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



UNIVERSITY  
RESEARCH CO., LLC



# Nutri-Salud QUARTERLY REPORT

OCTOBER 1 – DECEMBER 31, 2013



JANUARY 2014

This report is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of University Research Co., LLC (URC), Institute of Nutrition of Central America and Panama (INCAP), Mercy Corps, The Manoff Group, and The Cloudburst Group and do not necessarily reflect the views of USAID or the United States Government.





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QUARTER I, FISCAL YEAR 2014

October 1 – December 30, 2013

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# Acronym List

ABR	Helping Babies Breathe, in Spanish
AIEPI AINM-C	Integrated Care for Children and Women at the Community Level, in Spanish
AGUATESAR	Guatemalan Association of Rural Health Technicians
ANACAFÉ	National Coffee Association
ANAM	National Association of Mayors
AOR	USAID Agreement Officer Representative
BRES	Form for balance, request and supply of inputs ( <i>Balance, Requisición y Envío de Suministros</i> )
COCODE	Community Development Council
CODEDE	Departmental Development Council
COMUDE	Municipal Development Council
CONEC	National Coordinator of PEC NGOs
CRS	Catholic Relief Services
DAM	Department of Acquisitions and Maintenance of the MOH
DECAP	Training Department of the MOH
DERCAS	Document of Analysis and Requirements Specifications for Acceptance of Software ( <i>Documento de Especificaciones, Requerimientos y Criterios de Aceptación de Software –DERCAS-</i> in Spanish)
DMP	Municipal Planning Office ( <i>Dirección de Planificación Municipal</i> in Spanish)
EPS	Professional Supervised Practice of last-year students in different careers
ERI	Interinstitutional Resource Team ( <i>Equipo Recurso Interinstitucional –ERI-</i> in Spanish) for Family Planning
FAM	Fertility Awareness Methods
FI	Institutional Facilitator ( <i>Facilitador Institucional</i> )
FOG	Fixed Obligation Grant
FP	Family Planning
FtF	Feed the Future
FUNDAZUCAR	Sugar Foundation
FUNDESA	Foundation for the Development of Guatemala ( <i>Fundación para el Desarrollo de Guatemala</i> )
FUNCAFÉ	Coffee Foundation
GoG	Government of Guatemala
HC3	Health Communication Capacity Collaborative
HEPP	Health and Education Public Policy
HEO	Health and Education Office of USAID
IDB	Interamerican Development Bank
INAB	National Forest Institute
INCAP	Institute of Nutrition of Central America and Panama
INFOM	National Institute of Municipalities
IRH	Institute of Reproductive Health Georgetown University
ISA	Sanitary Inspectors (Inspectores de Saneamiento Ambiental)
ISSALM	Baby-friendly Health Services Initiative ( <i>Iniciativa de Servicios Amigos de la Lactancia Materna –ISSALM-</i> in Spanish)



JHU	Johns Hopkins University
KAP	Knowledge, Attitudes and Practices
MAGA	Ministry of Agriculture and Animal Husbandry
MINEDUC	Ministry of Education
MINFIN	Ministry of Finance
MOH	Ministry of Health
MNH	Maternal and Neonatal Health
MNCH	Maternal, Neonatal and Child Health
NGO	Non-Governmental Organization
OMM	Municipal Women's Office (in Spanish)
OSAR	Reproductive Health Observatory
PAHO	Pan American Health Organization
PASMO	Pan American Social Marketing Organization
PCI	Project Concern International
PEC	Extension of Coverage Program of the MOH
PMP	Performance Monitoring Plan
PGL	Local Governance Project (acronym in Spanish)
PROEDUSA	Department of Health Promotion and Education of the MOH
QI	Quality Improvement
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)
RENAP	National Registry of Persons ( <i>Registro Nacional de Personas</i> in Spanish)
RFA	Request for Application
SESAN	Secretary of Food and Nutrition Security
SIAS	Integrated Health Care System of the MOH
SIGSA	Health Management Information System ( <i>Sistema Gerencial de Salud -SIGSA-</i> in Spanish)
SOA	Service-Oriented Architecture
SOW	Scope of Work
SSR	Sexual and Reproductive Health ( <i>Salud Sexual y Reproductiva –SSR-</i> in Spanish)
TIPs	Trial of Improved Practices
TMG	The Manoff Group
TOT	Training of Trainers
TSR	Rural Health Technicians ( <i>Técnicos en Salud Rural</i> )
TWG	Technical Working Group
USAC	University of San Carlos of Guatemala
VAPS	Primary Health Care Vice Ministry
WFP	World Food Program
WHIP	Western Highland Integrated Program





# 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 meta global 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 operativas.

Estos enfoques operativos son: 1) el fortalecimiento 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 en mejorar la nutrición y salud, 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, monitoreo y evaluación son transversales a todos los componentes y estrategias del proyecto.

Durante el período de octubre a diciembre de 2013 (primer trimestre del año fiscal 2014) el proyecto ha continuado operando en coordinación con el MSPAS y otras entidades de gobierno, con las Municipalidades, con otros socios de

USAID dentro del Proyecto Integrado para el Altiplano Occidental, con otras agencias de cooperación y con aliados del sector privado.

A pesar de los logros obtenidos por las ONG del Programa de Extensión de Cobertura y la necesidad de esa plataforma para implementar las acciones esenciales de nutrición requeridas por el Plan del Pacto Hambre Cero, el financiamiento por el gobierno de Guatemala se ha visto limitado y no ha llegado a las ONG desde noviembre de 2013. Este ha sido un retroceso importante en el modelo de PEC fortalecido con atención primaria permanente en los Centros de Convergencia. En los Municipios prioritarios con el financiamiento de USAID, algunos miembros del equipo básico de salud han seguido trabajando, pero han tenido que regresar al modelo previo del PEC con atención ambulatoria. Por lo tanto el fortalecimiento del primer nivel de atención se ha visto seriamente limitado en este trimestre, así como el sistema de mejoramiento de la calidad de la atención y el monitoreo de los conocimientos y prácticas de la población.

Con las municipalidades de los 30 Municipios priorizados se ha llevado a cabo un proceso de sensibilización en temas de nutrición, salud materna y salud reproductiva/ planificación familiar. Asimismo, siguiendo la iniciativa del proyecto Nutri-Salud, junto al proyecto HEPP y otros socios de USAID, se planificó y llevó a cabo el Primer Encuentro regional de Autoridades Locales (Alcaldes), Sectoriales y Proyectos socios de USAID para discutir el tema de reducción de la desnutrición crónica y la pobreza en el marco del Pacto del Plan Hambre Cero. Funcionarios de gobierno y de USAID participaron en el encuentro que se convirtió en una actividad muy relevante durante este trimestre.

Nutri-Salud continuó con los procesos de sensibilización en los temas del proyecto a las 30 Municipalidades priorizadas y sus principales oficinas (de la mujer y de planificación) así como del sistema de consejos de desarrollo.

Los finalistas de las 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 fueron seleccionados.



Las propuestas de salud reproductiva de adolescentes fueron sometidas a la consideración de USAID y las de movilización comunitaria lo serán en el siguiente trimestre.

Luego de la primera alianza exitosa con organizaciones del sector privado, se ha obtenido el apoyo del proyecto CURE para equipar centros de convergencia y puestos de salud y otros establecimientos de la red de servicios. Muchas otras alianzas potenciales han sido identificadas y las negociaciones continuarán hasta lograr concretar alguna de ellas.

La coordinación con las universidades en aras de la sostenibilidad de las acciones del proyecto continúa. Las capacitaciones basadas en competencias que están siendo desarrolladas también serán compartidas con estudiantes de medicina en el último año de la carrera para que ellos funjan como facilitadores de los equipos de puestos de salud y centros de convergencia.

Los equipos de mejora de la calidad de 111 áreas de supervisión del primer nivel de atención llevaron a cabo la tercera ronda de monitoreo de indicadores de calidad de los procesos de atención (prenatal, posparto, recién nacido y niñez) y de los conocimientos y prácticas de las madres con la metodología APRECIE, a pesar de las serias limitaciones financieras de las ONG del PEC. Estos datos se reportan en este informe, así como datos de otros ejercicios de monitoreo complementarios realizados por el proyecto (fortificación de alimentos y monitoreo de procesos de promoción del crecimiento y logística). Sin embargo, continuaron los problemas para obtener datos del sistema oficial SIGSA y directamente de las áreas y distritos de salud.

Se avanzó en la elaboración de los materiales de la estrategia de CCSC enfocada en 19 comportamientos prioritarios para los 1,000 días.

Las principales actividades para el próximo trimestre incluyen las siguientes:

- ◆ Implementación de la capacitación basada en competencias a auxiliares de enfermería del primer nivel de atención
- ◆ Otorgar nueva ronda de convenios con las ONG del PEC para provisión de servicios adicionales
- ◆ Apoyar el fortalecimiento de los procesos administrativos y financieros de 19 ONG del PEC conducentes a su certificación en Q4 FY14
- ◆ Otorgar convenios a cuatro ONG para implementar sus proyectos de salud sexual y reproductiva de adolescentes
- ◆ Otorgar convenios a cuatro ONG para implementar sus proyectos de movilización comunitaria
- ◆ Completar al menos tres alianzas con el sector privado: para construcción de centros de convergencia e impresión de materiales educativos
- ◆ Capacitar al personal del SIAS en el monitoreo y mejoramiento de la calidad con la metodología APRECIE en aras de su implementación en áreas prioritarias y su eventual institucionalización
- ◆ Apoyar la finalización de procesos del sistema de información: formato de censo. Identificación única de pacientes, interoperabilidad entre censo y SIGSA, ficha clínica, sistema de información para el primer nivel
- ◆ Implementar la capacitación en el uso de la rueda de 19 comportamientos prioritarios como parte de la estrategia de CCSC



# Executive Summary

**N**utri-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 October 1 through December 30, 2013 (Quarter 1 of Fiscal Year 2014—Q1, FY'14), Nutri-Salud has continued coordination with the Ministry of Health (MOH) and other government bodies, with other cooperating agencies, other USAID partners.

Despite the achievements of NGOs working under the Guatemala Ministry of Health's Extension of Coverage Program (PEC), who are receiving Technical Assistance

and financial support from the Nutri-Salud Project, and the need for the PEC platform to implement the essential nutrition actions required by the Zero Hunger Pact, funding by the government of Guatemala has been limited and has been withheld from the NGOs since November 2013. This has been an important setback for the implementation of the strengthened PEC model of permanent primary care services at facilities known as Convergence Centers where previously only ambulatory services were available. In the priority municipalities, members of the basic health teams have continued to work, with funding from USAID|Nutri-Salud grants, but have had to return to the previous PEC model of ambulatory care. Therefore, progress in strengthening the primary care level, as well as the system of improving the quality of care and monitoring of the knowledge and practices of the population, has been severely limited in this quarter.

Following the initiative of Nutri-Salud, HEPP and Nutri-Salud planned the First Encounter of Municipal and Sector Authorities, and USAID Projects to discuss chronic malnutrition and poverty reduction within the framework of the Zero Hunger Pact. USAID officials and other USAID projects (PlanFam, FHI 360 FANTA, and Local Governance Project) were invited to participate and this became a major activity during this quarter.

Nutri-Salud continued its process of sensitizing the 30 priority municipalities, its main offices and the System of Development Councils.

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 was completed. Four grants for the adolescent SRH have been submitted for USAID approval and the other four grants for community mobilization will be submitted next quarter.

The project continued to pursue alliances with the private sector. Of all potential alliances one with CURE for the donation of medical equipment was finalized. The report details



the equipment distributed in first level health and other facilities. Other alliances are expected to be finalized next quarter.

Coordination with universities and training schools, an important strategy for sustainability, continues with training of last year medical, nutrition and nursing students before they conduct their supervised practice in selected health posts and convergence centers.

Despite the serious financial difficulties in the PEC NGOs, the QI improvement teams in 111 supervision areas of the first level of care conducted their third round of monitoring of quality of care (prenatal, postnatal, neonatal and child) and of knowledge and practices of mothers, using the APRECIE methodology. These data are included in this report, as well as data from complementary monitoring exercises conducted by the Project (food fortification and monitoring of growth promotion processes and logistics). However, difficulties continued to obtain data from the official SIGSA information system or directly from Health Areas and Districts.

Advances were made in the development of materials for the SBCC strategy focused on 19 key behaviors for the 1,000 days window of opportunity.

The main activities planned for next quarter include.

- ◆ Implementation of competency-based training curriculum for auxiliary nurses
- ◆ Provide new round of grants to PEC NGOs
- ◆ Support activities to strengthen administrative and financial systems of PEC NGOs
- ◆ Issue grants to four non-PEC NGOs for adolescent SRH
- ◆ Issue grants to four non-PEC NGOs for community mobilization (four grants each)
- ◆ Complete at least three additional alliances with private sector: convergence centers, print materials
- ◆ Train SIAS MOH staff in the APRECIE monitoring and QI methodology for its complete uptake and eventual institutionalization
- ◆ Support incomplete processes such as: census format and unique patient ID, interoperability of census with SIGSA, clinical records, first level information system
- ◆ Implement training in the use of the wheel of 19 key behaviors; conduct TOT



# 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 Day' "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 operational approaches to achieve outputs and results. Each approach clusters the activities embedded in the 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 operational 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 October 1st through December 31, 2013 (First Quarter Fiscal Year 2014 [Q1]). The report also shows activities planned for Q2 of Fiscal Year 2014 (FY '14). Because Nutri-Salud activities are integrated, the report is organized by the four operational 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 Integrated 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). However, in October, the SIAS Vice-Minister for Primary Health Care was ousted due to misconduct. A reorganization of the fourth Vice Ministry took place but permanent officials had not been named up to December 31<sup>st</sup>.

Nutri-Salud's continued coordination and communication with the Health Areas has been vital to program and implement activities in the first quarter of Fiscal year 2014. In fact, exercises of joint planning with Health Districts (at the municipal level) took place in three Health Districts of Nebaj and five Health Districts in Quiché (27%), which will help Nutri-Salud to implement plans in the next calendar year. Joint planning will be conducted with the rest of Health Districts in the upcoming quarters.

Nutri-Salud also coordinated closely with other USAID projects, and the project became part of departmental coordination committees formed in San Marcos and Quetzaltenango-Totonicapán. Meetings regularly take place with Funcafé and Catholic Relief Services (CRS) in Totonicapán and San Marcos, Project Concern International (PCI) in Huehuetenango, HEPP (USAID/Health and Education Public Policy Project), and PASMO (Pan American Social Marketing Organization)/PlanFam in all health areas, Save the Children and Agexport in Quiché and Ixil. In addition, coordination has been achieved with APROFAM (Guatemala Association for Family Well Being) and SESAN in all the health areas. A joint work plan with all the Western Highland Integrated Program (WHIP) partners has been produced as a model in one village in Nebaj.

