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COMMUNITY NUTRITION
AND HEALTH PROJECT

URC
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RESEARCH CO., LLC



Nutri-Salud QUARTERLY REPORT

OCTOBER 1 – DECEMBER 31, 2014

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Nutri-Salud: Community Nutrition and Health Project

Quarterly Report, Quarter 1, Fiscal Year 2015

October 1, 2014 – December 31, 2014

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Acronyms

| | |
|------------|--|
| ACODIHUE | Association of Cooperation for the Integrated Development of Huehuetenango (Asociación de Cooperación al Desarrollo Integral de Huehuetenango) |
| AIEPI | Integrated Management of Childhood Illnesses (Atención Integrada a las Enfermedades Prevalentes de la Infancia) |
| AINM-C | Integrated Care for Children and Women at the Community Level (Atención Integral de la Niñez y la Mujer con base Comunitaria) |
| AMTSL | Active Management of the Third Stage of Labor |
| AOR | Agreement Officer's Representative |
| APPEDIBIMI | Association for Integrated and Multidisciplinary Development (Asociación para el Desarrollo Integral y Multidisciplinario) |
| APROFAM | The Guatemala Association for Family Wellbeing (Asociación Pro-Bienestar de la Familia de Guatemala) |
| ASDECO | Association for Integrated Community Development (Asociación de Desarrollo Integral Comunitario) |
| BRES | Requisitioning, Receipt, and Issue System for Logistics (Balance, Requisición, Envío de Suministros) |
| CAIMI | Integrated Maternal and Child Health Center (Centro de Atención Integral Materno Infantil) |
| CBD | Community Based Distribution (of Family Planning Methods) |
| CEDEC | Center for Development and Cooperation Studies (Centro de Estudios para el Desarrollo y la Cooperación) |
| CHW | Community Health Workers |
| C-IMCI | Community Integrated Management of Childhood Illnesses |
| COCODE | Community Development Council |
| COMUDE | Municipal Development Council (Consejos Municipales de Desarrollo) |
| COMUSAN | Food Security and Nutrition Commission |
| COP | Chief of Party |
| COTONEB | Nebaj Integrated Savings and Credit Cooperative (Cooperativa Integral de Ahorro y Crédito Todos Nebajenses) |
| CRS | Catholic Relief Services |
| CY | Calendar Year |
| DAAFIM | Integrated Administrative and Financial Office for Municipalities |
| DAS | Health Area offices (Dirección del Área de Salud) |
| DMS | Municipal Health Districts (Distrito Municipal de Salud) |
| ECO | Civil Association for Cooperative Studies in the West (Asociación Civil Estudios de Cooperación de Occidente) |
| EDD | Estimated Dates of Delivery |
| EMPR | Environmental Monitoring Plan and Report |
| ENA | Essential Nutrition Actions |
| EPS | Supervised Professional Practice (Ejercicio Profesional Supervisado) |
| FANTA | The Food and Nutrition Technical Assistance III Project |
| FOG | Fixed Obligation Grant |
| FP | Family Planning |
| FTF | Feed the Future |
| FUNCAFE | Foundation of Coffee Growers for Rural Development (Fundación de la Caficultura para el Desarrollo Rural) |
| FUNDEI | Foundation for Integrated Development (Fundación de Desarrollo Integral) |

| | |
|----------|--|
| FY | Fiscal Year |
| GHI | Global Health Initiative |
| GOG | Government of Guatemala |
| HEPP | Health and Education Policy Project |
| IDB | Inter-American Development Bank |
| IDB | Inter-American Development Bank |
| IMCI | Integrated Management of Childhood Illnesses |
| INCAP | Institute of Nutrition of Central America and Panama |
| M&E | monitoring and evaluation |
| MAGA | Ministry of Agriculture, Cattle, and Food (Ministerio de Agricultura Ganadería y Alimentación) |
| MC | Mercy Corps |
| MEROS | Methodology, Experiences, Reflection, Organizing Knowledge, and Follow-up (Metodología, Experiencias, Reflexión, Ordenar los conocimientos, Seguimiento) |
| MNCH | Maternal Neonatal and Child Health |
| MOH | Ministry of Health |
| NGO | Non-governmental Organization |
| OMM | Municipal Women's Office |
| OMM | Municipal Domes Office (Oficina Municipal de la Mujer) |
| PEC | Extension of Coverage Program (Programa de Extensión de Cobertura) |
| PlanFam | USAID Family Planning Project Implemented by PSI/PASMO |
| PMP | Performance Management Plan |
| PROEDUSA | The Department of Health Promotion and Education (El departamento de Promoción y Educación en Salud) |
| PSI | Population Services International |
| REDHOSEN | Network of Men for Health, Education, and Nutrition |
| RH | Reproductive Health |
| RRF | Rapid Response Funds |
| SBCC | social and behavior change communication |
| SEGEPLAN | The Presidents Secretariat for Planning and Programming (Secretaría de Planificación y Programación de la Presidencia) |
| SESAN | Secretariat for Food Security and Nutrition (Secretaría de Seguridad Alimentaria y Nutricional) |
| SIGSA | Health Information Management System |
| SMT | Senior Management Team |
| TBA | Traditional Birth Attendants |
| TISA | Community Health Stores (Tiendas de Salud) |
| TMG | The Manoff group |
| TOT | Training of Trainers |
| TS | Health Technicians (Técnicos de Salud) |
| TSR | Rural Health Technicians (Técnicos de Salud Rural) |
| UNFPA | The United Nations Population Fund |
| UNICEF | The United Nations Children's Fund |
| URC | University Research Co., LLC |
| USAID | United States Agency for International Development |
| USG | United States Government |
| WFP | World Food Program |

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|------|--------------------------------------|
| WFP | World Food Program |
| WHIP | Western Highlands Integrated Program |
| WHIP | Western Highlands Integrated Program |
| WHO | World Health Organization |
| WRA | Women of Reproductive Age |

Resumen Ejecutivo

Nutri-Salud: el Proyecto Comunitario de Nutrición y Salud de Guatemala, financiado por la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID) y manejado University Research Co., LLC (URC), es un Proyecto de cinco años (2012-2017) cuyo objetivo del es mejorar la nutrición comunitaria y la salud de mujeres y niños, en 30 municipios de cinco departamentos del altiplano occidental de Guatemala, donde la población es predominantemente rural e indígena Maya.

Nutri-Salud tiene tres objetivos principales: 1) mejorar el estado nutricional de las mujeres en edad reproductiva y de los niños menores de cinco años centrándose en la ventana de los mil días; 2) fortalecer los servicios esenciales de atención en la salud materna neonatal e infantil y planificación familiar a nivel comunitario; y 3) involucrar a las comunidades en las soluciones activas de sus necesidades de atención en salud.

Los cuatro principales componentes técnicos del Proyecto son — 1) prevención de desnutrición crónica; 2) atención obstétrica, neonatal e infantil mejorada; 3) servicios de planificación familiar basados en la comunidad y 4) movilización comunitaria y vínculos con los gobiernos locales - se implementan a través de tres esferas de acción.

Las esferas de acción son: 1) fortalecimiento de los servicios de salud del primer nivel de atención; 2) fortalecimiento de la organización comunitaria para mejorar la nutrición y salud; y 3) involucrar a los gobiernos locales en la promoción de la salud.

Año Fiscal 2015, Trimestre 1. Durante el primer trimestre del año fiscal 2015, el proyecto Nutri-Salud implementó actividades para fortalecer las competencias de proveedores de servicios de salud institucionales en los temas de provisión de intervenciones integradas de salud y nutrición, amplió iniciativas a nivel comunitario para mejorar las acciones de salud dentro del marco de la Ventana de Oportunidad de los 1,000 Días y promovió la participación de gobiernos locales y autoridades en el mejoramiento de la salud comunitaria. El proyecto trabajó en un ambiente de implementación complejo, en el cual la crisis fiscal continuada del Gobierno de Guatemala debilitó la entrega de servicios en el primer nivel de atención. Asimismo, al inicio del trimestre, USAID solicitó que Nutri-Salud disminuyera la implementación de actividades del proyecto para el trimestre debido al atraso en la recepción de fondos por parte de la Misión.

El proyecto se enfocó en varias actividades prioritarias identificadas y consultadas con USAID; finalización de la planificación para iniciar un Diplomado en Nutrición para trabajadores de los servicios de salud y miembros de la comunidad, preparación de la implementación inicial del programa de La Rueda de Prácticas para Vivir Mejor, apoyar al Ministerio de Salud para realizar un conteo de la población atendida por el primer nivel de atención y el desarrollo de alternativas innovadoras para promover mayor involucramiento de los gobiernos locales, representantes de la comunidad y otros actores de la sociedad civil para cambiar el contexto de la provisión de servicios de salud. Además, el proyecto continuó administrando subvenciones con ONG locales para apoyar la entrega de servicios a nivel local, la promoción de conocimientos en salud reproductiva y planificación familiar en el nivel comunitario y para promover el involucramiento de la comunidad en las acciones relacionadas a salud.

Principales logros de este trimestre. A pesar del contexto retador, Nutri-Salud respondió con agilidad y flexibilidad, ajustando las actividades y alianzas para continuar alcanzando resultados:

- El proyecto empezó la implementación a baja escala del programa La Rueda de Prácticas para Vivir Mejor y continuó presentando La Rueda a otros actores como líderes comunitarios y personal de salud.
- Para el lanzamiento del Diplomado en Nutrición planificado para el segundo trimestre del Año Fiscal 2015, el proyecto desarrolló un currículo de Capacitador de Capacitadores con el proyecto USAID|FANTA y el Instituto de Nutrición de Centro América y Panamá (INCAP).
- Nutri-Salud apoyó al Ministerio de Salud en el desarrollo de guías para la implementación del censo comunitario y mapeo para la certificación del proceso de levantamiento del censo. Los formularios del censo y las guías se presentaron al personal del Ministerio de Salud en el área del Altiplano en diciembre. Nutri-Salud aportó su experiencia técnica y recursos financieros durante el proceso de diseño de la herramienta y la recolección y procesamiento de datos, así como en la capacitación.
- Nutri-Salud apoyó a los gobiernos municipales seleccionados para identificar oportunidades para mejorar la entrega de servicios local en coordinación con autoridades de salud pública. Un ejemplo de ello es San Juan Cotzal, en el departamento de El Quiché, donde Nutri-Salud ayudó en la facilitación de un análisis conjunto entre autoridades locales y el Ministerio de Salud para desarrollar un acuerdo formal para compartir el gasto y manejo de los servicios de salud en las áreas que se han quedado sin servicios por el colapso del Programa de Extensión de Cobertura (PEC)
- En respuesta al severo déficit presupuestario, que está afectando la capacidad del Ministerio de Salud para proveer cobertura universal, Nutri-Salud está utilizando fondos de Respuesta Rápida aprobados por USAID para colaborar con el Ministerio de Salud, el Banco Interamericano de Desarrollo y la organización del sector privado Alianza por la Nutrición, para desarrollar abordajes alternativos para la entrega de servicios de salud con base comunitaria en las comunidades más remotas donde Nutri-Salud tiene intervención.
- Nutri-Salud mantiene el manejo de subvenciones a siete ONG locales para implementar actividades de salud reproductiva y planificación familiar en la comunidad, y para promover la participación activa de actores comunitarios en actividades de salud y nutrición. Estas subvenciones se han administrado exitosamente y se han implementado con asistencia técnica de Nutri-Salud; las mismas están sentando bases para avances futuros en asegurar la entrega de servicios en salud reproductiva y planificación familiar con base comunitaria y la participación comunitaria en salud.

Nutri-Salud continuó brindando asistencia técnica al personal institucional del Ministerio de Salud y del Programa de Extensión de Cobertura, para fortalecer sus capacidades técnicas para mejorar la calidad de los cuidados materno y neonatal en los puestos de salud y otros centros de atención primaria. Mientras la asistencia técnica de Nutri-Salud continúa demostrando resultados, la falta de suministros y pago al personal de salud como resultado de la crisis fiscal del Ministerio, han retrasado el alcance los resultados e indicadores del proyecto. Adicionalmente, las subvenciones de Nutri-Salud para ONG implementadoras del Programa de Extensión de Cobertura se rescindieron al principio de este trimestre, debido a la falta de recursos presupuestarios del Ministerio de Salud, lo que hizo imposible que el modelo de PEC fortalecido funcionara como fue diseñado.

Actividades Planificadas para el Trimestre 2, Año Fiscal 2015. En el próximo trimestre, Nutri-Salud continuará fortaleciendo las competencias del personal institucional y comunitario para proveer servicios de salud con calidad, dentro de una red de proveedores apoyada por gobiernos locales y organizaciones comunitarias. El proyecto apoyará activamente a los gobiernos locales y a las autoridades de salud a desarrollar e implementar modelos alternativos

para garantizar que la red de servicios de salud e primer nivel se extienda hasta las comunidades más remotas. El proyecto se enfocará en las siguientes actividades:

- Supervisión facilitadora continua y mentoría para el desarrollo de habilidades en cuidados materno-neonatales esenciales, incluyendo planificación familiar
- Continuar la ampliación de las actividades relacionadas a la Rueda de Prácticas, incluyendo: identificación, capacitación y desarrollo de líderes y redes comunitarias que puedan hacer abogacía para la implementación del programa de La Rueda de Prácticas
- Finalizar los materiales de capacitación y guías para el Diplomado en Nutrición y empezar las capacitaciones de capacitadores con Nutri-Salud y personal de programas de USAID. Colaborar con el Ministerio de Salud para definir la manera en que el Diplomado en Nutrición se implementará con proveedores institucionales y comunitarios
- Coordinación continua de actividades de planificación familiar en el nivel comunitario con socios de USAID WHIP (Programa Integrado del Altiplano Occidental) y preparación para la implementación de la metodología MEROS para capacitar a hombres sobre planificación familiar
- Continuar la sensibilización con alcaldes y concejos municipales para animarlos a participar en soluciones que aborden la brecha en cobertura de salud creada por la pérdida de ONG PEC en algunas jurisdicciones y apoyar en la adaptación/réplica de enfoques alternativos para el involucramiento municipal y comunitario en atender las necesidades de salud
- Apoyar la organización y desarrollo de capacidades de las comisiones de salud, especialmente en el establecimiento e implementación de planes de emergencia
- Preparar convocatorias para aprobación de USAID de nuevas subvenciones para apoyar actividades comunitarias de salud a través de ONG locales, especialmente para la implementación del programa La Rueda de Prácticas para Vivir Mejor y distribución comunitaria de métodos de planificación familiar. El proyecto también desarrollará un marco de trabajo, a ser aprobado por USAID, para el fortalecimiento institucional de un número selecto de ONG para ayudarles a prepararse para recibir fondos del Gobierno Americano directamente en el futuro.

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 in three strategic spheres of action.

These spheres of action are: 1) Strengthening health services at the first level of care; 2) strengthening community organization to improve nutrition and health; and 3) engaging local governments in health promotion.

FY 2015, Quarter 1. During the first quarter of fiscal year 2015, the Nutri-Salud project implemented activities to strengthen competencies of institutional health care service providers in the provision of integrated health and nutrition interventions, expanded community level initiatives to improve health actions within the framework of the 1,000 Day Window of Opportunity, and promoted the participation of local governments and authorities in improving community health. The project worked within a complex implementation environment in which the Guatemalan Government's continuing fiscal crisis further weakened health service delivery at the first level of care. In addition, at the beginning of the quarter, USAID requested that Nutri-Salud slow down the implementation of project activities for the quarter due to delayed receipt of program funding by the Mission.

The project focused on several priority activities identified in consultation with USAID; completion of the planning to launch a certificate course in nutrition for health care workers and community members, preparation for the initial roll-out of the Wheel of Practices for Better Living Program, support to the Ministry of Health (MOH) for a count of the population attended by the first level of care, and the development of innovative alternatives to promote greater involvement of municipal governments, community representatives, and other civil society actors in the changing health service delivery context. In addition, the project continued to manage sub-grants with local NGOs to support community-based health service delivery, the promotion of reproductive health and family planning knowledge at the community level, and to strengthen community involvement in health actions.

Highlights of Activities this Quarter. Despite the challenging context, Nutri-Salud responded with agility and flexibility, adjusting activities and partnerships to continue achieving results:

- The project began a small scale roll out of the Behavior Wheel for Better Living Program and continued to introduce the wheel to stakeholders such as community leaders and health personnel.

- For the launch of the Diploma course in nutrition and health scheduled for the second quarter of FY 2015, the project developed a Training of Trainers curriculum in collaboration with the USAID FANTA project and The Institute of Nutrition of Central America and Panama (INCAP).
- Nutri-Salud supported the Ministry of health in developing guidelines for the implementation of community census and mapping and for the certification of the census process. The census forms and guidelines were introduced to MOH staff from across the Highlands in December. Nutri-Salud provided technical expertise and financial resources throughout the entire process of designing the tool and the data collection/entry process as well as the training process.
- Nutri-Salud supported selected municipal governments to identify opportunities to support local health service delivery in coordination with public health authorities. An example of which is in San Juan Cotzal, in the Department of Quiche where Nutri-Salud helped to facilitate a joint analysis by local authorities and the MOH offices to develop a formal agreement to share in the budgeting and management of health services in areas left without health services as the MOH Extension of Coverage Program (PEC) collapses
- In response to the severe budget deficit which is affecting the MOH's ability to provide universal health coverage, Nutri-Salud is using USAID-approved Rapid Response Funds to collaborate with the Guatemala Ministry of Health, the Inter-American Development Bank, and the Guatemala private sector organization Alliance for Nutrition to develop alternative approaches for community-based health service delivery in the most remote communities of Nutri-Salud's target area.
- Nutri-Salud continues to manage sub-grants to seven local NGOs to implement community-based reproductive health and family planning activities, and to promote the active participation of community actors in health and nutrition activities. These sub-grants are being successfully managed and implemented with Nutri-Salud technical assistance and are setting groundwork for future advances in ensuring community-based delivery of reproductive health and family planning services as well as community participation in health.

