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Nutri-Salud
COMMUNITY NUTRITION
AND HEALTH PROJECT

URC
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Nutri-Salud QUARTERLY REPORT

JANUARY 1 – MARCH 31, 2014



APRIL 2014

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QUARTERLY REPORT

QUARTER 2, FISCAL YEAR 2014

January 1 – March 31, 2014

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Acronym List

ABR	Helping Babies Breathe (in Spanish)	IRH	Institute of Reproductive Health Georgetown University
AIEPI	Integrate Management of Childhood Illnesses (in Spanish)	ISA	Sanitary Inspectors (<i>Inspectores de Saneamiento Ambiental</i> in Spanish)
AINM-C	Integrated Care for Children and Women at the Community Level (in Spanish)	ISSALM	Baby-friendly Health Services Initiative (<i>Iniciativa de Servicios Amigos de la Lactancia Materna</i> in Spanish)
AGEXPORT	Guatemalan Association of Exporters (in Spanish)	JHU	Johns Hopkins University
AGUATESAR	Guatemalan Association of Rural Health Technicians (in Spanish)	KAP	Knowledge, Attitudes and Practices
APROFAM	National Family Planning Association (in Spanish)	KPC	Knowledge, Practices and Coverage
ANACAFÉ	National Coffee Association (in Spanish)	MAGA	Ministry of Agriculture and Animal Husbandry (in Spanish)
ANAM	National Association of Mayors (in Spanish)	MINEDUC	Ministry of Education
AOR	USAID's Agreement Officer Representative	MINFIN	Ministry of Finance
BRES	Form for balance, request and distribution of supplies (<i>Balance, Requisición y Envío de Suministros</i> in Spanish)	MOH	Ministry of Health
CAP	Permanent Health Care Center (in Spanish)	MNH	Maternal and Neonatal Health
COCODE	Community Development Council (in Spanish)	MNCH	Maternal, Neonatal and Child Health
CODEDE	Departmental Development Council (in Spanish)	MUAC	Mid-upper arm circumference
COMUDE	Municipal Development Council (in Spanish)	NGO	Non-governmental Organization
COMUSAN	Municipal Food and Nutrition Security Commission (in Spanish)	OMM	Municipal Women's Office (in Spanish)
CONEC	National Coordinator of PEC NGOs (in Spanish)	OSAR	Reproductive Health Observatory (in Spanish)
CRS	Catholic Relief Services	PAHO	Pan American Health Organization
CUNOC	Western Highlands University Center of San Carlos University (in Spanish)	PASMO	Pan American Social Marketing Organization
DAM	Department of Acquisitions and Maintenance of the MOH (in Spanish)	PCI	Project Concern International
DECAP	Training Department of the MOH (in Spanish)	PEC	Extension of Coverage Program of the MOH
DERCAS	Document of Analysis and Requirements Specifications for Acceptance of Software (<i>Documento de Especificaciones, Requerimientos y Criterios de Aceptación de Software</i> in Spanish)	PlanFam	Family Planning Project managed by PASMO, PSI
DMP	Municipal Planning Office (<i>Dirección de Planificación Municipal</i> in Spanish)	PMP	Performance Monitoring Plan
ENA	Essential Nutrition Actions	PGL	Local Governance Project (acronym in Spanish)
EPS	Professional Supervised Practice of last-year students in different careers	PROEDUSA	Department of Health Promotion and Education of the MOH
ERI	Interinstitutional Resource Team (<i>Equipo Recurso Interinstitucional</i> in Spanish) for Family Planning	QI	Quality Improvement
FAM	Fertility Awareness Methods	REDHOSEN	Network of Men for Reproductive Health and Nutrition
FBR	Food-based Recommendation	REDMISAR	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)
FI	Institutional Facilitator (<i>Facilitador Institucional</i> in Spanish)	RENAP	National Registry of Persons (Registro Nacional de Personas in Spanish)
FOG	Fixed Obligation Grant	RFA	Request for Application
FP	Family Planning	SESAN	Secretary of Food and Nutrition Security
FPP	Probable delivery date (in Spanish)	SIAS	Integrated Health Care System of the MOH
FtF	Feed the Future	SIGSA	Health Management Information System (Sistema Gerencial de Salud -SIGSA- in Spanish)
FUNDAZUCAR	Sugar Foundation	SOA	Service-Oriented Architecture
FUNDESA	Foundation for the Development of Guatemala (<i>Fundación para el Desarrollo</i> in Spanish)	SOW	Scope of Work
FUNCAFÉ	Coffee Foundation	SSR	Sexual and Reproductive Health (Salud Sexual y Reproductiva in Spanish)
GoG	Government of Guatemala	TBA	Traditional Birth Attendant
HBB	Helping Babies Breathe	TIPs	Trial of Improved Practices
HC3	Health Communication Capacity Collaborative	TISA	Health Stores (Tiendas de Salud in Spanish)
HEPP	Health and Education Public Policy	TMG	The Manoff Group
HEO	Health and Education Office of USAID	TOT	Training of Trainers
IDB	Inter-American Development Bank	TSR	Rural Health Technicians (Técnicos en Salud Rural in Spanish)
IMCI	Integrated Management of Childhood Illnesses	TWG	Technical Working Group
INAB	National Forest Institute (in Spanish)	USAC	University of San Carlos of Guatemala (in Spanish)
INCAP	Institute of Nutrition of Central America and Panama	VAPS	Primary Health Care Vice Ministry
INFOM	National Institute of Municipalities	WFP	World Food Program
		WHIP	Western Highland Integrated Program
		WHO	World Health Organization



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 1,000 días, 2) fortalecer la atención esencial a la salud materna, neonatal e infantil y los servicios de planificación familiar a nivel comunitario, e 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 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 implementados a través de cuatro líneas estratégicas.

Estos enfoques estratégicos 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 de la sociedad civil en mejorar la nutrición y la 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 enero a marzo de 2014 (segundo 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 externa como PMA y UNICEF y con aliados del sector privado reunidos en FUNDESA, la Alianza por la Nutrición y la Mesa Ampliada de Comunicación.

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 del Plan del Pacto Hambre Cero y la ventana de los 1,000 días, el financiamiento por el gobierno de Guatemala fue discontinuado desde noviembre de 2013 hasta la fecha. Los convenios del MSPAS con las ONG fueron firmados en marzo de 2014, pero éstas aún no reciben los fondos. Este atraso ha significado un retroceso importante en el modelo de PEC fortalecido con atención primaria permanente en los Centros de Convergencia y un atraso para el otorgamiento de convenios de parte de Nutri-Salud. En los *municipios* prioritarios con el financiamiento de USAID para el año 2013, algunos miembros de los equipos básicos de salud han seguido trabajando, pero han tenido que regresar al modelo previo del PEC con atención ambulatoria. Por lo tanto, a pesar del re-lanzamiento de la estrategia de AIEPI AINM-C y del fortalecimiento del primer nivel de atención, sin el financiamiento adecuado, el modelo del PEC a través de ONG no tiene sustento.

Se ha llevado a cabo un proceso de sensibilización con las organizaciones del sistema de consejos de desarrollo y las oficinas municipales (DMP, OMM) de los 30 *municipios* priorizados en temas de nutrición, salud materna y salud reproductiva/planificación familiar, buscando su comprensión de los vínculos entre nutrición, agua y saneamiento y planificación familiar. Asimismo, con el apoyo del proyecto Nutri-Salud y otros miembros de la COMUSAN, la Municipalidad de Momostenango lanzó su política pública de Seguridad Alimentaria y Nutricional con énfasis en la niñez y adolescencia que puede convertirse en un modelo para otros *municipios*.

Los ocho convenios con ONG no PEC –distintas a las que proveen servicios de salud– en las áreas técnicas de salud sexual y reproductiva de adolescentes y movilización comunitaria fueron aprobadas por USAID. Las actividades en los convenios darán inicio en el siguiente trimestre.



Luego de la primera alianza exitosa con organizaciones del sector privado para la construcción de un centro de convergencia en Nebaj, y con el proyecto CURE para el equipamiento de centros de convergencia y puestos de salud se ha continuado el seguimiento de otras alianzas potenciales con PRONACOM, la Mina Marlin en San Miguel Ixtahuacán, San Marcos y BANASA. Las negociaciones continuarán en el próximo trimestre hasta lograr concretar alguna de ellas. Debido a la renuncia de la especialista en alianzas con el sector privado se ha identificado a otra persona para ocupar ese cargo quien comenzará a trabajar en el proyecto el próximo trimestre.

La coordinación con las universidades en áreas de la sostenibilidad de las acciones del proyecto continúa. Las capacitaciones basadas en competencias que están siendo finalizadas 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 en donde hagan su práctica.

Los equipos de mejora de la calidad de 111 áreas de supervisión del primer nivel de atención llevaron a cabo la cuarta 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. En este trimestre se incluyó un indicador sobre inmunizaciones. Estos datos se reportan en este informe. Los problemas para obtener datos del sistema oficial SIGSA no se han podido solucionar del todo.

Se finalizaron los materiales del programa de “la Rueda de Prácticas para Vivir Mejor” de comunicación para el cambio social y de comportamientos (CCSC) enfocada en 19 comportamientos en el período de los 1,000 días de probada efectividad para mejorar el estado de nutrición y salud de madres y niños. Se desarrolló la guía curricular para la capacitación de capacitadores y se llevaron a cabo las primeras capacitaciones a facilitadores, quienes capacitarán a los implementadores directos. El MSPAS adoptó el programa de la rueda como propio y lo expandirá al resto del país. Con participación de INCAP se llevó a cabo una encuesta centrada en los conocimientos y comportamientos de las madres que es la línea de base para el programa de “la Rueda de Prácticas para Vivir Mejor”.

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, en progreso del trimestre pasado
- ◆ Otorgar nueva ronda de convenios con las ONG del PEC para provisión de servicios adicionales, que no se llevó a cabo en el trimestre pasado
- ◆ Apoyar el fortalecimiento de los procesos administrativos y financieros de 19 ONG del PEC conducentes a su certificación en Q4 FY14
- ◆ Iniciar actividades de los proyectos de cuatro ONG en salud sexual y reproductiva de adolescentes y de otras cuatro ONG en movilización comunitaria
- ◆ Completar al menos tres alianzas con el sector privado: para construcción de centros de convergencia e impresión de materiales educativos
- ◆ Llevar a cabo Sesión de Aprendizaje 2 (SA2) de monitoreo y mejoramiento de la calidad con la metodología APRECIE para fortalecer la documentación de intervenciones y planes de mejora
- ◆ Apoyar procesos del sistema de información del primer nivel tales como: oficialización de la boleta de censo/conteo poblacional, identificación única de pacientes, interoperabilidad entre el sistema de Censo Net del PEC y el SIGSA, oficialización de la nueva ficha clínica
- ◆ Lanzamiento del programa la “Rueda de Prácticas para Vivir Mejor” e implementar la capacitación y la aplicación del programa como parte de las actividades de promoción y educación en salud del MSPAS



Executive Summary

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

Nutri-Salud has three major objectives: 1) improve the nutritional status of women of reproductive age and children under five, with a focus on the 1,000 Day Window of Opportunity; 2) strengthen essential maternal, neonatal, and child health (MNCH) care and family planning services at the community level; and 3) engage communities in determining active solutions to their health care needs.

The project's four major technical components—1) prevention of chronic malnutrition; 2) improved obstetric, neonatal, and child health care; 3) community-based family planning and reproductive health services; and 4) community mobilization and linkages to local government—are implemented through four strategic approaches.

These approaches are: 1) institutionalizing an improved package of essential nutrition and MNCH care actions in communities; 2) increasing municipal investment in nutrition and health; 3) engaging the private sector and civil society; and 4) establishing alliances with universities and training schools. Social and behavior change communication (SBCC), cultural pertinence and gender equality, continuous quality improvement (QI), and monitoring and evaluation (M&E) cut across all components and strategies.

During the period of January 2 through March 31, 2014 (Quarter 2 of Fiscal Year 2014—Q2, FY'14), the project continued to operate in coordination with the MOH, and other GoG institutions, Municipalities, other USAID partners within the Western Highlands Integrated Project (WHIP), other cooperating agencies such as WFP and UNICEF, and with private sector allies integrated in FUNDESA's Alliance for Nutrition and the Extended Communication Working Group.

Despite the achievements of NGOs working under the Guatemala MOH's Extension of Coverage Program

(PEC), and the need for the PEC platform to implement the essential nutrition actions in the Zero Hunger Pact, funding by the government of Guatemala has been withheld since November 2013 to this date. Although agreements between the MOH and NGOs were signed in March 2014, the NGOs have yet to receive funding. This delay has meant a setback to the implementation of the new PEC model with permanent community health care in convergence centers and also a delay in Nutri-Salud's issuing of grants to the NGOs. In priority *municipios* with financial assistance from USAID for the year 2013, some members of the basic health teams have continued to work, albeit the model they are following is that of itinerant care, whereby they visit communities once a month. Therefore, even after re-launching of the IMCI AINM-C and the strengthening of the first level of care strategies, without adequate funding, the new PEC model is not realistic.

A sensitization process has taken place with the System of Development Councils, and the municipal offices (DMP, OMM) in the 30 priority *municipios* in topics of nutrition and maternal, neonatal and child health, reproductive health and family planning, increasing understanding of the links between water and sanitation and family planning to nutrition. In addition, with support of the Nutri-Salud project and other members of the COMUSAN, the Municipality of Momostenango launched its public policy in Food and Nutrition Security with emphasis on children and adolescents, which can become a model for other *municipios*.

The eight agreements with non-PEC NGOs to conduct projects on reproductive health and family planning (4) and community mobilization (4) are in the process of being approved by USAID. Activities are expected to begin in May 2014.

After the first successful alliance with the private sector for the construction of a convergence center in Nebaj, and the second one with Project CURE for equipping convergence centers and health posts, the project has continued to provide follow-up to potential alliances such as those with PRONACOM, Goldcorp Mining in San Miguel Ixtahuacán, San Marcos and BANASA. Negotiations will continue next quarter until they are finalized. However, due to the resignation of Nutri-Salud's private sector specialist for an overseas opportunity, negotiations slowed down this quarter. A



new professional has been identified for the post and she will start working part-time next quarter.

Coordination and support to universities, training schools and professional associations in view of the sustainability of project actions has continued. Competencies-based training being finalized will be shared with last year medicine students and professional nurses so that they can help in training health posts' and convergence centers' auxiliary nurses, in facilities where students do their supervised practice.

Quality improvement teams in 111 supervision areas carried out the fourth round of monitoring of quality of health care (prenatal, postpartum, newborn and child) indicators, and maternal knowledge and practices indicators following the APRECIE methodology. This quarter an indicator on child immunizations was added. We have not been able to completely solve problems to obtain data from the official information system SIGSA.

The communication materials for the "Wheel of Behaviors for Better Living Program" focused on 19 key behaviors for the 1,000 days window of opportunity, which form the core of Nutri-Salud's SBCC strategy, were finalized. A training of trainers' curriculum was developed with technical assistance from a consultant from The Manoff Group. Two TOTs were held with facilitators who will, in turn, train direct implementers. The MOH has adopted the Behavior Wheel program as its official behavior change tool and strategy and will expand it to the rest of the country. With support from Nutri-Salud partner INCAP, a survey centered on the knowledge and practices of the Behavior Wheel was conducted; this survey will be regarded as the baseline survey of the "Wheel of Behaviors for Better Living Program" and also results will be compared with monitoring data.

