIE and other diagnostic assessment data will allow Nutri-Salud to better understand and fine tune targeted interventions to accelerate progress. The support for improvements in M&E systems, the grants to the PEC NGOs for primary health care services, the acceleration in SBCC as well as progress made in other project strategic activities place Nutri-Salud on sound footing for even greater progress in the next quarter and into FY '14.



Project Management

Staffing and Administration

Project Staff

The following new staff was hired in Quarter 3:

- ◆ Maria Angela Cotoc – gender specialist
- ◆ Elvira Mendoza – Huehuetenango
- ◆ Vivian Barillas – Social Worker Huehuetenango
- ◆ Estuardo Mejia – Field monitor Huehuetenango
- ◆ Helen Lopez – Nutritionist Ixil

Use of Short Term Technical Assistance

The following STTA took place in Quarter 3:

Organization	Name of Traveler	SOW	Date Traveled
URC	Tisna Veldhuijzen van Zanten	Project Management and Oversight	Apr-13
URC	Kevin Embrey	Support to Project Management	Apr-13
URC	Cintya Renderos	Financial and Administrative Support	Apr-13

Local consultants

The following local consultant was under contract in Quarter 3:

- ◆ Karina Arriaza – consultant for family planning

International Consultants

The following international consultant was contracted in Quarter 3:

- ◆ Dr. Teresita González de Cosío

Compliance with USAID Environmental Guidelines

Environmental Mitigation Plan and Report

Nutri-Salud personnel and partners The Cloudburst Group continued to work with USAID to finalize an initial Environmental Mitigation Plan and Report. The plan outlines the project strategy to screen activities, especially grant and alliance activities, for potential environmental impact and to develop activity specific environmental mitigation plans.

Environmental Compliance Trainings Planned

Plans were developed with Nutri-Salud partner The Cloudburst Group to provide training to Nutri-Salud grant recipients on environmental impact mitigation procedures such as medical waste management. A Scope of Work for Short Term Technical Assistance was developed for Cloudburst consultants to provide this training.

Activities Planned for Next Quarter

- ◆ STTA for environmental impact mitigation training is planned for September 2013

Annex I

Work Plan Progress Table Q2, FY'13

Activities Planned - Q3, FY '13	Activity Status	Observations
Project Management and Startup		
Planning and monitoring	In Progress	All Nutri-Salud staff meetings held monthly to review progress and plan for next month activities.
Support national-level initiatives and strategies, e.g., Zero Hunger Pact, strengthened first level of care	In Progress	Ongoing coordination with new Vice Ministry for Primary Health Care (formerly SIAS); with PROSAN; with National Commission on Promotion of Breastfeeding (CONAPLAM); PROEDUSA.
Conduct coordination and planning with other USAID implementing partners	In Progress	A committee of USAID implementing partners meets monthly; Nutri-Salud participation in Departmental Coordination Committees in Huehuetenango and Quiche; inter-institutional SBCC group with Title II partners; QI coordinated with CAPACITY and TRAction.
Implement joint activities with other USAID partners	In Progress	MOU with USAID/Health and Education Public Policy (HEPP) project signed; joint development of distance education course on nutrition with FANTA II and INCAP.
Coordinate additional workshop with Gender and Interculturality Specialist seconded from Mercy Corps	In Progress	New Gender and Interculturality Specialist hired; assessment of gender knowledge conducted among project staff.
Conduct coordination meetings and joint field visits with TRAction	In Progress	Workshops on maternal and neonatal mortality surveillance conducted with Departmental Health Teams in three departments. Staff of Quality Management Unit of MOH trained in basic quality concepts and improvement processes for MNCH. Joint field visits with TRAction to Ixil.
MOH Health Posts and Health Service Delivery NGOs		
Component 1: Prevention of Chronic Malnutrition		
Conduct diagnostic assessment of community-based severe acute malnutrition (availability and use of RUTF)	Pending	To be conducted Q4, FY '13.