### Coaching, Supervision, and Monitoring of Health Providers

Coaching, supervision and monitoring of primary level health care providers (maternal, neonatal, and child health and nutrition) is conducted in an integrated fashion for all project components. This entails reviewing indicators, noticing changes in quarterly measurements (two measurements of quality of care and community indicators were available), and providing assistance in developing improvement plans. Examples of these processes are highlighted:

- ◆ **Quetzaltenango-Totonicapán.** Nutri-Salud local team conducted in-service coaching and supervision as follow-up to training in 60% of the PEC jurisdictions in Momostenango, 100% of those in San Juan Ostuncalco, 100% in those in Concepción Chiquirichapa, and all the health posts in Santa Lucía la Reforma. In these visits comparison between last quarter and this quarter measurements showed improvements and actions taken were noted; improvement plans were drawn for indicators that did not show improvement. A letter acknowledging Nutri-Salud support in these health areas during 2013 was received.
- ◆ **Ixil and Quiché.** Nutri-Salud local teams conducted in-service coaching and supervision as follow-up to training.

### Training of Health Providers

During this quarter the Nutri-Salud teams drew a list of "critical competencies" in maternal, neonatal and child nutrition and health care that require in-service training of health personnel, particularly new auxiliary nurses in Convergence centers. A plan to conduct this training was developed and a firm hired to help with developing the training "units". Each training unit is comprised of practical exercises to develop the competency and informative summary about the competency highlighting scientific evidence for conducting such skill. In addition,



training in the quality improvement (QI) methodology named APRECIE was conducted with providers in all areas. Examples of integrated training already going on are:

- ◆ **Quetzaltenango-Totonicapán.** In coordination with other USAID projects and institutions joint training of mothers in breastfeeding, complementary feeding and family planning was conducted in Santa Lucía la Reforma health posts. More than 100 mothers participated in the workshops.
- ◆ **Ixil and Quiché.** NGO personnel were trained in water and sanitation key behaviors and biosecurity.
- ◆ **Huehuetenango.** An alliance was established with seven radio stations that are presently transmitting radio spots on family planning and other health topics.

## Component 1: Prevention of Chronic Malnutrition

### Assessment of Essential Nutrition Actions

Throughout the past year's work, nutritionists identified the need to improve the implementation of some Essential Nutrition Actions (ENAs). To design quality improvement plans for ENAs, in the last quarter project nutritionists assessed in detail how health providers are implementing nutrition evaluation of pregnant women, growth monitoring and promotion in children, availability of micronutrients, and treatment of acute malnutrition. Results from these assessments are detailed in the Monitoring and Evaluation section.

### Online Course for Primary Health Care Providers

All nine units of this training have been completed, in collaboration with FHI (Family Health International) 360/FANTA and INCAP. In this quarter a panel of experts reviewed the training contents and methodology. Recommendations include reviewing and strengthening the competencies in each module and reducing the length of the theoretical contents. As the review advances, Nutri-Salud will continue to negotiate the implementation of this course with the MOH and health areas.

### Causal Framework Tool

During this quarter sessions to share the chronic malnutrition conceptual framework with Municipalities were completed. According to comments in these sessions the conceptual framework is a very useful tool to understand the multi-causality of chronic malnutrition and the interventions needed from different sectors (health, agriculture, education, economic, etc.). More than 1,300 people have participated in the sessions including Mayors, members of the Municipal Women's Office (OMM),

Municipal Planning Direction (DMP) and System of Development Councils (COMUSAN, COMUDES and COCODES). In addition, representatives of the Health Areas and Municipal Health Districts also participated in some sessions.

The conceptual framework was shared in a meeting of Mayors of priority municipalities organized by all USAID projects. As in other sessions, a dynamic activity was conducted where the participants define priorities and commitments to decrease chronic malnutrition. The following are some of the commitments proposed by different participants, which form part of joint Nutri-Salud and Municipalities plans:

- ◆ Promote the implementation of productive, income-generating projects to increase employment opportunities for people in communities
- ◆ Training health committees, health promoters, pregnant women, local authorities and young people to disseminate information about nutrition, family planning, self-esteem, breastfeeding, complementary feeding, and food preparation.
- ◆ Improve sanitary conditions including chlorination of drinking water, building latrines, improved stoves, and other home improvement projects.
- ◆ Assign Municipal funds for these training workshops
- ◆ Disseminate messages on chronic malnutrition prevention and health-seeking through different channels and media.
- ◆ Municipal and other support to improve health services and have facilities in communities where there are none.
- ◆ Organize communities to work in analyzing their health problems and looking for solutions
- ◆ Reduce consumption of snacks and other junk food.

Municipal authorities commented that when health personnel sometimes present the health "situational report" (an epidemiologic profile of the geographic coverage area) they do not present data on chronic malnutrition, but only children with low weight or those that do not gain weight from one month to the next. They also noticed the need to improve counseling and observation of hygiene conditions during home visits to make sure that people are implementing recommended behaviors.

### Monitoring and Surveillance of Fortified Foods in the Western Highlands

Between August and December 2013, Nutri-Salud supported INCAP in the annual monitoring process of micronutrient fortification in three foods: salt, sugar, and flour. Food



fortification of these foods is mandatory in Guatemala: salt with iodine, sugar with Vitamin A, and flour with iron, Vitamin B-1 and B-2. As these programs are a cost-effective strategy to reduce micronutrient deficiencies, a national fortification surveillance program was established in 1994, using public schools and stores as the monitoring sites. The Guatemalan Consumer League (LIDECON – Liga del Consumidor in Spanish) has conducted the annual monitoring for several years, always with the support and in coordination of INCAP, MOH, and the Ministry of Education (MINEDUC). This year Nutri-Salud supported monitoring in 30 priority municipios. Results of the monitoring are presented below under the cross-sectional Monitoring and Evaluation component.

### Consultancies/Visits

Nutri-Salud’s Nutrition Advisor accompanied a two week visit with Marcia Griffiths, president of The Manoff Group. The visit included a field trip to Quetzaltenango, Totonicapán, and Huehuetenango to test ideas to better describe the project’s nutrition strategy, both with nutritionists from the team and first level of health care providers. The strategy’s approach is to define field actions that are crucial to reinforce in health providers and communities in order to show results in prevalence of chronic malnutrition. The Manoff Group advisor also conducted technical meetings with the COP and communications specialist to provide recommendations on the work to be done in the SBCC strategy.

- ◆ **Quetzaltenango-Totonicapán.** Coaching and monitoring of ENA were conducted in two jurisdictions in Momostenango (33%), two health posts in San Juan Ostuncalco (25%) and three health districts (60%) where actions plans were drawn to strengthen ENA, nutritional counseling of pregnant women, promotion of complementary feeding, micronutrient supplementation, and feeding of the sick child.
- ◆ **Quiche.** Eight workshops were conducted with 589 Traditional Birth Attendants (TBAs) on the topics of nutrition of pregnant women and breast feeding. In addition, 12 field visits were conducted to provide technical assistance to basic health teams in health posts and convergence centers in three health districts. Finally, seven workshops were held with community organizations to sensitize them on chronic malnutrition using the conceptual framework tool.
- ◆ **Ixil.** Data collection to document weight and height measurements errors was carried out as part of a study jointly conducted by Nutri-Salud and the Inter-American Development Bank (IDB).

- ◆ **San Marcos.** Even though the focus of the project is chronic malnutrition, the management of acute malnutrition (availability and use of ready-to-use therapeutic foods –RUTF- such as Plumpy Nut) cannot be neglected; monitoring was carried out in the Municipios of San Marcos. Nutri-Salud personnel also participated in a forum devoted to water and sanitation in coordination with other international agencies.
- ◆ **Huehuetenango.** Monitoring of ENAs was conducted in six of ten priority Municipios. Results of this and other monitoring will be presented in the section on monitoring and evaluation.

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

### Support to PEC NGOs

Nutri-Salud made the third of four disbursements of fixed obligation grants (FOGs) to 19 NGOs in six priority health areas to cover 68 jurisdictions with approximately 790,000 inhabitants. Funds have been destined primarily to hire additional personnel to ensure a permanent health care 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. The following table presents the number of auxiliary nurses and health educators hired by the NGOs with USAID funds. In each case, over one third of personnel have been hired with USAID | Nutri-Salud funds.

**Table 1.** Health personnel hired with USAID and GoG funds in 30 priority Municipios

Health Area	Auxiliary Nurses	Health Educators
<b>Prenatal care</b>		
Ixil	21	7
Quiché	53	19
Quetzaltenango	6	2
Totonicapán	12	4
San Marcos	36	12
Huehuetenango	75	25
<b>Total Nutri-Salud</b>	<b>203 (38%)</b>	<b>69 (34%)</b>
PEC (Government of G)	330	132
Total	533	201
30 Municipios		



Nutri-Salud Workshop on Maternal Mortality with USAID TRAction Project

In spite of the achievements obtained by NGOs, funding from the government of Guatemala (GoG) was not provided to them in the quarter of October-December 2013. This was a major setback to the NGOs strengthened model of care with permanent health provider presence in Convergence Centers. In priority Municipios, NGOs continued to work mostly with USAID-funded staff, but had to revert to the previous ambulatory care model.

### Census and Mapping

Follow-up to training in census and mapping was provided to insure that all primary health services have them. However, the MOH is negotiating with INE changes in the census coding and form, which have not been finalized. A challenge that Nutri-Salud has is that the census form that the project is using has not been made official by the MOH. Until this form is made official, health districts (that supervise health posts) will be reluctant to use it.

### Implementation of New Clinical Records

In previous quarters Nutri-Salud provided technical and financial support to the MOH to develop and carry out training workshops focused on the new clinical records to be used in the first (health posts and convergence centers) and second levels of care. Clinical records are vital for the Nutri-Salud quality of care monitoring and improvement methodology (APRECIE for its acronym in Spanish) where samples of these records, taken using the LQAS sampling methodology, are reviewed by QI teams for completeness and accuracy. Prob-

lems in the layout of the records have been identified, however final versions have not been made official. Health facilities are starting to lack clinical record forms in which to register consultations, and the project cannot provide the facilities with registry forms until they are made official by the Ministry of Health.

### Analysis of Maternal Mortality

Nutri-Salud Health Area Teams have participated in workshops dealing with evaluation of the pregnant woman and longitudinal analysis of maternal mortality and have helped providers implement these methodologies in their areas. In addition local teams have participated in the analysis of maternal deaths in their areas and districts. The MOH's obstetric risk screening form was reproduced and distributed by the Nutri-Salud project to health services in all 30 priority Municipios.

Training was conducted in the five processes to improve maternal and neonatal care (1. surveillance of pregnant women and delivery, postnatal and newborn care, 2. emergency planning at individual, family and community levels, 3. referral and response system with identification of key places for initial management of complications; 4. enabling environment in primary health care facilities; and 5. knowledge and skills of auxiliary nurses). Training on initial management of complications (step 3) was conducted in collaboration with the URC TRAction project.

### Equipping Health Facilities

In August, 2013 Project C.U.R.E delivered medical supplies and equipment that included stretchers, weighing scales, sphygmomanometers, and equipment for minor surgery, among



## Distribution of Project Cure Donations

Department	Municipality	Facility Type
Quiché	Chichicastenango	CAP
	Sta. Elena Quiché	Hospital
	Zacualpa	CAP
	San Antonio Sinaché	HP
	Piedras Blancas La Vega	CC
	Sacapulas	CAP
	Xix	HP
	Uspantan	District Hospital
Huehuetenango	La Democracia	CAP
	Sta. Rosa	CC
	Todos Santos	HC
	El Chaval	HP
	El Rancho	CC
	Chiantla	HC
	Paquix	HP
	Huehuetenango	Hospital
	Huehuetenango	School for Axiliary Nurses
Quetzaltenango	Regional Hospital – Quetzaltenango	Hospital
	Varsovia	HP
	Los Alonzo	CC
	La Esperanza	CC
	Concepción Chiquirichapa	HC
San Marcos	San Pablo	HC
	La Esperanza	CC
	Concepción Chiquirichapa	HC
Totonicapán	Totonicapán	Hospital
	Chinimabe	HP
	Momostenango	CAIMI

other equipment. The donation was accepted stored by the Nutri-Salud Project on behalf of the Ministry of Health. In this quarter, the medical equipment and furniture donated by Project CURE was distributed to health facilities in the six Health Areas covered by the Project. The table below lists the health facilities that received the Project Cure donations.

## Vaccination Campaign

At the request of the Health Areas, Nutri-Salud conducted refresher workshops on the National Immunization Program guidelines, cold chain, logistics, and surveillance for health post and convergence center personnel. The project also provided technical and financial support to the vaccination campaign, in which children 0-5 years of age were vaccinated against polio and measles, mumps, and rubella (MMR). This support will be further described under the SBCC section.

The manner in which some of these activities were conducted by local teams is highlighted:

- ◆ **Quetzaltenango-Totonicapán.** 70% of first level of care facilities in these areas have their census and mapping completed, and maps have vulnerable groups marked. Censuses and maps are being periodically updated and used for decision making. All services are using the obstetric risk screening form. 75% of TBAs have been trained in maternal and neonatal care.
- ◆ **Quiche.** Training was conducted with 82 TBAs in Chupol about danger signs in pregnant women and neonates. The practice of maintaining cards for each pregnant woman with probable birth date and other information was tested in several districts with positive results that will allow expansion.
- ◆ **Ixil.** After QI teams in supervision areas conducted monitoring rounds, they drafted improvement plans which they will implement next quarter.
- ◆ **San Marcos.** The health area has a Continuous Education Committee that conducted training in the 5 maternal and neonatal health sub-components including; training in initial management of complications, with the NGOs ADIPO, ECO, ASOPRODE, ADISS, and with the health districts of San Lorenzo, Nuevo Progreso, and San Rafael Pie de la Cuesta. Obstetricians from the national departmental Hospital participated as trainers. Non-prioritized Municipios were also trained by the trainers.
- ◆ **Huehuetenango.** Local level replicas of all workshops (five maternal and neonatal health sub-components, and analysis of maternal deaths) were held.



Nutri-Salud provided technical and financial support to National Immunization Program

### Component 3: Family Planning FOGs to Non-PEC NGOs for Adolescent Sexual and Reproductive Health

In response to a request for applications (RFA), 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. Four finalist proposals have been selected for funding and have been submitted to USAID for concurrence. Activities are expected to start in the second Quarter of FY'14.

#### Training

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. Unfortunately, the MOH is unwilling to allow community health workers such as health promoters, monitors, and TBAs to be trained to conduct community distribution of contraceptives. The project needs to work on another strategy to guarantee family planning services in all communities.

#### Communication and Training Materials

Materials used for balanced counseling have been updated and will be printed next quarter. In addition, a manual to work with groups of men was finalized. The manual has eight sessions. Next quarter male health providers will be trained as trainers of men.

The following are highlights from the local teams work in Family Planning:

- ◆ **Quetzaltenango- Totonicapán.** New health providers in Momostenango (Totonicapán) and San Juan Ostuncalco (Quetzaltenango) were sensitized and trained in the Family Planning Laws and systematic offer of FP services.
- ◆ **Quiché.** Three FP sensitization workshops were carried out with 264 health workers from 80% (four out of five) prioritized Municipios in Quiché (Chupol, Zacualpa, Sacapulas, and Uspantán Health Districts). The result of these workshops was a commitment from health providers to replicate the workshops at the community level and to include FP in counseling to pregnant women.
- ◆ **Ixil.** New health personnel were trained in family planning.
- ◆ **San Marcos.** Initial sensitization was provided to health post, minimal care units and NGO convergence center personnel. In addition 47 auxiliary nurse students in the local School of Auxiliary Nurses were trained in family planning. Training in preventing adolescent pregnancy was provided to personnel from the Health Area, five Health Districts and the Human Rights Office.
- ◆ **Huehuetenango.** Health workers from 50% (five out of ten) prioritized Municipios in Huehuetenango were trained in family planning (Chiantla, Cuilco, San Antonio Huista, Jacaltenango, and Concepción Huista). In Chiantla, one workshop was carried out at the Health District and two with female leaders in the Municipal Women's Office. In La Libertad female leaders were also trained.