Main activities to be carried out in the following quarter are:

- ◆ Implementation of competencies-based training to auxiliary nurses of the first level of care, ongoing from past quarter
- ◆ Award of a new round of fixed obligation grants (FOGs) to PEC NGOs for the provision of additional and improved primary health care services, this activity was not carried out in the second quarter as expected
- ◆ Support strengthening of administrative and financial processes of PEC NGOs in 30 priority *municipios* conducive to their certification by an external firm
- ◆ Start activities in eight projects soon to be approved by USAID, for in reproductive health and family planning and for others in community mobilization
- ◆ Complete at least three alliances with the private sector: for building convergence centers and for printing educational materials
- ◆ Conduct the collaborative Learning Session 2 (SA2) on monitoring and improvement of quality of care and promotion with the APRECIE methodology focused on: a) strengthening the QI teams; b) documentation of interventions tested, and c) developing improvement plans
- ◆ Lend support to first level of care information system processes such as: implementation of official census form, unique identification of users, interoperability between PEC, CensoNet, and SIGSA, and the new clinical record
- ◆ Launching of the Behavior Wheel Program and implement TOTs and other training workshops for the application of the program as part of the MOH health promotion and education activities



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 January 2nd through March 31st, 2014 (Second Quarter of Fiscal Year 2014 [Q2 FY'14]). The report also presents activities planned for Q3 of Fiscal Year 2014 (Q3 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 diagnostic assessments or training can pertain to all four components.)

Annex 1 provides the status of work plan activities for this quarter, and Annex 4 outlines training events of the quarter.



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

Integrated Activities

Nutri-Salud has closely coordinated, and continues working with, other USAID projects; HEPP (Health and Education Policy Program), PASMO PlanFam, PCI (Project Concern International), Save the Children, CRS (Catholic Relief Services), AGEXPORT, FUNCAFÉ, as well as with APROFAM (Guatemalan Family Planning Association) and the MOH at central, Health Areas, and Health District levels. The project is represented in the USAID Partners Coordination Committee in the six health areas (Huehuetenango, Quich, Ixil, Quetzaltenango-Totonicapán, and San Marcos) having joint operational plans for the 2014 calendar year.

The alliance and coordination with the Project CURE, allowed Nutri-Salud to contribute equipment, supplies, and furniture to three hospitals, several health centers, health posts and convergence centers in Quetzaltenango, Totonicapán, and Quiché. A complete list of equipment donated is available upon request.

Coaching, Supervision, and Monitoring of Health Providers

Nutri-Salud has continued with integrated training, supervision and monitoring of the health providers in the first level of care, in all the project components. The fourth quarterly measurements using APRECIE showed an improvement of quality of care and maternal knowledge and practices indicators. The following are some of the results of the technical assistance to health providers, achieved by Nutri-Salud local teams:

- ◆ **Measurements:** The project coverage area has been divided in 111 “supervision areas” or “lots.” Measurements were completed in 100% of the supervision areas in San Marcos (22/22), Totonicapán (9/9), Quetzaltenango (4/4) Quiché (23/23) and Ixil (16/16); and in 97% of supervision areas in Huehuetenango (41/42).

- ◆ To promote the institutionalization of the QI monitoring processes, the project provided the database to health areas and provided training to the persons responsible for entering the data.

Nutri-Salud local teams in San Marcos, Ixil, Totonicapán, and Quiché provided technical assistance to PEC NGOs to develop the technical plans for all 21 PEC NGOs receiving Nutri-Salud grants. Assistance was also provided in the evaluation MOH and Nutri-Salud indicators for PEC NGO quarterly reports to the Nutri-Salud Project in order to close-out the 2013 round of Nutri-Salud PEC NGO grants.

Training of Health Providers

Taking as reference the Zero Hunger Pact strategies, and the 1,000 Days Window of Opportunity, Nutri-Salud has provided training for health providers on several topics:

- ◆ Essential Nutrition Actions, ENA
- ◆ Census and community maps
- ◆ Logistics of medicines and other essential supplies (micronutrients, vaccines, family planning methods)
- ◆ Active management in the third stage of labor (AMTSL) in the first level of care
- ◆ Initial management of obstetric complications in the first level of care
- ◆ Helping Babies Breathe (HBB) in the first level of care

These trainings have served to strengthen the knowledge and abilities of the community health workers, as well as to improve early detection of pregnant women and neonates for risk surveillance and management. Examples of these integrated activities are:

- ◆ **Ixil:** Training of community facilitators of seven PEC jurisdictions (100%). Meeting of health committees of one sector of Chajul, to share their experiences about the opportune referral of women with complications. The event had the participation of 60



Auxiliary nurses receiving training. Nutri-Salud trainings have served to strengthen the knowledge and abilities of community health workers.

people (36 men and 22 women) who represented 11 communities (100%).

- ◆ **Quiché:** Fourteen meetings with traditional birth attendants (TBAs), were held with the participation of 966 TBAs, for exchanging knowledge and experiences and strengthening their competencies in maternal and child nutrition and health, in topics such as safe and clean delivery, danger signs in pregnant women and newborns, their role in reducing maternal mortality, pregnant women detection, feeding during pregnancy, early initiation and exclusive breastfeeding, and family planning. In the Permanent Health Care Center (CAP) of the remote area of La Taña, Zona Reina, the project donated TBA kits for safe and clean deliveries, together with training in their use. In the communities of Cunén and Sacapulas, served by the PEC NGO COTONEB, the TBAs committed themselves to giving weekly reports about pregnant women under their care to the auxiliary nurses in convergence centers. The TBAs in Chupol learned about the referral of obstetric emergencies that required specialized and qualified care.

Traditional midwives in Quiché made a commitment to modify their behavior from “giving an ounce of water with sugar to newborns” to “promoting initiation of breastfeeding within the first hour of birth.” After training, one midwife from Sacapulas commented, “Jesus from heaven, what are we doing with our children, with our behavior we are not allowing them to grow.”

Component 1: Prevention of Chronic Malnutrition

Training of health personnel in Essential Nutrition Actions

During this quarter, Nutri-Salud’s technical advisors reviewed the “critical competencies” training, which is being used to strengthen the technical competencies of auxiliary nurses in health posts and convergence centers. The project conducted in and out of service trainings with health workers of the first level of care; among the trainings this quarter the following are noted:

- ◆ **Totonicapán/Quetzaltenango:** Six health educators, along with other health workers, were trained in abilities in the preparation of porridges for complementary feeding; 12 nutritionists from the health districts of Quetzaltenango acquired abilities in the preparation of 17 recipes mixing Vitacereal with other foods for variety; 90 health educators in nine health districts of Totonicapán (20 from the two prioritized *municipios*) attained skills on forming and maintaining maternal breastfeeding support groups.
- ◆ **San Marcos:** Fifty health workers from the PEC NGO ECO, 60 from the NGO ASOPRODE, and 55 from the Municipal health district of San Miguel Ixtahuacán learned about nutrition and feeding of pregnant women, nutritional counseling to pregnant women, pregnancy surveillance and the importance of early detection of pregnancy. The project also conducted two training workshops with 57 auxiliary nurses of San Miguel Ixtahuacán and Tajumulco,

about growth monitoring and anthropometric measurements — weight, height and mid-arm circumference in pregnant women — to improve their competencies in detecting malnutrition. A meeting was held with the nutritionists of San Marcos' health area to socialize the APRECIE monitoring results and coordinate actions for improvement. It was agreed to provide training about anthropometric measures to minimal care units in the next quarter to be able to close gaps found in monitoring.

- ◆ **Ixil:** 100% (58/58) of health post workers and those responsible for the Food and Nutrition Security program were trained on the development of nutrition profiles, or “Dashboards,” to strengthen the analysis and use of nutrition indicators for decision-making. In the *municipio* of Chajul 100% (35/35) of mothers with a child under two years suffering from acute malnutrition were trained on how to improve feeding practices in these children. In Nebaj the pregnant women's nutritional evaluation procedure was reinforced to improve the competencies of health personnel.
- ◆ **Huehuetenango:** A protocol for a study about the reliability, validity, and coverage of anthropometric measurements and nutritional classification of children under five years was developed and implemented in the convergence center of La Montaña in La Libertad, Huehuetenango. This community is covered by the NGO Kanil and included in the project by Funcafé as the families are small coffee growers. It is a sentinel community for Nutri-Salud.

Coaching and Supervision of “Food-Based Recommendations” (FBRs) Methodology

After the study with FANTA on food-based recommendations (FBRs) for complementary feeding of children 6-24 months was conducted, follow-up activities include testing the recipes in other health areas and districts for use of local foods to generate wider acceptance. The following activities are conducive to these tests:

- ◆ **Quiché:** Presentation of FBRs strategy to the Municipal district of Sacapulas in order to promote the active participation of local authorities in FBRs testing. It was decided that it will be implemented in three communities beginning next quarter.
- ◆ **Huehuetenango:** The health area is aware of the FBRs results and logistics for the study. The *municipio* La Democracia was selected for

additional testing of FBRs. In addition, following the FBRs study implemented in Chiantla in 2013, a success story of two families in the community Cuatro Caminos of Chiantla continuing to use the recipes was documented.

Establish “community health promotion system” to reach families in the first 1,000 Days, including support groups

During this quarter, the project assessed how the MOH organizes community support groups for pregnant women and nursing mothers; support groups are an important part of the “community health promotion system” that the project is searching for, where health education and communication is provided not only by health workers but by community organizations, women's groups, schools, churches, and all kinds of volunteers. Preliminary results of this assessment showed that most areas and districts are not implementing support groups, health workers have not been trained in the methodology, and there are model groups functioning. The MOH has validated the methodology of support groups and has implemented it in several areas of the country, with support from international cooperation, but activities have not been sustained as their implementation stops once the project leaves the area. Nutri-Salud will continue working with area nutritionists to assess the strategy and re-start activities, if feasible, looking for ways to make the methodology sustainable through motivating mother leaders.

Train first-level-of-care providers in the management of acute malnutrition without complications at a community level

In preparation for the workshops, this quarter the local team of Nutri-Salud nutritionists developed a methodological guide and educational materials to conduct training in the management of acute malnutrition without complications in the community. The team thoroughly reviewed the technical contents and images of official protocols for the treatment of severely and moderately acutely malnourished child, which will serve as reference documents for training. As much as possible, these protocols were updated and improved together with the MOH, and are now in the printing process. In line with project objectives, training will include the topic of acute malnutrition in the context of the chronic malnutrition prevention framework, emphasizing that ENAs are appropriate for preventing both acute and chronic malnutrition.



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

Technical assistance to the central level MOH

The nutrition advisor has actively participated in two working groups created by the National Food and Nutrition Security Program (PROSAN) of the MOH, to review and update (1) the micronutrient supplementation norm for women and (2) the food guidelines for the child under two years of age. The participation in these groups is a useful way of collaborating with the MOH and PROSAN, given that a high-level technical team is being formed to review scientific evidence, and that results of that review will allow the country to have updated and valuable guidelines adapted to the national context.

Baby-friendly Health Services Initiative (ISSALM) Guidelines for the first level of care

During this quarter, the nutrition advisor collaborated with PROEDUSA, UNICEF and WFP in the development of the strategy “TBAs friends of maternal breastfeeding.” UNICEF and PROEDUSA pre-tested the strategy in Huehuetenango and results are still being consolidated. This is the first step in the adaptation of the ISSALM to services in the first level of care. After collaboration to promote the inclusion of TBAs, Nutri-Salud will work with UNICEF and PAHO on the next step, which entails developing the guidelines for ISSALM implementation in health posts and convergence centers. Previous experience by URC projects of including QI measurements in ISSALM will be recommended.

Link between deficient water and sanitation (WASH) and chronic malnutrition

Nutri-Salud has worked on strengthening the link between hygiene practices, and environmental enteropathy in the prevention of chronic malnutrition in its communication strategy and trainings. An informative technical note by Nutri-Salud about hygiene practices and tropical enteropathy was developed and it will be disseminated next quarter. This is an important tool for consultation and for health teams’ continuous education, which will be made available in all training workshops.

Development of a strategy for the strengthening of growth monitoring and promotion, in collaboration with the Inter-American Development Bank

URC and IDB, in association with Cooperativa Todos Nebajenses (COTONEB), a PEC NGO in the Ixil area, conducted an assessment to document the errors of measurements of children’s weight and height. A previous URC study in Ixil found that in older children the error in weight was so large in relation to the expected weight gain, that this caused many mistakes in nutritional classification. Assessing errors is important to establish data quality and usefulness to provide appropriate counseling and make decisions. In the present exercise six health educators and two auxiliary nurse supervisors participated in repeatedly weighing 119 children of less than five years of age. Nutri-Salud with support from partner INCAP entered, cleaned, and



conducted preliminary analysis of the data together with the IDB and The Rollins School of Public Health of Emory University (as IDB partner). Preliminary results show evidence of significant differences in weight, height and calculation of actual age within health educators and between health educators and their supervisors. A complete report will be available next quarter, as well as recommendations that stem from the study. This study is the first of a series of activities that URC and IDB plan to do together to document the gaps in the GMP process and implement solutions.

National Meeting of Nutritionists

In March, Nutri-Salud supported the MOH in the organization and development of a two-day workshop for nutritionists from all 29 health areas in the country. The event reviewed the Hunger Zero Program (HOP) main guidelines, with the goal of strengthening the implementation of essential nutrition actions (ENA) at the local level. The workshop opened with a review of the malnutrition causal pathway and a summary of the essential nutrition actions included in the HOP. The workshop core session organized participants by region to discuss the most critical aspects of implementing the HOP preventive nutrition actions for both chronic and acute malnutrition and identify viable solutions. Key aspects identified include: shortages of micronutrient stocks for pregnant women and children, insufficiently trained staff to implement ENA, and lack of operational guidelines for implementing HOP. According to the MOH plans, this is the first of several working meetings with nutritionists programmed this year. The closing session was a presentation by URC's Guatemala Country Director, who thoroughly reviewed the relationship between malnutrition and its impact on societies and in Guatemala. Nutri-Salud will support the MOH in follow-up meetings and workshops.

Component 2: Maternal, Neonatal, and Child Health Care

Training and technical assistance in MNCH to first level health providers

Training workshops were conducted with health providers in topics pertaining to the maternal, neonatal, and child health component of the project. Some of these training are:

- ◆ **San Marcos and Quiché:** Trainings about pregnant women's census and surveillance were provided to the institutional and NGOs' health providers. As an outcome, the participants committed to keep a dynamic census and surveillance system of pregnant women.

- ◆ **Quiché:** 141 health team members of the NGOs, health posts and health centers in four out of eight districts (50%) were trained in the MNH strategy. Among the innovations being tested are:
 - ◆ Implementation of a weekly card with pregnant women's complications
 - ◆ Implementation of a work tool with TBAs to document the demand for health services
 - ◆ Community facilitators were designated responsible of the documentation of pregnant women's probable delivery date (FPP in Spanish)

Additionally, 236 health districts members were trained on the use of the pregnancies' list with probable due dates and accompaniment for opportune decisions making and transportation by health commissions in Zacualpa, Chupol and Sacapulas.