The project also continued to provide technical assistance to MOH institutional staff and Extension of Coverage Program health personnel to strengthen technical capacities to improve the quality of maternal and neonatal and child care in health posts, and other primary care facilities. While Nutri-Salud technical assistance continues to show results, lack of supplies and payment to health personnel as a result of the MOH fiscal crisis have hindered project results in indicators. Additionally, Nutri-Salud sub-grants to NGOs implementing the MOH Extension of Coverage Program were terminated early during this quarter due to the lack of core budget resources from the MOH, which made it impossible for the strengthened PEC model of service delivery to function as designed.

Activities Planned for FY 2015, Quarter 2. In the coming Quarter, Nutri-Salud will continue to strengthen the competencies of institutional and community based health personnel to provide quality health services within a network of providers that is supported by local governments and community-based organizations. The project will be active in supporting local governments and health authorities to develop and implement alternative models to ensure the network of primary care health services extends to the most remote communities. The project will focus on the following activities:

- Continued facilitative supervision and mentoring to develop skills in essential maternal neonatal and child care, including family planning

- Continued scale up of Behavior Wheel activities including; identifying, training, and developing networks of community-based leaders that can be advocates in the implementation of the Behavior Wheel Program
- Finalize the training materials and guides for the Diploma Course in Nutrition, and begin trainings of trainers with Nutri-Salud and USAID implementing partner staff. Collaborate with MOH to define the way in which the Diploma Course in Nutrition will be implemented with institutional and community based providers
- Continued coordination of family planning activities at the community level with USAID WHIP partners and preparations for the roll out of the MEROS methodology to teach adult men about family planning
- Continue awareness raising with mayors' offices and municipal councils to encourage them to participate in solutions address the health coverage gap created by the loss of PEC NGOs in some jurisdictions and support the adaptation/replication of innovative approaches to community/municipal involvement in addressing community health needs
- Support the organization and capacity development of health commissions, especially the establishment and implementation of emergency action plans
- Prepare RFAs for USAID approval of new sub-grants to support community health activities through local NGOs, especially the implementation of the Wheel of Behaviors for Better Living and community-based distribution of family planning methods. The project will also develop the scope of work for USAID approval for institutional strengthening of a select number of local NGOs to help them prepare for direct USG financing in the future.

Introduction

Nutri-Salud is a five-year (2012-2017) project, with strategic guidance and funding from the United States Agency for International Development (USAID) under USAID Cooperative Agreement AID-520-A-12-00005. Nutri-Salud is implemented by a collaborative team, led by University Research Co., LLC (URC) with sub-partners Mercy Corps, the Institute of Nutrition of Central America and Panama (INCAP), The Manoff Group, and The Cloudburst Group. In line with the United States Government (USG)'s Global Health Initiative (GHI) and Feed the Future (FTF) initiative in Guatemala, and in collaboration with the Government of Guatemala's Zero Hunger Pact, the goal of Nutri-Salud is to improve health and nutritional status of Guatemala's rural and indigenous populations. Nutri-Salud's target population includes some 1735 rural communities in 30 *municipios* with an estimated total population of 1.273 million inhabitants in five departments (six Health Areas) in the western highlands. The target beneficiaries are children under five, with emphasis on those under two years, and women of reproductive age who are served by the country's primary health care system (known in Guatemala as the "first level of care") consisting of health posts, community convergence centers operated by non-governmental organizations (NGOs), and minimum health units (*unidades mínimas*) operated by the Ministry of Health (MOH) often with municipal or private sector support.

The Nutri-Salud Project objectives are to:

1. Improve the nutritional status of women of reproductive age and children under five by implementing seven Essential Nutrition Actions (ENA), focusing on "the first 1,000 days" (i.e., during pregnancy and the first two years of life);
2. Strengthen essential maternal, neonatal and child health care and family planning services at the community level with a constant health care presence in target communities; and
3. Engage communities in active solutions to their health care needs through community mobilization and linkages to local government structures.

Nutri-Salud has four technical components, which are implemented in an integrated manner within a continuum of care framework for integrated maternal, neonatal, and child health with a focus on the First 1,000 Day Window of Opportunity.

Component 1: Prevention of Chronic Malnutrition

Component 2: Improved Obstetric, Neonatal, and Child Health Care, Including Community-Based Integrated Management of Childhood Illnesses (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

Strategies that cut across all components include: sub-grants to NGOs, alliances with the private sector, logistics, environmental impact mitigation, continuous quality improvement (QI) and collaborative learning, social and behavior change communication (SBCC), monitoring and evaluation (M&E), and gender equity and cultural pertinence.

Nutri-Salud operates under the technical guidance of USAID and in coordination with the other USAID partners within the Western Highlands Integrated Program (WHIP). The project plans activities in conjunction with the six Health Area offices (DAS) and coordinates with 30 municipal health districts (DMS), health service delivery NGOs subcontracted by the MOH, USAID

partners, other government organizations and non-government organizations, and other external cooperation agencies in order to ensure the maximum benefit of project funds and assistance in the project target area.

During the first quarter of FY 2015, Nutri-Salud continued to operate in an extremely difficult implementation environment. In particular, the Guatemalan Government's continuing fiscal crisis further weakened health service delivery at the first level of care. The MOH faced budget shortfalls for procurement of some basic drugs and supplies, which resulted in significant declines in key indicators targets achieved by first level services (health posts and convergence centers). For example, none of the project indicator targets related to micronutrient supplementation were achieved (see Annex 1). In addition, funding for salaries (especially for select categories of personnel) and other operating expenses suffered interruptions which also affected service delivery. The situation in Huehuetenango is particularly troublesome. For much of the first quarter of FY 2015, local MOH staff used various forms of pressure to have their demands for back salaries and working conditions addressed. For nine of the twelve weeks comprising the quarter, they occupied the Health Area offices, stopped routine service delivery in several health facilities, providing only emergency care, and demanded the resignation of the Area Director.

If it were functioning optimally, the government's "extension of coverage" program relying on subcontracted NGOs (known as the PEC NGO program) would be providing services to 68% of the Nutri-Salud target population. However, the MOH did not renew annual agreements with two PEC NGOs that had collectively been covering some 130,000 residents in thirteen jurisdictions of Huehuetenango, Quetzaltenango and Quiche with a basic package of health services and, because the MOH did not identify replacement NGOs, 10% of the project's target population was left with no access to government-provided health care. In addition, the Ministry of Health was unable to meet its contractual commitments with the 18 NGOs that were contracted in calendar year (CY) 2014 to provide services in the project area. In fact, by the end of the CY, the MOH had disbursed only 57% of the approved 2014 budget to the NGOs. Coupled with this operating budget shortfall, the NGOs faced shortages of key supplies and basic medications, making it increasingly difficult for PEC NGOs to retain staff and meet their service delivery/coverage targets. Several PEC NGOs gave signs at the end of the year that they would not renew their contracts in 2015.

In late August and early September 2014, after the MOH signed agreements in late July with PEC NGOs and gave assurances that the program would be fully funded, Nutri-Salud signed 18 Fixed Obligation Grants (FOGs) with the MOH sub-contracted NGOs in the project area. Through the FOGs Nutri-Salud provided technical support and minimum financial resources to raise the quality of PEC NGO service delivery. However, without needed core budget resources from the MOH, none of the PEC NGOs was able to meet its deliverables under the FOGs, leading the Nutri-Salud to notify the recipients in mid-November of the early termination of the FOGs.

At the beginning of the quarter, USAID requested that Nutri-Salud slow down the implementation of project activities for the quarter due to delayed receipt of program funding by the Mission. In response to the situation, Nutri-Salud developed a revised quarterly work plan focused on the following activities, determined jointly with USAID as the priorities:

- Support the MOH to undertake a community mapping and population count
- Use rapid response funds to work with the Inter-American Development Bank (IDB) and the *Alianza por la Nutrición* (private sector Alliance for Nutrition) on a proposal for a new model of service delivery as an alternative to the PEC model, which by Guatemalan law will end in 2017 at the latest

- Engage with select municipalities to explore potential options for decentralized health service delivery, with greater municipal investment, especially to fill the growing gap created by the faltering PEC program
- Support to complete the design and implementation plan for a certificate course (*diplomado*) in nutrition, together with FANTA and INCAP.

Despite the challenging context enveloping Nutri-Salud, the project was agile and flexible, adjusting local strategies and partnerships to continue strengthening service delivery, mobilizing communities to act on their own behalf and engaging local governments in health making sound health investments. In December 2014, Nutri-Salud submitted to USAID an updated implementation approach, consistent with the project's approved Program Description. The highlights of the refined approach include:

- Strengthened technical and management capacities through several proposed new staff positions. In addition, the project transferred several positions from the Guatemala City to the Quetzaltenango project office to ensure better technical support to project field teams. Going forward, with a stronger field team, Nutri-Salud will emphasize on-site supervision and capacity-building and reduce the number of large, off-site, regional training workshops.
- A stronger working relationship and coordinated approach with the new USAID local governance project, Nexos Locales. The focus of this effort is to help municipal governments make good investments, based on data analysis and proven interventions, in health and nutrition.
- Continued involvement with the Ministry of Health, the private sector, and other donors to develop a proposal for a systematic alternative for primary health care delivery, to ensure that the majority of Guatemala's population which has been receiving primary health services from the PEC program is not left unattended.
- Building on the experience gained in the first half of the project working with municipalities, Nutri-Salud is promoting innovative ways for local governments to invest in health and nutrition, compensating for the debilitation of the PEC NGO program in select municipios. As part of this process, Nutri-Salud has forged a tripartite, collaborative relationship with the Ministry of Finance and Nexos Locales to conduct advocacy and training in municipal financing of health and nutrition interventions.

This quarterly performance report describes the activities undertaken during Q1 FY 2014, progress toward expected results, and implementation challenges and their proposed solutions. In addition to the priority activities for Q1, Nutri-Salud field teams also emphasized the delivery of on-site capacity-building support to MOH service providers in health posts and minimum health units. And finally, the project continued its support to seven NGO sub-grantees to implement community mobilization and adolescent reproductive health activities.

The report is organized by project component and results, summarizing the activities that were completed or underway in each of the following three strategic spheres of action:

Strengthening health services at the first level of care

Strengthening community organization to improve nutrition and health

Engaging local governments in health promotion

Component 1: Prevention of Chronic Malnutrition

This project component promotes a multi-pronged approach to prevent chronic malnutrition. Working at the institutional level, the projects promotes the expended use of evidence-based interventions while also raising awareness among key stakeholders (such as local governments, social action networks, and local leaders) and supporting families to adopt healthy practices that reduce while also risk factors during the 1000 day window of opportunity..

During the quarter, Nutri-Salud focused on an initial roll-out of the “Wheel of Behaviors for Better Living Program,” a methodology and a set of tools used to promote the adoption of healthy practices by mothers, their children, and their families. The Wheel focuses on improving the practices of pregnant and lactating women, including feeding (especially breastfeeding and complementary feeding, care, hygiene, and use of health services during the “1000 day window of opportunity” (270 days of pregnancy and the first 730 days of a child’s life). Development of the Wheel drew on the past experience of Nutri-Salud partner Mercy Corps’ tool the “House and Lot Management” strategy for food and nutrition security. The Manoff Group and URC collaborated to adapt the original tool, expanding the focus to a set of 19 healthy practices.

The Wheel is used to support project activities with health services as well as with municipal governments, community leaders and organizations, and directly with families. With health providers, it is used as a tool to strengthen providers’ competencies to provide counseling to pregnant women and mothers of children under two. It is also used as in advocacy and dialogue efforts at the municipal level to create a greater sense of responsibility for improving the enabling environment to prevent chronic malnutrition. The Wheel is an advocacy tool at the community level to engage community leaders and social action networks in promoting healthy behaviors. And finally, and most importantly, the Wheel is a counseling tool for home visits with families within the 1,000 days window of opportunity – that is, households with pregnant women and children under two years old.

The Wheel of Behaviors Program contributes to multiple results, including Results 1.1, 1.2 and 1.3, and Result 4.1.

| Nutri-Salud Training and Workshops – QTR 1 FY 2015 Result 1: Chronic Malnutrition Prevented | # of participants | | |
|--|-------------------|------------|------------|
| | M | F | T |
| Primary sources of logistic data | 8 | 11 | 19 |
| Analysis and surveillance of severe acute malnutrition | 6 | 17 | 23 |
| Census and certification | 16 | 11 | 27 |
| “Wheel of Behaviors for Better Living” with participation of key personnel from Health Areas, Municipal Health Districts, Municipalities, and local government | 40 | 227 | 267 |
| Total | 70 | 266 | 336 |

Result 1.1: Maternal and child feeding practices (breastfeeding and complementary feeding) to prevent onset of chronic malnutrition improved

Strengthening health services at the first level of care

Wheel of Behaviors for Better Living

The program was formally launched by the MOH in April 2014, and includes a training curriculum, wall poster and counseling materials, which were developed and then field tested by Nutri-Salud and PROEDUSA. Practical training of an initial group of facilitators had been planned for Q4FY14 and was to be followed in Q1FY15 by the additional facilitator training events in all six Health Areas, allowing the project to have a robust roll-out of the Wheel. However, given the Q4FY14 funding shortage, the approach was adapted to instead launch the program on a small scale, especially sharing information about its objectives and contents. Two small s introductions were conducted to gain experience on its use during home visits. In addition, Nutri-Salud engaged in awareness-raising activities about the Wheel with stakeholders including community-based health workers, local authorities and community leaders, from the 30 targets municipios. In Quiche and Huehuetenango, these stakeholder meetings included formal, practical training on the methodology and use of the tools, especially how home visits should be conducted using the wall poster, which is displayed in each home and used to support community health workers in providing counseling during family visits.

“This tool will help us improve home visits, given that we (health providers) don’t have materials and tools to appropriately conduct these”

(Eduardo Perez, Rural Health Technician, San Lorenzo, San Marcos)

The Wheel was also shared with more than 100 medical and nutrition students currently doing their practical trainings in health posts in Nutri-Salud’s target area, expecting they will also use the wheel as a counseling tool to promote healthy practices with patients at the health post.

Strengthening community organization to improve nutrition and health

Wheel of Behaviors for Better Living

The Wheel of Behaviors program has also been shared with community leaders and social networks, who are credible local voices and well-positioned to reinforce the importance of healthy practices.

Totonicapán. Nutri-Salud shared information about the Wheel with “mother counselors” (madres consejeras) who are supported by the World Food Program (WFP), as well as with community based health workers, and local authorities.

Quiche. 25 leaders from four communities in Chajul jointly developed an action plan to implement home visits and monitor behavior changes. Their plan included a simple tool to monitor the specific, priority practices that each family needs to improve using and cleaning latrines, separating children and animals, taking children to monthly well baby sessions, and birth spacing were among the healthy practices that community committed to promote. In the Ixil area, staff from APPEBIBIMI (a PEC NGO) were trained to use the Wheel; in the next quarter, they will in turn train community development councils (COCODEs), health commissions and auxiliary mayors in 54 communities. Members of the Municipal Women’s Office (OMM by its Spanish acronym) in Cuilco, Huehuetenango shared the Wheel with 13 community leaders and with 20 women leaders.

San Marcos. In Sibinal, 18 midwives were trained to use the Wheel.

Community Education Activities

The project trained health personnel, equipping them with the knowledge and skills they need to conduct educational and awareness-raising activities with women of reproductive age in target communities. Examples of these activities include:

Nebaj. In coordination with PlanFam, information and counseling on the 1,000 day window of opportunity was given at a health fair for adolescents. A total of 70 youth learned about the importance of breastfeeding and complementary feeding. One of the participants said:

“It is important to talk about health topics with us, to later help our brothers and sisters and to use the information in the future with our children.”

(Participant, Adolescent Health Fair)

Quiche. In La Hacienda, Cunén, in coordination with WHIP partners and health post staff, Nutri-Salud conducted a process based on health post data to identify all of the stunted children under two in the community. The information was presented to community leaders who then organized a positive deviance activity, inviting these families as well as parents of children with appropriate height for age (positive deviants). They conducted a focus group as an opportunity to exchange experiences and identify positive practices. Families with children of good height had generally started complementary feeding at 6 months, and they fed their children appropriately, in both frequency and quantity. The event was an opportunity for mothers and fathers to learn about the importance of complementary feeding and breastfeeding and to realize that making small changes in these practices is indeed possible in their context, since other families have already been able to do this.

Chichicastenango. In an effort to complement interpersonal communication/counseling efforts in health education, with other communication channels, a radio forum was aired in 86 communities, using ASDECO’s radio channel (ASDECO is one of the sub-grantees of the community mobilization grants). Topics including the 1000 day window of opportunity and healthy practices were discussed among special guests featuring midwives, leaders and representatives of women’s groups from the area. The forum was conducted in the local language, knowing this is the way ASDECO reaches its audience. Guests participating in the forum were previously trained and sensitized by Nutri-Salud and the health area. Emphasis was given to the 19 healthy behaviors included in the Wheel, as well as to the early identification and surveillance of risk groups.

Chichicastenango. Nutri-Salud conducted a discussion with 74 COCODE representatives from 86 communities to evaluate the effects of project trainings and awareness-raising activities on leaders’ engagement in health and nutrition projects. The discussion revealed that 80% of leaders demonstrate an increased understanding of health/nutrition topics, and that new knowledge is beginning to translate into action (as measured by the design of projects to improve nutrition). Many community projects have traditionally focused on infrastructure improvements; but some leaders are starting to promote health and nutrition projects such as not allowing junk food stands near schools, activities to reduce trash in the streets, and others related to sewages and water.

Engaging local governments in health promotion

As mentioned above, the Wheel program has been widely disseminated with multiple audiences. Nutri-Salud shared information about the Wheel (including the tools) with local

governments, with several of them showing interest in learning more about the Wheel program and how they can contribute to its roll out. For example:

San Marcos. In Sibinal, San Miguel Ixtahuacán, San Lorenzo, San Pablo and Nuevo Progreso, the program was discussed with municipal councils and municipality staff who will in turn promote the Wheel with COCODEs, auxiliary mayors and other leaders.

Huehuetenango. In Cuilco, the mayor and the council have instructed the OMM to conduct home visits and have a Wheel in each house, as a priority action to improve health and nutrition in the communities.

Totonicapán. Local governments and COMUSANs learned about the program and have decided to make paper copies of the wheel and give one to each couple that gets married, as part of efforts to provide counseling to these couples.