## Component 4: Community Mobilization

### First Training on Water and Sanitation as Contributors to Chronic Malnutrition

100% or nine of the Sanitary Inspectors (ISA), 9 Rural Health Technicians (TSR), and 6 Institutional Facilitators (FI) in Totonicapán were trained in water, sanitation, enteropathy, and chronic malnutrition. In their turn ISAs trained Municipalities and health commissions. The training workshop was tested and improved and will be used in other areas during next quarter. In addition, ISAs have started to draw samples of water for analysis and return results to communities.

### Training Municipal Organization

In coordination with REDMISAR and OSAR (supported by the HEPP project) Nutri-Salud has developed plans to continue training in nutrition and health topics the System of Development Councils (COMUDE, COMUSAN, COCODE, COCOSAN, Health commissions) and the Municipal Offices. The importance of community organization for nutrition and health was underscored.

The following are highlight from the work performed by local teams:

- ◆ **Quiche.** 275 members of Health Commissions participated in exchange visits between the Municipios of Chupol and Chichicastenango. Several agreements were reached: commissions will have a list of pregnant women with dates of delivery, and document referral and transportation of complications.
- ◆ **Ixil.** Chajul and Cotzal Health Commissions also participated in exchange activities for collaborative learning.
- ◆ **Huehuetenango.** Health personnel were trained as facilitators for the training of Health Commissions in emergency planning. Training provided by these facilitators to health commissions was closely monitored to insure quality. Subsequently, 29 Health Commissions in seven of ten (70%) priority Municipios were monitored.

## Challenges and Solutions to Major implementation Issues: Line of Action 1

Challenges	Solutions
Difficulty of PEC NGOs to provide services and reach milestones in Nutri-Salud FOGs due to lack of GoG funding	Advocacy to have GoG pay NGOs.

Challenges	Solutions
Census forms being used have not been made official, so that health posts are reluctant to use them	Advocacy to make census forms official and norm that requires health posts to use them
New clinical records have not been made official, the project cannot reproduce them	Participate in final revision of clinical records
Training of primary level health providers, especially new auxiliary nurses and health educators, in PEC programming	Develop competency-based training; use curriculum being developed with FANTA and INCAP
Underutilization of community providers as distributors of FP methods	Advocacy at the health district level to improve use of use community providers of FP methods identified in the inventory
Respond to the objectives and indicators of the project in an integrated manner in components and through disperse geographical areas	Joint planning with Health Districts conducted in 8 of 30 districts will be conducted in the rest of health districts
High rotation of health personnel specially in first level of care	Technical meetings, and continuous refresher workshops on the contents of the MOH norms and protocols
Infrastructure of convergence centers is deficient, with minimal conditions for adequate health care provision	Negotiation and requests to USAID partners, other cooperating agencies, private sector and civil society for the donataion of equipment, inputs, and the construction or remodeling of infrastructure
High rotation of authorities, protests and blocking of activities by health unions	Continue building good relations with the Health Area Technical Team, joint work plans, and have meetings in places other than Area headquarters
Less compliance with monitoring due to lack of payment to PEC personnel	Advocacy at central level to obtain funds for hiring personnel next quarter complemented by personnel hired with USAID funds.
Lack of competencies in the new personnel of NGOs and Health Posts to implement actions in maternal, neonatal and child health and family planning, among others	Implement in-service competencies-based training on key competencies and skills



Challenges	Solutions
Low participation of communities in health and nutrition actions	Continue with training in different topics: <ul style="list-style-type: none"> <li>• Family planning laws</li> <li>• Healthy motherhood</li> <li>• Chronic malnutrition</li> <li>• Incorporation of traditional practices and health providers</li> </ul>

## Activities Planned for Next Quarter

### Integrated:

- ◆ Follow-up to agreements with PEC NGOs
- ◆ Follow-up to agreements with non-PEC NGOs for adolescent sexual and reproductive health and community mobilization
- ◆ Competency-based training in Nutrition, MNCH, FP, Monitoring with APRECIE to institutional and community first level health personnel
- ◆ Continuous monitoring of quality of care in health posts and convergence centers using QI improvement with APRECIE

### Component 1: Prevention of Chronic Malnutrition

- ◆ Follow-up supervision to areas that did not pass quality test for indicators related to Nutrition
- ◆ Establish a community system for accompanying the family during the 1,000 days window of opportunity, linked to the SBCC strategy
- ◆ Technical assistance and accompaniment of first level providers to develop competencies in management of acute malnutrition without complications at the community level, and referral of severe acute malnutrition (SAM) with complications
- ◆ Promote Essential Nutrition Actions in pregnant and nursing women
- ◆ Technical assistance to the MOH in the revision of the micronutrient supplementation norms and feeding guidelines for the child less than 2 years of age
- ◆ Train first level of care personnel in the Baby-friendly initiative (ISSALM for its Spanish acronym) in services that do not attend deliveries
- ◆ Promote hygiene practices linked to prevention of chronic malnutrition
- ◆ Develop and implement a strategy to strengthen growth

monitoring and promotion in collaboration with the IDB

- ◆ Conduct TIPs in infant feeding with local foods in collaboration with INCAP and FANTA; to be conducted in Huehuetenango, Quiché, and San Marcos

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

- ◆ Technical assistance to health services providers in their work with health commissions to provide follow-up to 5 sub-components of maternal and neonatal health (to prevent maternal and neonatal mortality through increased access).
- ◆ Promote surveillance to detect pregnant women and attendance of community births by competent providers
- ◆ Strengthen integrated networks of health services
- ◆ Training, coaching, follow-up to improve the competencies and performance of auxiliary nurses in maternal, neonatal and child care
- ◆ Advocate for habitating environment for maternal, neonatal, and child care in first level of care facilities
- ◆ Strengthen the analysis of data in health posts and convergence centers (updated census and mapping)

### Component 3: Family Planning

- ◆ Socialize and implement the community strategy in sexual and reproductive health and family planning SRH/FP
- ◆ Monitoring agreement to NGOs for SRH/FP for adolescents
- ◆ Sensitization and training in FP if first level of care providers in health posts and convergence centers
- ◆ Monitor compliance with the Tiaht amendment in first level of care services (2 health facilities per municipio, twice a year).

### Component 4: Community Mobilization

- ◆ Strengthen and build capacities of health commissions in priority communities (where there are health facilities) through exchange of evidence and experiences
- ◆ Design a system of community emergency transportation through seed funds
- ◆ Implementation of such a system in demonstration sites



# Increasing Investment in Nutrition and Health by Municipalities

## Integrated Activities

### Coordination

Coordination with the USAID Health and Education Public Policy (HEPP) project has resulted in joint training of Municipal Offices in all health areas. Meetings between HEPP, other USAID projects and Nutri-Salud have taken place at the central level. Furthermore, Nutri-Salud local teams take part in regular USAID partners' coordination meetings at the health areas'.

Following the initiative of Nutri-Salud, HEPP and Nutri-Salud planned the First Encounter of Municipal and Sector Authorities, and USAID Projects to discuss chronic malnutrition and poverty reduction within the framework of the Zero Hunger Pact. USAID officials and other USAID projects (PlanFam, FHI 360 FANTA, and Local Governance Project) were invited to participate and this became a major activity during this quarter.

The forum was held in Antigua Guatemala with the following objectives:

- ◆ Contribute to the identification of competencies, responsibilities and commitments of the different local government actors and other government institutions in the reduction of chronic malnutrition and poverty.
- ◆ Facilitate the coordination of interventions by the Municipal Nutrition and Food Security Commission (COMUSAN) in the 30 Municipios in 5 departments prioritized by USAID cooperation to reduce chronic malnutrition and poverty.
- ◆ Share information on the role of USAID cooperation under the Western Highland Integrated Program (WHIP) and its implementing projects in support of the reduction of chronic malnutrition and poverty.

The activity was very successful and resulted in the Mayors signing of a Local Governments Declaration in favor of reducing chronic malnutrition and poverty within the Plan of the Zero Hunger Pact. A detailed report will be prepared next quarter, including the results of working groups led by Nutri-Salud of mayors from 6 health areas.

Follow-up was also provided to alliances with other cooperating agencies, government and religious institutions in all health areas.

### Training

The System of Development Councils have been trained in all project components: chronic malnutrition, maternal, neonatal and child health, and reproductive health and family planning. Advocacy has been made so that more financial resources are used in improving water quality which is a mandate of Municipalities.

## Component 1: Prevention of Chronic Malnutrition

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

- ◆ **Quetzaltenango- Totonicapán.** 100% of Municipal organizations (COMUDES, COMUSSAN, COCODES) were sensitized using the chronic malnutrition conceptual framework tool.
- ◆ **Quiche.** Members of COMUSAN which include Municipal Offices (OMM), Ministries (MOH, MIDES, MAGA, MINEDUC), other government institutions (SESAN, CONALFA), and other USAID projects (Save the Children) have also been sensitized using the conceptual framework tool. Agreements were to: develop a map of actors with their intervention in each community of Sacapulas, especially in the topic of chronic malnutrition. MIDES will coordinate with the Health Center for the identification of pregnant women and children under five years who benefit from the conditional cash transfers program (CCTP, called "Mi Bono Seguro")
- ◆ **San Marcos.** Only three of eight priority municipal offices have not been trained in chronic malnutrition.
- ◆ **Huehuetenango.** The conceptual framework of chronic malnutrition is being shared in different opportunities, for instance in the discussion of nutrition and health data of the MOH "situational report".



Nutri-Salud hosts a meeting of Health Commission Members

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

Nutri-Salud has finished conducted TOT workshops on the five-step methodology to strengthen the organization of health commissions and emergency planning in all Municipios (100%). These facilitators (rural health technicians, ambulatory nurses, and auxiliary nurses, and health educators from both health posts and PEC jurisdictions) have carried out training sessions for members of COCODEs and health commissions.

- ◆ **Quetzaltenango- Tonicapán.** 100% de COMUDES and COMUSSAN have been sensitized regarding the importance to do surveillance of pregnant women and provide support to mothers and neonates in cases of complications.
- ◆ **Ixil.** Meetings were held with Municipalities and the Development Councils for advocacy, sensitization and actions in maternal, neonatal and child care.

## Component 3: Family Planning

All Municipal mayors (100%) have signed the letter of understanding with the project to support SSRH/FP in their Municipios.

Nutri-Salud local teams continue to coordinate with other USAID projects (notably HEPP and PlanFam) and participate in the MOH-organized “networks of responsible parenthood”.

Some highlights from local teams are:

- ◆ **Quetzaltenango- Tonicapán.** Municipal Women’s Offices were trained in family planning and a QI tool to identify problems and look for solutions that has been applied to FP. Commitment from the OMMs to use this tool in their interventions was obtained,
- ◆ **Ixil.** Meetings with religious leaders were held. An intercultural approach was used to sensitize religious leaders on the need for family planning. Members of the Municipal Women Offices have been trained in the QI problems and solutions tools applied to FP. Support was provided to commemoration of the Non-Violence to Women Day.
- ◆ **Huehuetenango.** COMUSANs, adolescents, and religious leaders have taken part of sensitization meetings and training workshops in FP. Female leaders were trained in the FP Laws and healthy motherhood.

## Component 4: Community Mobilization

Nutri-Salud received 40 proposals from NGOs in response to an RFA to implement interventions in community mobilization. The process of revision and selection of four NGOs was concluded this quarter.



Planning for next calendar year has been done together with most Municipalities.

- ◆ **Quetzaltenango- Totonicapán.** Three Municipios were named “Nutrition and Health Paladins”, including family planning. Santa Lucia la Reforma, Momostenango in Totonicapán and Concepción Chiquirichapa in Quetzaltenango received from Nutri-Salud a diploma of recognition for advances in health and nutrition.
- ◆ **Quiché.** The joint plan with the Municipality has been followed and during this quarter sessions on prevention of malnutrition and the importance of community mobilization for health have been held with COCODEs

in Zacualpa. The OMM in Uspantán held a community assembly for the election of a women’s board and female representation in the COMUDE and its Health Commission. The municipality of Chichicastenango provided ID cards to Health Commissions, following exchange encounters mentioned above.

- ◆ **Ixil.** Nutri-Salud is starting to provide support to three Municipalities in managing health and nutrition data.
- ◆ **Huehuetenango.** Joint plans were developed with six out of ten Municipalities.

## Challenges and Solutions to Major implementation Issues: Line of Action 2

Challenges	Solutions
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 reach organized community groups directly
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
Municipal Council ignorant of the nutrition and health situation of its communities	Technical assistance so the health services periodically present data to local authorities and advocacy so that resources are invested in the solution of major problems
Municipality does not have a nutrition and health plan	Provide technical assistance to Municipalities that still do not have a health plan
Low participation of women in Municipal and Community Development Councils	Sensitize Municipal and Community Councils on the importance of women’s participation
Health Commissions have not been legalized	Sensitize Municipal authorities to legalize Health Commissions
Low Municipal investment in health infrastructure, access and coverage in 2014, as well as in water and sanitation projects	Nutri-Salud teams participate in meetings of the COMUSAN and COMUDE; continue with sensitization in nutrition and health topics; promote alliances with the private sector at the Municipal level



## Activities Planned for Next Quarter

### Integrated

- ◆ New RFPs for water and sanitation such as water testing, water system, and water treatment; promote such projects with Municipalities
- ◆ Strengthen knowledge and actions in nutrition and health, and gender of Development Councils
- ◆ Conduct meetings for advocacy, sensitization, and management with COMUDES, and these with COCODES and COCOSAN.

### Component 1: Prevention of Chronic Malnutrition

- ◆ Implement the “Best Buy” strategy using the “Optifood” study results
- ◆ Continue sensitizing Development Councils, COMUSANs, Municipalities, and other actors in chronic malnutrition, as the main nutrition problem in the country

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

- ◆ Conduct workshops on the 7 essential functions of Health Commissions to prevent maternal deaths

### Component 3: Family Planning

- ◆ Carry out meeting for advocacy, sensitization and management in SRH/FP with Municipalities and the Development Councils
- ◆ Conduct meetings with religious leaders to sensitize in Family Planning with an inter-cultural approach
- ◆ Train Municipal Women’s Offices (OMM) in the tool to recognize and solve problems applied to family planning
- ◆ Train men in FP with the EROS methodology (goal: facilitators and 20% of auxiliary mayors in prioritized communities (406 men)

### Component 4: Community Mobilization

- ◆ Develop regional “Zero Hunger Pact” for the reduction of chronic malnutrition and poverty in conjunction with USAID partners, authorities, and private sector
- ◆ Design a communication campaign to promote community participation and participation of women in the Development Councils and Commissions
- ◆ Develop a system of incentives to communities for good practices in nutrition, MNCH, FP, water and sanitation
- ◆ Identify Municipios with good results (health paladins) in nutrition, health, and family planning with different types of incentives
- ◆ Complete joint work plans with Municipalities and offices (OMM, DPM, UIP)
- ◆ Provide technical assistance to selected Municipalities in the management of key nutrition and health indicators
- ◆ Provide follow-up to agreements with Non-PEC NGOs to train the Development Councils in community mobilization and other topics
- ◆ Strengthen and build capacities of health commissions in priority communities (where there are health facilities) through exchange of evidence and experiences



# Engaging the Private Sector and Civil Society

## Activities

During this quarter Nutri-Salud's Private Sector Specialist held numerous meetings with potential partners from the private sector. The most promising meetings were held with Municipalities where plans to form alliances to build Convergence Centers were made.