- ◆ **Huehuetenango:** To promote assisted deliveries at the primary care level, first level care providers were trained in obstetric and neonatal care practices following Nutri-Salud's five sub-components strategy, which includes the application of active management of the third stage of labor (AMTSL) adapted to the first level of care. The project trained 66% of auxiliary nurses and 100% of the ambulatory nurses of six jurisdictions covered by the NGO ADIVES in Barillas, Huehuetenango's largest and remotest region. As an immediate outcome of training, there were two maternal lives saved that have been documented.
- ◆ **Quetzaltenango/Totonicapán:** 100% of the auxiliary nurses in the jurisdictions of San Juan Ostuncalco and Concepción Chiquirichapa and 100% of health district coordinators of Totonicapán were trained in the MOH Surveillance Protocol for Maternal Mortality and Pregnancy. Technical Council members of the Totonicapán health area are cognizant of the Nutri-Salud five sub-components strategy to reduce maternal mortality and are committed to its implementation in Momostenango, the *municipio* with the most maternal deaths in the Department of Totonicapán. After training, 100% of the convergence centers in Momostenango have an Integral Care Norms manual.
- ◆ **Ixil:** The community personnel of seven PEC jurisdictions and institutional health workers of Cotzal have updated knowledge about community census and mapping. The TBAs of the three health districts in Ixil recognize pregnancy, delivery, postpartum, and newborn danger signals for decision making (opportune referral and transportation) as well as the importance of early prenatal registration in the reduction of maternal



mortality. The health posts of the three health districts in Ixil have obstetric risk files, gestograms for computing gestational age, urine sticks, integral care norms for the first and second level of care, brochures on feeding and care during pregnancy and control sheets of pregnant women (mapping) and equipment (stethoscope and speculums) to improve the pregnant women's surveillance and quality care. The story of a maternal life saved is a documented success thanks to the health commission of Visich, Chajul.

Reducing maternal and neonatal mortality - Helping Babies Breathe (HBB) and Critical Links in Maternal Mortality

In line with Nutri-Salud objective to contribute to maternal and neonatal mortality reduction — 18 neonatal deaths for 1000 born alive — the project has supported health areas in training front-line health providers.

In two of eight health districts in Quiché (Chichicastenango and Uspantán), three of Ixil and two of three *municipios* of Quetzaltenango/Totonicapán the PEC and health posts auxiliary nurses developed the required competencies to apply AMTSL and essential care of the newborn, reinforcing early initiation of breastfeeding in the first hour of life, as well as helping with newborn complications.

Nutri-Salud provided technical cooperation in the longitudinal analysis of maternal mortality in the six health areas in order to strengthen the identification of “critical links” and the interventions that will be tested as part of improvement plans.

Vaccination of children

The project, trained 100% of health providers of Momostenango and Santa Lucía La Reforma in Totonicapán and 100% auxiliary nurses of Chajul and Cotzal, in the Ixil area in safe vaccination, cold chain establishment and maintenance, and the epidemiology of preventable diseases with vaccination surveillance guidelines, to improve their abilities in management, conservation and identification of immune-preventable diseases and vaccines' administration. In addition in the APRECIE monitoring at the community level, questions regarding immunization were added.

Component 3: Family Planning

Family Planning workshops were held in six health areas for health workers, female leaders, TBAs, local authorities and religious leaders, resulting in the orientation of 180 health providers, personnel of two NGOs, 90 community leaders, 17 local authorities, 67 religious leaders, 40 TBAs and

others to the topic of family planning. Similarly, trainings were organized on family planning laws for the same groups. Following the sensitization process, health providers are offering FP methods and services with more assertion and confidentiality, which will be documented in the next quarter. It is also expected that the religious leaders will disseminate the information among their followers.

Health post personnel, facilitators of friendly spaces and professional nurses of all Ixil health districts (3/3) were familiarized with the Integrated Strategy for Sexual and Reproductive Health that included prevention of teen pregnancy and the legal framework to respond to such cases.

Tiaht Amendment

All Nutri-Salud personnel received training and certification in the Family Planning Guidelines set by the Tiaht amendment. The training was also replicated with health providers in 100% of 30 *municipios*. In addition, two exit interviews to assess compliance were conducted in selected health services from the 30 *municipios*. The data are currently being entered and analyzed, and will be presented next quarter.

Component 4: Community Mobilization

Training in water and sanitation

The community mobilization component started training on the Government Agreement 523-2013 that regulates the obligatory sample, disinfection and chlorination of piped water systems by the Ministry of Health in conjunction with Municipalities. In San Marcos 55 Rural Health Technicians (TSR) and Environmental Sanitation Inspectors (ISA) of the MOH were trained in the official agreement.

Formation of Health Commissions

The project developed training workshops about the five steps methodology (5 As) to establish a health commission in 100% of Totonicapán, Quetzaltenango, Ixil, and Quiché priority *municipios*. All 100% (20) of resident medical doctors that rotate in the CAIMI at Momostenango were trained and as a result they committed themselves to value and respect the health commissions' referrals of complications and their need to receive counter-referral information from the CAIMI. The five steps methodology manual was revised with support from partner Mercy Corps.

The Ixil health area has a database of health commissions linked to health posts and convergence centers in Chajul, Cotzal and Nebaj to promote follow-up with monthly meetings of health commissions.



The *municipio* of Sibinal, San Marcos and the three *municipios* in Ixil organized a meeting of experiences exchange among members of the health commissions.

Challenges and Solutions to Major Implementation Issues

Challenges	Solutions
Delay of MOH payments to PEC NGO's personnel and lack of funding for supplies, put the PEC and Convergence Centers at risk of closing	Advocacy with MOH and Minister of Finance authorities to make a commitment for funding the Extension of Coverage Program
Shortage of medicines and supplies for the first level of care affects implementation of the five sub-components for maternal mortality prevention	Have technical cooperation work on resources management, competencies strengthening, including BRES form management
Delay of health areas in submitting the APRECIE measurements	Have the Vice-Ministry of Primary Health Care make official the incorporation of APRECIE as a methodology to follow-up process indicators
Religious leaders unaware of topics of nutrition and family planning	Keep religious leaders informed about the importance of nutrition to development, and how FP could contribute to reduce chronic malnutrition in children in their communities
Delays in performing the project actions on time together with MOH, Municipalities and others	Continue with joint planning with health areas and districts; implement joint planning with municipal councils, OMM, and others
Nutrition is not always integrated into all other activities	Coaching areas' nutritionists and health district coordinators to strengthen ENAs and nutritional counseling, and include them in all trainings
Lack of documentation of QI interventions and successful experiences in each program	Provide the QI teams of 110 supervision areas with practical and easy tools for the documentation of successful and non-successful interventions (change ideas)

Activities Planned for Next Quarter

- ◆ Continue joint planning with the health areas and districts so that they are empowered regarding the project's technical components and lines of action to guarantee sustainability
- ◆ Continue with technical cooperation to the first level of care
- ◆ Plan a Learning Session 2, with the improvement teams of the supervision areas of the 30 *municipios*, for evidence and experiences' exchange and documentation (APRECIE)
- ◆ Socialize with the technical teams of DAS health districts of Ixil, Sacapulas, Cunén and Uspantán the "Referral Folders" to implement and test them in the first level of care services
- ◆ Organize trainings in acute malnutrition protocols management
- ◆ Complete the editing and distribute hygiene and nutrition technical sheets
- ◆ Continue the support to PROSAN in the technical working groups for updating micronutrients and child feeding guidelines and norms
- ◆ Start implementation of 4 grants given to four non-PEC NGOs for reproductive health and family planning projects



Increasing Investment in Nutrition and Health by Municipalities

Integrated Activities

Joint plans have also been drafted with the 30 priority municipalities' offices; these include the Direction of Municipal Planning, the system of development councils of which COMUDEs (municipal level) and COCODEs (community level) form part, the Municipal Office of Women (OMM), the Food and Nutrition Security Commissions (COMUSANs) where these exist, and their counterparts at the community level (COCOSANs). In 50% of prioritized municipalities, together with OMM's coordinators, an annual plan was developed to work with the women's networks, which includes training in nutrition, maternal, neonatal and child health, FP and community mobilization. The wide range of activities conducted during this quarter with municipal support is described in the following sections.

In Nebaj in the Ixil, following the joint plan made with the municipality and the OMM, the project provided training about nutrition, family planning and maternal and neonatal danger signs to the DMP, the OMM and public services' workers to empower and motivate them to replicate this information with the communities and their leaders in the COCODEs. Additionally, two female leaders in each of seven communities — San Francisco Jocotales, Belencito, Las Brisas, Campo Alegre, Nueva América, Las Pilas and Santa Marta — and two women groups (in Xesupio and Canaquil) received training on self-esteem, the vicious cycle of chronic malnutrition and family planning (FP). The women leaders made plans and set dates to inform other groups of women about these topics.

The health areas of Quiché, Huehuetenango and Ixil trained female leaders and OMM authorities in the topics of women's rights, including sexual and reproductive rights, the chronic malnutrition conceptual framework and family planning. It is expected that the leaders and their families will share this information with women's groups.

In Quiché, with the objective of strengthening the capacities and foster the active participation of female and male leaders who work in the Community Development Councils coordination board, Nutri-Salud organized three training workshops about the importance of community mobilization for health, FP, causes of chronic malnutrition and gender equality,

with COCODEs and women leaders of communities in Zacualpa. The participants committed themselves to discuss these topics in the assemblies that will take place in the different communities. Another achievement is that the COMUDE and the COMUSAN of Zacualpa contemplated providing information about safe water and family planning and their effects on nutrition; this link with nutrition had not been understood before.

Component 1: Prevention of Chronic Malnutrition

Project nutritionists have made a point of working with municipal offices, emphasizing the prevention of chronic malnutrition and the importance of ENA. Some activities that project nutritionists have led this quarter are presented.

Municipalities' sensitization about chronic malnutrition using the conceptual framework

All of the Ixil region Municipalities learned about the conceptual framework of chronic malnutrition, to improve their understanding about the problem and underlying causes. The project expects that now they will prioritize chronic malnutrition in their actions plans. Furthermore, the municipio's COMUSANs have been sensitized about chronic malnutrition, recognizing and distinguishing chronic versus acute malnutrition, and performing preventive and promotional actions for their reduction.

TBAs, women leaders, staff from the OMM in municipalities in San Marcos and the Ixil were trained in personal hygiene (hand washing), water and food hygiene, exclusive breastfeeding, and leading support groups so that they can share the information in their communities.

In Quiché, Nutri-Salud conducted training workshops with Municipal Councils in two *municipios* (Sacapulas and Cunén) of the five prioritized *municipios*, addressing the chronic malnutrition conceptual framework. The objective was the authorities' acknowledging chronic malnutrition as a severe problem among children under five years of age in the communities, identifying the causes and consequences of malnutrition, and to persuade them that it is possible to carry out preventive actions at the family and community level.



Nutri-Salud provided training to a women's group from Xesupio, Ixil on self-esteem, the cycle of chronic malnutrition and family planning (FP).

Also in Quiché, the project arranged two planning workshops with key actors (Municipalities, MOH, and other external cooperators) to discuss the importance of safe water consumption in the *municipio* of Sacapulas and Cunén, and to unify actions that allow the population to learn the benefits of water chlorination. In Sacapulas, a positive result was that the *municipio's* organizations became allies to inform the rest of the population.

In Momostenango, Totonicapán, the Municipality presented the “Food and Nutrition Security public policy with emphasis on the protection of children and adolescents”, to fight chronic malnutrition and improve health conditions. Nutri-Salud provided technical assistance to the COMUSAN in drafting and financing the publicity and promotional materials for this event. During the launching event, the Mayor publicly thanked USAID and Nutri-Salud for its support and gave a symbolic copy of the Policy document to one of Nutri-Salud representatives.

In Cotzal in the Ixil, with support from Nutri-Salud, a civil society group was formed. The group drafted an operational plan, which was presented to the Municipal Council highlighting social problems such as domestic violence and chronic malnutrition in the *municipio* that the group plans to address. Now the group is working to disseminate key messages through radio spots and interviews with local authorities, which are transmitted in two local radios, and to encourage the population to participate in the solution of problems identified.

The commentary of the president of a health commission regarding their interest in the training was, “We hope that these workshops continue with us. We usually think we are not able to work [in the prevention of these problems] simply because we do not know what to do.”

Component 2: Maternal, Neonatal, and Child Health Care

Following training on community mobilization for health and nutrition, the president of Sacapulas' COMUDE prioritized the establishment and strengthening of health commissions in all of the *municipio's* communities, and the provision of an ambulance with maintenance and fuel supply for the transportation of obstetric patients to the health post of Salinas Magdalena.

Component 3: Family Planning

COMUSANs members in the Ixil were trained on FP to motivate them to implement actions to promote the importance of FP to decrease chronic malnutrition and maternal deaths. The population in Cotzal was informed on how to prevent teen pregnancy through different local media.

Likewise, in Huehuetenango, in four out of ten prioritized *municipios* (40%), the project provided support to OMM coordinators in the utilization of a FP



Nutri-Salud provided technical assistance to the COMUSAN in Momostenango in the launch of the “Food and Nutrition Security Public Policy with Emphasis on the Protection of Children and Adolescents.”

tool to identify the main problems, analyze their causes and search for solutions.

In Momostenango, as part of the new public policy focused on children and adolescents, 100% of the COCODE’s presidents and auxiliary mayors in all communities are committed to conducting activities for the prevention of teen pregnancy. These local authorities took part in training on the FP law, the Law on Safe Motherhood, and the strategy to prevent teen pregnancy, implemented together with PlanFam.

Component 4: Community Mobilization

The Municipal councils of San Marcos’ in four out of eight prioritized *municipios* (50%) were sensitized on recent reforms to the water and sanitation law to strengthen the Water and Municipal Sanitation Office (OMAS) functioning in those *municipios*, and on compliance with the 2011- 2013 agreement, in preparation for audits by the Environmental Management Audit Unit. OMAS and health district inspectors’ integration, and water quality sampling were planned for the April-June quarter.

In Ixil, the Municipal Corporation and the DMP of Chajul and Nebaj (2/3 priority *municipios*) are aware of the value of water management, the National Potable Water Policy, the Government’s resolutions concerning drinking water, and the ministries involved. Nutri-Salud

gave technical and financial assistance to the health area and municipality through a seminar that discussed the consumption of safe or potable water, allowable chemical components in water, protection of water sources, and incentives, with the aim of improving the water quality of Cotzal. The Ixil local team also provided technical assistance to the municipal council of Nebaj to develop a project profile for the installation of hypochlorinators in water tanks. The outcome of this effort is that resources necessary for the project are being requested from the Municipality in Nebaj so that the municipal council can implement the project.

In Quiché, there were two training workshops with the Municipalities of Sacapulas and Cunén (2/5 priority *municipios*) to design actions that can contribute to health and nutrition improvement in the communities. As a result, a joint plan with these Municipalities is already available. In the *municipio* of Chiantla, Huehuetenango the COCODEs were trained on the law governing the System of Development Councils, and the participation of women in such councils. In San Antonio Huista, Huehuetenango, the topics discussed were reproductive health and family planning. Also, a strategy to prevent teenage pregnancy was developed with the support of OMM coordinator and DMS’ social worker. Additionally, a meeting was held with the Municipal Planning Directorate (DMP) to develop a plan to strengthen COCODES.



Nutri-Salud provided technical assistance to the municipal council of Nebaj to develop a project profile for the installation of hypochlorinators in water tanks.