Result 1.2: Maternal and child ENA (micronutrient supplementation and others) to prevent onset of chronic malnutrition improved

Strengthening health services at the first level of care

Nutri-Salud provides technical assistance, capacity building through training, and facilitative supervision to first level health providers to strengthen their competencies in health service delivery, including ENA. Nutri-Salud technical assistance also includes on-site monitoring and facilitative supervision at first level health care facilities (health posts, community convergence centers and minimum health units). Although providers in the first level of care facilities that Nutri-Salud supports are positively responding to the training and tutoring facilitated by the project, the financial constraints affecting PEC NGOs, is diminishing the impact of their knowledge and skills for providing quality essential services. One major constraint is the limited availability of basic medicines and supplies, which in turn affects coverage. As a result, in this quarter, coverage of micronutrient supplementation for pregnant women and children was extremely low, when compared to Q4 FY2014. As noted in the Indicator Targets Table for SIGSA/CensoNet in Annex 1, none of the project's coverage indicators reached the established quarterly target. In addition, the financial crisis forced a large number of both PEC NGOs and health post staff in the Nutri-Salud coverage area to stop working in November and December, resulting in a major downfall in service provision.

Certificate Course (*Diplomado*) in Nutrition. The certificate course "Nutrition During the First 1,000 Days of Life", developed by Nutri-Salud, FANTA and INCAP offers a continuous learning and professional development opportunity to primary health care providers, focusing on upgrading knowledge/understanding and standardizing practices related to prevention and care. Before the course is formally launched with the MOH in Q2FY14, a training of trainers (TOT) curriculum was designed and validated in Q1FY14. The next step is for Nutri-Salud, HEPP and PlanFam to work with FANTA and INCAP to launch the diploma do with the MOH in selected municipios and first and second level facilities. It should be noted that the training can also be completed by USAID project teams to standardize their knowledge of proven interventions for preventing and reducing chronic malnutrition.

Anthropometric measurements for nutritional assessment. To strengthen the national IMCI AINM-C strategy, first level providers received training on measuring and classifying children by their nutritional status. In the Ixil area, an initial assessment of providers' skills showed many weaknesses in the use of the three anthropometric indicators, providing zinc to stunted children, and appropriate counseling. In San Marcos, the project team provided technical assistance on

the correct use of WHO growth standards as well as appropriate counseling tailored to children's nutrition classification.

Logistics. Nutri-Salud provided technical assistance and accompaniment to improve the use of specific tools to improve the logistics processes used in health posts and convergence centers. In this quarter, the project emphasized training providers to appropriately use the BRES tool to ensure availability of micronutrients, nutritional supplements and family planning methods. Trainings focused on doing practical exercises and using real data to calculate the demand for a given population. In Huehuetenango, training activities included health area nutritionists who are responsible for overseeing the stock of micronutrients, deworming medication, and supplements. In Quiche the project held meetings with health area staff as well as with 30 district level staff in charge of the food security program, to discuss data on micronutrient distribution and nutrition surveillance actions. The Health Area team committed to improving the data registry and using the logistics tool.

ENA during the 1,000 Day Window of Opportunity (1000DWO). Although first level health providers and community based providers conduct ENA as part of their regular services, Nutri-Salud field staff have detected that these providers need a better understanding of why the ENA are critical to the 1000DWO. Thus, several awareness-raising sessions and trainings were organized in this quarter. For example, in Uspantán, at least 25% of trainees are taking additional actions to strengthen the quality of ENA provided in their health services and have also defined ways that community leaders and local authorities can increase their role through concrete actions to reduce chronic malnutrition.

Monitoring, supervision, and tutoring. Project teams monitored the implementation of ENA by accompanying first level of care health providers during service provision. In San Marcos, the team observed the implementation of growth monitoring and ENA. After the observation, supervisors offered tutoring to help to develop skills on those processes or steps found to be weak or missing.

Support to community level population count undertaken by first level health care service providers. As part of the efforts to improve the surveillance of women of reproductive age (WRA), pregnant women and children under two, Nutri-Salud is supporting the MOH's effort to ensure that an up-to-date population count is conducted for the entire target population served by first level facilities, including PEC NGOs. In conjunction with MOH staff, Nutri-Salud Monitoring and Evaluation staff supported the development of the data collection/entry system and conducted an initial training of first level service providers from Ixil, Quetzaltenango and Totonicapán on the methodology. . The count will provide health facilities with more accurate and up to date lists and maps (*croquis*) of pregnant women and children under two, and will thus aid in the identification of these risk groups within the service coverage area so that appropriate monitoring and support can be provided

Strengthening community organization to improve nutrition and health

Nutri-Salud conducted awareness-raising and training events with community leaders, seeking especially to include women leaders. Some of the most relevant events from this quarter include:

Nebaj. Nutri-Salud and Peace Corps provided information and orientation to 45 adolescent leaders from Nebaj on the importance of iron/folic acid supplementation for the prevention of anemia in women of reproductive age and prevention of neural tube defects when they become pregnant.

Cunén. Nutri-Salud and WHIP partners held a meeting with 33 mayors and leaders to create awareness and seek their active participation in actions to prevent chronic malnutrition. Leaders committed to serve as tutors to these families and to disseminate the information to parents of children under age two. In the same municipality, a meeting was organized with the participation of authorities, midwives teachers, health providers and USAID partners, to conduct a rapid assessment to identify main causes of the onset of chronic malnutrition. Main causes are food availability, inappropriate feeding practices, eating junk food, and infections and diarrhea, As a result, a joint action plan was developed and will be implemented in the community, with the full support of the authorities.

Engaging local governments in health promotion

As explained above, at the local level, the Wheel of Behaviors has also been used as an advocacy tool to increase local government financing of interventions that reduce chronic malnutrition, including activities related to the 19 healthy behaviors. For example, during the first quarter of FY 2015 the program was shared with the municipal council in Chajul. After the meeting, the mayor committed to work with the council on a project to implement latrines and improved stoves in communities that show interest and support in having safe and clean spaces for children.

Result 1.3: Maternal and child hygiene and care practices to prevent the onset of chronic malnutrition improved

Strengthening health services at the first level of care

Wheel of Behaviors for Better Living. See the description of the Wheel of Behaviors for Better Living Program above under Result 1.1 as the principal Nutri-Salud intervention to improve maternal and child feeding and hygiene and care practices.

With the objective of strengthening the surveillance of risk groups, Nutri-Salud provided tutoring and technical assistance to health areas and districts in the correct use of registry tools and methodologies. Relevant examples include:

- **Quiche** – monitoring of the use of the children’s health registry (Cuadernillo del Niño y la Niña, SIGSA 5A) which records information on immunizations, micronutrient supplementation and growth monitoring. The quality and use of community maps and census was also included in this review. Registries from more than half the health posts in the Health Area (17 of 30) have been completed. The team identified important weaknesses that will be discussed with the health area quality improvement team, including the nutrition team, to develop an action plan to provide on-site training and tutoring to health post staff. Most relevant outcomes from Quiche are listed below, and because all Health Areas face similar challenges, during the second quarter the project plans to complete the population count and provide refresher training to strengthen the use of the registry:
 - Most health posts (14 / 17) have a community map (croquis), but only 3 have mapped the houses of stunted children
 - In many cases information in the registry has inconsistencies or is incomplete, making it difficult to track if a child has an appropriate vaccination scheme, or how the child is growing (no weight or height data found or data has errors, incorrect use of measurements to classify nutritional status, no information on micronutrient supplementation, especially referring to zinc for stunted children)

- Children identified as stunted or acutely malnourished have no registry of specific services or treatment provided, including micronutrients and zinc.
- **Totonicapán** – tutoring on the correct use of child registry, including nutritional status classification, was provided to 127 first level care providers from three PEC NGOs in Momostenango. The project also their specific maps with health service providers, and helped providers to update the mapping of risk groups (pregnant women and children under two).

Result 1.4: Maternal and child cases of severe acute malnutrition identified and treated

Strengthening health services at the first level of care

San Marcos and Quetzaltenango. Nutri-Salud supported health areas to analyze the deaths that had resulted from severe acute malnutrition, following the “critical link” methodology previously used by URC for analysis of maternal deaths. Among the next steps identified through these analyses are: ensuring availability of child registries to monitor growth and services provided to each child identified, training in the correct use of these registries, and conducting home visits following the identification of children at risk or with acute malnutrition. During the analysis, Nutri-Salud emphasized on the importance of implementing preventive measures such as quality growth monitoring and promotion sessions, micronutrient supplementation and vaccination.

Per the request of local MOH representatives in San Marcos, Nutri-Salud replicated the training done in Q4 FY14 on the use of protocols for the treatment of acutely malnourished children without complications in the community.

Activities Planned for Next Quarter

- Continue identifying community-based networks and leaders that can be advocates in the implementation of the Wheel of Behaviors Program, train them and identify key activities to partner with them when the rollout of the program begins
- Complete and share terms of reference for local NGOs that will support the rollout of Wheel of Behavior Program
- Finalize the Nutrition Certificate training materials and guides, including the integration of the Wheel of Behaviors into the training curriculum as a specific unit. Schedule the first training of trainers for staff from USAID partners and Nutri-Salud staff. Define with the MOH the way in which the Nutrition Certificate will be implemented with institutional and community based providers
- In Q2 FY15 Nutri-Salud will complete the design and validation of the Wheel’s monitoring system, with technical assistance from the Manoff Group, and define a set of indicators to provide communities with constant information on the adoption of practices
- Tutoring to health posts in correct use of the child registry in Quiche and other Health Areas to improve data quality and finalize community stratification
- Define with INCAP and FANTA next steps to replicate the food based recommendations research in San Marcos
- Support the MOH to continue trainings on the population count methodology in Huehuetenango, Quiche and San Marcos and begin the count exercise in Ixil and Totonicapán.

- Continue presenting situational dashboards to municipalities and promoting discussions with local authorities based on these indicators to identify key actions to be implemented in coordination with leaders to prevent chronic malnutrition
- Continue to implement on-site trainings and tutoring on the 1000DWO

Component 2: Maternal, Neonatal, and Child Health Care

Nutri-Salud works to improve the quality of obstetric and neonatal care in health posts, and other primary care facilities by strengthening the competencies of MOH and Extension of Coverage Program staff, as well as community health workers. A community-based obstetric and neonatal health care approach complements clinical management of maternal and birth complications.

| Nutri-Salud Training and Workshops – QTR 1 FY 2015 Result 2: Improved Neonatal, Child and Maternal Health | # of participants | | |
|--|-------------------|-----------|------------|
| | M | F | T |
| Result 2.1 Improved neonatal, Child and Maternal Health | | | |
| Developing skills for the family and community emergency plans activation | 32 | 21 | 53 |
| Malnourished pregnant, postpartum, newborn, and children surveillance | 18 | 39 | 57 |
| Result 2.2 Improved access to infant and child health care | | | |
| Census of children under two and mapping of children with chronic malnutrition | 11 | 8 | 19 |
| Total | 61 | 68 | 129 |

| Nutri-Salud Meetings and Awareness Activities – QTR 1 FY 2015 Result 2: Improved Neonatal, Child and Maternal Health | # of participants | | |
|---|-------------------|----|-----|
| | M | F | T |
| 2.1 Improved neonatal, Child and Maternal Health | | | |
| Maternal death analysis | 47 | 67 | 114 |

Result 2.1: Access to obstetric and newborn health care improved

In the first quarter of FY 2015 Nutri-Salud provided technical assistance to improve clinical and community-based monitoring of pregnant as well as postpartum women and newborns during the first 48 hours after birth. The project continues to participate in the analysis and monitoring of cases of maternal mortality to improve the identification of obstetric risks and the system of referrals for at risk pregnancies and obstetric complications.

Strengthening health services at the first level of care

Nebaj, Quiche. Nutri-Salud trained nursing assistants and professional nurses in the Active Management of the Third Stage of Labor (AMTSL) in order to improve the capacity to recognize complications, as well as stabilize and refer pregnant women to higher level health facilities for specialized treatment. These continuing activities aim to strengthen the competencies of health workers as a strategy to contribute to a reduction in maternal and neonatal death.

Quetzaltenango and Totonicapán. Nutri-Salud has continued to promote birth plans (used as counselling tools in health facilities by auxiliary nurses and health educators) as another strategy to help prevent maternal mortality by ensuring that obstetric risks are recognized and emergencies are addressed in a standard manner. In the municipalities of Quetzaltenango and Totonicapán birth plans and guides, as well as prenatal care guides are being used. These

materials help improve counseling given by providers when delivering primary health care services in health facilities and during home visits.

Zacualpa, Quiche. Meetings were held with health educators to strengthen the development and use of birth plans. Health staff appreciated the job aids that Nutri-Salud shared and noted that the material is easy to use, very graphic, and will help them provide counseling during pregnancy, childbirth and postpartum. Additionally, in San Marcos, Nutri-Salud, with the support of Catholic Relief Services, trained two nursing assistants from each health post, health coordinators of the Municipal Health Districts, and health workers from convergence centers and of minimum units, in the correct use of the MOH obstetric census form, as part of the active surveillance of pregnant women to reduce maternal morbidity and mortality.

Quetzaltenango and Totonicapán. Nutri-Salud provided technical assistance to the Health Area committee responsible for surveillance and analysis of maternal morbidity and mortality. The aim is to prevent maternal deaths through analysis of delays and critical links in the implement of local interventions to reduce maternal morbidity and mortality (ex. initial management of obstetric complications, recognition of obstetric risk by traditional birth attendants, and other interventions).

Result 2.2: Access to infant and child health care improved

Nutri-Salud works to improve access to infant and child health by providing technical assistance to Ministry of Health primary care facilities. The project has worked with NGOs implementing the Extension of Coverage Program (PEC) to improve infant and child health care, providing grants to support the strengthened PEC model and giving technical support in topics such as logistics as well as monitoring of performance indicators that measure NGO progress in implementing the PEC technical plan for service delivery.

Key project strategies in MNCH are to strengthen networks of care services, improve coverage of Growth Monitoring and Promotion (AINM-C) in children under two years, (a key activity and opportunity to provide other essential nutrition actions, standard case management, proper supervision of children / as to reduce the risk of chronic malnutrition; and the promotion of the active involvement of community health committees in AINM-C activities.

Strengthening health services at the first level of care

Because of severe budget constraints within the Ministry of Health, the PEC Program remains underfunded and lacking in necessary supplies. Within this context, the MOH strategy for a permanent health care presence within rural communities through the “Strengthened” PEC Model which Nutri-Salud has been supporting, has become increasingly ineffectual. Although sub-grants to 18 PEC NGOs were discontinued during this quarter, Nutri-Salud continues to provide technical assistance to PEC NGOs where they are operating to strengthen their capacity to provide quality services.

San Juan Cotzal, Ixil. Nutri-Salud has led discussions of alternative models of health service delivery in collaboration with the Ixil Health Area and the municipal government of San Juan Cotzal. As a result, the Health Area and municipal government of San Juan Cotzal will sign an agreement to collaborate to ensure health service coverage in 29 communities. The Municipal Council of San Juan Cotzal is committed to funding human resources necessary for the provision of care in 29 communities. The Ixil Area Health will provide infrastructure, equipment, supplies and Nutri-Salud will provide training to health workers. **Chichicastenango and Uspantán, Quiche.** Nutri-Salud has continued to provide on-site training and mentoring in comprehensive MNCH care with nurses, health educators, and rural health technicians in

Health Posts Paxton II, Chuabaj and Camanchaj (Chichicastenango) and Pinal and Caracol (Uspantán) to reinforce health actions focusing on the 1,000 Day Window of Opportunity and to improve data collection. Specific areas of focus have been the improved use of census and community mapping data to track pregnant women in the communities, using clinic registries and estimated dates of delivery (EDD), in order to prioritize and monitor preventive prenatal care.

Population counts and community mapping (croquis) are also important tools to ensure comprehensive case management and monitoring of key populations at the community level. By using census data and community maps health facilities can identify reproductive age women (particularly pregnant and postpartum women) and children under two in order to target these population groups for key health interventions such as prenatal care, family planning, and growth monitoring and promotion activities. Nutri-Salud supports health facilities (health posts and PEC facilities) to improve these functions and the facilities have pledged to improve the use of tools, such as official forms, for recording and reporting of data and ensuring comprehensive case management. Nutri-Salud continued to support facilities through on-site training in Health Posts such as Paxton II, Chuabaj and Caracol (in Chichicastenango and Uspantán) and promoted these activities at the community level through meetings with community leaders and authorities to promote greater involvement in health actions. In Momostenango, Totonicapán, support was given in community mapping through the provision of laminated maps and thought the use of maps to conduct home visits where MNCH preventive care is provided through one on one counselling.

Supply Management and Logistics. Nutri-Salud also supports primary care health facilities through technical assistance to improve supply management and logistics. This quarter, Nutri-Salud gave technical assistance to PEC NGOs such as; COTONEB in Cunén and Sacapulas, CEDEC in Zacualpa, FUNDEI in Chichicastenango, and Carroll Behrhorst in Chichicastenango and Chupol. NGO staff such as accountants, technical coordinators, and other staff involved in procurement and logistics were trained in several key components of the logistics cycle (planning, acquisition, selection, and storage and information systems) in order to guide staff in charge of purchasing drugs and supplies. Training was provided on the use of the tool "Estimating and Scheduling of Medicines and Supplies" to help NGOs optimize funds received from the MOH for the implementation of the Extension of Coverage program.