- ◆ Municipality San Miguel Ixtahuacan (San Marcos) - construction and equipping of two Convergence Centers(CC), Bajaltre and Yumán.
- ◆ Municipality La Libertad, Huehuetenango (4 CCs: El Chicharro, Cumbre de Huicá, El Jute, Santo Domingo Las Flores) El Chicharro will be the first Convergence Center to be completed.
- ◆ Municipality Todos Santos Cuchumatán, Huehuetenango (1 CC with construction to be finished at the end of October with a cost of Q350,000.00 [\$44,871 USD])
- ◆ Fundación Contra el Hambre (Foundation Against Hunger) – coordination activities and construction of a Convergence Center Cambalam (Nebaj) possibly with other private sector partners
- ◆ Follow up to obtain funds to build 5 Convergence Centers with private sector PRONACOM (convergence centers have been identified and the community has the papers for the site; PRONACOM is the private sector organization that is willing to help build convergence centers)

The following are other potential alliances:

### Equipment of convergence centers

- ◆ Church of Jesus of Latter-Day Saints – training and equipment for HBB
- ◆ Order of Malta

### Printing SBCC materials

- ◆ ENERGUATE

### Other

- ◆ Fundación Pantaleón - alliance for an integrated development project in one site
- ◆ ENERGUATE - Nutrition and health promoters (incorporate them to Nutri-Salud local teams)
- ◆ Nutritional cookie for pregnant women
- ◆ INFOM for water systems, in conjunction with RFP to conduct feasibility studies

Alliances of the USAID Alianzas RTI project that will come to an end around June 2014 and could be continued by Nutri-Salud

- ◆ FUNCAFE
- ◆ Mass media (radio, TV, and newspapers)

Four health stores (Tiendas de la Salud or TISA) were opened in Huehuetenango with partner Mercy Corps in

- ◆ Peña Roja, La Libertad, Huehuetenango with approximately 1000 inhabitants
- ◆ Agua Dulce, Cuilco, 834 inhabitants
- ◆ El Boquerón, Cuilco, 2,018 inhabitants
- ◆ El Carmen, Cuilco, 969 inhabitants.



## Challenges and Solutions to Major implementation Issues: Line of Action 3

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
Private sector has their own projects in support of Zero Hunger Pact; still considering building "blue houses" instead of convergence centers	Advocacy
Nutri-Salud takes a long time to make decisions regarding potential alliances with Mayors and Municipalities	Screening committee to vote on potential alliances

## Activities Planned for Next Quarter

Provide follow-up to potential alliances listed above

Follow-up to health stores (TISA) - Farmacias de la comunidad

Other activities

- ◆ Define packages for potential contributions of private sector
- ◆ Produce a brochure on alliances with packages defined
- ◆ Refine work plan to involve the private sector in support of nutrition interventions in the first level of care
- ◆ Have meeting with PRONACON (robust group of private sector) to present the Project and look for funding of convergence centers, activities and/or materials
- ◆ Identify nutrition needs where the private sector can contribute
- ◆ Identify additional potential partners, e.g. INFOM for water projects
- ◆ Develop plan of action with potential partners

# Establishing Alliances with Universities and Training Schools

## Activities

Meetings were held with coordinators and professors of the Schools of Medicine in one public and three private Universities in the Western region. They participated in training workshops provided in Nutri-Salud on nutrition and maternal, neonatal and child health topics.

Universities' coordinators and professors also received training in applied research topics, specifically in the design of students' practicums and theses. Nutri-Salud conducted dissemination of updated scientific and technical information on various topics.

Approval was granted by the director of the Health Sciences Division of the Western University Center (CUNOC) of the public San Carlos University (USAC) to develop the project "Evaluation of the dissuasive factors to use maternal and child quality care in the Ixil" to the URC TRAction project. However, the information will also be used by Nutri-Salud and plan of analysis of the NGO COTONEB data bases that will be used with similar data from other NGOs.

## Training

Nutri-Salud trained medicine students conducting their supervised practices in health posts of Ixil, Quetzaltenango, San Marcos, and Huehuetenango in all project topics, particularly 100 students were trained and standardized in weighing and measuring height in pregnant women and children.

Under the line of action seeking to establish alliances with universities and training schools there are no activities to report in each one of the project components for Quarter 1FY14.

## Challenges and Solutions to Major implementation Issues: Line of Action 4

Challenges	Solutions
Training of University coordinators, teachers and students involve staff's time and material resources	Finish the package of TOT manuals and training materials for teachers to replicate with final-year students that do their practice in health services, and for these students to replicate with MOH personnel in the facilities they go to.

Challenges	Solutions
Have medicine EPS cover all 30 priority municipalities and health facilities	Continue negotiating with public and private universities
Improve technical competencies of auxiliary nurses in training schools	Strengthen provision of technical assistance and training to training schools
Expand research opportunities in Universities and training schools	Promote courses and diplomas on research design and implementation in Universities and training schools
Integrate within the network of health services nutrition EPS	Negotiate with the School of Nutrition of the Landivar University; Association of Nutritionists in the Western Highlands

## Activities Planned for the Next Quarter

- ◆ Develop training module for EPS students in medicine and nutrition, nursing and other careers in coordination with Universities and the MOH
- ◆ Design, and develop certified Diplomas in Nutrition, MNCH, and FP for teachers and other professionals in Universities in coordination with INCAP
- ◆ Supervise and support research projects in nutrition, MNCH, and FP by University teachers and students; help publish and disseminate their reports
- ◆ Monitor and provide technical assistance to first level of care personnel, in coordination with medicine, nutrition and nursing EPS
- ◆ Strengthen and promote the involvement of regional professional associations of medicine, nutrition and nursing in the interventions of the 1,000 Days Window of Opportunity
- ◆ Provide support to congresses, and workshops of professionals and students in medicine, nutrition and nursing and NGOs in topics of nutrition, MNCH, and family planning.



# Cross-Cutting Activities

## Monitoring and Evaluation

### Continuous Quality Improvement under APRECIE Methodology

There have been three measurements of the Quality health care indicators and the mothers' knowledge and practices in the community, using the methodology defined under Collaborative Learning and Evidence/ Experience Exchange (APRECIE, for its Spanish acronym) methodology. The first one was carried on in Q3FY13, the second one in Q4FY13 and the third one in this Q1FY14. Results of first and second measurements were shared with all the staff of the project and with the Technical Teams of the six Health Areas, Health Districts and NGOs. Due to the analysis carried out by Nutri-Salud and actors in each one of the areas, there have been notable improvements since the first monitoring round. For instance, in jurisdictions in Ixil the use of the urine stick to detect proteins, bacteria and sugar in urine of pregnant women was very low (11%). After the first measurement the NGO COTONEB coordinator mandated acquisition of urine sticks and requested training in their use by Nutri-Salud and MOH; the result was an improvement to 30% use of urine stick in prenatal care.

Even with the constraints faced by the Extension of Coverage Program (PEC) due to the government's lack of payment for health services, the third measurement has been made, albeit with a decline on the percentage of supervision areas reporting. 86% of the supervision areas have reported data on the indicators of the quality of health care (prenatal, postnatal, neonatal, and child), and 82% of the supervision areas have reported on the indicators of the mothers' knowledge and practice indicators. We expect to have complete results in the next quarter. Once all the results are obtained and consolidated there will be a comparative analysis to identify the gaps and progress made on the improvement plans implementation. Follow-up in the form of coaching and on-the-job training will be provided by Nutri-Salud local teams in order to reach the goals.

As part of the Continuous Quality Improvement methodology the Nutri-Salud team of advisors reviewed APRECIE's tools, especially the knowledge and practices indicators and forms. The review results in improvements in the indicators and tools and improvement plans matrices.

The Integrated Health Care System (SIAS for its acronym in Spanish) of the MOH has faced multiple changes during this year and this has precluded for the Collaborative Learning Sessions at the Health Areas level, but Health Districts have carry out their sessions. It is foreseen that the first session at Health Area level is going to take place in February.

### Institutionalization of APRECIE

Nutri-Salud's M&E unit has made various presentations of the APRECIE methodology and the first and second measurement rounds and results to the MOH's Integrated Health Care System (SIAS). During the last presentation to the Coordinator of the first and second level of care, he showed particular interest in the methodology and asked Nutri-Salud to help SIAS train its staff in it and support them to implement it in the first level at a national level. The training should be a very practical one, sharing the LQAS method and tools (quality of care in health services and mother's knowledge and practices in the community) in one of the supervision areas. Training will be scheduled for the beginning of next quarter.

### Automation of APRECIE's consolidation process

Nutri-Salud has developed the scope of work to contract a software developing company to develop an application to automate the consolidation of the APRECIE. The software application is going to help health areas enter and consolidate data in order to better analyze them and take informed decisions based on them.

### Nutritional Status of Children and Mothers, and Morbidity in Children

A workshop to present and analyze the nutritional status and morbidity of children under five in priority Municipios was held in November with all of Nutri-Salud staff. The situation is worrisome because the level of chronic malnutrition found (70.9%) is way above the national mean prevalence. The technical staff is committed to find more intensive interventions to reduce the level of chronic malnutrition in these Municipios. One action that needs to be strengthened is coordination with other USAID partners and other NGOs and cooperating agencies.



Monitoring of the Quality of Growth Monitoring and Promotion in Children. During this quarter, the nutritionists completed a set of visits to facilities to observe growth monitoring and promotion sessions and prenatal care for pregnant women; the logistics of micronutrient supplements was assessed. 19 sites were randomly selected and visited for this assessment. The data is still being analyzed and will be presented in the next quarterly report, but following are some highlights;

- ◆ 15 out of 19 services had a complete set of anthropometric equipment (scale and height measuring board) when visited. More services had height boards (17) and less had a complete set of scales (15) for children and adults
- ◆ Only 5 of the 19 services visited fulfilled all seven criteria considered for the correct weighing of children. Most facilities failed in calibrating the scale before each measurement and undressing the child as much as possible (although this criterion is very subjective, depending on the type of clothing used). Other measurement criteria were correctly followed by almost all services, including positioning the child correctly and reading the measurement out loud. In contrast, only 13 of 19 facilities fulfilled all three criteria considered for the correct height measurement.
- ◆ It was noticeable that weights are recorded much more frequently than height measurements. Only in 13 of 19 facilities weight measurements were recorded in all three documents (clinical records, child card and community registry of children or Child Notebook). Similarly, only in 11 of 19 facilities were height measurements recorded in the same three documents. In addition, length/age indicators are graphed less frequently than weight/age. Providers correctly classify all three nutrition status indicators only in 9 of 19 facilities. Classification of acute malnutrition (with weight/height indicator) showed the most errors.

- ◆ Considering that the MOH instructed health areas to take height measurements every month (instead of every six months), we also assessed if providers were complying. All 19 sites were taking height measurements monthly.
- ◆ The assessment also evaluated the quality of the promotion and counseling to mothers attending the growth monitoring sessions. A total of 23 criteria were considered. Only in 3 of 19 facilities providers fulfill all criteria. The weakest criterion was having IEC materials to provide counseling and including breastfeeding information in counseling.
- ◆ On average, providers took 9 minutes to measure height and weight with each child and devoted 7 minutes to counseling mothers.

In the next quarter, project nutritionists will share these results with health area and district staff, in the hope of jointly defining improvement plans.

### Monitoring and surveillance of fortified foods in the Western Highlands

For this year’s monitoring and surveillance of fortified foods in the Western Highlands, a random sample in public schools was determined using Nutri-Salud’s target areas. The study was technically and financially supported by Nutri-Salud through our partner INCAP that conducted samples’ analysis in its food laboratory.

The sample included 101 schools; in each school LIDECON conducted a short session with 20 children and their parents to invite them to participate and basic nutrition concepts and the importance of the 1000 days window of opportunity were also reviewed. Each student contributed with a sample of sugar and salt from their home. LIDECON representatives also collected sugar, salt and bread/flour samples from the main bakery and/or store and markets in the same communities of selected schools. The following table summarizes the total number of samples obtained both at schools and markets and results.

#### Surveillance of Fortified Foods in the Western Highlands

Food	Number of samples from stores and markets	Number of school samples	Percent fortified
Food	54	1,862	43% with iodine
Sugar	55	1,876	87% with vitamin A
Bread Flour	30	None	57% with iron 20% with riboflavin
Bread	38	None	87% with iron 47% with riboflavin



## Preliminary conclusions are:

- ◆ **Salt:** The salt fortification program is not performing as it should. 65% of the samples were from unbranded salt, sold at local stores and markets, which is never fortified. Salt is the only source of iodine in the Guatemalan diet.
- ◆ **Sugar:** The expected coverage of the sugar fortification program is 90% of samples fulfilling the requirements. These results show that the sugar fortification program in Guatemala is effective, but results are lower compared to past years. A possible explanation is that many schools and stores were located at sites near the Mexican border, where sugar fortification is not mandatory.
- ◆ **Wheat flour:** Iron content in positive samples is exactly at the lower established limit; it is possible that flour producers are interpreting this as the required level, instead of the minimum. Also, it is possible that much of the flour used in the Western Highlands is being imported from Mexico, with different iron and riboflavin levels required.
- ◆ Of the total bread samples analyzed, seven did not contain riboflavin and three of these had very low iron content.

## Interoperability between Censo.Net and SIGSA and the Health Information System

Nutri-Salud's M&E unit has been providing technical assistance to the Health Information System (SIGSA for its acronym in Spanish) to develop a script to create interoperability between Censo.Net, the software application used by the Extension of Coverage Program and SIGSA. The interoperability will improve electronically sharing data from Censo.Net and SIGSA, this action will also help to improve data quality.

So far three software scripts have been developed:

- ◆ Censo.Net SIGSA 7
- ◆ Censo.Net SIGSA 5c – dealing with growth monitoring
- ◆ Censo.Net SIGSA 18

In addition to this assistance, Nutri-Salud has worked with SIGSA to help in the design of the new information system.