Activities Planned - Q3, FY '13	Activity Status	Observations
Conduct diagnostic assessments of nutrition-related services, including growth monitoring and promotion, pregnancy care, and micronutrient logistics	In Progress	Data collection instruments designed; data collection Q4, FY '13.
Design a plan to strengthen skills in nutrition for first level of care providers in collaboration with FANTA and INCAP	In Progress	Assessment of mother counselor functions (Momostenango) completed; content and methodology defined; five modules developed
Conduct training in nutrition counseling for all levels of service (see activity 5.2.4 in SBCC)	Pending	STTA in Q4, FY '13 to develop training modules and plans.
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		
Analyze gaps in service delivery, with emphasis on identification of pregnant women, outpatient care, home visits, nutritional status, inclusion of TBAs, and classification and treatment of diarrhea and pneumonia	In Progress	Baseline APRECIE/services completed in 83% of Health Areas.
Component 3: Family Planning		
Coordinate strengthening data collection for reporting couple years of protection (CYP) with SIGSA and PEC	Pending	To be implemented Q4, FY '13.
Train staff in the Departmental Health Areas and districts in SIGSA 27 - SIGSA 3- SIGSA WEB	In Progress	
Include in FP training themes related to completion of BRES (Form for balance, request and supply of inputs(Balance, Requisición y Envío de Suministros)	In Progress	Personnel from health districts and jurisdictions trained.
Conduct initial training on FP/RH sensitization for health posts, minimal units, and NGOs	In Progress	
Conduct inventory of organizations and other partners which can distribute FP methods at the community level.	In Progress	Meetings held with MAGA, Plan FAM, APROFAM, Save the Children, and other organizations; activity to continue in Q4, FY '13.
Component 4: Community Mobilization		
Coordinate strengthening data collection for reporting couple years of protection (CYP) with SIGSA and PEC	Pending	To be implemented Q4, FY '13.



Activities Planned - Q3, FY '13	Activity Status	Observations
Train staff in the Departmental Health Areas and districts in SIGSA 27 - SIGSA 3- SIGSA WEB	In Progress	
Include in FP training themes related to completion of BRES (Form for balance, request and supply of inputs(Balance, Requisición y Envío de Suministros)	In Progress	Personnel from health districts and jurisdictions trained.
Conduct initial training on FP/RH sensitization for health posts, minimal units, and NGOs	In Progress	
Conduct inventory of organizations and other partners which can distribute FP methods at the community level.	In Progress	Meetings held with MAGA, Plan FAM, APROFAM, Save the Children, and other organizations; activity to continue in Q4, FY '13.
Integrated Project Activities		
Carry out diagnostic assessment of MNCH/FP services in convergence centers and health posts	Completed	Assessments completed; data presented to USAID, USAID partners, MOH, and mayors. Detailed Municipality-specific data to be shared in Q4, FY '13.
Conduct assessment of supplies available for MNCH/FP	Completed	Part of diagnostic assessment above.
Develop plans to improve MNCH services in 85 health posts	In Progress	Workshops on quality improvement processes ongoing; San Marcos Health Area personnel trained.
Present Nutri-Salud to Departmental Health Areas and Municipal Health Districts	In Progress	Ongoing through orientation, training, assessments and other activities at Municipality and Departmental levels.
Design and implement 20 workshops for joint planning with Municipal Health Districts (including health posts and NGOs)	In Progress	Workshops to be conducted in Q4, FY '13, based on results of municipal diagnostic assessments.
Develop and implement workshop to motivate health workers and promote team work	In Progress	Motivational and team-building activities conducted in each workshop
Organize conferences and training workshops with MOH (rural health technicians, nurses, field monitors, and nutritionists	In Progress	Workshops have been held in health census implementation, community mapping, clinical records, and logistics.
Apply quality improvement plans for MNCH in 85 health posts	Pending	Plans to be developed beginning Q4, FY '13.
Develop plans to establish permanent community health workers in convergence centers (100)	In Progress	Grants issued to 19 PEC NGOs to provide permanent health workers in community centers; technical support ongoing.
Implement programs to strengthen AIEPI-AINM-C, MNCH and nutrition through grants	In Progress	Grants issued to 19 PEC NGOs; technical support ongoing.