Activities Planned for the Next Quarter

- Continued facilitative supervision and mentoring to develop skills in essential obstetric and neonatal care, including recognition of danger signs (with doctors, nurses, assistants)
- Support community surveillance of pregnant women, childbirth, postpartum women and newborns (improved service network), through the Commissions of health and community organization
- Technical Assistance to improve timely referrals for obstetric and neonatal care from the community and primary level to the secondary and tertiary levels, and develop family emergency plans
- Promotion of births attended by qualified providers, use of birth and emergency plans and use of local emergency funds.
- Training of students in practical training, in key areas of health and nutrition within the 1000 day window of opportunity

- Technical support for the maintenance of updated data based on community maps and registries of pregnant women and other key population groups
- Logistics support to primary care facilities through monitoring of the supply of inputs and drugs and updating logistics databases
- Coordination with Health Areas and PlanFam to implement referral centers
- Follow-up to trainings to support health committees
- Monitoring the implementation of health committee activities to strengthen the prevention of maternal death in primary care

Component 3: Family Planning

Family planning has positive effects on maternal neonatal and child health outcomes and is an important part of an integrated strategy to reduce chronic malnutrition and improve community health. Nutri-Salud promotes community-based reproductive health and family planning services through strengthening of program planning, promoting community participation and building the capacity of community organizations to distribute family planning methods at the community level.

| Nutri-Salud Meetings and Awareness Activities – QTR 1 FY 2015 Result 3: Increased Availability of Community-Based Family Planning Services | # of participants | | |
|---|-------------------|----|----|
| | M | F | T |
| 3.1 Effective CBD programs for FP services implemented, including preventive services for adolescents | | | |
| PlanFam and Nutri-Salud coordination meeting to strengthen the access of Family Planning methods through the health service network | 18 | 19 | 37 |

Result 3.1: Effective CBD programs for family planning services implemented, including preventive services for adolescents

This quarter, Nutri-Salud promoted community-based reproductive health and family planning services through technical assistance to the formal health care sector to improve counseling service delivery through grants with local organizations to implement programs focusing on adolescents. The project also conducted a validation of the MEROS approach, which focuses on male participation in family planning. MEROS is a Spanish acronym for Methodology, Experiences, Reflection, Organizing Knowledge, and Follow-up – a process that engages men in making commitments to support improved reproductive and sexual health of their partners, friends, family members and others. Coordinating with the HEPP Project and its Network of Men for Health, Education, and Nutrition (REDHOSEN for its acronym in Spanish), Nutri-Salud conducted a meeting of male members of the Health Committees in Momostenango to validate the MEROS methodology and to strengthen the knowledge of committee members in Reproductive Health and Family Planning.

Strengthening community organization to improve nutrition and health

Reproductive Health Sub-grant: Red Cross in San Marcos. The Guatemalan Red Cross continues to promote reproductive health with adolescents in San Marcos through a Nutri-Salud sub-grant. During the reported quarter the Red Cross advanced in developing agreements with 24 public schools and 19 community assemblies to work with adolescents to implement the

reproductive health and youth development activities. The organization also gave counseling to 692 parents to promote reproductive health among adolescents. In addition, seven awareness-building workshops with more than 450 adolescents and 210 unschooled youth were conducted. To date, the Red Cross has reached 1700 young people on sexual and reproductive health through workshops and home visits under the Nutri-Salud sub-grant.

Reproductive Health Sub-grant: ACODIHUE in San Antonio Huista and Cuilco. ACODIHUE is carrying out home visits to 450 young couples with a special focus on single mothers as a vulnerable group. These counseling visits are aimed at improving knowledge of reproductive health topics and family planning methods, as well as promoting self-esteem and responsible parenthood. In addition, 650 adolescents and their parents were trained in sexual and reproductive health and 572 youths have developed life plans.

ACODIHUE has also produced and broadcast radio programs in each of the municipalities covered by the sub-grant (San Antonio Huista and Cuilco) to raise awareness on reproductive health and family planning issues. These are pre-recorded radio programs with specific topics for teens, such as; stories of teenage pregnancy, sexual and reproductive rights, family planning, domestic violence, fertility among others. A partnership with community leaders, radio broadcasters and a local cable TV company have facilitated the transmission of messages, which family planning, nutrition, secure water and other health issues from the municipality of Nebaj to the whole Ixil area. The material used on the radio and television were donated to the program.

The University of San Carlos endorsed a certificate course (*diplomado*) on Sexual and Reproductive Health and Family Planning that is being implemented conducted through the Nutri-Salud sub-grant to ACODIHUE. Sixteen secondary school teachers have been equipped with skills to teach about sexual and reproductive health and family planning topics in schools both to student populations and to parents).

Reproductive Health Sub-grant: Pies de Occidente (Quetzaltenango and Totonicapán). Pies de Occidente continues to implement a Project to promote the knowledge of reproductive health in adolescents in four municipalities in Quetzaltenango and Totonicapán. In this quarter the NGO developed 12 scripts for radio shows that will be broadcast in the Mayan languages Quiche and Mam and in Spanish. The topics covered by these radio shows that target adolescents are:

- Developing a life plan, discussing the plan with parents, and following the life plan
- Causes and consequences of teenage pregnancy
- Consequences of an unwanted pregnancy and prevention of unwanted pregnancy
- What and how we prevent HIV
- Sexual and reproductive rights of adolescents and young adults
- Spacing of children for young couples

Pies de Occidente also broadcast five radio spots on sexual and reproductive health issues in four municipalities in Quetzaltenango and Totonicapán. These spots were broadcast in the Mayan language Quiche and in Spanish and addressed sexual and reproductive health topics for teenagers and young parents, with the aim of building awareness and promoting behavior change.

The NGO also developed an informative guide for adolescents entitled "My Body, My Choice, and I Live My Sexuality Responsibly."

Result 3.2: Community participation and advocacy for family planning and reproductive health increased

Nutri-Salud worked this quarter to strengthen community participation and advocacy for family planning and reproductive health by raising awareness of important topics in reproductive health and family planning such as exclusive breastfeeding, the importance of the correct use of family planning methods, and the relationship between family planning and chronic malnutrition. The project is working with youth leaders, community development councils and health committees and other community leaders.

Strengthening community organization to improve nutrition and health

Chichicastenango, Quiche. Nutri-Salud organized a summit of sixteen youth leaders aimed at raising awareness on the importance of the correct use of family planning Methods. Youth leaders/attendees are health workers, nursing students and adolescents with demonstrated community leadership. The attendees made a commitment to continue the training process and form a youth network to promote health and nutrition actions.

Momostenango, Totonicapán. Community authorities of the village of Ponca in Momostenango initiated a health fair aimed at women of childbearing age, pregnant women, and lactating mothers. The fair was supported by Nutri-Salud and exclusive breastfeeding, Essential Nutrition Actions, as well as informed and responsible methods of family planning were promoted. **San Marcos.** Members of women's groups from the communities of the municipality of San Miguel Ixtahuacán San Marcos were convened to raise awareness of the importance of sexual and reproductive health and family planning and its relationship to food security and malnutrition. Three hundred members of women's groups participated. This event highlighted the importance of the issue for women as individuals and for their families. Representatives of the groups discussed their opinions on the topics. Some of the ideas expressed were; the need for a variety of family planning methods and health services at the primary care level, which would allow users to decide which method to use. Several gave accounts of being told at health facilities that there are none, or very few, methods available at the community level. **San Marcos.** In coordination with other USAID WHIP implementing partners, community leaders, COCODES and traditional birth attendants (*comadronas*) from the community of Tocache in the municipality of San Pablo were trained on family planning methods.

3.3: Capacity of selected local organizations to guarantee the quality of community-based distribution of family planning services guaranteed

Strengthening health services at the first level of care

Nutri-Salud works to strengthen the capacity of MOH and PEC NGO staff to deliver reproductive health and family planning counselling, referral, and, when appropriate, distribution of methods in primary care facilities. In this quarter, Nutri-Salud's technical team in Santa Cruz Quiche met with health workers to analyze the coverage of family planning methods, and logistics supply issues for family planning methods. As a result of this meeting, actions to improve coverage and the supply chain logistics for family planning methods were agreed upon and will be implemented in the coming quarters.

Activities Planned for Next Quarter

- Promote the use of methods through community leaders
- Analyze job aids available at health facilities for guiding the delivery family planning methods
- Continued coordination of family planning activities at the community level with USAID WHIP partners
- Implement district level workshops to improve balanced counseling in health facilities (including referral)
- Continued facilitative supervision and mentoring in health facilities
- USAID approval of the MEROS training materials, followed by trainings and technical assistance in the MEROS methodology, including monitoring and evaluation (workshops men to work with male community leaders).
- Continued coordination with community actors and organizations to combine and strengthen efforts to promote family planning
- Broadcasting of family planning radio spots.
- Work planning meetings with Health Districts and other community partners to coordinate the various family planning activities that will take place in the next quarter.
- Plan and solicit applicants for sub-grants for the community-based distribution of family planning methods.

Component 4: Community Mobilization

The purpose of this project component is to increase the effective participation of local governments (including municipal and community development councils), community action groups/social networks, community leaders (including traditional authorities) to improve community health and nutrition. The project seeks to raise awareness among citizens, community leaders, municipal authorities and members of municipal and community development councils about the causes of chronic childhood malnutrition and other poor health outcomes, and to strengthen municipal investment and collective local action in health promotion and prevention activities that contribute to reducing the prevalence of chronic malnutrition.

Concerned about the loss of access to basic health services in several of the *municipios* in the WHIP area, Nutri-Salud has stepped up its efforts to identify pilot initiatives that can help bridge the growing gap created by the decline of the PEC program until a new/replacement model for primary health care is defined and operational. Nutri-Salud has forged a strong working relationship with the new USAID local governance program (Nexos Locales) and the Integrated Administrative and Financial Office for Municipalities (DAAFIM) of the Ministry of Finance to provide technical assistance to local governments on results based management, health, nutrition, water and sanitation. In the second quarter of FY 2015, SEGEPLAN and the USAID Health and Education Policy Project (HEPP) will also join this effort.

The protracted fiscal crisis facing the national government has left the PEC NGO program in shambles, reducing access to care for rural populations. Local governments do not have the legal mandate or financial, human and technical resources to quickly substitute the PEC program; however, the PEC crisis is motivating some municipal governments to better target

resources toward rural health service delivery. Historically, municipal governments tend to focus on improving public works (town parks, roads, markets, and schools), often to the exclusion of activities. Nutri-Salud is helping selected municipal governments to identify opportunities to support local health service delivery in coordination with public health authorities.

| Nutri-Salud Training and Workshops – QTR 1 FY 2015 Result 4: Established Community and Local Government Support for Improved Health and Nutrition | # of participants | | |
|--|-------------------|-----------|------------|
| | M | F | T |
| Key health and nutrition (including the importance of having an emergency fund and developing and using lists of pregnant women with the probably delivery dates) as well as the analysis and problem solving skills (steps 3 and 4 in the 5-step manual). | 18 | 22 | 40 |
| Using the Project Manual: El Naranjo, Loma Italia, San Rafael Pie de la Cuesta, La Estancia and Piedra Parada, all communities of San Marcos | 10 | 8 | 18 |
| Health and nutrition, the importance of an emergency fund, developing and using lists of pregnant women with the probably delivery dates | 21 | 19 | 40 |
| Use of video camera to make short films as a tool for demonstrating the need for safe water investments | 2 | 2 | 4 |
| Total | 51 | 51 | 102 |

Result 4.1: Community-wide participation in health and nutrition activities, with emphasis on the participation of women

Strengthening health services at the first level of care

In mid-2014, the Ministry of Health dropped several NGOs from the PEC program including two NGOs that had been covering thirteen jurisdictions in the WHIP area. One of the affected areas is San Juan Ostuncalco, Quetzaltenango. Concerned about the resulting lack of access to basic health services in their communities, three COCODES coordinated with the municipal government of San Juan Ostuncalco and local MOH health authorities to open three new *unidades mínimas* (basic health units). The COCODES provided the physical space (room or small building) for the *unidades mínimas*. The Ministry of Health assigned an auxiliary nurse to staff the unit and Nutri-Salud, together with the local government, provided basic equipment (see Annex 7 for a success story). Nutri-Salud facilitated the process and is now working with the units to ensure quality of care and a strong focus on the activities and interventions related to the 1000 Day Window of Opportunity.

In November, 2014, COTONEB (the PEC NGO covering the three *municipios* comprising the Ixil Area) announced that it would not continue to participate in the program beyond the end of the calendar year because of the program's instability. Anticipating the loss of rural health service delivery beginning in January 2015, Nutri-Salud began awareness-raising and advocacy work with the mayor's office in San Juan Cotzal, one of the three municipalities in the Ixil Area. With greater understanding of the situation, the mayor was motivated to explore an alternative modality of service delivery. Nutri-Salud helped to facilitate a joint analysis by the mayor's office, COMUSAN and the Health Area to determine the communities that would need services, the human resources needed, and salary requirements. The mayor office's is now developing a formal agreement with the Health Area and will be hiring five auxiliary nurses, one professional nurse, 32 community facilitators and 99 *comadronas* to staff and support the seven community convergence centers that COTONEB had operated in the municipio.

Strengthening community organization to improve nutrition and health

During the quarter, Nutri-Salud continued to strengthen local health commissions. Highlights of the progress in this regard include:

- **Quetzaltenango and Totonicapán.** 37 of the 57 (65%) health commissions have been established (*municipios* of Momostenango and Santa Lucia La Reforma in Totonicapán as well as San Juan Ostuncalco and Concepcion Chiquirichapa in Quetzaltenango). Fifteen percent of the commissions have their emergency health plans in place and are headed by women. With support from Nutri-Salud, the Totonicapán Health Area developed and validated an integrated training manual. The manual outlines the steps for establishing health commissions and also includes the project's 5-step methodology for preparing emergency action plans. The Totonicapán Health Area has fully endorsed the manual and has completed the training of all COCODES in its use.
- **Huehuetenango.** the COMUDE in San Sebastian has started recognizing and motivating local health commission members by providing identification cards to those who commit to fulfill their responsibilities; for example, monitoring pregnant women as part of a strategy to help prevent maternal mortality. Nutri-Salud trained 40 health commission members in Cuilco on key health and nutrition (including the importance of having an emergency fund and developing and using lists of pregnant women with the probably delivery dates) as well as the analysis and problem solving skills (steps 3 and 4 in the 5-step manual).
- **Ixil.** 43 health commissions linked to health posts and convergence centers have been recognized as legal entities by the local governments in Nebaj, Chajul and Cotzal. The commissions are now managing emergency funds built from community members' contributions. The funds are used to support transportation for obstetric emergencies as well as nutritional and health emergencies for children. The funds helped save the lives of 34 women and children who were taken to second level facilities for obstetric and other emergencies, including acute malnutrition. Eighteen commissions are engaged in surveillance of women with an obstetric risk so they are poised to support their evacuation to a facility or provide other support.
- **San Marcos.** Nutri-Salud trained five health commissions in El Naranjo, Loma Italia, San Rafael Pie de la Cuesta, La Estancia and Piedra Parada using the project manual, and as a result for of these commission now have their emergency plans in place. Plans are place to train the remaining 100 health commissions in the future.
- **Quiche.** Nutri-Salud trained 40 health commission members in Sacapulas in the following topics: health and nutrition, the importance of an emergency fund, developing and using lists of pregnant women with the probably delivery dates. In addition, Nutri-Salud trained 77 members of COCODES in the Department of Quiche who in turn replicated the training to 322 male and female community leaders, 20 members of women committees, and 189 other community leaders (parents' groups, water committees, mother guides, community improvement committees, community facilitators and health guardians).

Nutri-Salud's four NGO sub-grantees continued their community participation and mobilization work in 12 *municipios* in the Health Areas of Quiche, San Marcos, Ixil, Quetzaltenango and Totonicapán. They are strengthening COCODEs and community leaders, and increasing community involvement in the identification of solutions for health and nutrition problems. Highlights of activities carried out during the quarter include:

Community Mobilization Sub-grant: ASDECO (Chichicastenango, Quiche).

- 8 COCODES from the second level of care trained in community organization, nutrition and health. They in turn replicated the training with 540 participants from additional 68 COCODES.
- 2 radio forums held on the 1000 day window of opportunity
- 75 indigenous women leaders trained in organizing, nutrition and health

Community Mobilization Sub-grant: ECO (Sibinal, San Rafael Pie de la Cuesta, San Lorenzo, San Pablo and El Rodeo in San Marcos).

- A youth leadership encounter
- 6 workshops for women leaders
- 10 workshops on identifying/prioritizing needs and project design
- Each of the municipios developed and presented a water project proposal to their COMUDES

Community Mobilization Sub-grant: APEDIBBIMI in Chajul, Cotzal and Nebaj in the Ixil Area.

- 1606 people participated in 55 “*caminatas*” focused on adequate use of water, waste (garbage) disposal/management, human waste disposal, and promotion of healthy food.
- 1414 people participated in 55 community assemblies to monitor the progress of the community health and nutrition plans they had developed previously
- 206 people from 55 COCODES participated in health and nutrition training workshops

Community Mobilization Sub-grant: Pies de Occidente: San Juan Ostuncalco and Concepcion Chiquirichapa in Quetzaltenango and Momostenango and Santa Lucia La Reforma in Totonicapán.

- 390 members of COCODES were trained in health, social audit/oversight, water and sanitation, the development council system, and health and nutrition
- 269 representatives of women’s organizations were trained in organizing, social audit/oversight, gender, the legal framework for women’s rights, and health and nutrition
- 103 representatives of community organizations in leadership, citizen participation, project design, and health and nutrition
- Two leadership forums were held on the topic “when women are trained, there are better decisions related to health and nutrition.”

Engaging local governments in health promotion

Nutri-Salud promotes women’s leadership and active participation, focused on actions related to the 1000 Day Window of Opportunity. For example, Nutri-Salud trained 75 women leaders in Quiche in self-esteem, the safe motherhood law, and violence against women. In addition, Nutri-Salud supported a gathering of women organizations from various *municipios* to improve their advocacy and negotiating skills in community decision-making forums such as COCODES

and COMUDEs. They also learned how to design projects on women's participation and decision-making for submission to NGOs and government entities.

Result 4.2: Municipal investments in water and sanitation services, and other health and nutrition actions increased

Strengthening health services at the first level of care

Huehuetenango: Nutri-Salud supported the process for testing water quality in the health posts in the municipio of Cuilco. The project guided the municipal water technician in properly analyzing data about access and quality, and then assisted him in developing a presentation of the data to MOH health staff as well as preparing a follow-up action plan outlining the next steps to be taken by the municipal government and auxiliary nurses at health posts to improve access to safe water.