Challenges and Solutions to Major Implementation Issues

Challenges	Solutions
That the MOH and municipalities recognize their role in water and sanitation improvement in the <i>municipios</i>	Continue working with the mayors and municipal councils in coordination with health districts to present health data and search for solutions.
Increase municipal investment in water, sanitation, health, and nutrition.	Promote the active involvement of the population who can then advocate for more municipal spending in these matters.
Integrated actions in municipalities with USAID partners, especially HEPP and PGL project	Convene and participate in coordination meetings with PGL project and other USAID projects in order not to duplicate actions with the municipalities.
Lack of interest/knowledge of communities to participate in active solution of problems	Provide information to communities on health and nutrition problems and ways to participate in their solution

Activities Planned for Next Quarter

- ◆ Continue joint planning with municipalities in order to respond to needs within the objectives of the project
- ◆ Keep COMUDEs, COMUSANs, COCODEs, OMMs, health commissions and other municipal entities up-to-date in nutrition and health topics
- ◆ Start activities in grants provided to four non-PEC NGOs for community mobilization projects

Engaging the Private Sector and Civil Society

In February the Private Sector Specialist resigned to take on an overseas opportunity, and the overview of activities has been taken on by a group of project advisors. Given this situation, this group has prioritized following up on the most promising potential partners, but no new alliances have been pursued. Nutri-Salud's COP and Nutrition Advisor worked with Mercy Corps on the recruitment of a new Private Sector Specialist; a candidate has been identified and the hiring process will be completed next quarter.

The following is a summary of the three potential alliances explored during this quarter.

- ◆ PRONACOM – two meetings with PRONACON were held in March to follow-up on the project to build five convergence centers in the project's coverage area (four in the Ixil area and one in Totonicapán). As reported before, all legal arrangements have been completed with the municipalities and MOH to have the construction sites ready. PRONACON is still negotiating details with the MOH to ensure that these centers are staffed and equipped, and identifying private sector funding. Nutri-Salud is still expecting PRONACON to ensure funding and begin the alliance in the next quarter.
- ◆ Marlin Goldcorp Mine – attending to MOH request, Nutri-Salud is supporting the follow-up of a potential Alliance with Goldcorp in San Miguel Ixtahuacán, San Marcos. This quarter, the Project gave technical support to the Vice Ministry of Primary Health Care (VAPS) team, in the development of a proposal on Integral Health Services Networks with the objective of integrating the first level services at the facilities provided by Goldcorp with the rest health services in San Marcos. Goldcorp has proposed the construction of two convergence centers, which Nutri-Salud will support with donated equipment and the hiring of nurse auxiliaries through the PEC NGO ECO who is a Nutri-Salud grant recipient.
- ◆ BANASA – given that the Project USAID/Alianzas will finish this fiscal year, the possibility that Nutri-Salud can absorb some of the main alliances related to health and nutrition has been considered. Consequently, Alianzas put Nutri-Salud in contact with BANASA (National Banana SA), one of its partners, to explore the possibility of joint work in San Marcos on the use therapeutic zinc in cases of diarrhea and pneumonia with technical support of the Micronutrient Initiative.

Work with Mercy Corp in Health Stores (Tiendas de la Salud or TISA for its Spanish acronym) has also advanced. Three new health stores were opened last quarter in Cuilco, Huehuetenango with the support of Mercy Corps. The selection of store employees was made together with the local COCODES. The health stores come to improve access to basic medicines such as anti-inflammatories, pain relievers, antibiotics, expectorants, and mucolytics. There are also oral hydration salts, vitamins, and anti-acids. Additionally, the stores manage groceries and staple grains.

Component 3: Family Planning

In Quetzaltenango/Totonicapán cooperation agreements were signed with the Departmental Network of Men for Reproductive Health, Nutrition and Education, This network is formed by civil society, the OSAR, APROFAM, and the USAID partner project PASMO-PlanFam.

Challenges and Solutions

Challenges	Solutions
Alliance development demands skills, resources and time; not having the Private Sector Specialist during this quarter was a challenge	Private Sector Specialists has been recruited and hiring process will be completed in April 2014
It is imperative to look for alliances that not only respond to the health and nutritional interests of the Project, but also bring considerable amounts of cost-share to help in the financial execution.	Search for bigger national and local corporative partners, that could assigned a budget to support the cost-share collection.
The suppliers of the health stores have not been able to keep pace with provision	Mercy Corps is looking for other providers –in addition to Farmacias de la Comunidad- to supply health stores

Activities Planned for Next Quarter

- ◆ Complete the hiring process of a new Private Sector Specialist
- ◆ Follow-up potential alliances mentioned
- ◆ Identify new potential partners
- ◆ Develop “Alliance Packages” to make it easier to seek specific support from potential partners



Establishing Alliances with Universities and Training Schools

Integrated Activities

This quarter activities with universities and training schools were less numerous due to the end-of-year vacation period. However, in February, Nutri-Salud led a working meeting with private and public Schools of Medicine and Nursing in local universities, and professional associations to review the joint work of the previous year and explore the support needs for the second year. Several success stories were identified, which were documented in Nutri-Salud bulletins. Among the main topics addressed, were the continuing training needs of students and teachers in skills related to health and nutrition essential actions for the 1,000 days Window of Opportunity and the need to use different methodologies of Social and Behavior Change Communications (SBCC) and materials in these same topics. An inter-institutional congress (involving both Universities and training schools) on public health and nutrition was planned for next quarter.

Working meetings were conducted with the unit of the MOH responsible for human resources training, for the coordination of a diploma course for Nursing School teachers. The purpose of the diploma course is the improvement of adult education competencies. The joint revision of the auxiliary nurses' curriculum was also discussed with the MOH human resources training unit. The purpose of this examination is to come up with an updated study program aligned with current scientific evidence and the need for students to graduate with the competencies required for providing quality primary health care, according to the country's health needs.

The URC projects TRAction and Nutri-Salud supported the Western University Center of the San Carlos University (CUNOC, for its Spanish acronym) in the development of research about "Dissuasive factors in the use of qualified health care in the Integral Network of Child and Maternal Care Services in the Ixil, Guatemala." To date, the data are being analyzed by CUNOC; a preliminary report will be available next quarter.

Training

Nutri-Salud has systematically trained medical students conducting their supervised practice in health posts in the project's coverage area. To date, the students are working in 40% of priority municipalities. Four (4) workshops with a total of 267 students were conducted to review the project's program components and MOH norms and initiatives (strengthening the first level of care, primary health care, IMCI AINM-C, 1,000 days window of opportunity).

A total of 176 nursing students completed the training on Helping Babies Breathe (HBB). This training was very useful and opportune, given that the students will be practicing in MOH health centers and posts, where they attend deliveries. Now they have the basic abilities for newborn care without complications, neonate reanimation, and delayed clamping of the umbilical cord for anemia prevention. Moreover, they have been taught the importance of immediate, exclusive, and on-demand breastfeeding, which are key actions for the 1000 days window of opportunity.

Gynecology and Obstetrics Congress

In March, the project provided technical and financial assistance to a congress focused on "Extreme Morbidity and Family Planning in the Health Services Network". This event had 400 participants, including health coordinators of the 30 priority *municipios*. Nutri-Salud led a working group to deal with management of complications, teenage pregnancies, and family planning in the prevention of maternal mortality.

Component 1: Prevention of Chronic Malnutrition

With the objective of strengthening nutrition knowledge and skills of future professionals, the project provided training for 90 auxiliary nurse students of the Life and Hope Nursing School, a private nursing school in Nebaj, Quiché. Topics covered were the chronic malnutrition conceptual frame work, growth monitoring with anthropometric measures, and growth promotion through counseling in essential nutrition actions (ENA).



Component 2: Maternal, Neonatal, and Child Health Care

Last year a request from MINEDUC’s local office in Cotzal to train teachers of the fourth to sixth elementary school grades in health and nutrition basic topics was received. In response, Nutri-Salud’s local team has mentored the school teachers’ group, and lectured about topics such as; pregnancy and delivery, general risk signs, and essential nutrition actions. Once the diploma program is completed, the teachers will replicate the program and prepare a course to teach their students about nutrition and food security and promote a healthy life style and practices within the school and in the community.

ENA Online Course for Primary Health Care Providers

In the past quarter, advisors reviewed the content of the course. During this quarter, INCAP completed changes required for the first seven units. A working group with auxiliary nurses and educators, who are actually in service, will be held in April to validate the revised contents. After the contents are completed, the educational strategy for the course needs will be defined.

Challenges and Solutions to Major Implementation Issues: Universities & Training

Challenges	Solutions
Increasing the number of students with supervised practice in medicine, nutrition and nursery, located in the 30 prioritized <i>municipios</i>	Ongoing negotiation with training schools and centers responsible of students courses
Advance the research program with university and training schools professors	A certified Diploma for professors about research in health and nutrition topics will be negotiated with the CUNOC medicine school only, with the technical support of INCAP and financial support of Nutri-Salud.

Activities Planned for the Next Quarter

- ◆ Development of an inter-institutional congress (Universities and Training Schools) in health and nutritional topics in May 2014
- ◆ Design, and development of certified Diplomas in Nutrition, MNCH, and FP for teachers and other University professionals in coordination with INCAP
- ◆ Monitor and provide technical assistance to first level of care personnel, in coordination with medicine, nutrition and nursing EPS
- ◆ Implement the plan of action with the local Nutritionists Association, beginning with a regional congress for professionals and students.



Cross-Cutting Activities

Monitoring and Evaluation

Continuous Quality Improvement using APRECIE Methodology

Despite the constraints faced by the Extension of Coverage Program (PEC) due to the government's lack of funding for first level health services, the fourth measurement of APRECIE indicators was done in March. Results for this measurement can be found in Annex 2 for most indicators. A total of 99% of supervision areas have reported data on the quality of health care indicators and 98% have reported data on the maternal knowledge and practice indicators.

Institutionalization of APRECIE

During the past quarter, Nutri-Salud trained SIAS staff of the Vice Ministry of Primary Health Care (VAPS) in the APRECIE quality improvement methodology. Nutri-Salud facilitated two workshops with PEC/SIAS staff including 32 participants. To ensure proper use of the methodology, practices were conducted in San Juan Ostuncalco, Quetzaltenango and San Pablo, San Marcos health posts, where participants practiced what they had learned in theory. Given time constraints, only 10 of the 32 (31%) participants completed the practical phase. The MOH will progressively implement the methodology nationwide starting in the 30 priority municipalities where Nutri-Salud works.

As in past quarters, meetings to present the APRECIE monitoring results were held with local health area teams. In San Marcos APRECIE will be used in the eight municipalities prioritized by the project and will also integrate the ProCONE (Promotion and Essential Obstetric and Newborn Care) measurements in pregnant women that they have conducted since the URC's Health Care Improvement (HCI) project worked in the department. Tonicapán's technical team has also requested to expand APRECIE quality improvement monitoring to all its eight municipalities (not only the two prioritized ones).

Baseline for "Wheel of Behaviors for Better Living" Program

With the objective of having an initial measurement on the behaviors included in the "Wheel of Behaviors for Better Living Program", a knowledge, practices, and coverage (KPC) survey was conducted together with

Nutri-Salud partner INCAP. The information obtained will be regarded as the baseline for this SBCC program, and will also provide a way to independently validate the data from the APRECIE measurements. The data collection was completed in March and the report will be ready next quarter.

SIGSA and the Health Information System

To improve the quality of the data reported from MOH health areas to the central level, Nutri-Salud has continued to jointly work with SIGSA to develop a tool that will allow tracking and reporting of inconsistencies in the data between these two levels. The tool can also find the source of the problems, in order for SIGSA to take actions to solve them.

Challenges and Solutions to Major Implementation Issues: M&E

Challenges	Solutions
Not all the health districts have assumed their role as supervisors of the correct implementation of APRECIE.	It is expected that once the central level MOH integrates APRECIE into its activities, the process will run smoothly, and health areas and districts will take responsibility for data collection, analysis, and conducting APRECIE's learning sessions, with the projects' support.
The inconsistencies of the quarterly reports of SIGSA from the health areas to the central level are still a concern.	A tool to establish the origin of the problem and ways to solve it, is being developed together with SIGSA

M&E Activities Planned for Next Quarter

The activities planned for next quarter are:

- ◆ Complete the "Wheel of Behaviors for Better Living" program baseline report, in coordination with INCAP.
- ◆ Complete the automation of APRECIE's consolidation process to be transferred to the MOH.
- ◆ Design the methodology and tools to track the progress of 21 grants with PEC NGOs and eight with



non-PEC NGOs integrated into the Nutri-Salud's monitoring system.

- ◆ Support the design of project tools to be used by the staff to provide in-service training and supervision on basic health/nutrition competences to auxiliary nurses.
- ◆ Support the improvement of the first level of care logistics system, for a basic set of inputs (including FP methods and micronutrients).
- ◆ Together with the rest of advisors and local teams participate in the second APRECIE learning sessions (SA2) in all health areas.

Social and Behavior Change Communication (SBCC)

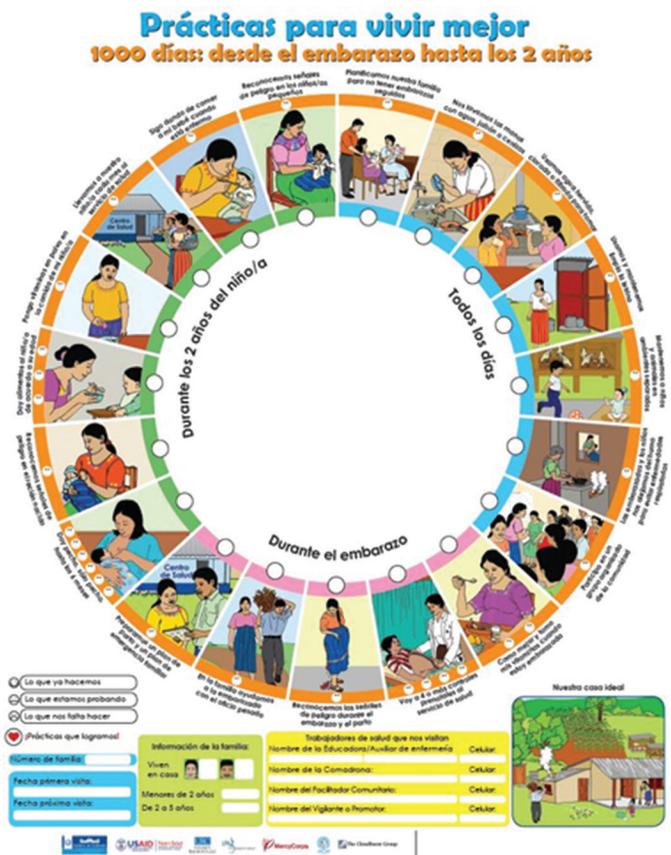
Activities under this cross-cutting component will be presented in an integrated manner for all project components.

Wheel of Behaviors for Better Living Program

The main strategy of the SBCC cross-cutting component is the Wheel of Behaviors for Better Living Program, for the promotion at the household level of 19 behaviors that can improve health and nutritional status of the population. The behaviors include all project components: maternal, neonatal, child nutrition and health, family planning, community participation, and water and sanitation (WASH) behaviors.

This quarter final testing of the wheel, as well as companion counseling cards and the Users' Guide, was conducted together with the health promotion and education coordinators in the six health areas where the project works. Health educators and rural health technicians, as well as the members of the local Nutri-Salud technical teams, participated in the testing. As a result, the final version of the Program materials was presented to the Primary Healthcare Vice-Ministry as well as to the Department of Health Promotion and Education (PROEDUSA for its Spanish acronym), who not only approved them but have adopted the communication strategy, and would like to expand it to the whole country. An official communication issued by PROEDUSA confirmed the advantages of these communication materials and authorized their reproduction.

Nutri-Salud partner The Manoff Group, through consultant Linda Bruce, supported the drafting of a master's training curriculum that was tested with Nutri-Salud local advisors and technical teams and later with MOH PROEDUSA. Facilitators will train other facilitators



Nutri-Salud's principal SBCC strategy is the SBCC cross-cutting component of the Wheel of Behaviors for Better Living Program

One social worker from PROEDUSA commented, "the agenda was achievable and meticulously followed, the contents were exactly in the amount needed, no need for technology – computer and projector – totally based on adult-learning principles. I came out of the training completely convinced that the [Wheel of Behaviors] program is what we have to use.

in each health area who will replicate the workshops with health educators, community facilitators, health promoters and other volunteers.