Activities Planned - Q3, FY '13	Activity Status	Observations
Conduct diagnostic assessment of computer equipment of PEC NGOs to improve M&E systems through grants	Completed	Part of diagnostic assessment above (2.5.1).
Selected PEC NGOs receive first grant payment for complementary services in 30 municipalities	Completed	Agreements signed with 19 PEC NGOs; first payment issued.
Support certification of PEC NGOs/convergence centers	In Progress	Technical assistance to MOH to revise standards of inputs and quality of service for MNCH ongoing. SOW to have institution assist with closing gaps for certification.
Municipality		
Component 1: Prevent Chronic Malnutrition		
Develop training plans on nutrition, water and sanitation for OMM and COMUSAN	In Progress	Content for integrated training modules identified; modules in development.
Component 2: Maternal, Neonatal, and Child Health Care		
Conduct assessment of capacities to transport patients during an emergency and support to Health Commissions by COCODES	Completed	Concept paper on "Implementing a Community-based Collective Medical Emergency Transport System" presented to private sector.
Implement training plans for COMUDEs and COCODEs	In Progress	2/3 of technical meetings completed; of these 75% of respective institutions trained.
Component 3: Family Planning		
Provide practical and useful tools to OMM and other municipal counterparts to identify problems related to reproductive health and FP	In Progress	20% of municipalities oriented; remainder in Q4, FY '13.
Conduct sensitization workshops on RH/FP for Deputy Mayors (20 deputies; 2 regional workshops)	In Progress	63% of planned workshops conducted; remainder in Q4, FY '13.
Train OMM and COMUDEs on sexual and reproductive rights and FP	In Progress	OMM in 3 municipalities of Ixil trained.



Activities Planned - Q3, FY '13	Activity Status	Observations
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Component 4: Community Mobilization		
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Sensitize stakeholders on Nutri-Salud activities	In Progress	Participation in workshop with 30 municipalities and presentation of findings of diagnostic assessment; support development and presentation of chronic malnutrition framework.
Develop training plans for COMUDEs and COCODEs on financial management and budget execution for community emergency plans	Pending	To be implemented Q4, FY '13, based on joint municipality/Nutri-Salud plans.
Conduct training for Municipal Councils on awareness of MNCH and chronic malnutrition in collaboration with other Nutri-Salud components	Pending	To be implemented Q4, FY '13.

Integrated Project Activities		
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Present Nutri-Salud to Development Councils (CODEDEs, COMUDEs, COMUSANs, etc.) and municipalities	In Progress	Ongoing through orientation, training, assessments and other activities at Municipality level.
Conduct study on Minimal Health Units supported by municipal government	Completed	Findings to be disseminated and discussed in Q4, FY '13.
Develop joint work plans with 20 municipalities	In Progress	Workshops to be conducted in Q4, FY '13, based on results of municipal diagnostic assessments.
Identify leaders in each municipality (20 in Year 1/FY '13); establish partnerships with each of the municipality offices (OMM, COMUDE, COMUSAN, etc.)	In Progress	At least 10 leaders in 10 municipalities.
Implement training plans on MNCH and nutrition with OMM and COMUSAN	In Progress	2/3 of training completed.
Present results of diagnostic assessments of health services and municipalities to municipal governments and OMM in 20 workshops with Municipal Health Districts	In Progress	Workshops to be implemented Q4, FY '13, as part of joint Nutri-Salud municipal plan development.