The main activities in which the project participated were:

- ◆ **DERCAS.** A Document of Specifications, Requests and Criteria for the Acceptance of Software (or "Analysis and Requirements Specifications") of the information system that the MOH wants and to better estimate the technical and financial resources necessary for its development was performed by INSOFT, a firm hired by Nutri-Salud. The main problems found in the current health information system were:

- There are 52 sub-systems without interoperability between them
- There are information repositories with little or no consistency in the data
- There is lack of control in the versions or changes generated in applications
- Hardware is obsolete and does not comply with specifications
- The internet band width is insufficient to implement online systems that can be consulted at the same time by many users

Going beyond its original purpose, the DERCAS provided the following recommendations:

- ◆ That the system use a Service-Oriented Architecture (SOA)
- ◆ To contract three firms for its development, one that responds to DERCAS, the other to manage and coordinate activities, and a software development firm
- ◆ The solution should use Infrastructure as service (IaaS) popularly known as the cloud
- ◆ The solution should be scalable, and contemplate a testing process and training for final users
- ◆ Design of the census format. This format has not been made official by the MOH, discussions are still ongoing between the MOH, and INE and RENAP.
- ◆ Design of the clinical records. Final versions of these records have not been made official by the MOH.
- ◆ Training in use of clinical records. Although Nutri-Salud provided technical and financial assistance for training at the central and health areas levels, if clinical records change and with time elapsed, training will have to be repeated.
- ◆ Unique identification code. As with the census format discussions as to the best way to assign identification code to patients are still ongoing between the MOH and INE and RENAP.
- ◆ As requested by USAID the project hired a consultant to work together with a PAHO consultant to establish macro requirements of the information system focusing also on the governance of the system. The Nutri-Salud consultant finished the assignment and turned in a report; PAHO consultant has been unable to return to the country to finish the expected products, so that the consultancy remains incomplete.



- ◆ Scope of work (SOW) of the new health information system (HIS). The project helped SIGSA to publish the advertisement in the paper and together with the MOH met with interested company representatives.
- ◆ Selection of the firm to develop new health information system. The project shared with SIGSA its grants manual to help in the impartial selection process of the firm. Nutri-Salud participated in the selection process.
- ◆ Meetings of the HIS working group. Pablo Moreira and Axel Moscoso of the Nutri-Salud M&E Unit participated in weekly meeting of this working group throughout 2013.

At the end of Q1, the project was notified that another USAID instrument (i.e. the Health and Education Policy Project – HEPP-) would continue providing technical and financial assistance to the MOH regarding the health information system. A document describing the above processes was prepared and presented to USAID.

### Methodology and Tools for NGOs Agreements Tracking

This task was not accomplished in this quarter but will be in the next quarter. At this moment the tracking is manual.

### Web-enabled System

The Nutri-Salud M&E Unit has been working in this task and has developed an online application for tracking the different training events carried out by the project and participants. It will provide information on the number of personnel trained, their location, knowledge and skills acquired (if post-test is applied) and cumulative and longitudinal follow-up.

### Publications

The First Care Level Facilities Situational Diagnosis reports for all project areas and one for each of the six health areas are ready for printing. Printing will occur next quarter.

Also, the document describing the results obtained in the first and second measurement rounds of the quality of care indicators and the maternal knowledge and practices indicators is ready for layout and printing.

Finally, the survey on the nutritional status and morbidity of children under five years of age will be published next quarter.

Challenges and solutions in monitoring and evaluation of the implementation of the project are presented in the following table:

## Challenges and Solutions: M&E

Challenges	Solutions
The Extension Coverage Program challenges	To find another way to finance The Extension Coverage Program and ensure its continuity
Health Information System	Strengthen the national health system while collecting data directly from Health Areas, if it is possible.
APRECIE's Institutionalization	Support and strengthen the Integrated Health Care System in training and implementation of the APRECIE methodology.

### M&E 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.
- ◆ **Develop software applications.** Two applications will be developed one for the tracking of training workshops and other trainings and the other one for the consolidation of APRECIE data.
- ◆ **Share and train the SIAS -Integrated Health Care System- staff in the APRECIE methodology.** SIAS is interested in the institutionalization of this QI methodology at the national level.
- ◆ **Fourth 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 baseline to evaluate effects of behavior wheel.** To establish the present situation of nutritional status in a sample of 111 supervision areas of supervision in the 30 Municipios, a team of INCAP interviewers will be hired. These interviewers will accompany QI teams in each supervision area and apply a KPC (Knowledge, Practices and Coverage) survey questionnaire to mothers inquiring about 19 priority behaviors in the wheel. These data will also serve as an independent assessment of the variables presently collected by QI health teams.
- ◆ **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 the project will continue to work



on the 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.

- ◆ **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 of the methodology and tools for monitoring of the agreements of the Extension of Coverage Program with NGOs.
- ◆ **Design district data profiles.** Analysis of SIGSA data found that data reports at the central, area and district levels are inconsistent. Key indicators will be calculated directly from Health District and NGO data.
- ◆ **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)

### Component 1: Prevention of Chronic Malnutrition

Save the Children, Catholic Relief Services (CRS) and Project Concern International (PCI) form part of the Inter-institutional SBCC group led by Nutri-Salud. Health communicators of these institutions have joined efforts in order to maintain a common or similar graphic line in materials and standardize messages around 19 key behaviors portrayed in a “behavior wheel” that will be used in communicating with families.

CRS has already adapted and is using the behavior wheel shared by Nutri-Salud with health promoters and mother counselors.

The Manoff Group reviewed Nutri-Salud’s behavior Wheel and is helping with the development of a Home Visit and Counseling Guide. Behaviors were categorized in order to improve understanding:

- ◆ Everyday behaviors, e.g. hand washing
- ◆ Behaviors during pregnancy, e.g. attending prenatal care
- ◆ Behaviors for the child 0-24 months, e.g. breastfeeding.

This categorization will help to better focus counseling, discussing most relevant behaviors with each family, and helping the family to progressively perform all behaviors. Companion materials to the behavior wheel are the Counseling guide and an Operations Manual. The wheel will start to be implemented in the next quarter.

This quarter, an agreement with Johns Hopkins University’s (JHU) Health Communication Capacity Collaborative (HC3) funded by USAID was signed to test a “water card” material that will be used by health and water and sanitation (WASH) commissions to assess the water situation in the communities.

In support of the Zero Hunger Pact a consultancy and workshop to update the legal framework to support breastfeeding and the strategic and operational plan 2014-18 of the National Commission for the Promotion of Breastfeeding (CONAPLAM) were technically and financially assisted by Nutri-Salud. Next quarter follow-up the project will provide follow-up to actions carried out by CONAPLAM. More than 40 people participated in the activity, among them SESAN, PAHO, INCAP, and UNICEF.

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

In support of the MNCH component of the project, the following materials were designed, pretested, and produced.

- ◆ Critical pathway for the prevention and reduction of maternal and neonatal deaths. Helps Health Areas, Health Districts and Municipal commissions take action to contribute in reducing maternal and neonatal deaths
- ◆ Obstetrical risks screening form. Used by health personnel to determine where the pregnant woman to go for prenatal care and delivery.
- ◆ Birth and emergency plan. Helps the pregnant women determine home conditions for birth and plan in case of complications.



Nutri-Salud Staff distribute Health Information materials during the vaccination campaign

Nutri-Salud has shared with USAID partners the family and emergency plans materials, as well as other material son danger signs.

At the request of the MOH, specifically the National Immunization Program (PNI), Nutri-Salud supported several communication and diffusion activities regarding the 2013 Vaccination Campaign of children under 5 years with polio and MMR vaccines.

In addition to activities, the following materials were produced for the MOH Vaccination Campaign:

- ◆ Vaccination poster (updated existing material)
- ◆ Vaccination brochure (updated existing material)
- ◆ Vaccination sticker to be put on the child card (new material)

User guides were prepared for each of these materials and distribution was coordinated with the PNI.

### Component 3: Family Planning

A consultant helped to update the FP balanced counseling materials. The new flipchart includes a WHO disk for assessing eligibility, a booklet with the FP laws, a booklet with myths and truths about contraception and a card with emergency contraception (“open in case of emergency”). Also a Manual for participatory sessions with men was revised and tested, and is ready to be implemented next quarter. Training of trainers(TOT) will be conducted with male health providers who will in turn train community groups.

### Component 4: Community Mobilization

Several materials are being designed and produced as part of a communication strategy to promote community mobilization.

These materials will be included in a “Community Mobilization folder”:

- ◆ Community Mobilization Strategy
- ◆ Manual for training health commissions in emergency planning (5 A's methodology)
- ◆ Poster with members of a Health Commission
- ◆ Manual with the Functions of a Health Commission
- ◆ ID card for members of Health Commission
- ◆ Community Emergency Planning booklet
- ◆ Water and Sanitation poster

### Increasing Investment in Nutrition and Health by Municipalities

As mentioned above, on December 5-6 the first Encounter between Municipal and Sector Authorities, and USAID projects that form part of the Western Highlands Integrated Program (WHIP) was carried out in support of the reduction of chronic malnutrition and poverty within the Zero Hunger Pact. The activity was led by the National Association of Municipal Mayors (ANAM) and Nutri-Salud participated in all the working groups. The SBCC component was in charge of the following products.



- ◆ Master of ceremonies protocol
- ◆ Template for presentations
- ◆ Welcome Roll-ups
- ◆ Welcome and event identification banners
- ◆ Block for notes
- ◆ Badges of identification
- ◆ Folders

## Training in SBCC

In order to strengthen behavior change communication activities in Health Areas, during October and November Nutri-Salud conducted 10 workshops on SBCC and counseling in the 1,000 days continuum for first level personnel of the MOH. More than 500 health educators, social workers, and health education and promotion coordinators were trained. In 2014, the SBCC inter-institutional group has proposed developing a manual for “Strengthening Facilitation Competencies in First Level of Care Providers”. This material will be a generic document for the different institutions who could then adapt it for their own implementation needs.

## Private Sector Alliances

A table describing SBCC materials, specifications, quantities needed, and costs was prepared in order to look for private sector partners that can finance their reproduction. The Private Sector specialist is looking for interested partners that can not only contribute to their reproduction but also use them in their own projects to contribute to the reduction of malnutrition and poverty.

The project still needs 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 will also produce a video and a booklet on how to maintain a convergence center and how to properly use its facilities (such as toilets). This video could also include measures for environmental mitigation.

## Alliances with Universities

The SBCC advisor participated in introducing university medical students to the concepts of SBCC. She presented to them the behavior wheel so that they can help disseminating messages around the 19 key behaviors.

## Challenges and Solutions: M&E

Challenges	Solutions
Implementation of the behavior wheel with home visits by health educators	Try the wheel with health post personnel and wait for PEC staff to be re-hired
Position the behavior wheel as the key strategy and material in the project, with the MOH and with other USAID projects	At the end of January present the final version of the wheel to key partners.  Define who from Nutri-Salud will be directly responsible for implementing the wheel training.
Have all Health Education and Promotion Coordinators in health areas help in designing an SBCC plan based on the wheel	Visit each health area to present the SBCC strategy and wheel.
Finalize the reproduction of SBCC existing and new materials.	Speed up processes within URC.
Printing communication materials with quality and on time.	Visit printers and if possible do a BPA with the best in order not to waste time with them.
Respond to the particular needs of each component of the project.	Define these needs with each component advisor. This has been done with Nutrition, Maternal, Neonatal and Child health, and community mobilization advisors.
Communication and work lines of action with personnel in Quetzaltenango.	Clearly define SBCC actions and how to implement them including operational decisions (who does what and who communicates with whom).
Continue with activities proposed with the SBCC consortium with CRS, STC, PCI and Nutri-Salud	Develop a work plan with timetable and with clearly defined products for Q2-Q4 FY14. Present this plan to the projects' COP for approval, including participation in working meetings.
Establish and strengthen communication alliances with SESAN and MOH's PROEDUSA.	Initiate dialogue with SESAN, and establish a work plan with PROEDUSA's new coordinator.
Provide follow-up to the network of organization that work in SBCC in Totonicapán and expand the initiative to other health areas.	This activity could be part of the SBCC consortium with CRS, STC, PCI, and Nutri-Salud.



## 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
- ◆ Continue to participate in SBCC working meetings
- ◆ Develop SOW and hire consultant to implement agreement with JHU KC3 project to test “water card”
- ◆ Socialize project’s SBCC strategy at all levels
- ◆ Implement training and use of Behavior Wheel with project staff and other facilitators
- ◆ Help celebrate world events such as Women’s Day (March 8) and Water Day (March 22nd)

## Public Relations and Institutional Communication

Nutri-Salud has continued to disseminate information about the project for different audiences such as USAID Weekly News & Activities Report from October to December 2013. Featured news: Edition 5 | October 2013; Edition 6 | November 2013; Edition 7 | December 2013.

### Events:

Nutri-Salud help organize and provided technical and financial assistance for several events, some in coordination with partner and non-partner institutions. The most important event for this quarter was the

- ◆ The First Regional Encounter on Reducing Chronic Malnutrition and Poverty held in Antigua, Guatemala, Guatemala, on December, 5–6. The activity was organized by the Western Highlands Integrated Program (WHIP) of USAID and Guatemala’s National Association of Municipalities (ANAM, by its Spanish acronym) with municipal mayors and USAID partners. During the two-day event, 30 municipal representatives from the Western Highlands of the country committed to reduce chronic malnutrition and poverty within their municipalities. In the evening, following the meeting, USAID and implementing partners organized an information fair to provide local government representatives with an opportunity to learn about USAID activities within their municipalities. This event marked an important step in strengthening the impact and long-term sustainability of USAID’s work to improve levels of economic growth and social development in the Western Highlands.
- ◆ Other events in the Ministry of Health received technical and financial assistance.

### Website:

A new scope of work has been developed for phase two. The final product is still pending.

### Materials:

Promotional materials (shirts and caps) have been produced with the objective to stimulate volunteers of the Health Commissions in the 30 prioritized municipalities. These materials fall within the strategy of Community Mobilization and were done with financial support from Nutri-Salud’s partner Mercy Corps.

### Alliances

Several activities have been developed with the private sector Alliance for Nutrition such as becoming part of an alliance of USAID | Alianzas with networks of cable TV, radios and printed media. This work is focused on disseminating key messages on the 1,000 Days Window of Opportunity to audiences (women of fertile age) that live in 30 prioritized municipalities. The messages are programed to start next calendar year on Nuestro Diario (a local popular newspaper). Nutri-Salud present role in this alliance is providing the graphic and text materials to include. However, in the future when the USAID | Alianzas project comes to an end, the Nutri-Salud project can renegotiate a private sector alliance with them.

A strategy focused on improving knowledge on the 1,000 Days Window of Opportunity for journalists is being developed. The work will be done with a local association Laboratorio de Medios in alliance with USAID|Alianzas and USAID|Nutri-Salud.