Engaging local governments in health promotion

Ixil. Nutri-Salud's Wheel of Behavior is used as an educational and advocacy tool with municipal governments to sensitize them about the ways that they can improve the enabling environment for household behavior change. To support advocacy with local governments, Nutri-Salud developed an internal guide to help the project field teams promote greater investments in water and other health interventions (See Annex 6). The Ixil project team used the guide and the Wheel in their advocacy efforts with the municipal governments in Chajul and San Juan Cotzal, focusing on two behaviors: (1) using latrines and keeping them clean and (2) keeping pregnant women and children away from kitchen smoke. As a result, the municipal governments included projects to build latrines and efficient cook stoves to reduce indoor air pollution in their annual budget requests to the national government. As noted above, the mayor of Cotzal has made the major step of budgeting resources to hire 6 facility-based staff and provide incentives to community health workers (99 *comadronas* and 32 community facilitators).

Nebaj. Nutri-Salud supported a participatory analysis of water quality with local technicians, community leaders and other authorities. As a result, seven additional water chlorinators (*hipocloradores*) were installed in communities.

Momostenango. Nutri-Salud and UNICEF jointly trained the COMUSAN communications sub-committee. The participants were trained to use a video camera and make a short film as a tool for demonstrating the need for safe water investments. The films were then presented to COCODES and municipal authorities to sensitize them on the need for investing in water improvements.

Based on its new Municipal Policy on Food Security and Nutrition, which Nutri-Salud and other WHIP partners help develop, the municipal government assigned 18% of its budget to food security and nutrition projects in 2014. In terms of water, the municipal government made small investments in water infrastructure improvements in health posts, community convergence centers and CAIMIs. For example, a water pump was installed at the CAIMI to provide piped water and two water/drainage projects were also completed.

Activities Planned for Next Quarter:

Because of the limited funding available to Nutri-Salud in the first quarter of FY 2015 is continuing in the second quarter, the project is prioritizing a few activities and delaying the start-up or full implementation of others. The following activities have been prioritized:

- Monitoring and periodic updating of the data base of community health commissions to verify women's participation
- Develop a system for publicly recognizing organized community groups and networks led by women
- Continue awareness raising with mayors' offices and municipal councils to encourage them to consider contracting personnel to help address the health coverage gap created by the loss of PEC NGOs in some jurisdictions
- Continue to build the capacity of health commissions to engage effectively in health promotion and prevention activities
- Provide technical assistance to Municipal Health Districts who are installing community chlorination systems (*hipocloradores*)
- Support the organization and capacity development of health commissions, especially the establishment and implementation of emergency action plans
- Support municipalities in certifying health commissions
- Support the adaptation/replication in Sacapulas of the Ixil approach to decentralization and municipal engagement
- Technical oversight of the 4 community mobilization grants

Challenges to Implementation and Solutions

| Challenges | Solutions |
|--|---|
| <p>Lack of full financial support to PEC NGO program caused loss of personnel, lack of supplies for basic services. As a consequence, there was widespread failure by NGOs to meet many of their service delivery targets.</p> | <p>While there are no immediate solutions to the government's fiscal crisis and lack of support for the PEC program, Nutri-Salud addressed the problem in two ways:</p> <ol style="list-style-type: none"> 1. The project participated in a high level working group led by the Vice Minister of Health to analyze options for complementing the PEC NGO program through alternative models (a strengthened institutional model and/or greater municipal involvement) 2. The project stepped up dialogue with select local governments that were concerned about the loss of PEC coverage, identifying concrete ways for greater municipal investment in health with some early successes in Ixil and Quetzaltenango. 3. The project decided on an early termination of the complementary FOG grants between URC and 18 PEC NGOs as the NGOs were not able to meet milestones. |
| <p>Potential politicization of local governments during the upcoming electoral year.</p> | <p>Nutri-Salud staff are sensitized as to the risks that some mayors and local candidates may try to use the fiscal situation and/or PEC issues as an electoral topics. The project's strong relationship with Nexos Locales will facilitate analysis of these</p> |

| Challenges | Solutions |
|--|---|
| | issues on a case by case basis. |
| Lack of basic medications and supplies for all facilities and programs at the first level of care. | Nutri-Salud staff routinely monitor the situation and are sharing information with MOH DAS and DMS authorities as well as the USAID Deliver project. |
| The APRECIE methodology was implemented in only 51% of the supervision areas, primarily because of the problems with the PEC program. | Nutri-Salud is analyzing options for adjusting the sampling methodology and supervision areas to focus more on MOH health posts and minimum units where the methodology can be used systematically. |
| Incremental funding from USAID has been available only for minimum/priority activities. | Nutri-Salud has adopted a flexible approach to implementation and maintains fluid communication with the AOR and Alternate AOR to monitor progress on the priorities. |
| According to Guatemalan policy, only MOH staff can be involved in community-based distribution of MOH-purchased family planning methods. With the loss of stipends for community facilitators and TBAs (comadronas), it is not clear how a community-based distribution program for family planning methods will work. | In the short, Nutri-Salud will step up coordination with PlanFam and APROFAM for stronger referrals to second level services and mobile clinics to better meet demand. The project is also coordinating more closely with UNFPA in the design of joint proposal to the MOH on how to improve CBD programming within the confines of GOG policy. |

Program Management

Sub-Grants

Nutri-Salud supports community level maternal, neonatal, and child health service delivery, community-based reproductive health and family planning activities, and the active participation of community actors in health and nutrition activities through sub-grants to local non-governmental organizations.

During this quarter, Nutri-Salud managed 25 sub-grants with local NGOs implementing activities in three categories:

- MOH Extension of Coverage Program (PEC) primary care health service delivery
- Strengthening of Community Development Council Systems for improved participation in Health and Nutrition activities (Community Mobilization Grants)
- Reproductive and sexual health with adolescents (Reproductive Health Grants)

These sub-grants, with a total value of \$1,901,491.41 are administered as Fixed Obligation Grants (FOGs) based on technical deliverables that are submitted by sub-grantees on a quarterly basis. Technical monitoring of sub-grant implementation is done by Nutri-Salud's Public Health Managers who lead Nutri-Salud's field teams. The review and approval of sub-grant deliverables is coordinated by Nutri-Salud's Grants Manager.

PEC Sub-grants. 18 PEC sub-grants were suspended during this quarter due to the lack of core budget resources from the MOH, which made it impossible for the PEC NGOs to meet deliverables under the FOG agreements. Under the terms of the Fixed Obligation Grants sub-grantees are eligible for reimbursement of expenses incurred in the performance of the grant deliverables before the termination of the grant. URC is currently reviewing sub-grantee claims as part of the grant close-out process.

Community Mobilization and Reproductive Health Grants. The seven sub-grantees that are implementing Community Mobilization and Reproductive Health sub-grants were monitored this quarter and deliverable submissions were reviewed by Nutri-Salud's grants management team. Details on the technical implementation of these sub-grants can be found in previous sections of this report.

Monitoring and Evaluation

APRECIE Implementation

The APRECIE quality improvement methodology was implemented by about half of the health posts and convergence centers in the Nutri-Salud coverage area. The decrease in the use of the methodology during the quarter occurred mostly in the health areas of Huehuetenango and Quiché due to PEC budget restrictions as well as the loss of two PEC NGOs covering 13 jurisdictions in those areas. Since July 2014, several facilities, especially convergence centers in the 13 jurisdictions that lost their PEC coverage, did not provide health services, and as a consequence APRECIE could not be implemented in those locations. Despite the constraints, APRECIE reports were received from 51% of the supervision areas (57 out of 112), as shown in Annex 5, Table 1.

Principal Results: Health Promotion

- As shown in Annex 5, Table 3 the APRECIE measurements show a constant, since the third measurement, in the knowledge of women. Among all the health promotion indicators, the indicator value shown a value of 90% in the current measurement.
- The only indicator that shows a different conduct is the one related with the emergency family plans, which shows evidence of use of these plans. The current value for this indicator is 58.5% far from the initial measurement in June of 2013 where the value was 13%. This indicator is linked to the provision of material and has been a struggle, since the beginning of the project, to manage the provision of the emergency plans. The Improvement Teams have included this indicator in their improvement plans, to manage the provision of the material which, as is shown, has given results.

Principal Results: Health Service Delivery

- Three of four health service delivery indicators related to quality of care given by health care providers show improvement this quarter. Refer to Annex 5 for health service delivery indicator results. However, indicators related to health service provision that requires supplies have suffered.
- The neonatal indicator shows how the lack of supplies has impacted health service delivery. This indicator showed that 31% (31 out of the 108) of the supervision areas reached 95% in June 2014, but in the current measurement only 3 of the 57 (5%) reached 95%. This means that the expected implementation has not been achieved due to the lack of supplies. The

administration of Hepatitis B vaccine has been impacted by lack of supplies, refer to Annex 5, Table 6.

Population Count (Census), Community Mapping (Croquets) and Certification Process

During the week of December 15-19, 2014, Nutri-Salud experts provided technical assistance during a training workshop aimed to introduce the guidelines for the implementation and certification of the Census and Mapping tool for the first and second levels of care. Twenty-two staff members of the Ministry of Health from Ixil, Quetzaltenango and Totonicapán plus 7 health districts participated in this training.

The guidelines for the implementation of census and mapping and for the certification process were prepared by the Ministry of Health with the support from several donors. Nutri-Salud provided technical expertise and financial resources throughout the entire process of designing the tool and the data collection/entry process as well as the training process.

SIGSA/CensoNet Monitoring:

Only 35% (152 of 429) PEC facilities, 40% (8 of 20) Unidades Mínimas and 58% (84 of 146) health posts, completed and submitted their reports to the health district. In total, only 41% of first level health services reported in this quarter. Performance monitoring targets this quarter were not met for any of the SIGSA/CensoNet indicators for which data is available. As noted elsewhere, the major constraint affecting these coverage indicators is the limited availability of basic medicines and micronutrient supplements. As a result, in this quarter, coverage of micronutrient supplementation for pregnant women and children was extremely low, when compared to Q4 FY2014.

| SIGSA/CensoNet Reporting (Q1FY2015) by Health Facility Type | | | | |
|--|-----------------------|---------------------|-------------------------|--------------|
| Facility type | PEC Facilities | Health Posts | Unidades Mínimas | Total |
| # of Facilities | 429 | 146 | 20 | 595 |
| # Reporting this period | 152 | 84 | 8 | 244 |
| Percentage reporting | 35% | 58% | 40% | 41% |

Activities Planned for Next Quarter:

- APPRECIE Quarterly Measurement, analysis and development of quality improvement plans
- Population Count, community mapping of providers, target groups, and community health volunteers
- Training workshops at the first level of care to provide guidelines to those areas that have not already done their census and mapping and to certify the existing census and mapping where the tool have already been put into practice.

Institutional Communication and Knowledge Management

Nutri-Salud continued to inform USAID on the achievements through the Weekly News & Activities Report, and the Activities Calendar.

Website. Nutri-Salud's website was submitted to USAID for review in June, 2014. Feedback on proposed website was received from USAID in this quarter; once the project has funding obligated, a consultant will be hired to address USAID's recommendations and revise the

website for re-submission. Maintenance and updates will commence once the website is approved by USAID.

As part of the knowledge management efforts, the project held several internal meetings, as well as workshops with project partners. Knowledge management events in this quarter include:

Workshop “Pilot Initiatives for Municipal Engagement in Community Health Care.” In November 2014, the Nutri-Salud team, led by an external consultant participated in this workshop to define the project’s approach to innovative ways for local governments to invest in health and nutrition, compensating for the debilitation of the PEC NGO program in select *municipios*. The workshop was an opportunity to map stakeholders present at the municipal and local level with whom Nutri-Salud can work with. A discussion to define the roles of these stakeholders was also done to determine the type of interaction and coordination needed with each one. An analysis to identify priority municipalities was also part of the workshop; based on a series of criteria that include interest and leadership of the mayor to invest and implement nutrition plans, five priority municipalities were identified. The product of this workshop is an action plan to work them, which will be revised and implemented during FY 2015.

Workshop “Experience and Learning on the Wheel of Behaviors.” The Wheel Program draws on the past experience of Nutri-Salud partner Mercy Corps’ tool the “House and Lot Management” strategy for food and nutrition security. In December 2014, Nutri-Salud staff held a workshop to discuss lessons learned from the Mercy Corps experience with their implementation team. Issues discussed include design of training sessions, results monitoring and identification of community based networks that can adopt the Wheel. These will be taken into account when the program is rolled out in the next quarters.

Revised Annual Work Plan Meeting. As in the previous years, a work planning meeting was held to discuss the project’s experience in FY 2014, identify successes and issues that leave room for improvement and prepare a revised Annual Work Plan (to update the earlier version of the plan that had been submitted in August). Project partners Mercy Corps and INCAP actively participated in the meeting and The Manoff Group contributed to the planning and FY2014 results analysis before the meeting. Given the plans for greater engagement local governments, USAID/Nexos Locales project was also invited to the meeting to define joint actions that can advance Nutri-Salud’s objectives. With the help of a consultant, the team conducted a participatory analysis and exercise to define the project’s Theory of Change, building on the approved logical framework and the results from the workshop on “Pilot Initiatives for Municipal Engagement in Community Health Care.”

Environmental Compliance

In the first quarter of FY 2014, Nutri-Salud submitted its annual Environmental Monitoring Plan and Report (EMPR) to USAID for review. This report showed the project’s monitoring of environmental impact mitigation activities, principally for PEC NGO sub-grantee medical waste management activities.

Environmental mitigation activities planned this quarter with PEC NGO sub-grantees to ensure proper management of medical waste, which included the development of medical waste management plans by each NGO and on site monitoring of medical waste management practices were cancelled when the notification of the termination of the 18 sub-grants were sent in November. However, the project continues to give technical assistance to primary care health facilities in the project areas on the proper disposal of medical and everyday waste.

Staffing and Administration

Use of Short Term Technical Assistance (STTA)

The following STTA took place during the first quarter of FY15:

| Organization | Name of Traveler | SOW | Date Traveled |
|--------------|------------------|--|---------------|
| URC | Kevin Embrey | <ul style="list-style-type: none"> Support the development of a revised FY 2015 Work Plan Support the development of a revised 5-year project budget revision Participate in the selection process for Deputy Chief of Party Structure close-out review process for 18 PEC NGO fixed obligation grants | December 2014 |

Local Consultants

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

Ivan Mendoza: This consultancy has two objectives: (1) support the joint efforts of USAID, IDB and the private sector Alliance for Nutrition to develop a proposal for providing health care services to rural communities in Guatemala in anticipation of the closure of the PEC program by 2017 and (2) assess the quality and focus of Nutri-Salud's activity planning and implementation to maximize results achievement. The first objective was funded with Rapid Response Funds and focused on the elaboration of a methodology for a comparative analysis of service delivery platforms as well as the development of data collection tools. The inter-agency team expects to have the proposal for a new service delivery model ready by June 2015 so it can be discussed in national workshops with health experts, civil society groups, and political parties. The second objective was funded with regular project funds.

Deliverables Objective One (Rapid Response Funds):

- Description of the proposed methodology for conducting analysis of service delivery models for the first level of care (draft for discussion)
- Development of interview guides and the guide for mapping the actors
- Annotated bibliography of national and international articles on primary health care and universal coverage to be used as reference for guiding the study and preparation of the proposal
- Development of the proposed data collection plan covering all aspects of the study, including primary data collection and secondary data analysis

Deliverables Objective Two (Regular Project Funds):

- Proposal to strengthen Nutri-Salud's working relationships and implementation strategies with local governments and civil society organizations, based on interviews with existing and potential new partners, and site visits
- Strategies and activities identified and included in the FY 2015 revised annual work plan, focusing on the community level and engagement with local governments in all four components of the work plan

Silvia Escobedo: Administrative and project management support

Deliverables:

- Project filing system re-organized and routinely maintained
- Weekly news summaries and activities reports submitted to USAID
- Weekly senior management team (SMT) meetings organized, with agenda and minutes
- Workshop for the development of the Revised Annual Work Plan organized
- Field trips for COP organized and travel claims processed

Anna Lisseth Lorenzo: With the challenges facing the national PEC program, and the loss of PEC NGO coverage of 11 jurisdictions, Nutri-Salud hired a consultant to help facilitate an analytical process of opportunities to engage municipal governments and promote decentralized health care delivery as an alternative to the PEC NGO program (“Plan B”). The consultant provided strategic support to the senior management and project field teams to develop a strategy for exploring/defining innovative initiatives to engage municipal governments in health promotion, prevention and, when possible, service delivery.

Deliverables:

- Participatory analysis of municipal, health sector and other local actors, and their respective roles and responsibilities in a decentralized health system in Guatemala
- Plan to help field teams structure their exploration of new/improved modalities for municipal engagement in health service delivery in select *municipios*

Silvia del Águila: Based on the mid-project review and under the leadership of the new COP, Nutri-Salud is enhancing the focus on results achievement. The consultant provided strategic support for development of the revised FY 2015 annual work plan including facilitating an exercise using the Theory of Change to validate the project’s results framework and to develop broad agreement on how the project would work at the community level, with health facilities, and with municipal governments in all four components.

Deliverables:

- Workshop design including agenda, facilitation methodology, materials/instruments, and guide for using the Theory of Change approach to be used to validate the project’s results framework
- Workshop report detailing the discussion and decisions made by the participants
- Draft annual work plan by component and result, strategy, activities and timeline

Rapid Response Funds

The Nutri-Salud Project includes a Rapid Response Fund (RRF) which allows the project to quickly and efficiently respond to unanticipated issues or to design program activities in response to opportunities that have not been foreseen or anticipated but that offer high pay off within any of the components under the Nutri-Salud Cooperative Agreement. In September 2014, USAID approved the use of Rapid Response Funds to contract one or more national experts in Primary Care Health Service Delivery Systems in order to assist the project, the Guatemala Ministry of Health, the Inter-American Development Bank, and the private sector’s Alliance for Nutrition to develop alternative approaches for community-based health service delivery in the most remote communities of Nutri-Salud’s target area. This initiative responds to the severe budget deficit which is affecting the MOH’s ability to provide universal health

coverage and threatens the existence of the principle service delivery model for providing health services to the most rural and remote populations, the Extension of Coverage Program (PEC).