Academia and Training Schools		
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Component 1: Prevention of Chronic Malnutrition		
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Design a plan to strengthen education in nutrition, with a focus on ENA and growth monitoring and promotion	In Progress	Scientific forum with students and faculty of USC on chronic malnutrition (1,500 participants); scientific forum on chronic malnutrition students and faculty of Universidad Mesoamericana (750 participants).
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Activities Planned - Q3, FY '13	Activity Status	Observations
Design a plan to strengthen education in research on nutrition for students assigned to 30 municipalities	In Progress	
Component 2: Maternal, Neonatal, and Child Health Care		
Design a plan to strengthen education on MNCH, with an emphasis on preventive care and involvement of TBAs, auxiliary nurses in HBB, Kangaroo Mother Care, and HACAP (cultural pertinence and interculturality of services)	Pending	To be implemented Q4, FY '13.
Design a plan to strengthen education in MNH, with emphasis on prevention	Pending	To be implemented Q4, FY '13.
Implement plans with universities and training schools	In Progress	Scientific forum with Quetzaltenango School of Nursing (380 participants); nursing students training in Helping Babies Breathe.
Conduct training on AIEPI AINM-C with train centers and universities, using updated protocols within university study plans	Pending	To be implemented upon approval of protocols by MOH.
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
Component 3: Family Planning		
Develop training modules on sexual and reproductive health, gender, and male involvement in family planning	In Progress	Students in Quetzaltenango universities trained in contraceptive technology; modules under development.
Adapt and apply methodologies and tools from the Institute for Reproductive Health (Georgetown University)	In Progress	TBAs training conducted in Ixil using method from the Institute for Reproductive Health
Include aspects of reproductive health in interdisciplinary study plans of EPS students	In Progress	
Component 4: Community Mobilization		
No activities planned this quarter.		



Activities Planned - Q3, FY '13	Activity Status	Observations
Integrated Project Activities		
Conduct study on community nurse training schools and programs (STTA)	Completed	Consultant turned in report.
Implement nutrition and health training plans with universities and training schools	In Progress	See above.
Involve university students in formative research for SBCC	In Progress	1 graphic design student doing EPS with project. Three US graduate students (MPH) conducting formative research
Private Sector and Civil Society		
Component 1: Prevent Chronic Malnutrition		
Develop a work plan for involving private sector in supporting nutrition interventions at the first level of care, with emphasis on availability of micronutrients	In Progress	Discussions under way with INCAP and Consumer League (LIDECOM) for assessment and monitoring of fortified foods; with Xelapan for development of a fortified biscuit for pregnant women, with CLARO for collaboration on mHealth.
Component 2: Maternal, Neonatal, and Child Health Care		
Design a "Medical Alert" system for MNH complications, to be supported by the private sector	In Progress	Concept paper developed.
Implement "Medical Alert" system	Pending	Private sector partners being sought.
Advocate with the private sector regarding supplies and products for AIEPI AINM-C (e.g., ORS, antibiotics)	In Progress	Possible alliance with pharmaceutical company Novartis
Component 3: Family Planning		
Coordinate with other sectors to develop alliances for promoting sexual and reproductive health	In Progress	RFA for adolescent SRH activities by NGOs issued; proposals reviewed; grants to be awarded Q4, FY '13.



Activities Planned - Q3, FY '13	Activity Status	Observations
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Component 4: Community Mobilization		
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Design a campaign to promote participation in COMUDEs/ COCODEs and Health and Nutrition Commissions	Pending	Will develop SOW in Q4
Organize field visits to health services and communities with the private sector (e.g., journalists, business owners, etc.)	In progress	Journalists invited to inauguration of the Pexlá Grande convergence center; more planned Q4, FY '13.
Create incentives for volunteers	Pending	Q4, FY '13.

Integrated Project Activities		
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Issue RFAs for NGO support for 1) adolescent sexual and reproductive health and 2) community mobilization	Completed	Proposals for adolescents received and reviewed; proposals for community mobilization received and reviewed. Grants for adolescent to be issued in Q4, FY '13.
Coordinate visits and meetings with private sector partners to create awareness of project goals and objectives	Pending	To begin Q4, FY '13.
Develop and implement the plan for the participation and support of the private sector, developing multiple alliances to increase private sector involvement in health and nutrition	In Progress	First alliance completed: convergence center in Pexlá Grande inaugurated; agreement with Funcafé signed; Citibank donation for convergence center; other alliances under development.
Carry out inter-sectoral coordination meetings for multi-sector participation in family planning, MNCH, nutrition, and water and sanitation	Pending	To begin Q4, FY '13.
Establish alliances with private sector to support SBCC activities (e.g., printing materials, providing air time, etc.)	In Progress	Discussions with TV and print media ongoing.