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:

### Activities Planned for Next Quarter

- ◆ Support event on launching AIEPI AINM-C strategy
- ◆ Launching of the Nutri-Salud web page
- ◆ Develop and send weekly news and reports to USAID
- ◆ Redesign official Nutri-Salud publications: “success stories”, “notable characters”, “we read for you”, feature news, technical documents
- ◆ Contribute to publishing 12 technical documents, 3 success stories, 1 notable character, and 3 literature review notes
- ◆ Coordinate with the Alliance for Nutrition



## Quality Improvement (QI) and Logistics

### Activities

At the central level of the MOH, selected project staff participated in the following activities coordinated by Advisor Angélica Bixcul:

#### Revision and Updating Manuals on PEC Norms

- ◆ Technical and financial support was provided to revision and updating the following PEC manuals:
  - Pre-selection and Selection of NGOs provider of health services
  - Administrative and financial Manual
  - Technical and Normative Manual
  - Social Audit Manual

#### Preparation for the re-launching of AIEPI AINM C Strategy for MNCH and Nutrition

- ◆ Technical and financial support provided for the design, development, editing and reproduction of the AIEPI AINM C Strategy guidelines booklet
- ◆ Video Production: “Strengthening Primary Care Level Health Services” to use in the launching event
- ◆ Technical support for the creation of work group to launch the Integrated Care for Children and Women at the Community Level (Spanish acronym: AIEPI AINM-C)

#### Revision of National Survey on Maternal and Child Health (ENSMI 2015) questionnaires

Nutri-Salud provided technical support to the Technical Advisory Group (GAT) in charge of the ENSMI for the revision of the questionnaires on vaccination, childhood illnesses, maternal and neonatal mortality, family planning, and nutrition. The GAT made final revisions to questionnaires for; Women 15 to 49 years of age, Men 15 to 59 years of age, and the Household Questionnaire.

#### Operational Guides for the MOH, Division of Programs

Technical support for the development of 21 Operational Guides for Standards of Care at the primary and Secondary care levels was given to the MOH's Department of Regulation of Programs and Human Services (Departamento de Regulación de Programas y Atención a las Personas, DRPAP).

#### Special Project of the MOH

Technical support was given to MOH staff to support the re-categorization of health facilities. This activity involved the MOH Strategic Planning Unit (UPE), primary care facilities, secondary care facilities, Directorate of Hospitals, Directorate

of Health Areas, Vice Ministry for Primary Health Care (VAPS for its Spanish acronym), Department of Special Projects, USAID|TRAction, USAID|Nutri-Salud, and the Capacity Project.

#### Certification of First Level of Care Services

Technical support was given to the Sub-Direction of the Primary Care Level to form a working group for the certification of Primary Care Level health facilities. The working group revised 6 Modules of certification/accreditation of health facilities implemented in the country to strengthen the MOH's certification model. Technical support was also given to the development of a document outlining the certification model for primary health care.

#### Quality Management

In support of the MOH sub-directorate for Quality Management, a methodological proposal was developed for Quality Management in coordination with the TRAction and Capacity Projects.

#### Training of Rural Health Technicians

Technical Support to the MOH Department of Human Resource Training for the final review of the training curricula of Rural Health Technicians (TSR) Cabricán School, Quetzaltenango.

#### Logistics

At the Central level of the MOH:

##### Administrative/Financial Standards of the Extension of Coverage Program (PEC)

Through workshops and joint participation of representatives of the PEC NGOs and financial representatives of the MOH at the central level, and in coordination with the Quality Management Unit and the logistics department, the Administrative/Financial Standards of the Extension of Coverage Program (PEC) were reviewed, which has been an important step in the standardization of procedures.

##### Preparation of a guide for logistics procedures of the PEC

Technical assistance was requested by technical and financial authorities of the MOH's Extension of Coverage Program (PEC) in the development of a logistics guide for the PEC and subsequent validation and publishing.

##### Review of Technical Standards for Health Area Offices (DAS)

Participation in technical meetings to update the Technical Standard 35-2002 for the management of medicines and related products in Health Area Offices, led by the Quality Management Unit of the MOH. These meetings reviewed all logistics procedures that will govern the DAS and therefore all the health care network services. This process has not been



completed but fundamental changes have been made to the current operations in order to improve the availability of inputs in the health care service network.

#### Commission to ensure availability of Contraceptives

Nutri-Salud technical staff participated in meetings of the National Commission of Contraceptive Security (CNAA in Spanish) which has been an opportunity to make an impact on the Reproductive Health Program to insure contraceptive availability and understand the environment which influences supply, in order to support new strategies to improve supply and support the program where policies directly influence the ability of the project to achieve its objectives.

#### Technical support to update Reproductive Health Standards

The project provided support to the MOH Reproductive Health Office to address logistics issues. Two meetings were held with all staff involved in the field of logistics, pharmacologists from the Quality Management Unit, logistics personnel from the Deliver Project and the MESOAMERICA Project to define a schedule and coordination plan to improve the availability of inputs, through technical assistance to the Health Area Offices (DAS) through the implementation of an action plan.

#### At the local level

##### Logistics training to Medical Student Interns (EPS)

So that Medical Students doing their facility level practicums (EPS) can contribute to improving the health service delivery logistics network, a general overview of logistics has been defined to be taught to students doing their supervised practicum in health facilities. The overview will cover logistics from the time medicines and supplies are delivered to health facilities and will follow the official standards of care and logistics. The training will also work to break myths about the use of medication after expiration.

##### Presentation of a Supply Management Tool in Huehuetenango, Quiché, and Ixil

Project staff have designed an Excel-based tool that will help Health Area Offices monitor the supply chain in order to aid the analysis and decision making related to the availability of inputs. A consensus was reached with health staff about how to manage the tool and commitments were made concerning when and how to track supplies using the tool and present it in the Health Area Offices each month as part of the monthly BRES (Balance, Requisición, Envío de Suministros in Spanish) report. This tool is known and has been welcomed by the MOH at the Central Level. However, given the impasse surrounding the model of health service delivery, the tool has not been institutionalized, as this is one of many tools that may

be used to help analyze logistics locally from the Health Area Offices, to the service delivery organization.

Second stage of implementation in Huehuetenango. October baseline.

The first exercise was undertaken with the financial and technical personnel of the Health Area Office of Huehuetenango where the baseline data for the tool was collected. This activity will be followed up next quarter.

## Challenges and Solutions: Quality Improvement (QI) and Logistics

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-hour period for training in 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

- ◆ 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

### Activities

A strategy for gender and cultural pertinence and inter-culturality was drafted. Training of primary health care staff in gender and inter-cultural approaches has begun.

### Sensitization Workshops

These workshops were developed with the aim of raising awareness among institutional health care staff in cultural relevance, to provide a contextualized service according to the local culture and promote the recognition, appreciation, and respect to ancestral health systems that have existed alongside the official system, including its resources and actors. The workshops also highlighted the analysis of gender gaps, to promote inclusion and attention to women with warmth and quality in health services.

Five awareness raising workshops on the topic of Intercultural Health Services to Municipal Health Districts of the municipalities of Huehuetenango: Todos Santos Cuchumatán, Jacaltenango, Concepción Huista, and of Quiché: Nebaj and Uspantán, with a total of 155 Nurses, Educators, Doctors, Rural Health Technicians, and Social Workers.

### Encounters/ workshops with traditional health providers

Two knowledge exchange workshops were conducted with traditional Mayan health providers in the town of Jacaltenango, Huehuetenango. A workshop on the topic of the Role of the Community Midwife was held for with 150 midwives in the town of Momostenango.

### Training workshops in community participation

A workshop on strengthening community authorities of the 30 communities of Momostenango was held in Momostenango with 165 participants.

### Activities to increase participation of women in community organization

- ◆ A Women's Caucus for the election of representatives to COMUDE and representatives on the local Health

Committee was held in coordination with the Municipal Women's Organization (OMM, in Spanish), in the town of Uspantán.

- ◆ Two workshops for women were held on November 25th for the commemoration of the International Day for the Elimination of Violence against Women with the participation of 150 women in total, coordinated with OMM from the Municipio of Momostenango.
- ◆ A Health Commissions Meeting in St. Lucia La Reforma, with a focus on the importance of the participation of women.

## Challenges and Solutions: Gender and Cultural Pertinence

Challenges	Solutions
Health personnel is not sensitized in the need to have inter-cultural and gender approaches included in measures of quality of care	Conduct sensitization workshops and fora with health personnel; take advantage of commemorative dates
Inter-cultural and gender topics are not well-positioned in Health Districts, Municipalities, NGOs, other organizations, society at large	Coordination and advocacy with health authorities at national, departmental and municipal level; advocate for budget to Municipal Women's Office, and Health Commissions
Project advisors and local teams need to be empowered in the topics of gender and inter-cultural approaches	Train project advisors and local teams in gender and intercultural approaches
Lack of effective/ tested methodological guides and materials to instruct about such topics	Hire consultants to develop and pre-test materials
Little participation of women in community organizations	Accompaniment to COMUDES, COCODES, Health Commissions to incorporate women in these organizations

Activities planned for next quarter are

- ◆ Continue immersion of project advisors and local teams on Mayan world vision and health/ nutrition from Mayan perspective
- ◆ Meetings and workshops with municipal and community organizations to promote the incorporation of women
- ◆ Participate in other components' activities incorporating the gender and intercultural perspectives.



# Discussion of Progress on Results to Date

As reported in Q4, FY'13, assessing progress toward Nutri-Salud's Year 3 (FY14) targets continues to present challenges. Tables present PMP indicators achieved, not achieved, and without information.

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 them and poor quality do not allow us to properly assess the project indicators and progress. Although the project obtained authorization from SIGSA, to get data directly from the Municipal Health District records and check the consistency of data all the way to central level SIGSA, this was not carried out due to lack of timely information even at the Area and Health District levels. One area has their data up to date (i.e. San Marcos) however they are not using SIGSA, but are using their own Excel spread sheets. The other areas can only present a PDF of their results, which is not really useful for Nutri-Salud's purposes. We would have to re-enter all the data to consolidate.

Nutri-Salud has maintained ongoing dialogue with SIGSA regarding these issues and has taken numerous other actions to resolve them. With the completion of the census and mapping of each first level of care facility and of APRECIE baseline data and percentages for indicators have been obtained in previous quarters. However, with the limitations in funding by the government of Guatemala to the PEC NGOs since November 2013 and other changes in the MOH, obtaining data from another round of APRECIE monitoring has been very difficult.

Therefore, once again Nutri-Salud is relying mostly on central SIGSA data for its indicators.

The discussion will focus on those PMP indicators for which full data (baseline, target, and quarterly progress) are available. Also, it has to be bared in mind that, in addition to faulty data, they only represent the first quarter of year 3 (FY'14), so that there is potential to achieve targets in the next three quarters of the year.

Regarding Result 1 indicators (chronic malnutrition prevented) target for impact indicator 2 is almost unachievable. Target was based on SIVIM survey for the highland departments

and ENSMI, but the value of stunting Nutri-Salud found is much higher than the national mean and that reported for highland departments. Using LQAS data, targets have been achieved or have exceeded the target for indicator 13 (% children taking iron), 15 (% postpartum women taking iron), 16 (% postpartum women taking folic acid), 19 (% recall of key moments for hand washing), 20 (% household with supplies for hand washing), 21 (% children with acute severe malnutrition), and 22 (% malnourished pregnant women). Using SIGSA data targets have not been achieved for indicators 6, 7, 8, 9, 10, 11, 12, 14, and 23.

Regarding result 2 indicators (Improved maternal, neonatal and child health care) targets have not been achieved in indicators 27, 28, 29, 32, and 33, but the gap is not large, and this is Q1 for FY'14. Targets were attained or have been exceeded for indicator 30 (% pregnant women with first prenatal visit during first 12 weeks of pregnancy) and 34 (% cases of pneumonia managed by CHW).

Result 3 indicators (Increased availability of family planning services) targets were reached for indicator 39 (% communities with community-based FP distribution), 41 (% maternal knowledge of optimal birth spacing), and 42 (% CHW offered or provided FP services). Obtaining data for several indicators under Result 3 has resulted problematic.

Regarding Result 4 indicators (Community Mobilization) targets were attained for indicators 50 (% commissions headed by women).

Analysis of the APRECIE and other diagnostic assessment data allow Nutri-Salud to better understand and fine tune targeted interventions to accelerate progress. USAID support for improvements in the health information system, the grants to the PEC NGOs for primary health care services, the grants to the non-PEC NGOs for complementary activities, the acceleration in SBCC strategy implementation, as well as progress made in other project strategic activities place Nutri-Salud on sound footing for faster progress in the next quarter of FY'14.



# Project Management

## Staffing and Administration

The following new staff was hired in Quarter 1 FY14:

- ◆ Abel Roldán, accountant
- ◆ Gloria Cajas, accountant
- ◆ The following staff changes will occur
- ◆ Lucía Mayorga, institutional communication assistant will be on leave for three months with a scholarship; short term assistance will be used

## Use of Short Term Technical Assistance

The following STTA took place in Quarter 1:

Organization	Name of Traveler	SOW	Date Traveled
Manoff	Linda Bruce	SBCC and Nutrition Technical Assistance	Oct 2013
Manoff	Marcia Griffiths	SBCC and Nutrition Technical Assistance	Nov 2013

## Local consultants

The following local consultants were under contract in Quarter 1:

- ◆ Karina Arriaza – consultant for family planning
- ◆ Geraldine Grajeda – consultant for training development
- ◆ Marta Julia Ruiz – consultant for training development
- ◆ Mariana de Viau – consultant for training development

## 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 and plan NGOs is planned for February 2014





# Annexes

**Annex 1: Work Plan Progress Table Q1, FY '14**

**Annex 2: Nutri-Salud Performance Management Plan Indicator Targets: Q1, FY '14**

**Annex 3: Nutri-Salud Training Events Q1, FY '14**

**Annex 4: Communication Materials Developed in Q1, FY '14**

**Annex 5: Nutri-Salud Staffing and Short-term Technical Assistance, Q1, FY '14**

**Annex 6: Financial Report Q1, FY '14**

# Annex I

## Work Plan Progress Table QI, FY '14

Activities Planned - FY '14	Status	Observations
<b>Project Management</b>		
<b>Internal planning, monitoring and coordination</b>		
Strategic planning and follow-up meetings; team-meetings	In Progress	A Small Management Team is meeting every 15 days. Staff meetings scheduled every 15 days. The SMT is being strengthened to provide strategic support and leadership to the project.
A Small Management Team is meeting every 15 days. Staff meetings scheduled every 15 days. The SMT is being strengthened to provide strategic support and leadership to the project.	In Progress	A Small Management Team is meeting every 15 days. Staff meetings scheduled every 15 days. The SMT is being strengthened to provide strategic support and leadership to the project.
Development of Nutri-Salud quarterly and annual reports	Completed	First quarter report done
<b>Activity coordination and planning with project- and USAID partners</b>		
Coordination meetings with USAID MISSION -central and locally-	In Progress	
Monthly coordination/integration meetings with the Nutri-Salud Project's partners (Mercy Corps, Manoff, INCAP, Cloudburst)	In Progress	The FY 14 Annual Work Plan was made with participation of the Project's partners. Monthly Coordination meetings have been carried.
Monthly coordination/integration meetings with other USAID partners (Agexport, Save the Children, CRS, PSI PASMO, etc.)	In progress	A committee of USAID implementing partners meets monthly; Nutri-Salud participation in Departmental Coordination Committees in Huehuetenango, Quiche and San Marcos; inter-institutional SBCC group with Title II partners; QI coordinated with CAPACITY and TRAction.
Integration meetings with TRAction (monitoring visits, training)	In Progress	Several meetings and field visits have been coordinated with TRAction, especially on maternal and neonatal mortality surveillance topics.
<b>Technical support to the MOH and other government entities, in support of national initiatives and strategies</b>		
Coordination meetings with the MOH	Complete	
Joint supervision and monitoring visits with the MOH (central and Health Area District level)	Complete	