First Meeting of the MOH Health Promotion and Education Coordinators

As part of joint activities with the MOH's PROEDUSA, technical and financial support was given to conduct the first meeting of the MOH Health Promotion



and Education Coordinators. The purpose was to provide the MOH with SBCC guidelines framed in communication activities targeted to the individual, family, and community levels. The Wheel of Behaviors for Better Living Program was introduced as a national communication strategy to affect behaviors at the individual, household, and community levels.

The MOH Vice-Minister of Primary Health Care was present at the inauguration of the workshop, which included all 29 health promotion and education coordinators. The follow-up of these meetings will be quarterly, and PROEDUSA is interested in having Nutri-Salud technical and financial support for these events.

Reproduction of Communication Materials

Together with the Behavior Wheel, other communication support materials form part of Nutri-Salud's SBCC program. These additional materials reinforce behaviors included in the wheel such as: birth planning, emergency planning, recognition of danger signs, care of the newborn and specific breastfeeding and complementary feeding practices.

In support of the Zero Hunger Pact, a new edition of the poster "10 Golden Rules for Preventing Water and Food-borne Diseases" was printed. This material focuses on the 10 essential household water and food-handling actions to prevent contamination and gastrointestinal diseases that was originally developed by PAHO and was adapted for use in first level health posts, health centers, and schools by Nutri-Salud.

This material was also shared with the Guatemala Foundation for Development (FUNDESA of the private sector) and its Alliance for Nutrition, who published it in *Nuestro Diario*, a widely distributed newspaper with whom they have a media alliance.

The technical revision and pre-testing with audiences of the Birth Plan/Emergency Plan card was finalized in the six areas where Nutri-Salud works. As a result, a new version of the material is now available, together with a new user's guide. The user's guide will serve to strengthen health care providers' abilities to fill out the birth plan together with pregnant woman and their families. The material will be reproduced and distributed next quarter.

Participation in Events

Invited by FUNDESA, Nutri-Salud participated in the "Nexos" event, a communication materials exhibit. The purpose of this event was to understand how practical learning and alliances are important ways to run a help organization. In this exhibit Nutri-Salud displayed the Behavior Wheel Program materials and 20 other communications materials on nutrition and mother and child's health developed during previous URC projects in the country. The exhibit attracted the interest of the protestant churches and training workshops will be held with pastors.

Public Relations and Institutional Communication

This quarter Nutri-Salud continued to disseminate information about the project to different audiences through a variety of channels such as; USAID Weekly News & Activities Report, technical and informative notes, and success stories.

Events

Nutri-Salud helped organize and provided technical and financial assistance for several public events, some in coordination with partner institutions. The most important activities this quarter were:

- ◆ Launching of the AIEPI AINM-C strategy: The AIEPI (IMCI) AIMNC strategy was launched on January 28, 2014 at the National Palace. The purpose of this event was to commit public, private sector, and non/governmental organizations in strengthening essential nutrition and health actions oriented to decrease chronic malnutrition and maternal and child mortality in the country, especially during the 1,000 days window of opportunity.
- ◆ Launching of the Food and Nutrition Security Public Policy in Momostenango: As mentioned, the Momostenango Municipality presented the "Food and Nutrition Security Public Policy with Emphasis on the Protection of Children and Adolescents", to fight chronic malnutrition and improve health conditions in the municipio. Nutri-Salud assisted with; the public policy development process, the promotional materials for the event, and the event launch. During the event, the city Mayor thanked USAID/Nutri-Salud for its support and gave a symbolic copy of the Policy document to one of Nutri-Salud's representatives and a typical poncho from Momostenango was later given to Nutri-Salud COP.



Quality Improvement (QI) and Logistics

Activities

This component not only cuts across all other project components but bridges the span between the local, municipal, area and central level MOH. The Nutri-Salud advisor leading the component works closely with the central level MOH in the revision of norms and guidelines, and the definition of the MOH agenda making sure that the right project advisors and specialists are convened when technical input is needed, and that the project has accurate information from the central MOH.

Coordination with MOH departments, units, and programs

At the central level of the MOH, selected project staff participated in the following activities this quarter:

- ◆ Technical meetings with the National Reproductive Health Program (PNRS) for following-up on the Maternal and Neonatal Health and Family Planning strategies of the project. Advocacy by the project for the MOH to not only continue working in these strategies, but have them reflected in official documents.
- ◆ Technical meeting of the National Food and Nutrition Security Program (PROSAN) as presented above to participate in working groups regarding micronutrient supplementation and infant and young child feeding guidelines.
- ◆ Meetings with the Department of Health Promotion and Education (PROEDUSA) to review and update the five steps Community Mobilization Manual, in hopes that MOH will assume leadership for implementation, as well as for testing and approval of Behavior Wheel Program and materials
- ◆ Meetings with the Quality Management Unit (UGC) and the Extension of Coverage Program (PEC) for issuing grants, certification of NGOs, and for logistic management development, including revising and updating the logistics system to guarantee adequate availability of supplies.

Re-launching of AIEPI (IMCI) AINM C Strategy for MNCH and Nutrition

The Integrated Management of Childhood Illnesses (IMCI) is a well-known WHO and PAHO strategy with existing norms and protocols. However, the strategy had been abandoned by the MOH. With its re-launching

one of the next steps will be the training of first and second level health care providers in its application. The updated document on technical guidelines for IMCI implementation was completed, as well as the IMCI standardized management protocol. These documents will be printed next quarter.

The Integrated Care for Women and Children in the Community (AINM-C for its acronym in Spanish) is the preventive and promotional part of the strategy with growth monitoring and promotion at its core. This strategy had also been neglected and will now be strengthened in first level of care facilities and in communities in order to address eight of 10 direct actions in the Zero Hunger Pact plan. The pregnant women, delivery, post-delivery and neonate care protocol of AINM-C is being reviewed.

Administrative/Financial Standards and Certification Process of the PEC NGOs

As reported last quarter, with joint participation of representatives of the PEC NGOs and financial representatives of the central level MOH's Quality Management Unit and the Logistics Department, Nutri-Salud supported the review of the Administrative/Financial Standards of the Extension of Coverage Program (PEC). It also assisted in the elaboration of a Certification Model proposal for the PEC administrators and providers (PSS/ASS), as well as for the Terms of Reference (TOR) of certification firms. The Nutri-Salud team, together with MOH staff, paid a visit to Mercy Corps in Alta Verapaz, to get acquainted with its experience in the strengthening of financial and administrative processes of delivery services' NGOs. The visit was an opportunity to test the certification standards, indicators and instruments developed by the project; the validation was done with the NGO CAFESANO. Based on the validation process changes have been incorporated to the certification instruments.

Monitoring and Evaluation of PEC NGOs

Nutri-Salud provided technical support to the Extension of Coverage Program (PEC) for reviewing and updating process and outcomes indicators for quarterly evaluation that from now on will be submitted every four months. The examination consisted of aligning PEC indicators with those in the Ministry of Finance management for results program. All indicators are part of those that Nutri-Salud takes into consideration when evaluating grant disbursements for PEC NGOS.

Nutri-Salud also worked with PEC to determine the need to improve the current information system to be able to



obtain indicators' reports every four months. A formal request for Nutri-Salud support has been sent to USAID.

Logistics

In January, the operative plan for 2014 was jointly developed with Quality Management Unit of the MOH and with PEC, with actions focused on the services in the first level of care, pursuing the opportune availability of medical supplies. Activities conducted during this quarter emerged from the joint plan; some took place at the central level in Guatemala City and others at the local levels.

Definition and development of the Logistic Management workshop

During this workshop, the technical and financial teams of the PEC and UGC revised and updated the logistic system for PEC supplies in accordance with the PEC financial and administrative manual. The critical pathway for delivery of supplies, medicines, and equipment to PEC NGOs was also reviewed. Thirty (30) people participated in the process. It was recognized that key logistics aspects of the PEC financial and administrative manual needed to be reviewed. After the training workshop Nutri-Salud continued to work with MOH in the following:

- ◆ Provide technical support for drafting logistics guidelines for PEC NGOs, for buying supplies, appropriate storage, distribution, and consolidation of data.
- ◆ Review the logistics information system for medicine and supplies. This activity will require the support of the project's M&E unit.

Preparation of the logistics module for SIGSA

Technical meetings were held this quarter with the MOH's UGC, SIGSA, and the Deliver Project to discuss the development of a logistics module that will be integrated into the SIGSA information system. Further discussions are needed.

To support the process, Nutri-Salud's Logistics advisor obtained the support of a volunteer Chemist-Pharmacist that will work at the Extension of Coverage Program. Her work will focus on logistic system strengthening and she will serve as direct contact between the project and PEC. Her support is a source of cost-share for the project.

Logistics training for nutritionists in Huehuetenango

A need for training was identified for Health Area nutritionists who are not familiar with the logistics of micronutrient supply. It was also noted that they do not participate with the logistics teams in the Health Areas and Districts to monitor the management of micronutrients. To improve on the weakness identified, a training workshop was tested with nutritionists in Huehuetenango focused on a form that allows them to check the micronutrients balance, to provide follow-up, and to secure the supply. In this way, nutritionists are empowered and are able to make opportune decisions related to supplies necessary for the essential nutrition actions. The test was successful, and therefore the training will be expanded to other Health Areas and Districts.

Logistics training for Finance and Technical PEC staff in Totonicapán

Training in logistics of medicines and supplies, with emphasis in the correct use of BRES, was conducted in Totonicapán. The importance of updating the data on micronutrients and FP methods in the logistic module of medicines and supplies of the MOH information system was emphasized with participants in order to improve the quality of the information and secure the supplies purchased by the central level MOH.

Activities Planned for Next Quarter

- ◆ Follow up on the implementation of the revised and updated PEC manuals on: a) NGO selection; b) technical norms; c) administrative and financial guidelines, including logistics; d) social audit
- ◆ Follow-up with the logistics system redesign
- ◆ Provide technical support to the Health Areas requesting training in logistics and related subjects
- ◆ Follow-up with continuous quality improvement processes at all levels

Gender Equity and Cultural Pertinence

Activities

Strategy Document

In the previous quarter, the first draft of the gender equity and cultural pertinence strategy was developed. In this quarter, a participatory workshop with a group of project advisors was carried out to review and improve this draft. The gender and cultural pertinence strategy is ready to be implemented.



To commemorate International Women’s Day, Nutri-Salud supported activities to promote women’s leadership and awareness of sexual and reproductive health rights and food and nutrition security.

Sensitization Workshops

In this quarter, gender and intercultural sensitization workshops continued for the health districts staff, reaching 33% (10) of priority districts. These workshops were developed with the aim of raising awareness among health care staff about cultural relevance in health, the importance of culturally pertinent service provision, and to promote the recognition, appreciation, and respect for the beliefs and practices of ancestral health systems.

Activities to increase participation of women in community organization

To commemorate International Women’s Day, Nutri-Salud, in coordination with the health districts, OMMs, and other institutions promoted activities in 14 *municipios* (46%) with the participation of more than 2,000 community female leaders. The commemorative activities promoted women’s leadership and awareness of Sexual and Reproductive Health rights and Food and Nutrition Security. Many activities also had the participation of Municipalities and other local authorities.

Encounters/workshops with traditional health providers

In the Ixil Area, experimental exchange encounters between the first level of care health workers and the traditional Mayan health providers took place. The outcome of these encounters was a joint action plan for childhood disease prevention in the communities,

through an integrated approach that combines both Western and traditional approaches.

Challenges and Solutions: Gender and Cultural Pertinence

Challenges	Solutions
Little participation of women in community organizations	Accompany and coach women in their integration to the Health Commissions, COMUDES, and COCODES; develop a mentorship program with local women leaders
Low cultural pertinence of primary health care services	Develop standards and indicators of cultural pertinence to be used to rate services and for user satisfaction



Activities planned for next quarter

- ◆ Continue implementation of the project's gender and intercultural strategy
- ◆ Expand gender and intercultural sensitization training to other Municipal Health Districts
- ◆ Include intercultural approach in the quality of care measurements and friendly service provision
- ◆ Replicate encounters between public health providers and Mayan healers in other *municipios*
- ◆ Design and test methodological guidelines and educational/communication materials for gender (increase women's participation) and intercultural health care approaches

Commemoration of International Women's Day in Quiche

On March 21 a municipal forum about "Teen Pregnancy and Prevention," led by the Health District, took place in San Juan Cotzal in the Ixil area. The CAP director presented the data that show an increase in teen pregnancies and asked the question, "Why have teen pregnancies increased in Cotzal?" Totally attendance was approximately 80 members of civil society, most of them women, with the participation of the MOH, Municipal OMM, Municipal Youth Office, MINEDUC, Catholic and Protestant churches and judicial court representatives. Two local media broadcast the even in closed circuit to inform the population at large. From the forum emerged a commitment from speakers, institution representatives and other participants to implement join actions for the prevention of teen pregnancy.

Also framed in the International Women's Day commemoration was an activity with five prioritized *municipios* and the HEPP project on March 12 in Santa Cruz del Quiche. The objective of this event was to recognize women's dignity and value and to promote women's participation. The outcome was that female attendees acknowledged and accepted the challenge to participate in various citizen organizations and take advantage of opportunities at the local level.

Project Management

Staffing and Administration

Use of Short Term Technical Assistance

The following STTA took place in the second quarter:

Organization	Name of Traveler	SOW	Date Traveled
The Manoff Group	Linda Bruce	SBCC and Nutrition Technical Assistance	March 2014
URC	Cintya Renderos	Finance and Administrative Support	March 2014

Local consultants

The following local consultants were under contract in the second quarter:

Geraldine Grajeda, Marta Julia Ruiz and Mariana Aragón: This consultant's team is supporting the technical team in the development of manuals for training in health and nutritional competencies and abilities. The manuals will be a valuable contribution for the MOH, given that currently there are no available documents to train the staff in health care provision and monitoring.

Deliverables:

- ◆ List of critical skills and abilities defined
- ◆ Methodological guidelines to conduct training in each critical competency
- ◆ Checklists to monitor each critical skill and abilities
- ◆ Identification and/or development of reading and other support materials for each skill

Wilson Castañeda Muñoz: This consultancy is taking place in close coordination with Nutri-Salud partner The Cloudburst Group. Its objective is advising the project in environmental compliance.

Deliverables:

- ◆ Designed and carried out environmental compliance workshop with PEC NGOs, and Non-PEC NGOs receiving grants from Nutri-Salud, and health posts

- ◆ Environmental compliance plans developed with PEC NGOs
- ◆ Set of basic indicators to monitor the progress of environmental compliance plans

Anna Lisseth Lorenzo: strategic support for the Senior Management Team (SMT)

Deliverables:

- ◆ Advising and leading bi-weekly meetings to guide the project SMT members to advance strategic decisions instead of discussing operational details that should be handled by project advisors
- ◆ SMT meeting minutes, feedback and recommendations

Arturo García Del Valle: In coordination with the M&E and the nutrition advisor, the consultant completed the analysis and interpretation of two surveys conducted in the previous quarter.

Deliverables:

- ◆ Analysis of data from growth monitoring and logistics surveys

María Lucía Siquín and Margarita García: these consultants supported the team of Huehuetenango in conducting anthropometric assessment in all children under five years in the community La Montaña, La Democracia Huehuetenango, in order to identify the malnourished children and verify the coverage, reliability and validity of the PEC NGO that works in that area.