Cross-cutting Activities		
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Monitoring and Evaluation		
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Facilitate updating of census and maps for 594 first level of care facilities (health posts and convergence centers)	Completed	100% of 594 health posts and convergence center personnel trained in conducting census and drafting maps; all 68 jurisdictions under the PEC have updated census and map and all 126 health posts are in the process of updating them.
Design interactive Web portal and dashboards	In Progress	Web site to be launched Q4, FY '13.
Launch Web portal and dashboards	In Progress	Web site to be launched Q4, FY '13.



Activities Planned - Q3, FY '13	Activity Status	Observations
Recalculate cluster sample sizes for LQAS/APRECIE	Completed	
Conduct knowledge, attitude and practice (KAP) surveys on ProCONE and AINM-C	In Progress	Baseline APRECIE/Promotion surveys to be completed early Q4, FY '13.
Monitor quality of services regarding ProCONE and AINM-C in 85 health posts	In Progress	Baseline APRECIE/Services surveys to be completed early Q4, FY '13.
Carry out baseline studies using university students for data collections	In Progress	Baseline APRECIE surveys to be completed early Q4, FY '13.
Participate in meetings to update SIGSA indicators and products	In Progress	Letter of approval for participation received from MOH.
Monitor health promotion in the community through LQAS	In Progress	Baseline APRECIE surveys to be completed early Q4, FY '13.
Implement monitoring and quality improvement (APRECIE/LQAS)	In Progress	Baseline APRECIE surveys to be completed early Q4, FY '13.
Design unified web enabled system (SIGSA, LQAS, APRECIE, Nutri-Salud)	In Progress	Letter of approval for participation received from MOH.
Design and develop subsystem for monitoring health promotion (APRECIE/LQAS)	In Progress	Letter of approval for participation received from MOH.
Develop subsystem for SIGSA production indicators	In Progress	Letter of approval for participation received from MOH.
Censo-Net	In Progress	Letter of approval for participation received from MOH.
Design "situational rooms" for Municipal Health Districts	In Progress	Letter of approval for participation received from MOH
Present findings of diagnostic assessments	In Progress	Data presented to USAID, USAID partners, MOH, and mayors. Detailed Municipality-specific data to be shared in Q4, FY '13.
Social and Behavior Change Communication		
Explore feasibility of call centers or direct lines in sexual and reproductive health and family planning for adolescents	In Progress	Literature review of Latin American experiences conducted.
Develop and disseminate articles on "Unsung health heroes"	In Progress	Articles and weekly updates have been written this quarter and publications will continue throughout the project.



Activities Planned - Q3, FY '13	Activity Status	Observations
Conduct formative research to fill gaps in SBCC	In Progress	University interns conducting: 1) Trials of Improved Practices (TIPS) on complementary feeding for children 9-11 months; 2) study of provider KAP regarding chronic vs. severe acute malnutrition.
Training basic health teams and service providers in counseling and group facilitation skills	In Progress	STTA in Q4, FY '13 to develop training modules and plans.
Provide orientation on SBCC materials	In Progress	Orientation guides developed; training to be held Q4, FY '13.
Design and launch a male involvement campaign in family planning and reproductive health for male leaders	In Progress	Campaign and materials in design stage.
Implement street theater and puppet shows to raise awareness	Pending	To be implemented by NGO grantees, beginning Q4, FY '13.
Design and reproduce "bulletin for CONEC"	Pending	Due to political problems with CONEC this activity was postponed.
Review, update, test, and reproduce existing materials on FP, nutrition, MNCH, AIEPI AINM-C and community mobilization	In Progress	Vitacereal materials reviewed and revised with PROSAN and WFP. FP materials revised and a new counseling material developed.
Review, update, test, and reproduce new materials on FP, nutrition, MNCH, AIEPI AINM-C and community mobilization	In Progress	Materials to strengthen first level of care services designed and pretested; "18 key behaviors wheel" to be pretested Q4, FY '13.
Develop FP/reproductive health materials for adolescents and men that are culturally appropriate and take into account Mayan perspectives	Pending	To be implemented FY '14.
Support the development of SBCC posters and materials for the "Health Heroes" activities	Pending	Activity was cancelled by the MOH due to numerous changes in PROEDUSA.
Revise and improve FP counseling cards	Completed	Materials to be printed Q4, FY '13.
Revise and update clinical protocols (e.g., AIEPI)	In Progress	Protocols revised; pending introduction and commitment by MOH.
Revise logistics system for SBCC materials	In Progress	Review completed; system to be implemented Q4, FY '13.
Hold meetings with students on health and nutrition related to "Healthy Schools" (Zero Hunger Pact)	Pending	Activities will be coordinated with PROEDUSA and MINEDUC