The RRF has enabled Nutri-Salud to hire a national consultant (see above section on consultants) to review first level care service delivery models, develop recommendations for alternative models of service delivery and USAID technical assistance, and then develop an operational plan for implementing alternative service delivery models and technical assistance to ensure health care coverage at the community level in the western highlands. The consultant is working closely with IDB and Alliance for Nutrition on a joint proposal for an alternative model, which will be ready for discussions with a broad array of actors (political parties, civil society groups, government representatives, academics, etc.) by June 2015. By the time national elections are completed in the first quarter of FY2016, the proposal will have broad support and will be ready to be discussed and reviewed by the incoming administration.

Annexes

Annex 1: Performance Indicators, Targets and Results – Quarter 1, FY 2015

Annex 2: Work Plan Progress Table - Quarter 1, FY 2015

Annex 3: Trainings and Workshops – Quarter 1, FY 2015

Annex 4: Financial Report – Quarter 1, FY 2015

Annex 5: APRECIE Measurement Report - Quarter 1, FY 2015

Annex 6: Internal Project Guide to Support Municipal Planning for Nutrition and Health Activities

Annex 5: Success Story

Annex 1: Performance Indicators, Targets and Results - Quarter 1, FY 2015

1. Project Monitoring Indicator Targets table (APRECIE)

APRECIE indicators are analogous to those collected through the Nutri-Salud Annual Survey. The target population includes mothers with a child under two years of age

| # | Indicator | Year 3 | | |
|---|---|--------|---------------------|---------------------|
| | | 2015 | Oct-Dec *N=1,083 | Performance >=90 |
| Result 1: Chronic Malnutrition Prevented | | | | |
| Result 1.1: Improved Maternal and Child Feeding Practices | | | | |
| A1 | % of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age | 92% | 91% | √ |
| A2 | % of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session | 92% | 93% | √ |
| A3 | % 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 | 94% | 96% | √ |
| Result 1.2: Improved Maternal and Child Essential Nutrition Actions | | | | |
| A4 | % of mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week | 95% | 92% | √ |
| Result 1.3: Improved Maternal and Child Hygiene and Care Practices | | | | |
| A5 | % of mothers with a child 0 to 23 months of age who mention key moments for hand washing | 98% | 97% | √ |
| A6 | % 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) | 93% | 94% | √ |
| Result 2: Improved Neonatal, Child and Maternal Health | | | | |
| A7 | % of mothers with a child 0 to 23 months of age that have emergency family plans that show evidence of use | 60% | 59% | √ |
| A8 | % of mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum | 92% | 91% | √ |
| A9 | % of mothers with a child 0 to 23 months of age who recognize at least three new born danger signs | 87% | 87% | √ |
| Result 3: Increased Availability of Community-based Family Planning Services | | | | |
| A10 | % 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) | 84% | 87% | √ |
| A11 | % 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 | 95% | 95% | √ |

* Number of mothers, with a child under 2, interviewed in 57 out of the 112 Supervisions Areas. Not representative of the whole project but to those Supervision Areas that have measured.

2. Project Monitoring Indicator Targets Table (SIGSA and CensoNet)

Service indicators are analogous to those collected through population-based surveys and are used to monitor progress of project activities towards achieving key milestones and results related to project objectives at the primary health care facility level. As shown below, indicator targets, for which there are data, were not met this period due to circumstances beyond the project's control; primarily because of shortages and interruptions in the availability of micronutrients and supplies from the MOH.

| # | Indicators: Q1-Q6 reflect data from all first level facilities* Q7-Q10 reflect data from PEC facilities only^ | Year 3 | | Performance >90% |
|--|---|--------|------|---------------------|
| | | Target | Q1 | |
| Result 1.2: Improved Maternal and Child Essential Nutrition Actions | | | | |
| Q1 | % of pregnant women seen at supported health facilities who were supplemented with folic acid | 50% | 25% | X |
| Q2 | % of children 6-59 months of age seen at supported health facilities who were supplemented with folic acid or vitamins, minerals, or micronutrient powder | 60% | 30% | X |
| Q3 | % of pregnant women seen at supported health facilities who were supplemented with iron | 50% | 24% | X |
| Q4 | % of children 6-59 months seen at supported health facilities who received iron or vitamins, minerals, or micronutrient powder | 60% | 30% | X |
| Q5 | % of children 6-59 months seen at supported health facilities who were supplemented with vitamin A | 45% | 29% | X |
| Q6 | % of women who are malnourished during pregnancy | 0.4% | 0.5% | X |
| Q7 | % of children 0 to 23 months of age seen at supported health facilities for monthly growth monitoring and promotion (well baby) | 85% | ND | |
| Result 2: Improved Neonatal, Child and Maternal Health | | | | |
| Q8 | % of postpartum women seen at supported health facilities who receive care from a qualified community-based provider in the first 48 hours | 55% | ND | |
| Result 2.1: Improved Access to Obstetric and Newborn Health Care | | | | |
| Q9 | % of pregnant women seen at supported health facilities for first antenatal control during first 12 weeks of pregnancy | 55% | ND | |
| Q10 | % of pregnant women attended by health workers from supported health facilities who received at least 4 antenatal care visits during pregnancy | 61% | ND | |

* Indicators Q1-Q6 show data from MOH health facilities and PEC NGO. During the quarter, 35% (152 of 429) PEC services, 40% (8 of 20) *Unidades Mínicas*, and 58% (84 of 146) health posts, completed and submitted reports to their health district. In total only 41% of first level health services reported in this quarter.

^ Indicators Q7-Q10 show data from PEC NGO only. There is no data for these indicators as NGOs did not submit CensoNet data this quarter.

Annex 2: Work Plan Progress Table – Quarter 1, FY 2015

| Annual Work Plan Progress Table | | | |
|---|--|-------------|---|
| Codes | Activities | Status | Observations |
| 1. Project Management | | | |
| G-1.1 Internal Planning and Coordination | | | |
| G.1.1.1 | Detailed quarterly planning with DAS and health districts, facilitated by Nutri-Salud managers | Completed | Nutri-Salud field team managers planned project priorities with DAS and DMS to ensure coordination. |
| G.1.1.2 | Development of Annual Work plan with Nutri-Salud partners (MC, INCAP, TMG, etc.) | Completed | Revised annual work plan submitted for USAID approval in December 2014. |
| G.1.1.3 | Update project PMP | Completed | Reviewed in detail with USAID in November 2014. Formally submitted for USAID approval in December 2014. |
| G.1.1.4 | Development of Nutri-Salud FY14 Annual Report | Completed | Quarterly report submitted to USAID January 2015. |
| G-1.2 Coordination and Activity Planning with USAID WHIP Implementing Partners and other Partners | | | |
| G-1.2.1 | Weekly coordination meetings with AOR and Alternate AOR/USAID | Ongoing | COP and, depending on the agenda, other staff attend the meetings |
| G-1.2.2 | Monthly coordination and integration meetings with Nutri-Salud partners (Mercy Corps, Manoff, INCAP, Cloudburst) | Ongoing | Regular meetings held in Guatemala with Mercy Corps and INCAP and via Skype with The Manoff Group. |
| G-1.2.3 | Coordination/integration meetings with other USAID partners (FANTA, Plan-Fam, HEPP, Agexport, Save the Children, CRS, etc.) and other cooperation agencies (WFP, UNICEF, IDB) | Ongoing | Regular meetings held at both the national level and in each of the WHIP areas with partners (individually and/or collectively) |
| G-1.3 Development of Innovative Alternatives for Technical Assistance to Reduce Malnutrition and Improve Maternal and Child Health | | | |
| G-1.3.1 | Internal project workshop to design pilot projects to explore the municipalization of health service delivery in the Guatemala Highlands | Completed | As result, advocacy with 6 mayors' offices to identify opportunities for municipal engagement in decentralized delivery of health services, including financing of first-level health providers and other in-kind support. |
| G-1.3.2 | Share and improve the proposal for alternative models of health service delivery and technical assistance through working meetings with USAID and MOH (Central, DAS and DMS) | Ongoing | Nutri-Salud participated in an MOH Working Group on Alternative Models (led by the Vice Minister) and also had several meetings with USAID on adjustments to the project implementation strategy. In December, 2014, submitted a proposal to USAID for an updated, flexible approach. |
| G-1.3.3 | Meetings with Municipal Councils and Municipal Health Districts for presentation and analysis of municipal health dashboards, identification of needs, and involvement of key stakeholders | In Progress | Based on improved understanding of the data on health and nutrition in their municipios, the municipal councils in Chajul and Momostenango have made commitments to invest in first level service delivery to help address the gap left by the loss of PEC NGOs. Discussions are underway with other mayors on ways they can strengthen community health provision. |
| G-1.3.4 | Meetings with key stakeholders for the presentation and analysis of municipal health dashboards and needs assessment. Development of an Action Plan in health promotion and prevention for the municipality. | In Progress | Meetings with local authorities led to the municipal council approving financial support in Cotzal, Quiche to hire health providers to provide services at first level health care facilities that would otherwise be closed (previously PEC facilities) |
| G-1.4 Sub-grant Administration | | | |

| Annual Work Plan Progress Table | | | |
|---|---|---------------|---|
| Codes | Activities | Status | Observations |
| G-1.4.1 | Administration of 18 2014 PEC NGO sub-grants | Completed | Early termination of the PEC NGO sub-grants due to MOH failure to fully fund the program, rendering Nutri-Salud's support less effective than envisioned |
| G-1.4.2 | Administration of 4 sub-grants with NGOs specialized in Community Mobilization | In Progress | Sub grantees are on track with deliverables, which include training COCODEs and health commissions on management and organization as well as topics related to preventing chronic malnutrition within the 1000DWO. Work is also being done with groups of women to increase their involvement in health/nutrition issues. Work plans with communities on garbage disposal and WASH measures are also advancing. |
| G-1.4.3 | Administration of 3 sub-grants with NGOs specialized in Reproductive Health | In Progress | Sub grantees are on track with deliverables, which include raising awareness on RH/FP among adolescents and their parents and teachers. Two NGOs are in the process of developing radio spots to be aired with young audiences and their peers. |
| G-1.5 Rapid Response Funds: Analysis of Health Service Delivery Models for Rural Health Care | | | |
| G-1.5.1 | Development of a proposal for a comparative analysis of health service delivery platforms. Development of tools to gathering information for the comparative study. | Completed | The following products have been completed: proposal for comparative analysis of models; tools for analyzing models; annotated bibliography of comparative experiences; and work plan for data collection. |
| G-1.6 Nutri-Salud Website Development and Management | | | |
| G-1.6.1 | Revision and finalization of website design and structure | In Progress | Feedback on proposed website received from USAID. Delays in project obligations have led to a delay in hiring a consultant to address USAID's recommendations and revise the website for re-submission |
| G-1.6.2 | Maintenance and updates of Website | Pending | Maintenance and updates will commence once the website is approved by USAID |
| G-1.7 Environmental Compliance | | | |
| G-1.7.3 | Technical Assistance to Sub-grantees to EMPRs for sub-grant proposals | Cancelled | Due to early termination of PEC sub-grants, these activities were cancelled |
| G-1.7.4 | Monitoring of sub-grantees to ensure compliance with sub-grant EMPRs | Cancelled | Due to early termination of sub-grants, these activities were cancelled |
| Result 1: Chronic malnutrition during the 1,000 days' window of opportunity prevented | | | |
| Result 1.1: Maternal and child feeding practices (breastfeeding and complementary feeding) to prevent onset of chronic malnutrition improved | | | |
| Competency-based Training of Health Personnel in Integrated Health and Nutrition Actions within the Framework of the 1,000 day Window of Opportunity | | | |
| R.1.1.1 | Develop competencies of health providers based on an Integrated Package of Health and Nutrition Actions, the Wheel of Practices, and competencies related to counseling for exclusive breastfeeding and complementary feeding | In progress | 78 Field Visits for facilitative supervision and on-site training, were done in San Marcos and Quiché. |
| R-1.1.3 | Facilitative supervision visits to health facilities and with mobile teams to improve competencies in the implementation of Essential Nutrition Actions | In progress | Nutri-Salud has identified weaknesses in competencies, mainly in correct anthropometric measurements, use of child registry and operations to ensure surveillance of risk groups. These weaknesses are being |

| Annual Work Plan Progress Table | | | |
|--|--|-------------|---|
| Codes | Activities | Status | Observations |
| | | | addressed through on-site training and focused facilitative supervision |
| R-1.1.4 | Train health staff of the first level of care through a Diploma (certificate) course on Essential Nutrition Actions | In progress | Methodology and content were finished during the quarter. |
| APRECIE: Improvement and Knowledge Sharing in Primary Health Facilities | | | |
| R-1.1.6 | Conduct quarterly measurement, analysis, and development of quality improvement plans with first level health care facilities as part of the APRECIE Methodology | Completed | Health Areas gave the first-level health services the option of during the APRECIE sessions in December. 51% (57 of 112) of the supervision areas opted to do APRECIE. Supervision areas that did not report are located in Huehuetenango and Quiché |
| Nutritional Research to Inform Community-based Interventions | | | |
| R-1.1.7 | Complete study on feasibility of Food-based Recommendations to strengthen facility and community-based counselling | Delayed | Pending availability of funding for INCAP to replicate the study in San Marcos. |
| R-1.1.8 | Promotion of best practices to reduce aflatoxins in corn in order to improve nutrient absorption in women and children | Delayed | This applied research activity carried out by INCAP has been suspended pending additional obligated funding |
| Implementation of the Wheel of Practices Program | | | |
| R-1.1.11 | Coordinated implementation of the Wheel of Behavior Program with sub-grantees and other partners in selected communities | In progress | Nutri-Salud has identified partners to help implement the Wheel in selected communities. These includes WFP, UNICEF, National Rural Extension System, Counterpart International and SESAN |
| R-1.1.13 | Introduction and awareness building of the Wheel of practices Program with Health Area and Health District staff, Municipal Governments, and Development Councils | In Progress | Meetings health with municipal councils, DAS and District personnel in all six Health Areas. |
| R-1.1.15 | Skills development in the implementation of the Wheel of practices Program with key partners (Health Facility staff, NGO coordinators, Auxiliary Nurses, Nurse Practitioners, Health Educators, Health District staff, Municipal Women's Offices, and community leaders) | Pending | Lack of available obligated funding caused all training to be postponed. During the quarter, Nutri-Salud shared the Wheel's methodology and tools broadly with stakeholders to garner their support |
| Result 1.2: Maternal and child ENA (micronutrient supplementation and others) to prevent onset of chronic malnutrition improved | | | |
| Implementation of the C-IMCI Strategy with MSPAS Personnel | | | |
| R-1.2.3 | Technical Assistance to support MSPAS Health Population Count, Mapping of community providers, target/at risk groups, and health/nutrition volunteers | In Progress | Training workshop completed in December for Quiche, Ixil, Totonicapán and Quetzaltenango. When additional funds are available, these Health Areas are ready to move forward with either certification of their existing population count or undertaking a count, depending on their local situation |
| Strengthen Municipal Capacity to Promote the implementation of Essential Nutrition Actions | | | |
| R-1.2.8 | Presentation of Municipal Health Dashboards to Municipal Governments | In Progress | See G1.3.4 |
| R-1.2.9 | Develop competencies in women leaders to implement the Wheel of Practices through the OMM | In Progress | Activities are underway with the Municipal Offices for Women (OMM- in Spanish) |
| R-1.2.10 | Advocacy and alliance building to promote municipal actions, programs, and projects in Food Security and Nutrition, through the coordination with the Nexos Locales Program | In Progress | Nutri-Salud and Nexos Locales are partnering with the Ministry of Finance to increase municipalities' investment in health/nutrition interventions. |
| R-1.2.11 | Awareness raising and advocacy with | In progress | Reviewing available screening tools that can |

| Annual Work Plan Progress Table | | | |
|--|--|---------------|---|
| Codes | Activities | Status | Observations |
| | Municipal actors on the effects of chronic malnutrition through the use of screening tools | | be adopted by the project |
| R-1.2.12 | Interchange of experiences between Municipal governments to raise awareness of positive changes in the reduction of malnutrition | Pending | Delayed to Q3 of FY 2015 |
| Result 1.3: Maternal and child hygiene and care practices to prevent the onset of chronic malnutrition improved | | | |
| Technical Assistance to Health care Personnel to Promote Healthy Homes and Environment | | | |
| R-1.3.2 | Implementation of the Wheel of Practice Program (See 1.1) | In Progress | |
| Wheel of Practice Program (See 1.1) | | | |
| R-1.3.3 | Implementation of the Behavior Wheel program in homes | In Progress | |
| R-1.3.4 | Facilitative supervision to support community health workers in the implementation of the Behavior Wheel Program | In Progress | |
| Wheel of Practice Program - Municipal and Local Governments (See 1.1) | | | |
| R-1.3.5 | Follow up with women's networks organized through (OMM) (database of implementation progress, evaluation of adopted practices, dashboard with municipal council, resource mobilization for the implementation of improvement projects) | In Progress | Implementation started during the quarter and follow up will be occurring in the coming quarters of the fiscal year |
| Result 1.4: Maternal and child cases of severe acute malnutrition identified and treated | | | |
| Strengthening of Competencies in the Prevention and Management of Acute Malnutrition | | | |
| R-1.4.2 | Technical Assistance to support surveillance and analysis of cases of acute malnutrition | In Progress | Participation in surveillance and analysis of cases meetings with Health Areas and Districts |
| R-1.4.3 | Training health personnel on the Acute Malnutrition Protocol | In Progress | |
| R-1.4.4 | Participate in meetings to analyze child mortality related to acute malnutrition to development and implementation of improvement plans | In Progress | Participation in surveillance and analysis of cases meetings with Health Areas and Districts |
| R-1.4.5 | Meetings with Health Area technical teams and Health Districts to identify potential alliances to provide equipment and supplies for the treatment of acute malnutrition | In progress | Nutri-Salud has identified partners interested in providing supplies and equipment for acute malnutrition (TIGO, World Food Program and UNICEF) and will begin meetings in Q2 FY 15 |
| R-1.4.7 | Support to municipal governments in the development of emergency plans for the referral of complicated cases of children with severe acute malnutrition | Pending | |
| Result 2: Maternal, Neonatal and Child Health Care Improved | | | |
| Result 2.1: Access to obstetric and newborn health care improved | | | |
| Technical Assistance to Improve Coverage and Quality of Primary Care Services | | | |
| R-2.1.1 | Monitoring and Evaluation of the implementation of the PEC technical Plan by PEC NGO sub-grantees (See Project Management) | Completed | |
| R-2.1.2 | Technical Assistance to strengthen the logistics cycle (programming, acquisition, selection, storage and information systems) at the primary care level with PEC NGO sub-grantees and other primary care providers | Completed | |