Activities Planned - FY '14	Status	Observations
Monthly and quarterly meetings with the MOH (central and Health Area District level)	Complete	Monthly meetings with central level of MOH. At Health Area Level, our team is promoting a "Joint Quarterly Planning"
Design and production of Manuals (Admin. and Finance, Technical guidelines, Pre-selection and selection of providers and Social Audit)	Complete	Review and update the "PEC" Regulatory Manuals: <ul style="list-style-type: none"> <li>- Technical support in the revision and updating of the Policy Manual of the PEC:</li> <li>- Screening and Selection of PSS / ASS</li> <li>- Administrative and Financial Manual</li> <li>- Technical Standards Manual</li> <li>- Social Audit Manual</li> </ul>
<b>Administration of grants</b>		
Administrative-financial follow-up to DEC grants, and non-DEC grants (ex. adolescent reproductive health, community mobilization, water and sanitation)	In Progress	
Hiring of NGO/ business for the follow-up of PEC NGOs (administrative/financial monitoring)	Pending	
<b>Strengthening of the First-Level of Care (Municipal Health Districts and Health Service Providers)</b>		
<b>Integrated Activities</b>		
Grants to DEC NGOs for the strengthening of first-level of care facilities and primary health care services	Complete	Grants provided by Nutri Salud to 19 NGO's were effective on meeting goals on the selected indicators. Immediate technical assistance on the "improvement plans" were provided and the results were generally positive.
Strengthening of knowledge, abilities and practices in MNCH, FP, and nutrition for first-level, institutional, and community health personnel	Complete	Continuous process during the quarter. Several activities were conducted with priority groups.
Continuous quality monitoring with providers, health posts, and convergence centers while using the MCC - APRECIE methodology	Complete	Technical assistance in the measurement of quality on health care and promotion were a continuous process during the quarter.
<b>Component 1: Prevention of Chronic Malnutrition</b>		
Train first-level-of-care providers in the management of acute malnutrition without complications at a community level by NGO	In progress	
Review ENA in pregnant and lactating mothers, especially assessments of nutritional status by project personnel	In Progress	



Activities Planned - FY '14	Status	Observations
Technical assistance to MOH to review micronutrient supplementation norms	In Progress	
Train first-level staff in Baby-friendly Health Services Initiative (Iniciativa de Servicios Amigos de la Lactancia Materna – ISSALM- in Spanish) guidelines for services that do not attend births - first level	In Progress	
Strengthen the link between hygiene practices and the prevention of malnutrition in communication and other strategies	In Progress	
Development of a strategy for the strengthening of growth monitoring and promotion, in collaboration with the Inter-American Development Bank	In Progress	Fieldwork done.
<b>Component 2: Maternal, Neonatal and Child Health Care</b>		
Strengthening of the analysis of health data in Health Posts and Convergence Centers; updating of census and mapping	In Progress	
Technical support to Health Posts, Convergence Centers; and Health Commissions to implement the “5 processes for the prevention of maternal and neonatal mortality”.	Complete	The technical staff of NS attended a complete and integrated workshop focused on the topic. They are now providing the technical support to priority targets
<b>Component 2: Family Planning</b>		
Finalize and disseminate community level Sexual and Reproductive Health and Family Planning (SRH/FP) strategy	In Progress	
Grants to NGOs for SRH/FP activities with adolescents	In Progress	
Technical monitoring of grants to NGOs for SRH/FP for adolescents	Pending	
Raise awareness and provide training to DEC NGOs and Health Post personnel in SRH/FP	Complete	
Monitor compliance with the Thiar Amendment in a sample of first-level-of-care health facilities (twice a year)	In Progress	Evaluation on January 2014.
<b>Component 4: Community Mobilization</b>		
Develop a regional Zero Hunger plan for the Western Highlands, for the reduction of chronic malnutrition jointly with USAID partners, authorities and private sector	Complete	The Plan was shared in the context of the First Meeting of Mayors of the Western Highlands.



Activities Planned - FY '14	Status	Observations
Develop a campaign to promote community participation and women's involvement in the system of Development Councils and Commissions	Pending	
Complete work plans along with the municipalities (Municipal Women's Office, OMM*; Municipal Planning Office, DMP*; and Public Information Unit, UAP)	In Progress	Advanced by more than 80%
Grants to NGOs to build capacity and strengthen the system of community development councils	Pending	
<b>Relationship with Universities, Education and Training Centers and Professional Associations</b>		
<b>Integrated Activities</b>		
Develop and implement training Module and materials for students doing their professional practicum (EPS, acronym in Spanish) for their degree in Medicine and Nutrition, Nursing and other similar subjects, in coordination with Universities and the MOH	In Progress	It was agreed to use the same competency-based modules of health services, information and standards of care information systems MS (SIGSA, Network services)
Design, development, and execution of certification programs in MNCH, nutrition, FP and SBCC for teachers and University professional (in coordination with INCAP)	In Progress	Current negotiation with authorities of Research Department (DICUNOC) at the University of San Carlos and is also in progress the signing of the agreement with the university.
Supervise and encourage research projects from university professors and students in topics such as FP, MNCH, Nutrition and SBCC	In Progress	Research protocol under review by the DICUNOC and medical school.
Technical assistance to first level health personnel (nurses, auxiliary nurses, health professionals, and nutritionists) in conjunction with university students doing their professional practicum (EPS)	In Progress	Two monitoring visits each quarter
Strengthen the involvement of regional and departmental professional medicine, nutrition and nursing associations in the 1,000-Day Window of Opportunity	In Progress	Activities are being coordinated with associations to carry on workshops aimed to raise awareness related to 1000 days window.
Support workshops and Congresses on Nutrition and MNCH for Medicine, Nutrition and Nursing professionals, students and NGOs in topics related to the 1,000-Day Window of Opportunity	In Progress	2 congresses and workshops planned each quarter.
Generation of financial support for medicine, nutrition, and nursing students doing their professional practicum (EPS) in order to facilitate supervision and tutoring of first level health personnel (nurses, auxiliary nurses, health professionals, and nutritionists)	In Progress	



Activities Planned - FY '14	Status	Observations
Continue relationship with foreign universities to promote research by students of public health, nutrition and SBCC in supervised practices	In Progress	
Technical support to Maternal Mortality, Malnutrition, and Nutrition and Food Security (SAN) observatories in Universities	In Progress	
Facilitate technical and financial support from other USAID partners and others to Universities and Training Schools	In Progress	
<b>Component 1: Prevention of chronic malnutrition</b>		
Technical and financial support for the integrated-learning certification in nutrition, aimed at health educators, auxiliary nurses, in coordination with INCAP/ FANTA	In Progress	
<b>Private Sector and Civil Society</b>		
<b>Integrated Activities</b>		
Finalize and implement Operative Plan for alliances with the private sector	In Progress	
Develop and launch an awareness campaign to promote the sponsoring of primary health facilities ("Adopt a Convergence Center", equip a CC)	Complete	
Plan meetings and visits with private-sector partners to raise awareness on corporate social responsibility, the Zero Hunger Pact and the 1,000-Day Window of Opportunity (Participation in ENADE)	Complete	
Alliances for the construction or renovation of Convergence Centers (Development of "Packages")	In Progress	
Promotion of private sector involvement in providing funds for DEC NGOs for specific needs (Ex. Anthropometric equipment, medicines )	Pending	
Development of alliance(s) for the implementation of activities and the printing of SBCC materials	In Progress	
Development of alliances to match N-S grants for support of specific projects (e.g. water and sanitation projects (\$1.00 Nutri-Salud and \$1.00 Private Sector)	Pending	



Activities Planned - FY '14	Status	Observations
Development of alliance(s) with high potential foreign donors	Pending	
<b>Component 1: Prevention of chronic malnutrition</b>		
Development of alliance(s) to provide micro-credits for water-and-sanitation home improvements	Pending	
Development of alliance(s) for the stocking of zinc for first-level-of-care facilities for coadjuvant treatment of diarrhea and ARI	In Progress	
Development of alliance(s) with food company for a cookie for pregnant women, small children and children - 1,000 Days cookie	In Progress	
Field test of the 1,000 Days House ("Casita de los 1,000 días")	In Progress	
<b>Component 4: Community Mobilization</b>		
Joint follow-up with Mercy Corps for the implementation of TISA (Community Health Stores) (Beginning in Huehuetenango, 3-4 store per month)	In Progress	
Update telephone database for Information and Communication technologies (TICs)	Pending	
<b>Cross-Cutting Activities</b>		
<b>Monitoring and Evaluation</b>		
Automated follow-up of collaborative-learning sessions, improvement plans and interventions	In Progress	
Design methodologies and tools for the monitoring of DEC NGOs receiving N-S grants	In Progress	
Integration of the Nutri-Salud Information System with the N-S website	In Progress	We have taken the first steps towards automation, the system to follow up the training.
Integration of APRECIE indicators and data bases from other PMP indicators (e.g. Exclusive breastfeeding, diarrhea and cases of pneumonia in children under 5 years of age) (M&E)	In Progress	



Activities Planned - FY '14	Status	Observations
Transfer of APRECIE methodology and implementations to the MOH/Vice Ministry of Primary Health Care	In Progress	Meetings with MOH have been carried
<b>Social and Behavior Change Communication (SBCC)</b>		
Present a summary of N-S SBCC plan to different audiences (central MOH, Health Area Districts, NGOs, USAID partners, etc)	In Progress	
Joint SBCC planning with Health Area, Health Districts, Municipalities, and NGOs for Health prevention and promotion at different levels	In Progress	
Design and conduct formative research, literature revision, testing of new SBCC materials/tools for all project components	Complete	
Design, validation and revision of visual, audio, multimedia SBCC materials for all project components	Complete	
Support to MOH campaigns for international and national commemoration days (breastfeeding, water, feeding, hand washing, etc) 2 per quarter	Complete	
Strengthen the first-level staff skills in counseling; include in training of each component MNCH, N and FP	In Progress	
Working meetings with the Unit of Health Promotion and Education (PROEDUSA) from the PHC Vice Ministry of the MOH	In Progress	
Working meetings with Communicators' Committee: USAID, FUNDESA, UN, other	In Progress	
SBCC training to N-S nutritionists	Completed	
<b>Quality Management and Logistics</b>		
Workshops on QI of comprehensive care for Health Area staff, conducted by the UGC ( <i>Quality Management Unit, for its acronym in Spanish</i> )	Complete	
Advocacy and Management in the UGC to strengthen logistics processes (trainings, facilitating supervision, among others)	In Progress	Due to be several processes being supported
Technical support for the update and validation of the Administration and Finance Manual for DEC NGOs	In Progress	Advanced up to the last stage



Activities Planned - FY '14	Status	Observations
Technical and financial support for the development of training modules, in accordance with the established guidelines in the DEC's Administration and Finance Manual	In Progress	
Present and provide training on the Updated DEC Administration and Finance Manuals.	In Progress	
Support DEC NGOs and district level Basic Health Teams in the implementation of the logistics guide for medical supplies, micronutrients, FP, medical equipment and its follow-up on the DEC.	In Progress	
Support and define the instruments and their implementation for the monitoring of logistics of DEC's inputs, including the indicators for each component of the logistics cycle.	In Progress	A monitoring and tracking software is being implemented
Technical and financial support for monitoring of DEC NGO staff (finance coordinator, accountant, ambulatory doctor or nurse, and auxiliary nurse) the Districts contact, and the coverage-extension coordinator of Health Area District for the timely stocking of medication (micronutrients, RUTF, FP methods), similar products and medical/anthropometry equipment)	In Progress	Continuous monitoring to several health services posts and convergence centers.
Technical and financial support to DEC for the monitoring of the logistics process of the DEC NGOs and technical and financial coordinators of Health Area District.	In Progress	
Conduct continuous improvement activities in facilities for logistics processes (micronutrients, RUTF, FP methods), similar products and medical/anthropometry equipment), including the results of the logistics assessment of micronutrients. Specific intervention plans.	In Progress	Continuous process
Conduct training and implementation activities on Good Practices on Biosecurity with PSS and Health Posts	Complete	
<b>Gender and Interculturality</b>		
Develop a Strategic Gender and Interculturality Plan	In Progress	Under review
Develop and Implement the identification and collaboration guide for the Mayan Therapists in the first level of care	In Progress	
Strengthen N-S's technical advisors' and local teams' capacities in topics of Gender and Interculturality	In Progress	



Activities Planned - FY '14	Status	Observations
Conduct gender and interculturality-awareness workshops in all lines of action: institutional health staff, NGOs, Development Councils' Network, health commissions, university students	In Progress	Several workshops conducted, especially with development councils, health workers and health commissions.
Coordination and planning meetings with the Unit of Indigenous Peoples and the Gender Unit from the MOH	In Progress	
<b>Information Technology and Communication</b>		
Tracer supply surveillance system in the first level of care	Pending	
<b>Knowledge Management</b>		
Formation of practice communities	Pending	
Web-page's maintenance and updating	In Progress	
Development of social-network strategy	Pending	
<b>Public relations and institutional communication</b>		
Design and production of promotional material for the encouragement of volunteers and health commissions	In Progress	
Form alliances for institutional communication activities	In Progress	
Elaborate and disseminate institutional communication information: official publications, achievements, progress reports for several audiences	Complete	
Event coordination and public relations with the project's partners	Complete	

# Annex 2

## Nutri-Salud Performance Management Plan Indicator Targets: Q1, FY '14

#	Indicator	Baseline	Qrt1 Y3 (FY'14)	Target Year 3	Progress at Qrt1 Y3 FY'14
<b>Result 1: Chronic Malnutrition Prevented</b>					
1	% of children 0 to 59 months of age with global malnutrition (low weight-for-age)	18% (ENSMI 08-09) Measure SIGSA	20.4%	13%	TBD*
2	% of children 0 to 59 months of age with stunting (low height-for-age)	64% (ENSMI) (Measure) (ENSMI)	70.9%	59%	TBD
3	Prevalence of anemia among children 6-59 months and women of reproductive age	(Measure)	No data reported by Measure	0%	TBD
<b>Result 1.1: Improved maternal and child feeding practices</b>					
4	% of exclusive breastfeeding in infants under 6 months of age	50% ENSMI (Measure)	To be reported in next quarter	60%	TBD
5	% of children 6 to 59 months of age receiving a minimum acceptable diet	30% (HCI[i]) (ENSMI) (Measure)	To be reported in next quarter	55%	TBD
6	% of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age	LQAS	85.3%	90%	Not Yet Achieved
7	% of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session	LQAS	88.6%	95%	Not Yet Achieved