Activities Planned - Q3, FY '13	Activity Status	Observations
Public Relations and Development Communication		
Develop and launch Nutri-Salud Web site	In Progress	Launch in Q4, FY '13.
Establish and promote communities of practice to exchange lessons learned and best practices	Pending	Objectives and processes to be established following development of Nutri-Salud knowledge management strategy, Q1, FY '14.
Logistics		
Develop PEC logistics guidelines and monitoring guide	In Progress	Technical and administrative norms reviewed and updated; guide in development.
Train PEC in logistics	In Progress	Training completed in all Health Areas except Tonicapán.
Provide technical assistance in logistics to project nutritionists for monitoring micronutrient supplies	In Progress	Instrument for assessment of bottlenecks developed.
Coordinate with Quality Improvement component to develop Integrated Guide on Quality Management	In Progress	Coordination ongoing.
Quality Improvement		
Develop and validate Integrated Guide on Quality Management for First Level of Care	In Progress	Technical support for updating manuals ongoing.
Design and conduct workshops on appropriate care for clients	Pending	Will be part of intercultural training, and APRECIE improvement plans
Design and conduct workshops to identify gaps and implement continuous improvement	In Progress	Workshop held in San Marcos Health Area with 39 participants.
Coordinate with the Quality Management Unit of the MOH to share progress and activities related to the Integrated Guide on Quality Management for First Level of Care	In Progress	Ongoing collaboration with MOH.

Annex 2

Nutri-Salud Performance Management Plan Indicator Targets: Q3 FY'13

#	Indicator	Baseline	Q1	Q2	Q3	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	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	No data reported by SIGSA	63%
7	% traditional birth attendants (TBAs) trained on ENA	(LQAS)		0	56%	
8	% of pregnant women supplemented with folic acid in the first prenatal visit	15.8% (ENSMI) (SIGSA)	35.56%	33.70%	33.72%	70%
9	% of children 6-59 months of age supplemented with folic acid	MEASURE 7% (SIGSA)	1.62%	0.13%	0.6%	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%	32.27%	71%
11	% of children 6-59 months of age that receive iron supplementation	7% ENSMI (SIGSA)	1.62%	0.14%	0.6%	7%
13	% of children 6-59 months of age that receive Vitamin A	ENSMI MEASURE 30% (SIGSA/2011)	4.97%	0.89%	3.02%	7%
14	% of postpartum women that receive iron supplementation in the first control visit	ENSMI N/D SIGSA		14.79%	70.7%	15%



#	Indicator	Baseline	Q1	Q2	Q3	Year 1 Targets
15	% of postpartum women that receive folic acid in the first control visit	ENSMI N/D /MEASURE SIGSA		14.68%	70.6%	15%
16	% of children under 2 years of age who have monthly well-baby care visits (growth monitoring and promotion)	ENSMI MEASURE SIGSA		ND	86%	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 at NS intervention area have reported cases.	ND	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)	0.6% (171 cases out of the 28,795 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%	8.4%	15% at the end of the project



#	Indicator	Baseline	Q1	Q2	Q3	Year 1 Targets
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	ND	26.5%
29	% of pregnant women with first prenatal visit	ENSMI N/D en MEASURE SIGSA		52.59%	44.8%	40% at the end the project
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 District Health Municipalities have reported cases) Percentage is 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 District Health Municipalities have reported cases). Percentage is not available	ND	59.6%
34	% of children 12 to 23 months with complete immunization coverage	76.5% ENSMI N/D /MEASURE SIGSA		No data provided by SIGSA	ND	85%