| Annual Work Plan Progress Table | | | |
|---|---|---------------|--|
| Codes | Activities | Status | Observations |
| R-2.1.3 | Technical Assistance to strengthen the implementation of tools for collecting logistics data for making timely decisions related to the supply of medicines and supplies in coordination with DELIVER | In Progress | |
| Promotion of Essential Nutrition, Obstetric, and Neonatal Care | | | |
| R-2.1.4 | Incorporation of essential nutrition actions in obstetric and neonatal care | Pending | |
| R-2.1.5 | Development of competencies for the promotion of nutritional care and essential obstetric and neonatal care (doctors, nurses, auxiliary nurses) | In Progress | |
| R-2.1.6 | Facilitative supervision and tutoring to improve resource mobilization for the provision of supplies, equipment and infrastructure for obstetric and neonatal care | Pending | |
| APRECIE: Improvement and Knowledge Sharing in Primary Health Facilities | | | |
| R-2.1.7 | Quarterly APRECIE measurements, data analysis, and development of quality improvement plans | Completed | |
| Strengthening of Health Service Networks | | | |
| R-2.1.8 | Technical Assistance to improve surveillance of the pregnant woman, birth, post-partum and newborn | In Progress | Field visits and supervision |
| R-2.1.9 | Technical Assistance to support the implementation of "referral initiating facilities" in order to strengthen referral networks | Pending | |
| Promotion of Births Attended by Qualified Providers | | | |
| R-2.1.10 | Technical Assistance with Health Personnel to promote the use of birth and emergency plans | In Progress | |
| R-2.1.11 | Technical Assistance with Health Personnel to support in resource mobilization for emergency funds and promotion of institutional birth | In Progress | |
| Continuous Education to Practicum Students (EPS) in Key Health and Nutrition Topics for the 1000 Day Window of Opportunity | | | |
| R-2.1.12 | Development of training modules for continuing education of health care students and trainees | In Progress | |
| R-2.1.13 | Implement trainings with health care students on key health and nutrition topics | Pending | |
| R-2.1.14 | Presentation and discussion of cases using the training modules | Pending | |
| Improved Community Monitoring of Pregnant Women | | | |
| R-2.1.15 | Technical Assistance to strengthen Health Commissions on the basic actions for the prevention of maternal mortality | In Progress | |
| R-2.1.16 | Capacity building Improve the performance of traditional birth attendants in the promotion of the 5 practices of the Wheel of Practices related to pregnant women | In Progress | Meetings with traditional birth attendants |
| Advocacy and Technical Assistance with Local Governments to Strengthen Health Care Networks | | | |
| R-2.1.17 | Advocacy and alliance building to infrastructure and equipment of primary care facilities, transportation for referrals | In Progress | |

| Annual Work Plan Progress Table | | | |
|--|--|---------------|---|
| Codes | Activities | Status | Observations |
| R-2.1.18 | Advocacy to municipal governments to recognize Health Commissions | In Progress | |
| R-2.1.19 | Strengthening of women's networks through the Municipal Women's Offices (OMM) | In Progress | |
| Result 2.2: Access to infant and child health care improved | | | |
| Technical Assistance to Strengthen C-IMCI (Integrated Case Management) | | | |
| R-2.2.1 | Review, validate and print protocols of C-IMCI (Protocols for Woman) | In Progress | Review completed, validation in progress |
| R-2.2.2 | Print protocol AIEPI AINM-C (Case Management for Children) | Pending | |
| R-2.2.3 | Population Count, community providers mapping, target/at risk groups and health/nutrition volunteers | In Progress | Population Count Workshop carried on, Dec. 14 |
| R-2.2.4 | Regional workshop for health providers on the implementation of AIEPI AINM-C | Pending | |
| R-2.2.5 | Follow up to ensure that health providers promote AIEPI AINM-C in the local level | Pending | |
| Community Promotion of C-IMCI (Prevention Activities) | | | |
| R-2.2.6 | Implementation of C-IMCI prevention activities at the community level | Pending | |
| Strengthening and Scaling up of Community Health Stores (TISA) | | | |
| R-2.2.7 | Review guidelines and norms for the creation and operations of TISA | In Progress | |
| R-2.2.8 | Support Health Districts in training TISA's personnel | Pending | |
| R-2.2.9 | Technical Assistance to ensure TISA products include necessary medicine/supplies for the 1,000 Day Window (including FP methods) | Pending | |
| Strengthen Support Networks for Maternal Neonatal and Child Health | | | |
| R-2.2.10 | Support COMUSAN for the involvement of other organizations in the interventions of the Wheel of Practices | In Progress | |
| Result 3: Availability of community-based FP services increased | | | |
| Result 3.1: Effective CBD programs for FP services implemented, including preventive services for adolescents | | | |
| Competency-based Training of Health Personnel in Family Planning | | | |
| R-3.1.1 | Workshops on integrated counseling at the district level, facilitative supervision, tutoring in health facility | In Progress | |
| R-3.1.2 | Coordination with 2nd and 3rd levels of care to strengthen referrals for permanent and long term methods | In Progress | |
| R-3.1.3 | Assessment of logistic processes to inform technical assistance to ensure availability of family planning methods at health facilities | In Progress | Several workshops with technical and administrative personnel at primary health care facilities |
| R-3.1.4 | Technical assistant to promote availability of Family Planning methods in primary health facilities | In Progress | |
| Technical Assistance to Strengthen Community-based Implementation of FP Services | | | |
| R-3.1.5 | Technical Assistance to ensure inclusion of FP methods in the products sold by TISAS | Pending | |
| R-3.1.6 | Community Distribution of Family Planning Methods through sub-grants to local NGOs (See Program Management for Budget) | Pending | |
| R-3.1.7 | Monitoring and Supervision to sub-grantee in | In Progress | |

| Annual Work Plan Progress Table | | | |
|--|--|-------------|--|
| Codes | Activities | Status | Observations |
| | the implementation of Adolescent Reproductive Health Grants | | |
| Technical Assistance to Municipal Women's Offices to Advocate for FP Services | | | |
| R-3.1.8 | Workshops with women leaders for the implementation of the Wheel of Practices (domiciliary visits, delivery of materials and counseling) | In Progress | |
| Result 3.2: Community participation and advocacy for FP and reproductive health increased | | | |
| Strengthening Knowledge of Health Workers in Family Planning Legal Framework and Barriers | | | |
| R-3.2.1 | Development of competencies in the MEROS methodology, including monitoring and evaluation (workshops with men/leaders in the community) | In Progress | |
| Implementation of MEROS Strategy (Family Planning with Men) | | | |
| R-3.2.2 | Workshops carried out by health providers for community leaders (including religious leaders) in the MEROS methodology. | Pending | The strategy was validated with the HEPP project's network of male leaders and the materials will be submitted for USAID approval. |
| Implementation of MEROS Strategy (Family Planning with Men) with Development Councils | | | |
| R-3.2.3 | Advocacy and follow up on agreements with the COMUDE to promote the participation of men and sharing knowledge and experiences post training sessions. Meetings with organizations that have presence in our areas to join efforts in the promotion of FP. Radio Spots | Pending | |
| Result 3.3: Capacity of selected local organizations to guarantee the quality of community-based distribution of FP services guaranteed | | | |
| Technical Assistance to Health Personnel for the Supervision, Monitoring and Evaluation of Community Family Planning Programs | | | |
| R-3.3.1 | Develop competencies for monitoring and evaluation community family planning programs. | Pending | |
| Technical Assistance to Health Commissions to Monitor Community Family Planning Programs | | | |
| R-3.3.2 | Develop competencies in the health commissions for the surveillance of the delivery of contraceptives and provision of integrated counseling | Pending | |
| Technical Assistance to Municipal Women's Offices to Oversee Community-based Family Planning Activities | | | |
| R-3.3.3 | Technical Assistance to municipal women's offices to monitor community-based family planning programs. Participation in district councils for the analysis of resources | Pending | |
| Result 4: Community and local government support for improved health and nutrition established | | | |
| Result 4.1: Community-wide participation in health and nutrition activities, with emphasis on the participation of women | | | |
| Competency-based training of Health Personnel using the Manual for the organization of Community Health Commissions | | | |
| R-4.1.1 | Train facilitators for the implementation of the methodology 5 Steps in the community (TS, TSR, educators) | In Progress | 40 community leaders and health workers trained in Sacapulas Quiche. |
| Technical Assistance to Strengthen Community health Commissions | | | |
| R-4.1.2 | Creation, activation and strengthening of health commissions (develop competencies on the 1,000 Day Window actions) | in Progress | Several workshops were developed commissions who are active in Sacapulas, Chajul, Chichicastenango and Cuilco |

| Annual Work Plan Progress Table | | | |
|---|---|---------------|---|
| Codes | Activities | Status | Observations |
| R-4.1.3 | Verification of Community health Commission databases | In Progress | The database has been updated for all municipios |
| R-4.1.4 | Technical Assistance to Health Commissions and other community organizations to transfer methodologies and tools of the 5 Step Manual | In Progress | |
| R-4.1.6 | Facilitative Supervision with health Commissions to ensure development and planning of community emergency plans | In Progress | |
| R-4.1.8 | Train selected health commissions for the management of the emergency funds | Pending | Training of health commissions was carried out in Sacapulas, Cuilco, Nebaj, Cotzal and Chajul and is planned for additional locations in Q2 |
| R-4.1.9 | Monitoring of sub-grant implementation and technical assistance to strengthen Community Development Councils | Completed | Monitoring and supervision of 4 NGOs sub-grantees done during the quarter. |
| E-learning Course (Diplomado) to raise awareness of Chronic Malnutrition with Municipal Leaders | | | |
| R-4.1.10 | Train OMM and municipal commission of women in actions related to community organization and women's participation | Pending | Although the diplomado is not yet ready for use with municipal actors, OMMs were trained on Health and nutrition topics using the Wheel of Practices Program. |
| R-4.1.11 | Develop guide for women's participation | Pending | The guide will be developed in Q2 and 3 of FY 15. |
| Promotion of the MOH Protocol on Water, Sanitation, and Environmental Health with health Personnel | | | |
| R-4.2.1 | Alliance building to mobilize resources for the surveillance of the quality of community water systems (measurement kits) | Pending | |
| Technical Assistance to Community Organizations to Improve Community Water and Sanitation | | | |
| R-4.2.2 | Technical Assistance to COMUDES and COCODES to advocate for municipal approval of budgets for water projects | Pending | |
| R-4.2.3 | Conduct baseline study to determine water quality in the communities | In Progress | Methodology is being developed, including data collection instruments |
| R-4.2.4 | Implement actions addressed to increase access to safe water for families (filters, hypochlorinators and others) | Pending | Nutri-Salud is working on projects in San Miguel Ixtahuacán and San Lorenzo and is also defining potential projects in communities of Cotzal and Nebaj. |
| Methodological Guide for the Formulation and Evaluation of Water and Sanitation Projects with SEGEPLAN | | | |
| R-4.2.5 | Determine baseline on municipal investment for water and sanitation, health infrastructure, nutrition and health services | Pending | |
| R-4.2.6 | Alliance building with private sector to support water and sanitation projects, as well as other community projects on health and nutrition | In Progress | Meetings were held with private sector representatives to advocate for their support for water chlorination projects |
| R-4.2.7 | Training municipalities in results-based management of water and sanitation, health and nutrition | Pending | |
| Technical Assistance to Municipal Health Councils to develop Municipal Health Policy in coordination with Nexos Locales/HEPP | | | |
| R-4.2.10 | Technical assistance to Municipal Planning Offices to develop a Community Health Care Model with actions to improve the health and community nutrition in coordination with District health Offices | In Progress | Nutri-Salud local teams, met with select Municipal Councils to share Health and Nutrition data, and determinate joint actions |
| R-4.2.11 | Technical Assistance to Municipal | In Progress | Several coordination meetings among Nutri- |

| Annual Work Plan Progress Table | | | |
|---|--|-------------|--|
| Codes | Activities | Status | Observations |
| | Governments to strengthening of skills for Municipal Budget Management in Health and Nutrition in coordination with Nexos Locales and the Ministry of Finance | | Salud, Nexos Locales and DAFIM (Financial Ministry) to plan join actions. |
| Program Support | | | |
| M-1 Monitoring and Evaluation Plan | | | |
| M-1.1 | Support to MOH to implement Health Population Count and certification of census numbers | In Progress | A Population count workshop during the quarter aimed to primary care level personnel |
| M-1.2 | Implementation of APRECIE (Training of staff Supervision Areas, Learning Sessions) | Completed | |
| M-1.3 | Monitoring of APRECIE criteria | Completed | |
| M-1.4 | Monitoring and Evaluation of the Implementation of the Wheel of Practice Program | In Progress | The system is being developed |
| M-1.5 | Review, and update Guidelines for Community Health Dashboards (Salas Situational) and support for implementation | In Progress | Dashboard data has been presented and discussed with selected municipalities |
| M-1.6 | Project Management Information System | In Progress | |
| M-1.7 | Planning and Implementation of Annual Survey (Anthropometry, childhood morbidity, supplementation, etc.) | Delayed | The annual survey is done with support from INCAP. Until funding is available for project partners, the survey is delayed |
| A-1 Private Sector Alliances | | | |
| A-1.1.1 | Nutri-Salud participation in micronutrient working group with the Alliance for Nutrition | Pending | Meetings to identify areas of common interest are underway with the Alliance for Nutrition |
| A-1.1.3 | Update the memorandum of understanding between Nutri-Salud and FUNCAFE for coordination at Community level in health care | Pending | The first meeting with FUNCAFE has taken place, further negotiations are necessary before updating the memorandum |
| A-1.1.4 | Site visits to Ixil and San Marcos | Pending | |
| A-1.1.5 | Meetings with representatives of private and public entities for the design and validation of instruments (memorandum of understanding and negotiation) for alliances | In Progress | |
| A-1.1.6 | Meeting to define channels and points of contact for new alliances | Completed | |
| A-1.1.7 | Quarterly update of technical and financial results related to partnerships | Completed | |
| A-1.1.8 | Meetings with companies in the Guatemalan private sector (i.e. CentraRSE, Fundesa / Alliances for Nutrition, Fondo Unido de Guatemala, etc.) to start negotiations with potential partners | Completed | |
| A-1.1.9 | Continue managing potential alliance with other actors (Fundazúcar, WFP, and MAGA) to implement Wheel of Practice for Better Living. | Completed | Meetings with Ministry of Agriculture, WFP, Funcafe, and SESAN have taken place to identify common interests that will be the basis of the partnerships. |
| C-1 Institutional Communication/Knowledge Management | | | |
| C-1.1.1 | Share clear guidelines with Nutri-Salud team to consistently produce success stories and best practices | In progress | |
| C-1.1.2 | Development of staff skills to identify and document information that enhances the value of the project | In Progress | A simple format was developed for project teams to report activities for the weekly report to USAID |
| C-1.1.3 | Share the information collected and | In Progress | |

| Annual Work Plan Progress Table | | | |
|--|--|---------------|---|
| Codes | Activities | Status | Observations |
| | documents produced with different audiences | | |
| C-1.1.4 | Training project staff on legislation and municipal operation related to health and nutrition issues | in Progress | Nutri-Salud has developed a guide to work with municipalities in increasing their investment in health/nutrition |
| Q-1 Quality Management | | | |
| Q-1.1.1 | Validation of standards and assessment methodologies to assess primary care level facilities with the MOH | Cancelled | With the change of Minister of Health at the beginning of the quarter, all activities related to certification processes were suspended |
| Q-1.1.2 | Share MOH assessment standards and assessment methodology with PEC NGOs and primary care facility staff | Cancelled | With the change of Minister of Health at the beginning of the quarter, all activities related to certification processes were suspended |
| Q-1.1.3 | Technical support for primary care level health personnel in self-evaluation and development of gap closure plans. | Cancelled | With the change of Minister of Health at the beginning of the quarter, all activities related to certification processes were suspended |

Annex 3: Trainings and Workshops – FY 2015

Table 1. Nutri-Salud Trainings - Oct-Dec, 2014

| Training location | Dates of training | | Subject/ field of training | Total | | |
|---|-------------------|------------|--|-----------|-----------|------------|
| | Start date | End date | | M | F | T |
| Result 2.1 Improved Neonatal, Child and Maternal Health | | | | | | |
| Chajul, Ixil | 10/6/2014 | 10/6/2014 | Developing skills for activating family and community emergency plans | 15 | 6 | 21 |
| Cotzal, Ixil | 10/9/2014 | 10/9/2014 | Developing skills for activating family and community emergency plans | 9 | 10 | 19 |
| | 10/10/2014 | 10/10/2014 | Developing skills for activating family and community emergency plans | 8 | 5 | 13 |
| San José El Rodeo, San Marcos | 10/9/2014 | 10/9/2014 | Pregnant, postpartum, newborn and children malnourished surveillance | 5 | 4 | 9 |
| Tonicapán, Tonicapán | 10/10/2014 | 10/11/2014 | Pregnant, postpartum, newborn and children malnourished surveillance | 9 | 19 | 28 |
| | 10/13/2014 | 10/14/2014 | Pregnant, postpartum, newborn and children malnourished surveillance | 4 | 16 | 20 |
| Result 2.2 Improved access to infant and child health care | | | | | | |
| San Pedro, San Marcos | 10/9/2014 | 10/9/2014 | Census of children under two and mapping of children with chronic malnutrition | 11 | 8 | 19 |
| M-1.1 M & E | | | | | | |
| Quetzaltenango, Quetzaltenango | 12/15/2014 | 12/19/2014 | Census, mapping and certification | 16 | 11 | 27 |
| Total | | | | 77 | 79 | 156 |