#	Indicator	Baseline	Qrt1 Y3 (FY'14)	Target Year 3	Progress at Qrt1 Y3 FY'14
8	% of mothers with a child 0 to 23 months of age who recall having been oriented in ENA by community health staff in the last month and mention at least one topic	LQAS	91.7%	95%	Not Yet Achieved
<b>Result 1.2: Improved maternal and child Essential Nutrition Actions</b>					
9	% of pregnant women supplemented with folic acid	15.8% (ENSMI[ii]) 62% (SISVI) (SIGSA)	48.5%	92%	Not Yet Achieved
10	% of children 6-59 months of age supplemented with folic acid	Measure 1.30% (SISVI) 7% (SIGSA)	2.7%	35%	Not Yet Achieved
11	% of pregnant women supplemented with iron	15.8% (ENSMI) 55% (SISVI) N/D en Measure (SIGSA)	43.1%	91%	Not Yet Achieved
12	% of children 6-59 months of age who received iron	ENSMI 3.50% (SISVI) (Measure) 7% (SIGSA)	2.8%	30%	Not Yet Achieved
13	% of mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week	LQAS	94.7%	90%	<b>Achieved</b>
14	% of children 6-59 months of age supplemented with vitamin A in the last 6 months	ENSMI 1.50% (SISVI) Measure 30% (SIGSA/2011[iii])	7.6%	30%	Not Yet Achieved
15	% of postpartum women that receive iron supplementation*	ENSMI N/D Measure SIGSA	58.1%	60%	Not Yet Achieved
16	% of postpartum women that receive folic acid*	ENSMI N/D Measure SIGSA	61.6%	60%	<b>Achieved</b>
17	% of children 0 to 23 months of age who receive monthly growth monitoring and promotion visits	ENSMI 76.5% (SISVI) Measure SIGSA/	No data reported by SIGSA	70%	ND



#	Indicator	Baseline	Qrt1 Y3 (FY'14)	Target Year 3	Progress at Qrt1 Y3 FY'14
18	No. of children under five years of age reached by USG-supported nutrition programs*	Census	200,000		TBD
<b>Result 1.3: Improved maternal and child hygiene and care practices</b>					
19	% of mothers with a child 0 to 23 months of age who mention key moments for hand washing	LQAS	97.1%	95%	<b>Achieved</b>
20	% of households with a child 0 to 23 months of age that have a place with supplies for hand washing (inside or outside the home)	LQAS	91.1%	95%	Not Yet Achieved
<b>Result 1.4: Maternal and child cases of severe acute malnutrition identified and treated</b>					
21	% of children 6 to 59 months of age with severe acute malnutrition*	Measure/ SIGSA	0.8%	0.8%	<b>Achieved</b>
22	% of women who are malnourished during pregnancy	N/D Measure, SIGSA	0.4%	1%	<b>Achieved</b>
23	% of primary health care facilities, in the target area, with established capacity for community management of severe acute malnutrition (SAM)*	Project reports, N/D Measure	8.4%	15%	Not Yet Achieved
<b>Result 2: Improved Neonatal, Child and Maternal Health Care</b>					
24	% of births attended by skilled birth attendant	26.5% (ENSMI) (Measure) (SIGSA)	1.4%	34%	Not Yet Achieved
25	% of postpartum women who receive care from a qualified community-based provider in the first 48 hours*	ENSMI/ Measure			TBD
<b>Result 2.1: Improved access to obstetric and newborn health care</b>					
26	% of pregnant women who have birth plans (including emergency family plan)	Measure		50%	TBD
27	% of mothers with a child 0 to 23 months of age that have emergency family plans that show evidence of use	LQAS	44.4%	50%	Not Yet Achieved



#	Indicator	Baseline	Qrt1 Y3 (FY'14)	Target Year 3	Progress at Qrt1 Y3 FY'14
28	% of mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum	LQAS	86.5%	90%	Not Yet Achieved
29	% of mothers with a child 0 to 23 months of age who recognize at least three new born danger signs	LQAS	82.9%	90%	Not Yet Achieved
30	% of pregnant women with first prenatal visit during first 12 weeks of pregnancy*	40-60% ENSMI N/D en Measure SIGSA	46.6%	40%	<b>Achieved</b>
31	% of pregnant women that received qualified prenatal care*	ENSMI/ Measure			TBD
<b>Result 2.2: Improved access to infant and child health care</b>					
32	% of children 0 to 59 months of age free of diarrheal disease in the last two weeks	71.2% (ENSMI) (Measure)	67.0%	79.50%	Not Yet Achieved
33	% of diarrheal episodes in children 0 to 59 months of age managed (diagnosed and treated) by CHWs	62.3% (HCI) (ENSMI) (Measure) (SIGSA)	49.4%	68%	Not Yet Achieved
34	% of pneumonia cases in children 0 to 59 months of age managed (diagnosed and treated) by CHWs	58.1% (HCI) (ENSMI) (Measure) (SIGSA)	69%	65%	<b>Achieved</b>
35	% of children 12 to 23 months with complete immunization coverage	76.5% (ENSMI) N/D Measure (SIGSA)		95%	TBD
36	% of primary health care facilities that have a full time trained health worker	Project reports		70%	TBD
37	No. of people trained in child health and nutrition*	Project reports			TBD



#	Indicator	Baseline	Qrt1 Y3 (FY'14)	Target Year 3	Progress at Qrt1 Y3 FY'14
<b>Result 3: Increased Availability of Community-based Family Planning Services</b>					
38	% of women who use a modern FP methods in targeted communities, including LAM	18.9 % (ENSMI)/ Measure		39%	TBD
39	% of communities with community-based distribution of family planning methods	BRES Project reports	60%	50%	<b>Achieved</b>
40	No. of couple years protection provided by family planning methods distributed in targeted communities*	BRES	No data reported by SIGSA		No data
41	% of mothers with a child 0 to 23 months of age who know about the recommended number of years for spacing their pregnancies (3 to 5 years)	LQAS	81.9%	80%	<b>Achieved</b>
42	% of mothers with a child 0 to 23 months of age who report that a CHW offered or gave her any modern family planning method	LQAS	93.2%	90%	<b>Achieved</b>
<b>Result 3.1: Effective CBD programs for FP services implemented, including preventive services for adolescents</b>					
43	No. of new users of FP methods*	SIGSA	9,841		TBD
44	% of women 18-24 who had their first birth before age 18*	ENSMI/ Measure/ SIGSA		10%	TBD
45	% of deliveries spaced at least 24 months apart *	ENSMI, N/D Measure		10%	TBD
<b>Result 3.2: Increased community participation and advocacy for FP and reproductive health</b>					
46	% of municipalities that support activities to promote FP/RH*	Project reports	80%	85%	Not Yet Achieved
<b>Result 3.3: Guaranteed capacity of selected local organizations to provide quality CBD of FP services</b>					
47	% community health staff trained in FP service delivery*	Project reports	60%	80%	Not Yet Achieved



#	Indicator	Baseline	Qrt1 Y3 (FY'14)	Target Year 3	Progress at Qrt1 Y3 FY'14
<b>Result 4: Established Community and Local Government Unit Support for Improved Health and Nutrition</b>					
48	% of COMUSANs (Municipal Health Commissions) that comply with the 5 steps defined for community participation in health and nutrition*	Project reports	43%	60%	Not Yet Achieved
49	% of communities with access to safe water	Measure		35%	No data
<b>Result 4.1: Increased community-wide participation in health and nutrition activities, with emphasis on the participation of women</b>					
50	% of Health and Nutrition Committees headed by women	Registers from the municipal planning office	14%	13%	<b>Achieved</b>
<b>Result 4.2: Increased municipal investments in water and sanitation services, and other health and nutrition actions</b>					
51	% of municipal expenditures on water and sanitation in 30 priority municipalities *	SIAF-MUNI	TBD		TBD
52	Number of rural households benefiting directly from USG intervention	Census	176,000	191,000	Not Yet Achieved
53	Number of vulnerable households benefiting directly from USG intervention	Census	158,400	172,000	Not Yet Achieved

\* TBD = To be defined from Measure survey data and other studies

ND = No data available at the moment of report

Achieved = Target achieved or exceeded

Not Yet Achieved = Target not achieved at the moment of the Q1 report

# Annex 3

## Nutri-Salud Training Events QI, FY '14

### Trainings Held From October to December 2013: NUTRI-SALUD

Events	Location	Audience	Number of days	Date	2013								Total
					October		November		December		Total		
					M	F	M	F	M	F	M	F	
SBCB Strategy Audience Identifying Workshop	Quiché, Quiché	Educators, RHT, AN	1	10/3/2013	20	36					20	36	56
Replica Workshop for Initial Management of labor Complications	Barillas, Huehuetenango	Auxiliary Nurses	2	10/14/2013	21	39					21	39	60
Breastfeeding Training	Momostenango, Totonicapán	Midwives	1	10/16/2013	1	66					1	66	67
Basic Maternal and Neonatal Care for Complications in the First and Second Level of Care	San Rafael Pie de la Cost, San Marcos	Health Personnel	1	10/16/2013	20	34					20	34	54
Basic Maternal and Neonatal Care for Complications in the First and Second Level of Care	San Marcos, San Marcos	Health Personnel	1	10/16/2013	32	52					32	52	84
Initial Management of Obstetric Complications		Auxiliary Nurses	1	10/17/2013	8	17					8	17	25
Initial Management of Maternal and Neonatal Complications	Chajul, Ixil	Auxiliary Nurses	1	10/21/2013	15	0					15	0	15
Initial Complications Management	Chajul, Ixil	Health Personnel	1	10/21/2013	33	27					33	27	60
Basic Maternal and Neonatal Care for Complications in the First and Second Level of Care	Nuevo Progreso, San Marcos	Health Personnel	1	10/22/2013	13	23					13	23	36



Events	Location	Audience	Number of days	Date	2013								Total	
					October		November		December		M	F	Total	
					M	F	M	F	M	F				
Training of Midwives (No specific Topic)		Midwives	1	10/22/2013	0	33					0	33	33	
Antenatal Training		Midwives	1	10/29/2013	0	39					0	39	39	
Initial Management of Complications	Chiantla, Huehuetenango	Health Personnel	1	10/30/2013	24	47					24	47	71	
Training of Community	Totonicapán, Totonicapán	Community Facilitators	1	11/5/2013			18	45			18	45	63	
Communication strategy, Segmentation, Desired Changes and Barriers	Quiché, Quiché	Educators, RHT, AN	1	11/6/2013			23	31			23	31	54	
Training on Family Planning and Window of a Thousand Days	San Juan Ostuncalco, Quetzaltenango	Health Personnel	1	11/6/2013			17	40			42	51	93	
Communication in Family Planning	Sacapulas, Quiché	Educators, AN	1	11/8/2013			42	51			42	51	93	
Infection Prevention Workshop	Cotzal, Ixil	Auxiliary Nurses	1	11/13/2013			46	39			46	39	85	
Training Midwives on Four Delays, Cleanliness and Safety During Childbirth	Momostenango, Totonicapán	Midwives	1	11/13/2013			0	75			0	75	75	
Infection Prevention Workshop	Cotzal, Ixil	Auxiliary Nurses	1	11/14/2013			44	21			44	21	65	
Training in Family Planning and Danger Signs	Chupol, Quiché	Midwives	1	11/19/2013			0	45			0	45	45	
Midwives Postpartum Hemorrhage Training		Midwives	1	11/19/2013			0	33			0	33	33	
Training in Family Planning and Danger Signs	Chichicastenango, Quiché	Midwives	1	11/20/2013			0	31			0	31	31	



Events	Location	Audience	Number of days	Date	2013								
					October		November		December		Total		
					M	F	M	F	M	F	M	F	Total
Midwives Training on Four Delays	Momostenango, Totonicapán	Midwives	1	11/20/2013			0	66			0	66	66
Family Planning Barriers and Awareness Training	San Marcos, San Marcos	Nursing Students	1	11/25/2013			9	37			9	37	46
Training on Rapid Monitoring and Coverage	San Marcos, San Marcos	Nurses and Doctors	1	11/25/2013			12	48			12	48	60
Evaluation of Critical Pathways, Logistics and Components	Nebaj, Quiché	Health Personnel	2	11/25/2013			0	4			0	4	4
Midwives Training (No Specific Topic)	Momostenango, Totonicapán	Midwives	1	11/26/2013			0	32			0	32	32
Critical Pathways, Logistics and components	Quiché, Quiché	Health Personnel	1	11/27/2013			23	18			23	18	41
Biosafety Training, Water and Sanitation	Quiché, Quiché	RHT	1	11/28/2013			24	6			24	6	30
Biosafety Training, Water and Sanitation	Quiché, Quiché	RHT	1	11/28/2013			42	17			42	17	59
Socialization of Reduction Components and Prevention of Maternal Death	Quiché, Quiché	Educator, RHT,AN	1	12/2/2013					16	31	16	31	47
Maternal and Neonatal Training	San Lorenzo, San Marcos	Health Personnel	1	12/3/2013					33	63	33	63	70
Workshop on Adolescence and Food	Nebaj, Ixil	Students	1	12/9/2013					1	69	1	69	70
<b>Grand Total</b>					<b>187</b>	<b>413</b>	<b>366</b>	<b>573</b>	<b>50</b>	<b>163</b>	<b>603</b>	<b>1,149</b>	<b>1,752</b>

\*Rural Health Technician (RHT)

Auxiliary Nurses (AN)

Social and Behavior Change Communication (SBCC)

# Annex 4

## Communication Materials Distributed in QI, FY '14

Technical Component	Content	Distributed
<b>Nutrition</b>		
	Info-graphics Causal frame of chronic malnutrition	500
<b>Maternal and neonatal health</b>		
	Pregnancy care brochures	62,400
	Technical Norms manual	1000
	Clinical record prenatal care	10,000
	Screening Obstetric Risk – blocks of 50	10,000
<b>C-IMCI (child health)</b>		
	Vaccination sticker	2,000,000
	Vaccination sticker user guide	1000
	Vaccination brochure	500,000
	Vaccination poster	3000
	Food and nutrition brochure (children 0-2 years)	2,200
<b>Other/ integrated</b>		
	Mirrors for health posts (women's self-esteem)	120
	Emergency Plan Booklet for Health Commissions	2000

# Annex 5

## Financial Report QI, FY '14

Period: October 1 to December 31, 2013  
 Cooperative Agreement No AID-520-A-12-00005

Total Estimated USAID Amount	\$31,781,525.00
Cost Sharing Amount	\$6,356,305.00
Total Program Amount	\$38,137,830.00
Current Obligation	\$9,472,380.56

Cost Element	Total Estimated Cost	Cumulative Expenditures to Date	Expended this Period (10/1/2013 - 12/31/2013)	Remaining Funds
Community Nutrition and Health Care Project	\$24,671,528.00	\$5,193,651.21	\$1,294,407.70	\$19,477,876.79
Procurement	\$370,119.00	\$410,730.82	\$17,961.58	(\$40,611.82)
Training	\$3,000,035.00	\$354,411.51	\$125,354.54	\$2,645,623.49
Indirect Costs	\$3,739,843.00	\$1,206,559.19	\$230,399.39	\$2,533,283.81
<b>Total Federal Funds</b>	<b>\$31,781,525.00</b>	<b>\$7,168,948.03</b>	<b>\$1,668,123.21</b>	<b>\$24,612,576.97</b>
Cost Share Amount	\$6,356,305.00	\$385,900.97	–	\$5,970,404.03
<b>Total Program Amount (+ Cost Share)</b>	<b>\$38,137,830.00</b>	<b>\$7,554,849.00</b>	<b>\$1,668,123.21</b>	<b>\$30,582,981.00</b>

Obligated Amount	\$9,472,380.56
Obligated Spent to Date	\$7,168,948.03
Obligated Amount Remaining	\$2,303,432.53

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