#	Indicator	Baseline	Q1	Q2	Q3	Year 1 Targets
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		No data provided by SIGSA	ND	25%
39	No. of CYP provided by FP methods in targeted communities	BRES		No data provided by SIGSA	ND	ND
43	No. of new users of FP methods	SIGSA		7,154	7,557	ND
46	% of municipalities that support activities to promote FP/RH	Project reports		10 de 30 (33.3%)	20 of 30 (66.6%)	20%
47	% community health staff trained in FP service delivery	Project reports		0	0	0
Result 4: Established Community and Local Government Unit Support for Improved Health and Nutrition						
50	% of health and nutrition committees headed by women	DMP/OMM		Is not yet determined		5

Annex 3

Nutri-Salud Training Events Q3 FY'13

Training Event	Audience	Date	April		May		June		Total		Total
			M	F	M	F	M	F	M	F	
AINM-C Strategy Review	SIAS	2 to 5	1	2					1	2	3
Community mobilization project NGOs Information workshop	NGOs	18	27	23					27	23	50
Under the Zero Hunger pact Induction Program	SIAS	18	11	47					11	47	58
Tokens unique Comprehensive care clinics	SIAS	23 to 25	18	18					18	18	36
AINM-C IMCI Reviewing materials Workshop	SIAS	24 to 26	15	21					15	21	36
USAID partners Meeting	USAID	30	11	16					11	16	27
Maternal and neonatal care standards Review	URC	2			4	6			4	6	10
Census Training, sketches and exclusive breastfeeding	SIAS	2 to 5			16	33			16	33	49
Conference maternal nutrition	SIAS, CRS, Funcafé, Fundación Castillo Córdova, CIEN, Measure, Fundei, Asociación Comadronas Vida Nueva, Plan internacional, MIDES, Incap, URL, Mesoamérica	3, 5			53	73			53	73	126
Census update and sketches workshop	SIAS	7 to 8			28	14			28	14	42
National Coordinator coverage extension organizations, general assembly meeting	SIAS	16			89	43			89	43	132
Quality staff and Quality Management Branch Health Services, the APS Vice Ministry. Induction and training	SIAS	29			14	11			14	11	25
Total trained			83	127	204	180	0	0	287	307	594

Annex 4

Communication Materials Distributed in Q3 FY'13

Materials	Number distributed
Family Emergency Plan Cards	
San Marcos	5,415
Xela-Toto	2,680
Huehuetenango	6,670
Quiché	5,110
Ixil	1,110
Advisors	1,663
TOTAL	22,648

Materials	Number distributed
Community Emergency Posters	
San Marcos	253
Xela-Toto	150
Huehuetenango	317
Quiché	159
Ixil	200
Advisors	5,300
TOTAL	6,379

Materials	Number distributed
Community Emergency Plans	
San Marcos	2,175
Xela-Toto	1,165
Huehuetenango	2,670
Quiché	1,410
Ixil	830
Advisors	7,760
TOTAL	16,010

Materials	Number distributed
Clinical Records	
Prenatal/ postnatal	150
Infant and young child	150
Prenatal/ postnatal re-visit	150
Infant and young child re-visit	150
TOTAL	600

Annex 5

Financial Report Q3 FY'13

Period: April 1–June30, 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 (4/1/2013 – 6/30/2013)
Program Areas for Community Nutrition and Health Care Project	\$24,671,528.00	\$2,457,049.09	\$1,146,122.63
Procurement	\$370,119.00	\$384,028.86	\$4,709.27
Training	\$3,000,035.00	\$141,915.77	\$47,789.91
Indirect Costs	\$3,739,843.00	\$666,202.63	\$212,490.92
Total Federal Funds	\$31,781,525.00	\$3,739,196.35	\$1,411,112.73
Cost Share Amount	\$6,356,305.00	\$15,000.00	–
Total Program Amount (+ Cost Share)	\$38,137,830.00	\$3,754,196.35	\$1,411,112.73

Obligated Amount \$6,859,666.56

Obligated Spent to Date \$3,739,196.35

Obligated Amount Remaining \$3,120,470.21

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