Deliverables:

- ◆ Complete anthropometric data of 362 children, in La Montaña, La Libertad, in Huehuetenango.
- ◆ Form 1: birth date, age, weight and height records available
- ◆ Form 2: Current weight and height records of all registered children under 5 years
- ◆ Form 3: Current weight and height of children whose names were not found in the NGO or CC lists.



Bernarda Méndez: support the Helping Babies Breathe and essential newborn care training.

Deliverables:

- ◆ Complete training on HBB of the project staff

Bárbara Yurrita: Institutional Communication Consultant

Deliverables:

- ◆ Review of project strategies
- ◆ Three success stories
- ◆ Three stories of remarkable people identified by the project
- ◆ Three literature reviews
- ◆ Editing and translation of Nutri-Salud quarterly report
- ◆ Institutional communication and Knowledge Management support

Marcela García: Administrative Support for SBCC Component

Deliverables:

- ◆ Administrative support to all activities of the SBCC component

Glendy Menchú: technical support for the local Quiché team in advancing activities with MOH and PEC.

Deliverables:

- ◆ Advancing quarterly plan activities related to maternal-neonatal health, infant health and APRECIE methodology and approach.

Edna Madai Velasquez: Capacity Building Trainer and Monitoring for 'Wheel of Behaviors for Better Living'.

Deliverables:

- ◆ Study, discuss and give comments and suggestions on the operational guide, training curriculum and counseling cards
- ◆ Plan, organize the logistics and facilitate the national training of trainers workshops
- ◆ Facilitate and coordinate the five training workshops for health staff
- ◆ Assist to oversee the distribution of the wheel and related materials from the national to the local level

Compliance with USAID Environmental Guidelines

Environmental Compliance Training

In collaboration with Nutri-Salud partner The Cloudburst Group and a local consultant a training workshop on Environmental Compliance was completed in February with 18 PEC NGOs that are grant recipients. The workshop reviewed the Federal Regulation 216 and environmental impact mitigation procedures such as the appropriate handling of medical waste management. During the workshop a fast diagnosis of the *municipios* environmental situation was completed, and a risk evaluation based on a check list to identify the actions that have a high, medium or low environmental impact. All the health care actions that the NGOs develop were classified as low risk.

The most important achievement of the workshop was that each NGO developed its own environment mitigation plan including waste management and disposal actions, which have the approval of the financial and administrative managers and/or legal representatives', who signed the plans.

Environmental Compliance Indicators

To be verified in the plans developed by PEC NGOs during training

- ◆ Management plan of solid clinical waste
- ◆ Compliance of MOH biosecurity norms
- ◆ Compliance of PEC administrative norm for expired medicines
- ◆ Correct and efficient clinic and surgical use
- ◆ Verify that the human tissues (placenta) be safely cover up in a place designed by the family after the delivery
- ◆ Train the workers in the management of open vaccine containers
- ◆ Implementation of sewers (drawing and filtration structures for gray waters)



In collaboration with Nutri-Salud partner The Cloudburst Group, an environmental compliance workshop was held with Extension of Coverage (PEC) NGOs who will receive Nutri-Salud grants.

Project staff Environmental Compliance training

The local team of Nutri-Salud was trained in the basic concepts of biosecurity, hand washing, disinfection, and sterilization. The knowledge and abilities acquired will be useful for in-service training of the first level of care providers. To date the training has been extended to Nebaj, Chajul, and Sacapulas in Quiché with health post workers, PEC NGOs, and CAP staff. The training will be expanded next quarter.

In addition, two members of the staff participated in USAID-organized high-level environmental compliance training, with international consultants.

Activities Planned for Next Quarter

- ◆ Work closely with PEC NGOs to implement the environmental compliance plans developed during the recent training

Annex I

Work Plan Progress Table Q2, FY '14

Activities Planned - Q2, FY '14	Activity Status	Observations
Project Management		
Internal planning, monitoring and coordination		
Strategic planning and follow-up meetings; team meetings	In Progress	The Senior Management Team (SMT) meets every other week. The Staff meetings are scheduled every other week. The SMT is meetings are strategically oriented.
Activities for the strengthening of management skills, communication channels, and teamwork	In Progress	Team building activities in each workshop. Administrative and technical teams have attended specific follow-up meetings during the quarter.
Development of Nutri-Salud quarterly and annual reports	Completed	Second quarter report completed.
Activity coordination and planning with project and USAID partners		
Coordination meetings with USAID Mission at central level	In Progress	Nutri-Salud's COP meets weekly with USAID Mission AOR and other representatives.
Monthly coordination/integration meetings with Nutri-Salud Project's partners (Mercy Corps, The Manoff Group, INCAP, The Cloudburst Group)	In Progress	Monthly coordination meetings have been carried out.
Monthly coordination/integration meetings with other USAID partners (Agexport, Save the Children, HEPP, CRS, FANTA, PSI PASMO PlanFam, PCI, and others) at central and local levels	In Progress	Central and local committees of USAID implementing partners in Huehuetenango, Quiché, San Marcos and Quetzaltenango-Toto meet monthly; Inter-institutional SBCC group with Title II partners; QI coordinated with CAPACITY and TRAction.
Integration meetings with TRAction (monitoring visits, training)	Completed	Several meetings and field visits were coordinated with TRAction, especially on maternal and neonatal mortality surveillance. TRAction ended on March 31, 2014.
Technical support to MOH and other government entities, supporting national initiatives and strategies		
Coordination meetings with the MOH (at central, Health Area, and District levels)	In Progress	Participation in several meetings at central and local level.
Joint supervision and monitoring visits with MOH (at central, Health Area, and District levels)	In Progress	Supervision and monitoring visits to selected health posts and convergence centers were conducted.



Activities Planned - Q2, FY '14	Activity Status	Observations
Monthly and quarterly meetings with the MOH (central and Health Area District level)	In Progress	Monthly meetings with central level of MOH. At the Health Area level, join coordination and planning meetings conducted.
Design and production of Manuals (IMCI, Management and Finance, Technical guidelines, Pre-selection and selection of providers and social audit)	Completed	<p>The technical guidance document to implement IMCI was completed and strategy launched.</p> <p>The project supported the review of Administrative/ Financial Standards of the Extension of Coverage Program (PEC).</p>
Administration of grants		
Administrative-financial follow-up to PEC grants, and to non-PEC grants (adolescents reproductive health, and community mobilization)	In Progress	Grants to be disbursed on Q3 FY'14.
Hiring of NGO/business firm for the follow-up of PEC NGOs towards certification (administrative/financial strengthening)	Pending	Mercy Corps did not accept invitation
Integrated Activities		
Award grants to PEC NGOs for the strengthening of first-level of care facilities and primary health care services	Completed	New grants will be provided by Nutri-Salud to 21 PEC NGOs on Q3 FY'14.
Strengthening of knowledge, abilities and practices in MNCH, FP, and nutrition for first-level, institutional, and community health personnel	In Progress	Continuous process given spa of topics and rotation of personnel.
Continuous quality monitoring, analysis and planning with APRECIE methodology by providers (QI teams) in health posts, and convergence centers	In Progress	Continuous process in order to continuously improve quality of health care services (prenatal, postnatal, neonatal and child) and health promotion and education (maternal knowledge and practices). SA2 will be carried out on Q3 FY'14.
Component 1: Prevention of Chronic Malnutrition		
Train first-level-of-care providers in the management of acute malnutrition without complications at a community level by NGO	In progress	Training curriculum designed. Training workshops will be carried out on Q3 FY'14.
Review ENA in pregnant and lactating mothers, especially assessments of nutritional status by project personnel.	In progress	Data being analyzed.
Technical assistance to MOH on reviewing the micronutrient supplementation norms	In progress	Several meetings during this quarter to review MOH norms.



Activities Planned - Q2, FY '14	Activity Status	Observations
Train first-level staff in Baby-friendly Health Services Initiative (ISSALM in Spanish) guidelines for first level services that do not attend births	In progress	Meetings between PROEDUSA, WFP and UNICEF held this quarter.
Strengthen the link between hygiene practices and the prevention of malnutrition in communication and other strategies	In progress	Informative note prepared.
Development of a strategy for the strengthening of monitoring and promotion of growth, in collaboration with the Inter-American Development Bank.	Completed	Field work and report of first study completed.
Component 2: Maternal, Neonatal and Child Health Care		
Strengthening of the analysis of health data in Health Posts and Convergence Centers; updating of census and mapping.	In Progress	No official instrument and no official guidelines for health posts.
Technical support to Health Posts, Convergence Centers to implement the "Five sub-components for the prevention of maternal and neonatal mortality".	Completed	Barillas, Momostenango, Chichicastenango and the Ixil were prioritized.
Component 3: Family Planning		
Finalization and dissemination of community level Sexual and Reproductive Health and Family Planning (SRH/FP) strategy	In Progress	The strategy will be completed on April 2014 and its dissemination will take place on FY third quarter 2014.
Grants to NGOs for SRH/FP activities with adolescents	In Progress	Grants to be disbursed next quarter
Technical monitoring of grants to NGOs for SRH/FP for adolescents.	Pending	Contingent on final approval of grants
Raise awareness and provide training to PEC NGOs and Health Post personnel in SRH/FP	In Progress	Awareness and training meeting are being conducted.
Monitor compliance with the Tiaht Amendment in a sample of first-level-of-care health facilities (twice a year).	In Progress	Data collected on January 2014. Data will be reported next quarter.
Component 4: Community Mobilization		
Activities to strengthen and build capacity of Community Health Commissions.	In Progress	Exchange of experiences and other capacity strengthening activities with Community Health Commissions.



Activities Planned - Q2, FY '14	Activity Status	Observations
Increasing Municipal Support for Nutrition, Water, and Health Activities		
Integrated Activities		
Advocacy on projects and investment in water and sanitation with the municipalities	In Progress	Advocacy activities aimed to strengthen the municipal work on water and sanitization will continue.
Strengthen the capacities of the Development Councils (COMUDE, COCODE) in health, nutrition and gender	In Progress	Workshops and meetings have been carried out.
Grants to NGOs to support the development of water-quality analysis, water systems, and water-treatment projects.	Pending	Diagnostic assessment will be conducted.
Conduct advocacy, awareness and management meetings with Municipal COMUDES, COMUSAN, community COCODE and COCOSAN	In Progress	Advocacy and sensitization meetings were conducted. These replicated with community leaders.
Component 4: Community Mobilization		
Coordinate strengthening data collection for reporting couple years of protection (CYP) with SIGSA and PEC	Pending	To be implemented Q4, FY '13.
Train staff in the Departmental Health Areas and districts in SIGSA 27 - SIGSA 3- SIGSA WEB	In Progress	
Include in FP training themes related to completion of BRES (Form for balance, request and supply of inputs(Balance, Requisición y Envío de Suministros)	In Progress	Personnel from health districts and jurisdictions trained.
Conduct initial training on FP/RH sensitization for health posts, minimal units, and NGOs	In Progress	
Conduct inventory of organizations and other partners which can distribute FP methods at the community level.	In Progress	Meetings held with MAGA, Plan FAM, APROFAM, Save the Children, and other organizations; activity to continue in Q4, FY '13.
Increasing Municipal Support for Nutrition, Water, and Health Activities		
Integrated Project Activities		
Develop and implement training Module and materials for students doing their EPS, about Nutrition and Health topics subjects, in coordination with Universities and MOH	In Progress	The competency-based modules developed for the first level health providers will be implemented with EPS.



Activities Planned - Q2, FY '14	Activity Status	Observations
Design, development and execution of certification programs in MNCH, nutrition, FP and SBCC for teachers and University professionals (in coordination with INCAP).	In Progress	On Q3 FY'14 NS will support a Certified Diploma course, conducted by MOH staff, aimed to educate professors of the School of Auxiliary Nurses.
Supervise and encourage research projects from university professors and students in topics such as FP, MNCH, Nutrition and SBCC	In Progress	Several thesis have been produced
Technical assistance to first level health personnel (nurses, auxiliary nurses, health professionals, and nutritionists) by university students doing their EPS	In Progress	Two monitoring visits each quarter being held. Next one during Q3 FY'14.
Strengthen the involvement of regional and departmental professional medicine, nutrition and nursing associations in Nutrition and 1000 days Window of Opportunity	In Progress	Activities coordinated with associations for workshops aimed to raise awareness related to Nutrition and 1000 days Window of Opportunity.
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	
Generation of financial support for medicine, nutrition, and nursing students doing their EPS to facilitate the supervision and tutoring of the first level health personnel	In Progress	
Continue the relationship with foreign universities to promote research by students of public health, nutrition and SBCC in supervised practices.	In Progress	FBRs study with FANTA
Technical support to Maternal Mortality, Malnutrition, Nutrition and Food Security (SAN) observatories in Universities.	In Progress	
Facilitate technical and financial support from other USAID partners and cooperation agencies to Universities and Training Schools.	In Progress	
Component 1: Prevent Chronic Malnutrition		
Technical and financial support for the integrated-learning certification in nutrition to health educators, auxiliary nurses, in coordination with INCAP/FANTA	In Progress	Will be implemented on Q3 FY'14.
Private Sector and Civil Society		
Integrated Activities		
Complete and implement Operative Plan for alliances with the private sector.	In Progress	In progress alliance with PRONACOM, Marlin Goldcorp, BANASA, and other.



Activities Planned - Q2, FY '14	Activity Status	Observations
Develop and launch an awareness campaign to promote the sponsoring of primary health facilities ("Adopt a Convergence Center", equip a CC)	Completed	Packages pending
Plan meetings and visits with private-sector partners to raise awareness on corporate social responsibility, Zero Hunger Pact and the 1,000-Day Window of Opportunity (participation in ENADE)	Completed	
Alliances for the construction or renovation of Convergence Centers (Development of "Packages")	In Progress	PRONACOM and MOH are doing the legal arrangements to build Convergence Centers (5). Packages are pending.
Promotion of private sector involvement in providing funds for PEC NGOs for specific needs (Ex. Anthropometric equipment, medicines).	Pending	Packages are pending.
Development of alliance(s) for the implementation of activities and printing of SBCC materials.	In Progress	Packages are pending. Emphasis will be put on La Rueda materials.
Development of alliances to match Nutri-Salud grants to support specific projects (e.g. water and sanitation projects (\$1.00 Nutri-Salud and \$1.00 Private Sector)	Pending	Need to be defined. Packages are pending.
Development of alliance(s) with high potential foreign donors.	Pending	
Component 1: Prevention of chronic malnutrition		
Development of alliance(s) to provide micro-credits for water-and-sanitation home improvements	Pending	Need to assess.
Development of alliance(s) for the stocking of zinc for first-level-of-care facilities for adjuvant treatment of diarrhea and ARI	In Progress	Meetings with BANASA (Bananera Nacional, S.A.) to follow the topic.
Development of alliance(s) with food company for a cookie for pregnant women, small children and children - the 1,000 Days Cookie.	In Progress	INCAP support – funds have been provided.
Field test of the 1,000 Days House ("Casita de los 1,000 días") convergence center	In Progress	Contemplated in the Goldcorp alliance.
Component 4: Community Mobilization		
Joint follow-up with Mercy Corps for the implementation of TISA (Community Health Stores) (Beginning in Huehuetenango, 3-4 store per month)	In Progress	Three additional health stores were opened during Q2 FY'14 with support of Mercy Corps.
Update telephone database for Information and Communication technologies (TICs)	Pending	Need to develop proposal.



Activities Planned - Q2, FY '14	Activity Status	Observations
Cross Cutting Activities		
Monitoring and Evaluation		
Automated follow-up of collaborative-learning sessions, improvement plans and interventions.	In Progress	
Design methodologies and tools for the monitoring of PEC NGOs receiving N-S grants.	In Progress	
Integration of the Nutri-Salud Information System with its website.	In Progress	First steps towards automation taken, next step includes 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)	Completed	Final PMP submitted to USAID.
Transferring of APRECIE methodology and implementation of MOH/Vice Ministry of Primary Health Care	In Progress	Meetings and workshops with MOH have been carried out.
Social and Behavior Change Communication (SBCC)		
Present a summary of N-S SBCC plan to different audiences (central MOH, Health Area Districts, NGOs, USAID partners, etc)	Completed	
Joint SBCC planning with Health Area, Health Districts, Municipalities, and NGOs for Health prevention and promotion at different levels.	Completed	These are being followed.
Design and conduct formative research, literature revision, testing of new SBCC materials/tools for all project components.	Completed	
Design, validation and revision of visual, audio, multimedia SBCC materials for all project components	In Progress	Continuous requests for materials are received.
Support to MOH campaigns for international and national commemoration days (breastfeeding, water, feeding, hand washing, etc). Two per quarter.	In Progress	Continuous support for commemorative days, weeks, and months, special MOH events.
Strengthen the first-level staff skills in counseling; include in training of each component N, MNCH and FP	In Progress	Training on nutritional counseling in progress.
Working meetings with PROEDUSA from the PHC Vice Ministry of MOH	In Progress	Regular meetings take place. With partners
Working meetings with Communicators' Committee: USAID, FUNDESA, UN, other.	In Progress	Regular meetings take place with partners.



Activities Planned - Q2, FY '14	Activity Status	Observations
SBCC training to N-S nutritionists	Completed	NS staff has been trained on the "Behavior Wheel" integrated approach and strategy.
Quality Management and Logistics		
Workshops on QI of comprehensive care for Health Area staff, conducted by the UGC (Quality Management Unit, for its acronym in Spanish)	Completed	
Advocacy and Management in the UGC to strengthen logistics processes (trainings, facilitating supervision, among others)	In Progress	
Technical support for the update and validation of the Administration and Finance Manual for PEC NGOs	In Progress	
Technical and financial support for the development of training modules, in accordance with the established guidelines in the PEC's Administration and Finance Manual	In Progress	
Present and provide training to update PEC Administration and Finance Manuals.	In Progress	Manuals completed. Training to follow.
Support PEC 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	Jointly with the MOH the supply route of drugs, equipment and supplies was revised and updated.
Support and define the instruments and their implementation for the monitoring of logistics of PEC'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 PEC NGO staff for the timely stocking of drugs and supplies (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 PEC for the monitoring of the logistics process of the PEC NGOs and technical and financial coordinators of Health Area and Districts	In Progress	Continuous process
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. Develop specific intervention plans.	In Progress	Continuous process
Conduct training and implementation of activities on "Good Practices on Biosecurity" with PEC NGOs and Health Posts	Completed	



Activities Planned - Q2, FY '14	Activity Status	Observations
Gender and Interculturality		
Develop a Strategic Gender and Intercultural Plan.	Completed	Under revision. Due to be socialized Q3 FY'14
Develop and implement the guide for the identification and collaboration of Mayan healers in the first level of care	In Progress	
Strengthen NS technical advisors' and local teams' capacities in Gender and Intercultural approaches	In Progress	
Conduct gender and intercultural-awareness workshops in all action strategic lines: health staff, NGOs, Development Councils' Network of Municipalities, Health Commissions, University medical, nursing, and nutrition students.	In Progress	Workshops and awareness meetings will continue to be conducted.
Coordination and planning meetings with MOH Unit of Indigenous Peoples and the Gender Unit.	In Progress	Coordination through regular meetings and document exchange will take place.
Develop standards and indicators for QI of cultural pertinence of first level of care services (health posts and convergence centers)	Pending	Process will begin in Q3FY14 with review of previous experiences
Information Technology and Communication		
Tracer supply surveillance system in the first level of care.	Pending	Assess status and feasibility with logistic component.
Knowledge Management		
Formation of community of practice	Pending	Visit by URC KM advisor will take place in Q3 FY'14
Web-page's maintenance and updating	In Progress	Ongoing activity during this quarter
Development of social-network strategy	Completed	Has been included in La Rueda Program - SBCC
Public relations and institutional communication		
Design and produce promotional and motivational materials 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 and success stories, progress reports for several audiences	In Progress	Continuous process as results become available.
Event coordination and public relations with the project's partners.	In Progress	Continuous process to work with project partners and USAID partner projects.

Annex 2

Nutri-Salud PMP Indicator Targets: Q2, FY '14

#	Indicator	Baseline	Q1	Q2	Target	Progress at Qtr
Result 1: Chronic Malnutrition Prevented						
Result 1.1: Improved maternal and child feeding practices						
4	% of exclusive breastfeeding in infants under 6 months of age	50% ENSMI 66.30%(Measure)		64.20%	55.0	Achieved
6	% of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age	APRECIE	85.3%	88.1%	60.0	Achieved
7	% of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session	APRECIE	88.6%	89.9%	30.0	Achieved
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	APRECIE	91.7%	91.4%	30.0	Achieved
Result 1.2: Improved maternal and child Essential Nutrition Actions						
9	% of pregnant women supplemented with folic acid	15.8% (ENSMI[ii]) 62% (SISVI) (SIGSA)	48.5%	73%	80%	Not Achieved
10	% of children 6-59 months of age supplemented with folic acid	Measure 1.30% (SISVI) 7% (SIGSA)	2.7%	3%	15%	Not Achieved
11	% of pregnant women supplemented with iron	15.8% (ENSMI) 55% (SISVI) N/D en Measure (SIGSA)	43.1%	78%	81%	Not Achieved
12	% of children 6-59 months of age who received iron	ENSMI 3.50% (SISVI) (Measure) 7% (SIGSA)	2.8%	3%	15%	Not Achieved



#	Indicator	Baseline	Q1	Q2	Target	Progress at Qtr
13	% of mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week	APRECIE	94.7%	91%	40%	Achieved
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%	5.8%	15%	Not Achieved
15	% of postpartum women that receive iron supplementation*	ENSMI N/D Measure SIGSA	58.1%	98.9%	56%	Achieved
16	% of postpartum women that receive folic acid*	ENSMI N/D Measure SIGSA	61.6%	98.4%	56%	Achieved
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	89.9%	60%	Achieved
Result 1.3: Improved maternal and child hygiene and care practices						
19	% of mothers with a child 0 to 23 months of age who mention key moments for hand washing	APRECIE	97.1%	96.4%	70%	Achieved
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)	APRECIE	91.1%	92.1%	70%	Achieved
Result 1.4: Maternal and child cases of severe acute malnutrition identified and treated						
22	% of women who are malnourished during pregnancy	N/D Measure, SIGSA	0.4%	1.6	1%	Not Achieved



#	Indicator	Baseline	Q1	Q2	Target	Progress at Qtr
Result 2: Improved Neonatal, Child and Maternal Health Care						
24	% of births attended by skilled birth attendant	26.5% (ENSMI) 35.6 (Measure) (SIGSA)	1.4%	33.3% ²	37%	Not Achieved
Result 2.1: Improved access to obstetric and newborn health care						
27	% of mothers with a child 0 to 23 months of age that have emergency family plans that show evidence of use	APRECIE	44.4%	40.6%	35%	Achieved
28	% of mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum	APRECIE	86.5%	85.5%	40%	Achieved
29	% of mothers with a child 0 to 23 months of age who recognize at least three new born danger signs	APRECIE	82.9%	78.1%	40%	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%	Achieved
31	% of pregnant women that received qualified prenatal care*	ENSMI/Measure		78.8% ²	77%	Achieved
Result 2.2: Improved access to infant and child health care						
38	% of women who use a modern FP methods in targeted communities, including LAM	18.9 % (ENSMI)/ Measure		32.7%	40%	Not Achieved
39	% of communities with community-based distribution of family planning methods	BRES Project reports	34.8%	34.8%	35%	Achieved
40	No. of couple years protection provided by family planning methods distributed in targeted communities*	BRES	No data reported by SIGSA	2,702	35,040	Not Achieved
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)	APRECIE	81.9%	83.20%	70%	Achieved
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	APRECIE	93.2%	92.20%	70%	Achieved

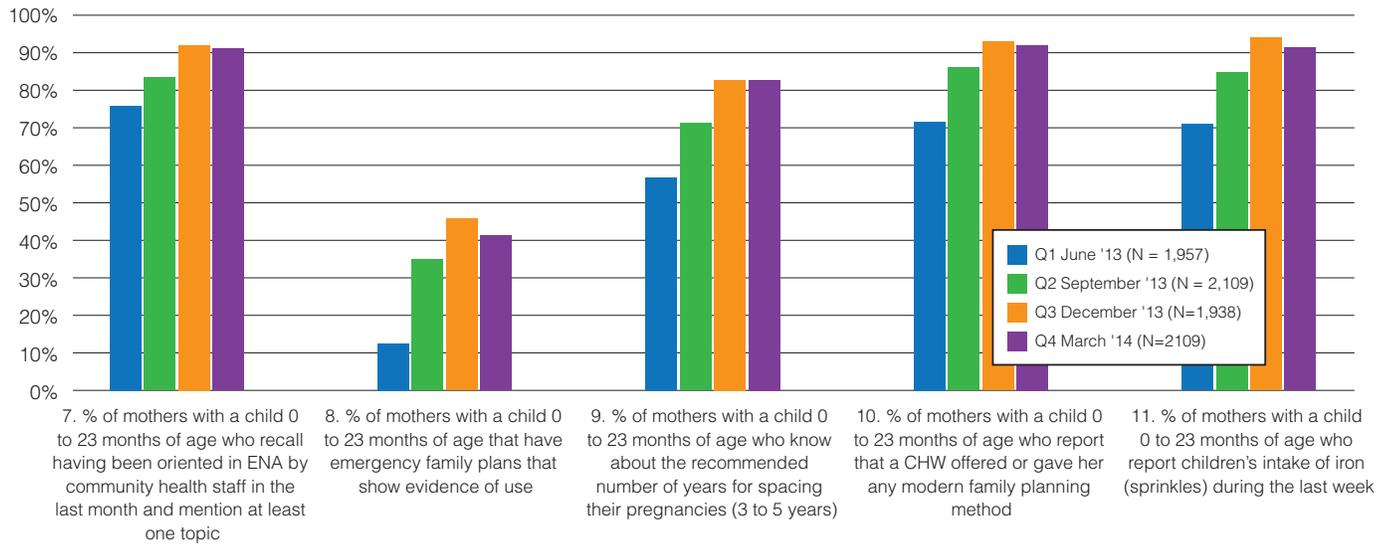
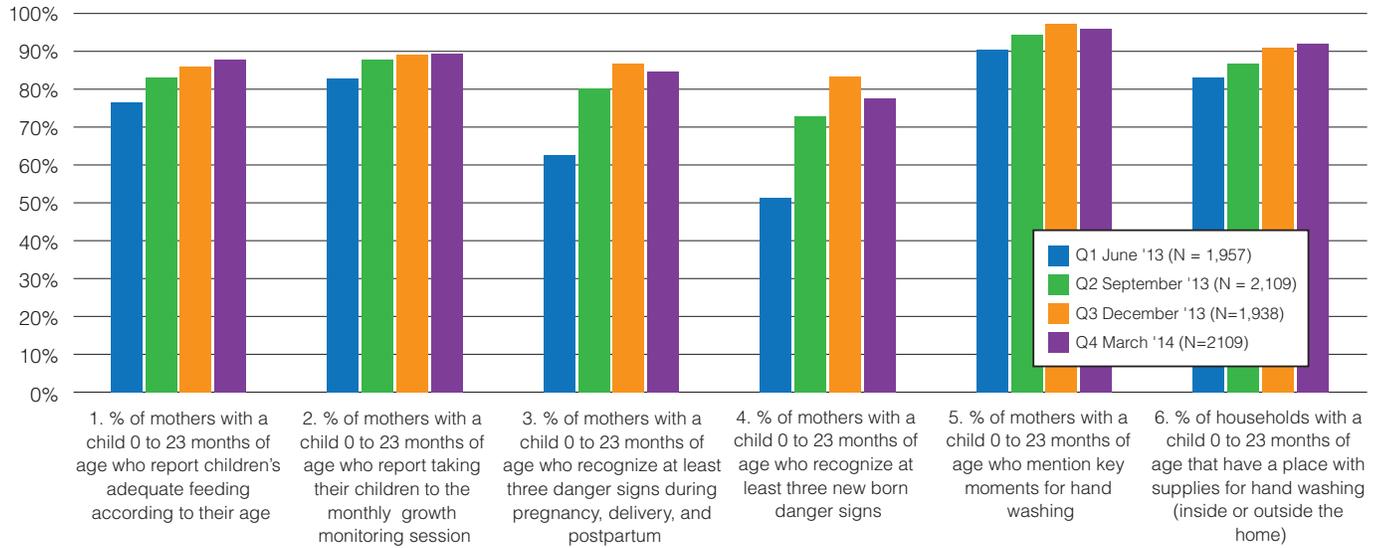


#	Indicator	Baseline	Q1	Q2	Target	Progress at Qtr
43	No. of new users of FP methods*	SIGSA	9,841	6,545	13,000	Not Achieved
46	% of municipalities that support activities to promote FP/RH*	Project reports	80.0%	80.0%	80%	Achieved
47	% community health staff trained in FP service delivery*	Project reports	60.0%		30%	Not achieved
48	% of COMUSANs (Municipal Health Commissions) that comply with the 5 steps defined for community participation in health and nutrition*	Project reports		28.50%	40%	Not Achieved
50	% of Health and Nutrition Committees headed by women	Registers from the municipal planning office	14.0%	6.50%	5%	Achieved

Annex 3

APRECIE – Quality Improvement Measurements (30 municipalities in six health areas)

#	Indicator	Q1 June '13 N = 1,957	Q2 September '13 N = 2,109	Q3 December '13 N=1,938	Q4 March '14 N=2109
1	% of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age	76.7	83.5	86.6	88.1
2	% of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session	83.0	87.7	89.4	89.9
3	% of mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum	63.0	80.4	87.2	85.5
4	% of mothers with a child 0 to 23 months of age who recognize at least three new born danger signs	51.4	73.4	83.8	78.1
5	% of mothers with a child 0 to 23 months of age who mention key moments for hand washing	90.8	94.5	97.3	96.4
6	% 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)	83.4	86.9	91.3	92.1
7	% 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	75.8	84.4	92.1	91.4
8	% of mothers with a child 0 to 23 months of age that have emergency family plans that show evidence of use	13.0	35.2	45.8	40.6
9	% 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)	57.1	71.6	83.1	83.2
10	% 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	71.6	86.3	93.3	92.2
11	% of mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week	71.0	84.7	94.0	91.4



Annex 4

Nutri-Salud Training Events Q2 FY'14

Events	Location (Municipality, Area)	Audience	Number of days	Date	Total		Total
					M	F	
HBB/PNI Helping Babies Breathe and strengthening of guidelines of PNI	Nebaj, Ixil	Auxiliary Nurses	3	3/5/2014	23	13	36
Update of Census and Sketch	Cotzal, Ixil	Auxiliary Nurses	1	2/19/2014	23	28	51
Indicator Analysis of the Health & Nutrition Dashboard	Nebaj, Ixil	Auxiliary Nurses	1	2/10/2014	27	31	58
Technical Assistance to health facilities in MNCH subcomponents to prevent maternal and neonatal mortality and train on rules of family Planning	Chichicastenango, Quiché	Auxiliary Nurses	1	3/18/2014	19	38	57
Technical Assistance to health services in subcomponents to prevent Maternal Mortality	Cunén, Quiché	Traditional Birth Attendants (TBA)	1	3/6/2014	3	57	60
Helping Babies Breathe	Nebaj, Ixil	Auxiliary Nurses	2	3/10/2014	16	17	33
Training to Traditional Birth Attendants (TBAs) and exchange on warning signs	Cotzal, Ixil		1	3/5/2014	2	33	35
Training to TBA on functions and responsibilities	Momostenango, Totonicapán	TBA	1	2/5/2014	5	75	80
Training to TBA on functions and responsibilities	Momostenango, Totonicapán	TBA	1	2/12/2014	1	79	80
Training to TBA on Leopold's Maneuvers	Momostenango, Totonicapán	TBA	1	2/18/2014	0	30	30
Training to TBA on warning signs	Cotzal, Ixil	TBA	2	3/12/2014	21	2	23
Training to TBA on general warning signs	Nebaj, Ixil	TBA and Auxiliary Nurses	1	3/18/2014	2	28	30
Training to TBA on general warning signs	Nebaj, Ixil	TBA	1	3/19/2014	2	20	22
Training to TBA and community personnel on systematic offering	Nebaj, Ixil	TBA	1	2/13/2014	6	34	40
5 Step training for Community Health Commission	San Marcos and Huehuetenango	Health Commissions	1	3/1/2014	99	59	158
Training to Health & Nutrition Educators on supplementary feeding	Totonicapán, Totonicapán	Health Educators	1	3/5/2014	1	8	9
Training to pregnant women on prenatal care	Chajul, Ixil	Pregnant Women	1	3/20/2014	0	45	45
Training to pregnant women on signs and signals of risky pregnancy	Nebaj, Ixil	Pregnant Women/TBAs	1	3/13/2014	7	52	59
Training to Facilitators of HBB, Kangaroo mother, clean and safe birth	Uspantán, Quiché	Auxiliary Nurses	2	2/18/2014	11	8	19
Training facilitators on attention processes and water and environmental sanitation strengthening	San Marcos, San Marcos	Water and Sanitation Technicians	1	1/27/2014	31	5	36



Events	Location (Municipality, Area)	Audience	Number of days	Date	Total		
					M	F	Total
Training to Community Facilitators on Zero Hunger Pact, medicine supply chain logistics and census and community mapping	Nebaj, Ixil	Community Facilitators	2	3/17/2014	36	10	46
Training to Community Facilitators on the 1000 day Window of Opportunity	Chajul, Ixil	Community Facilitators	2	3/6/2014	39	2	41
Training to women leaders on self esteem and the FP circle of malnutrition	Nebaj, Ixil	Women Community Leaders	1	2/25/2014	28	103	131
Training with AN on uses and analysis of test strips	Sacapulas, Quiché	Auxiliary Nurses	1	2/14/2014	14	22	36
Training on the 5 functions for the surveillance of the maternal mortality and maternal census	San Marcos, San Marcos	Auxiliary Nurses	1	2/20/2014	3	17	20
Training on health attention norms addressed to AN, PEC and APRECIE	Totonicapán, Totonicapán	Auxiliary Nurses	1	3/6/2014	6	43	49
Training and implementation of good practice of Biosecurity with Health Post Personnel	Sacapulas, Quiché	Auxiliary Nurses	1	3/7/2014	43	49	92
Training in Water and Sanitation and Government policies regarding Wat San	Cunén, Quiché	Rural Health Technicians and Auxiliary Nurses	1	3/13/2014	9	7	16
Training on issues of awareness, obstacles and rules of Family Planning	Momostenango, Totonicapán	Auxiliary Nurses	1	3/13/2014	13	10	23
Training on Family Planning laws	Nebaj, Ixil	Auxiliary Nurses	1	3/4/2014	23	11	34
Training on environmental impact mitigation plans for medical waste	Nebaj, Ixil	Auxiliary Nurses and Practicum Students	1	1/20/2014	23	10	33
Training on environmental impact mitigation plans for medical waste	Chajul, Ixil	Auxiliary Nurses and Practicum Students	1	1/30/2014	54	16	70
Training to facilitators on HBB	Chichicastenango, Quiché	Auxiliary Nurses	1	3/18/2014	22	37	59
Training on the rules of planning	San Marcos, San Marcos	Health Area Technical Team	1	1/29/2014	0	24	24
Training on Family Planning laws and technical assistance for implementing 5 components for prevention of maternal Mortality	Chichicastenango, Quiché	Auxiliary Nurses	1	2/28/2014	17	25	42
Training on the rules of planning to Municipal Planning Office and Municipal Women's Office	Nebaj, Ixil	Health Technicians	1	2/21/2014	11	9	20
Training to TBA on prenatal attention and prenatal delay	Momostenango, Totonicapán	Auxiliary Nurses	1	2/21/2014	4	21	25
Development of components on behavior change, malnutrition, and anthropometric measurements	Sacapulas, Quiché	Auxiliary Nurses	1	3/21/2014	14	32	46
Certified with education in MNCH and family Planning	Ixil	Teachers		February	160	136	296
Training of facilitators in the third subcomponent of the maternal and neo-natal surveillance	San Sebastian Huehuetenango, Huehuetenango	Auxiliary Nurses and Practicum Students	1	3/4/2014	21	19	40
Strengthen the analysis of the integral health indicators and child nutrition through the Health Dashboards	Cotzal, Ixil	Auxiliary Nurses	1	2/3/2014	12	21	33



Events	Location (Municipality, Area)	Audience	Number of days	Date	Total		Total
					M	F	
Strengthen the analysis of the integral health indicators and child nutrition through the Health Dashboards	Chajul, Ixil	Auxiliary Nurses	1	2/10/2014	26	19	45
Strengthening to commission health facilitators on the third subcomponent	Huehuetenango, Huehuetenango	Social Workers	2	2/18/2014	3	27	30
Organizational Capacity Building to Community Development Councils	Cuilco, Huehuetenango	Community Development Councils	1	3/19/2014	10	25	35
Strengthening the process of capture and consolidation through the SIGSA Web for the improvement of the indicator report	Quetzaltenango, Quetzaltenango	Data entry personnel	5	3/31/2014	38	22	60
Strengthening knowledge of birthing techniques with TBAs	Totonicapán	TBAs	4 one day events	March	19	220	239
Strengthening of technical guidelines of the PNI to personnel in central health	Cotzal, Ixil	Auxiliary Nurses and PEC Technical Teams	1	3/20/2014	19	21	40
Integrated management of water and sanitation	Nebaj, Ixil	Municipality Staff	1	2/28/2014	84	28	112
Third subcomponent of the surveillance for the decrease of MM and community mobilization	Barillas, Huehuetenango	Auxiliary Nurses	2	3/18/2014	13	12	25
Exchange of knowledge and training of TBA	Quiché	Certified Midwives	5 one day events	February	22	280	302
Technical guidelines on acute and chronic malnutrition and booklet registration of 5 A y 5 DA forms	Huehuetenango, Huehuetenango	Auxiliary Nurses	1	4/20/2014	9	33	42
Initial management of complications with focus on competencies	Barillas, Huehuetenango	Auxiliary Nurses	2	1/21/2014	16	19	35
National Political System of Water and Sanitation	Quiché	Auxiliary Nurses and Rural Health Technicians	2 one day events	February	99	30	129
Field training workshop from APRECIE	Quetzaltenango, Quetzaltenango	Technical team VAPAS	3	2/11/2014	1	7	8
Refresher Training on Environmental Health Manual to Auxiliary Nurses	Chiantla, Huehuetenango	Auxiliary Nurses	2	3/6/2014	14	35	49
Strengthening to health personnel on the methodology of the 5 steps to conforming to health committees	Chajul, Ixil	Rural Health Technicians and Health Educators	1	1/29/2014	34	12	46
Strengthening to health personnel on the methodology of the 5 steps to conforming to health committees	Chajul, Ixil	Auxiliary Nurses	1	1/29/2014	24	12	36
Replicating the third subcomponent of the surveillance of the ME community mobilization	Cuilco, Huehuetenango	Auxiliary Nurses	1	3/24/2014	32	44	76
Meeting with TBA on recognition of warning signs in the pregnancy, neonatal and surveillance of the pregnant woman	Chichicastenango, Quiché	Auxiliary Nurses	1	1/21/2014	24	82	106
Monthly meeting and training on VitaCereal recipes	Quetzaltenango, Quetzaltenango	Nutritionists	2	2/24/2014	2	19	21



Events	Location (Municipality, Area)	Audience	Number of days	Date	Total		
					M	F	Total
Meeting for presentation on the 5 subcomponents and APRECIE, submission of database DAS Totonicapán	Totonicapán, Totonicapán	Health Area Technical Team	1	3/3/2014	5	20	25
leadership and Family Planning training to COCODES and Municipal Planning Office	Chiantla, Huehuetenango	Community Development Councils	1	2/12/2014	20	5	25
Awareness to DAS and municipality on the chronic malnutrition	Cotzal, Ixil	Community Development Councils	1	2/3/2014	29	13	42
Awareness to religious leaders	Cotzal, Ixil	Faith Leaders	1	3/6/2014	16	4	20
Awareness to FP and pregnancy preventions	Nebaj, Ixil	Students	2	2/20/2014	26	20	46
Gender and cultural awareness to municipal district La Democracia	Huehuetenango and Ixil	Auxiliary Nurses and Community Development Councils	2 one day events	February and March	23	30	53
Gender and cultural awareness to municipal district La Democracia	La Democracia, Huehuetenango	Auxiliary Nurses	1	3/19/2014	11	19	30
Bring awareness to new providers of SS on the rules of FP	Quiché, Quiché	Auxiliary Nurses	1	2/13/2014	3	17	20
Seven essential functions for the health commission to prevent the MM	San Marcos, San Marcos	Health Educators	1	2/19/2014	42	50	92
Workshop for the 5 steps of confirmation of the health commissions	Cunén, Quiché	Auxiliary Nurses	1	3/3/2014	10	18	28
Training workshop for facilitators on COCOSAN 5 A form	La Democracia, Huehuetenango	Auxiliary Nurses	2	2/27/2014	37	39	76
Workshop with TBA on Leopold's Maneuvers	Momostenango, Totonicapán	TBAs	1	2/25/2014	0	30	30
Workshop on helping babies breathe with nursing students	Quetzaltenango	Nursing Students	2 one day events	March	42	154	196
Training workshop to the Chajul municipality on water and sanitation	Chajul, Ixil	Community Development Council Members	1	3/10/2014	1	13	14
Training workshop to the Chajul municipality on water and sanitation	San Rafael Pie de la Cuesta, San Marcos	Municipal Women's Office	1	2/20/2014	14	11	25
Strengthening workshop on the integrated attention of children under the age of 5	Quiché	Nursing Students	2 one day events	February	29	69	98
Induction training to medical students of the Universidad Rafael Landívar	Quetzaltenango, Quetzaltenango	Nursing Students	4	1/7/2014	8	6	14
Induction training and strengthening on methodology of the 5 health commission steps	Quetzaltenango, Quetzaltenango	Health Commissions	1	2/17/2014	42	67	109
Induction training and strengthening on methodology of the 5 health commission steps	Quetzaltenango, Quetzaltenango	Health Commissions	1	2/18/2014	32	23	55
Workshop on the anthropometric measurements and counseling addressed to AN of minimal health units	San Miguel Ixtahuacán, Huehuetenango	Auxiliary Nurses	1	1/12/2014	9	13	22



Events	Location (Municipality, Area)	Audience	Number of days	Date	Total		
					M	F	Total
Workshop on national political system of water and sanitation	Uspantán, Quiché	Auxiliary Nurses, Water Committees, Community Development Council, Nursing Students	1	2/26/2014	21	13	34
Workshop on gender and cultural awareness	Cuilco, Huehuetenango	Nurse Professional	1	2/11/2014	9	21	30
Workshop on methodology transfer	Guatemala, Guatemala	Assistant Technicians	1	2/6/2014	7	11	18
Workshop for nursing auxiliaries en essential neonatal warnings and HBB	Quetzaltenango	Auxiliary Nurses	2 one day events	March	40	90	130
Practical workshop on water and sanitation as healthy homes strategy	Quetzaltenango	Rural Health Technicians and Health Educators	2 one day events	March	60	44	104
Workshop on 5 steps to form Health Commissions	Momostenango, Totonicapán	Auxiliary Nurses	1	3/24/2014	13	26	39
Workshop on self-esteem, circle of malnutrition and rules of FP with women leaders of Cotzal	Cotzal, Ixil	Women Community Leaders	1	3/12/2014	24	0	24
Workshop on counseling and 10 behaviors	Nebaj, Ixil	Educators	1	3/7/2014	12	25	37
Workshop on the importance of family planning and gender equality	Zacualpa, Quiché	Community Development Council Members	1	3/3/2014	11	12	23
Workshop on the 5 steps for conforming health commissions	Quiché	Auxiliary Nurses and health Commissions	2 one day events	February and March	62	20	82
Workshop on the 5 subcomponents of MNCH	Sacapulas, Quiché	Community Facilitators	1	3/11/2014	43	17	60
Total					2,041	3,133	5,174

Annex 5

Communication Materials Distributed in Q2 FY'14

Project Component	Name of the material	Number Distributed
Nutrition	Chronic Malnutrition Causal Framework	1,100
Maternal and Neonatal Health	Technical Norms Manual	450
	Active Management of the Third Stage of Labor Poster	75
	Infant and Child clinical record	86,000
	Prenatal and Postpartum clinical record	20,000
	Prenatal Re-visits clinical record	40,500
	Childhood Re-visits clinical record	8,000
C-IMCI (child health)	IMCI Technical Guidelines	160
Other/integrated	10 Hygiene Golden Rules Poster	1,000
	All FP Methods Brochure	16,000
	CDs with digital arts were provided to MOH and USAID partners for health communication:	
	Nutrition Poster	
	Simple solutions videos: nutrition during pregnancy and infants and young children	
	BCC materials for prenatal care (birth plan and emergency plan)	

Annex 6

Financial Report Q2 FY'14

Period: January 1–March 31,2014	Total Estimated USAID Amount	\$ 31,781,525.00
Cooperative Agreement No AID-520-A-12-00005	Cost Sharing Amount	\$ 6,356,305.00
	Total Program Amount	\$ 38,137,830.00
	Current Obligation	\$ 13,087,818.89

Cost Element	Total Estimated Cost	Cumulative Expenditures to Date	Expended This Period (01/1/2014-03/31/2014)	Remaining Funds
Community Nutrition and Health Care Project	\$24,671,528	\$5,744,240	\$554,917	\$18,927,288
Procurement	\$370,119	\$414,506	\$3,775	\$(44,387)
Training	\$3,000,035	\$431,248	\$72,509	\$2,568,787
Indirect Costs	\$3,739,843	\$1,364,073	\$147,559	\$2,375,770
Total Federal Funds	\$31,781,525	\$7,954,067	\$778,760	\$23,827,458
Cost Share Amount	\$6,356,305	\$385,901	\$6,360	\$5,970,404
Total Program Amount (+ Cost Share)	\$38,137,830	\$8,339,968	\$785,119	\$38,137,830

Obligated Amount	\$13,087,819
Obligated Spent to Date	\$7,954,067
Obligated Amount Remaining	\$5,133,751

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