Table 2. Nutri-Salud technical meetings workshops and other activities - Oct-Dec, 2014

| Type | Activity location | Dates of activity | | Subject/ field of training | Total | | |
|---|-----------------------------------|-------------------|------------|---|-------|----|----|
| | | Start date | End date | | M | F | T |
| Result 1.1 Improved Maternal and Child Feeding Practices | | | | | | | |
| Technical meetings | Cuilco, Huehuetenango | 12/10/2014 | 12/11/2014 | Primary sources of logistic data | 8 | 11 | 19 |
| | Quetzaltenango, Quetzaltenango | 12/8/2014 | 12/9/2014 | Analysis and surveillance of severe acute malnutrition | 6 | 17 | 23 |
| Socialization | Chajul, Ixil | 12/3/2014 | 12/4/2014 | Wheel of Practices for Better Living to key personnel of Health Areas, Municipal Health Districts, Municipalities, local government | 7 | 7 | 14 |
| | Momostenango, Tonicapán | 11/18/2014 | 11/19/2014 | Wheel of Practices for Better Living to key personnel of Health Areas, Municipal Health Districts, Municipalities, local government | 6 | 45 | 51 |
| | Santa Lucía la Reforma, Tonicapán | 11/19/2014 | 11/20/2014 | Wheel of Practices for Better Living to key personnel of Health Areas, Municipal Health Districts, Municipalities, local government | 14 | 37 | 51 |
| | | 12/3/2014 | 12/4/2014 | Wheel of Practices for Better Living to key personnel of Health Areas, Municipal Health Districts, Municipalities, local government | 13 | 71 | 84 |
| | | 12/10/2014 | 12/11/2014 | Wheel of Practices for Better Living to key personnel of Health Areas, Municipal Health Districts, Municipalities, local government | 0 | 67 | 67 |
| 2.1 Improved Neonatal, Child and Maternal Health | | | | | | | |

| Type | Activity location | Dates of activity | | Subject/ field of training | Total | | |
|---|-----------------------------------|-------------------|------------|---|------------|------------|------------|
| | | Start date | End date | | M | F | T |
| Technical meetings | Nebaj, Ixil | 10/1/2014 | 10/2/2014 | Analysis of maternal death | 16 | 12 | 28 |
| | Quetzaltenango, Quetzaltenango | 10/9/2014 | 10/10/2014 | Analysis of maternal death | 9 | 20 | 29 |
| | San Miguel Ixtahuacán, San Marcos | 10/7/2014 | 10/8/2014 | Analysis of maternal death | 22 | 35 | 57 |
| 3.1 Effective CBD programs for FP services implemented, including preventive services for adolescents | | | | | | | |
| Meetings | Chajul, Ixil | 10/2/2014 | 10/3/2014 | PlanFam and Nutri-Salud Coordination to strengthen access to Family Planning methods through health service network | 18 | 19 | 37 |
| G.1 Project management | | | | | | | |
| Planning | Nebaj, Ixil | 10/1/2014 | 10/2/2014 | Quarterly work plan | 5 | 6 | 11 |
| | Quetzaltenango, Quetzaltenango | 11/20/2014 | 11/21/2014 | Quarterly work plan | 4 | 4 | 8 |
| | San Marcos, San Marcos | 10/1/2014 | 10/2/2014 | Quarterly work plan | 4 | 5 | 9 |
| G-1.4 Administrative follow up to sub agreements | | | | | | | |
| Assessment | San Marcos, San Marcos | 10/3/2014 | 10/4/2014 | Quarterly assessment with PEC NGOs | 22 | 19 | 41 |
| | | 10/6/2014 | 10/7/2014 | Quarterly assessment with PEC NGOs | 10 | 21 | 31 |
| G-1.3 Technical assistance to MoH and other government entities to support initiatives and national strategies | | | | | | | |
| Technical meetings | Huehuetenango, Huehuetenango | | | Joint plan with Health Areas and Municipal Health Districts | 36 | 53 | 89 |
| G-1.2 Coordination and integration with other USAID partners | | | | | | | |
| Joint plans | Nebaj, Ixil | 10/9/2014 | 10/10/2014 | Coordinating and integrating plans with AGEXPORT, Save The Children, CRS, PSI, PlanFam) | 4 | 4 | 8 |
| M-1.3.4 APRECIE Collaborative Learning Sessions | | | | | | | |
| Technical meetings | Nebaj, Ixil | 12/10/2014 | 12/11/2014 | APRECIE Learning Sessions | 16 | 5 | 21 |
| | | 12/11/2014 | 12/12/2014 | APRECIE Learning Sessions | 12 | 8 | 20 |
| Total | | | | | 232 | 466 | 698 |

Table 3. Nutri-Salud sub-grantee trainings, workshops, and other activities – Oct-Dec, 2014

| Community Mobilization Grants | | | | | | |
|--------------------------------------|---|-------------------------------|------------|------------|------------|--|
| Type | Subject/ field of training | Participants | Total | | | |
| | | | M | F | T | |
| ASDECO (Quiché) | | | | | | |
| Training | Law of healthy motherhood and pregnant women care, health code | Community members and leaders | 552 | 91 | 643 | |
| Radial forum | 1000 days window of opportunity and The Wheel of Practice for better living | Community members and leaders | 8 | 2 | 10 | |
| Training | Law of healthy motherhood and family planning | Community members and leaders | | 75 | 75 | |
| Total | | | 560 | 168 | 728 | |
| ECO (San Marcos) | | | | | | |
| Meeting | Leadership and Civic Participation | Community members/Youth | 25 | 14 | 39 | |
| Workshop | Leadership and Civic Participation | Community members/Women | 0 | 190 | 190 | |
| Workshop | Prioritization process based on the needs | Community members | 90 | 104 | 194 | |

| Community Mobilization Grants | | | | | |
|---|---|---------------------------------|-------|-------|--------|
| Type | Subject/ field of training | Participants | Total | | |
| | | | M | F | T |
| | | and leaders | | | |
| Total | | | 115 | 308 | 423 |
| APEDDIBIMI (Ixil) | | | | | |
| Hike | Water use, classification and waste management, handling of excreta and food promotion | Community members | 437 | 1,114 | 1,551 |
| Community Meetings | Analysis of progress in the implementation of community health and nutrition plan | Community members | 687 | 2,301 | 2,988 |
| Workshop | Health and nutrition in women of childbearing age, growth stages of children less than five years, biological utilization of food | Community members/parents | 1,016 | 3,844 | 4,860 |
| Workshop | Functions of COCODE's members, management and preventive plan to develop community management, health and nutrition and legal basis | Community members/COCODES | 166 | 37 | 203 |
| Sanitation walk | Collection and classification of garbage | Community members | 254 | 1,138 | 1,392 |
| Total | | | 2,560 | 8,434 | 10,994 |
| PIES DE OCCIDENTE (Quetzaltenango y Totonicapán) | | | | | |
| Training | water and sanitation, social audit, legal framework COCODES, health and nutrition rights, organization and leadership | Community members/COCODES | 1,058 | 111 | 1,169 |
| Training | Organization and leadership, social audit, gender, legal framework on participation of women and health and nutrition issues. | Community members/Women Leaders | 47 | 756 | 803 |
| Training | Epidemiological surveillance, social audit, self-esteem, legal framework for citizen participation | Community members/Women Leaders | 163 | 147 | 310 |
| Forum | Women trained and performed better decisions under the global Food Day and International Day of Non-Violence against Women. | Community members/Leaders | | 75 | 75 |
| Total | | | 1,268 | 1,089 | 2,357 |

Table 4. Nutri-Salud sub-grantee trainings, workshops, and other activities – Oct-Dec, 2014

| Adolescent Reproductive Health Grants | | | | | |
|---------------------------------------|-----------------------------|-----------------------|-------|-----|-----|
| Type | Subject/ field of training | Participants | Total | | |
| | | | M | F | T |
| ACODIHUE | | | | | |
| Training | Family Planning | Youth and Adolescents | 11 | 9 | 20 |
| Training | Family Planning | Parents | 16 | 21 | 37 |
| Training | Male and female fertility | Youth and Adolescents | 7 | 38 | 45 |
| Training | My body is changing | Parents | 0 | 27 | 27 |
| Training | Parent educators | Parents | 377 | 331 | 708 |
| Training | physiology of sexual organs | Youth and Adolescents | 15 | 20 | 35 |
| Training and awareness | Pregnancy and adolescents | Youth and Adolescents | 109 | 130 | 239 |
| Training and awareness | Pregnancy and adolescents | Parents | 3 | 15 | 18 |
| Training | Puberty | Youth and Adolescents | 463 | 396 | 859 |
| Training and awareness | self esteem | Youth and Adolescents | 42 | 67 | 109 |

| | | | | | |
|------------------------------------|---|-----------------------------------|--------------|--------------|---------------|
| Diplomado | Sexual and Reproductive Health Certification | Teachers | 6 | 10 | 16 |
| Training | Sexual and reproductive rights | Parents | 20 | 95 | 115 |
| Total | | | 1,069 | 1,159 | 2,228 |
| Cruz Roja | | | | | |
| Awareness | Risk of teen pregnancy | Schooled youth and Adolescents | 394 | 260 | 654 |
| Awareness | Risk of teen pregnancy | Parents | 137 | 555 | 692 |
| Domiciliary visits for counseling | Risk of teen pregnancy | Unschooling youth and Adolescents | 753 | 829 | 1,582 |
| Total | | | 1,284 | 1,644 | 2,928 |
| Pies de Occidente | | | | | |
| Training | Anatomy and physiology of Sexual and Reproductive System of Females and Males | Youth facilitation team | 3 | 19 | 22 |
| Awareness | Communication between parents and offspring | Parents | 56 | 229 | 285 |
| Training | Legal Framework for the Health of Women and Youth | Youth facilitation team | 6 | 24 | 30 |
| Awareness | Life Plan, Prevention of Domestic Violence and Sexual and Reproductive Rights | Youth and Adolescents | 226 | 282 | 508 |
| Awareness | Preventing HIV and sexual disease infections | Youth and Adolescents | 1347 | 1407 | 2754 |
| Awareness | Preventing teenager pregnancy | Parents | 66 | 221 | 287 |
| Day of theater for behavior change | Preventing teenager pregnancy | Youth and Adolescents | 206 | 212 | 418 |
| Awareness | Preventing teenager pregnancy | Youth and Adolescents | 1343 | 1418 | 2761 |
| Awareness | Self esteem | Parents | 65 | 227 | 292 |
| Training | Self esteem | Youth and Adolescents | 1331 | 1423 | 2754 |
| Training | Sex, gender and sexuality | Youth facilitation team | 1 | 21 | 22 |
| Training | Sexual and Reproductive Health | Youth facilitation team | 5 | 21 | 26 |
| Awareness | Sexuality | Youth and Adolescents | 1339 | 1415 | 2754 |
| Awareness | Sexuality, sex and gender | Parents | 69 | 217 | 286 |
| Total | | | 6,063 | 7,136 | 13,199 |

Annex 4: Financial Report – FY 2015

Period: October 1- December 31, 2014

Cooperative Agreement No. AID-520-A-12-00005

| | |
|------------------------------|-----------------|
| Total Estimated USAID Amount | \$31,781,525 |
| Cost Sharing Amount | \$6,356,305 |
| Total Program Amount | \$38,137,830 |
| Current Obligation | \$14,276,489.31 |

| Cost Element | Total Estimated Cost | Cumulative Expenditures to Date | Expended This Period (10/1/2014-12/31/2014) | Remaining Funds |
|---|----------------------|---------------------------------|---|-----------------|
| Community Nutrition and Health Care Project | \$24,671,528 | \$9,817,815 | \$803,104.36 | \$14,853,713 |
| Procurement | \$370,119 | \$432,974 | \$3,241.98 | \$-62,855 |
| Training | \$3,000,035 | \$691,236 | \$20,766.80 | \$2,308,799 |
| Indirect Costs | \$3,739,843 | \$2,120,654 | \$236,373.99 | \$1,619,189 |
| Total Federal Funds | \$31,781,525 | \$13,061,619 | \$1,063,487.13 | \$18,719,906 |
| Cost Share Amount | \$6,356,305 | \$5,670,879 | | \$685,426 |
| Total Program Amount (+Cost Share) | \$38,137,830 | \$18,732,498 | \$1,063,487.13 | \$19,405,332 |

| | |
|----------------------------|-----------------|
| Obligated Amount | \$14,276,489.31 |
| Obligated Spent to Date | \$13,061,619.28 |
| Obligated Amount Remaining | \$1,214,870 |

Annex 5: APRECIE Measurement Report - Quarter 1, FY 2015

Nutri-Salud APRECIE Measurement Report

Quarter 1, 2015

The APRECIE quality improvement methodology was implemented by about half of the health posts and convergence centers in the Nutri-Salud coverage area. The decrease in the use of the methodology during the quarter occurred mostly in the health areas of Huehuetenango and Quiché due to budget restrictions as well as the loss of two PEC NGOs covering thirteen jurisdictions in those areas. Since July of 2014, several facilities, especially convergence centers in the thirteen jurisdictions that lost their PEC coverage, did not provide health services, and as a consequence APRECIE could not be implemented in those locations. Despite the constraints, APRECIE reports were received from 51% of the supervision areas (57 out of 112), as shown in Table 1.

Table 1. Number and percentage of supervision areas that submitted reports for the seventh measurement.

| Number of Supervision Areas that reported in Measurement # 7 | | | |
|--|-----------------------------|---|---------|
| Health Area | Number of Supervision Areas | Number of Supervision Areas (SA) that submitted the Seventh Measurement (December 2014) | % of SA |
| Grand Total | 112 | 57 | 51% |
| Huehuetenango | 42 | 7 | 17% |
| Ixil | 12 | 12 | 100% |
| Quetzaltenango | 4 | 3 | 75% |
| Quiché | 23 | 5 | 22% |
| San Marcos | 22 | 22 | 100% |
| Totonicapán | 9 | 8 | 89% |

Health promotion indicator results

Compared to the first measurement, the coverage of first level services and supplies have improved across the project intervention area. Many of the supervision areas exceeded the 80% of coverage (as per LQAS), i.e. a correct response for each question and each indicator was received during 13 out of 19 interviews, which is expected to have a positive impact in the level of knowledge of mothers with a child 0-23 years.

As shown in Table 2, the percentage of mothers of children under 2 years who recognize at least three danger signs in newborns increased. In June 2013, just 30% of the supervision areas (SAs) showed positive results for this indicator; currently, 91.2% of the SA (54 out of 57) reached the indicator threshold.

Table 2: Percentage of Supervision Areas that achieved or passed the threshold¹ established for the indicator.

| Indicators | Measurement 1 June '13 SA *N=103 | Measurement 5 June '14 SA N=109 | Measurement 7 December '14 SA N=57 |
|---|---|--|---|
| 1. Mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age | 74.8 | 91.7 | 98.2 |
| 2. Mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session (data from vaccination card) | 89.3 | 96.3 | 100.0 |
| 3. Mothers with a child 0 to 23 months of age who recognize at least three danger signs during pregnancy, delivery, and postpartum | 48.5 | 94.5 | 94.7 |
| 4. Mothers with a child 0 to 23 months of age who recognize at least 3 newborn danger signs | 30.1 | 86.2 | 91.2 |
| 5. Mothers with a child 0 to 23 months of age who mention key moments for hand washing | 97.1 | 100.0 | 98.2 |
| 6. Household with a child 0 to 23 months of age that have a place with supplies for hand washing (inside or outside the house) | 85.4 | 96.3 | 100.0 |
| 7. 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 specific topic. | 73.8 | 95.4 | 98.2 |
| 8. Mothers with a child 0 to 23 months of age who have emergency family plans that show evidence of use | 0.0 | 30.3 | 50.9 |
| 9. 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) | 44.7 | 89.0 | 91.2 |
| 10. Mothers with a child 0 to 23 months of age who report that a CHW offered or gave her any modern family planning method | 68.0 | 96.3 | 98.2 |
| 11. Mothers with a child 0 to 23 months of age who report children's intake of iron (sprinkles) during the last week | 66.0 | 95.4 | 92.9 |

* Number of supervision areas that reported

This positive trend in SAs between June 2013 and December 2014 was obtained for respondents as well (Table 3). In June 2013, 1,006 out of 1,957 (51.4%) mothers who responded remembered at least three newborn danger signs, while in December 2014, the percentage increased with 943 out of 1,083 (87.1%) remembering them correctly. The same trend is observed for each indicator measured.

Results compared above were obtained from 92% SAs (103 out of 112) in June 2013 and 51% (57 out of 112) in December 2014. For the first reporting period, results are representative of the project's intervention area (30 municipios), but for the second one, measurements were received mainly from Quetzaltenango, Totonicapán, San Marcos e Ixil.

¹ Supervision Areas where at least 13 of 19 interviewers answered correctly to the questions related to a specific indicator.

Table 3: Percentage of women with a child 0 a 23 months of age who answer correctly according to the established indicator criteria.

| Indicator | Measurement 1 June '13 *N = 1,957 | Measurement 5 June '14 N=2,071 | Measurement 7 December '14 N=1,083 |
|--|---|--------------------------------------|--|
| 1. % of mothers with a child 0 to 23 months of age who report children's adequate feeding according to their age | 76.7 | 87.0 | 90.9 |
| 2. % of mothers with a child 0 to 23 months of age who report taking their children to the monthly growth monitoring session (data from vaccination card) | 83.0 | 90.6 | 93.4 |
| 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 | 88.4 | 91.2 |
| 4. % of mothers with a child 0 to 23 months of age who recognize at least 3 newborn danger signs | 51.4 | 81.8 | 87.1 |
| 5. % of mothers with a child 0 to 23 months of age who recognize at least 3 newborn danger signs | 90.8 | 97.6 | 96.9 |
| 6. % of household with a child 0 to 23 months of age that have a place with supplies for hand washing (inside or outside the house) | 83.4 | 91.9 | 94.0 |
| 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 specific topic. | 75.8 | 91.3 | 96.3 |
| 8. % of mothers with a child 0 to 23 months of age who have emergency family plans that show evidence of use | 13.0 | 46.9 | 58.5 |
| 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 | 83.1 | 86.8 |
| 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 | 92.1 | 95.1 |
| 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 | 92.8 | 92.2 |

*N = Total of interviews carried out in the assessment

Chart 1: Percentage of mothers with a child 0 to 23 months of age who answered correctly

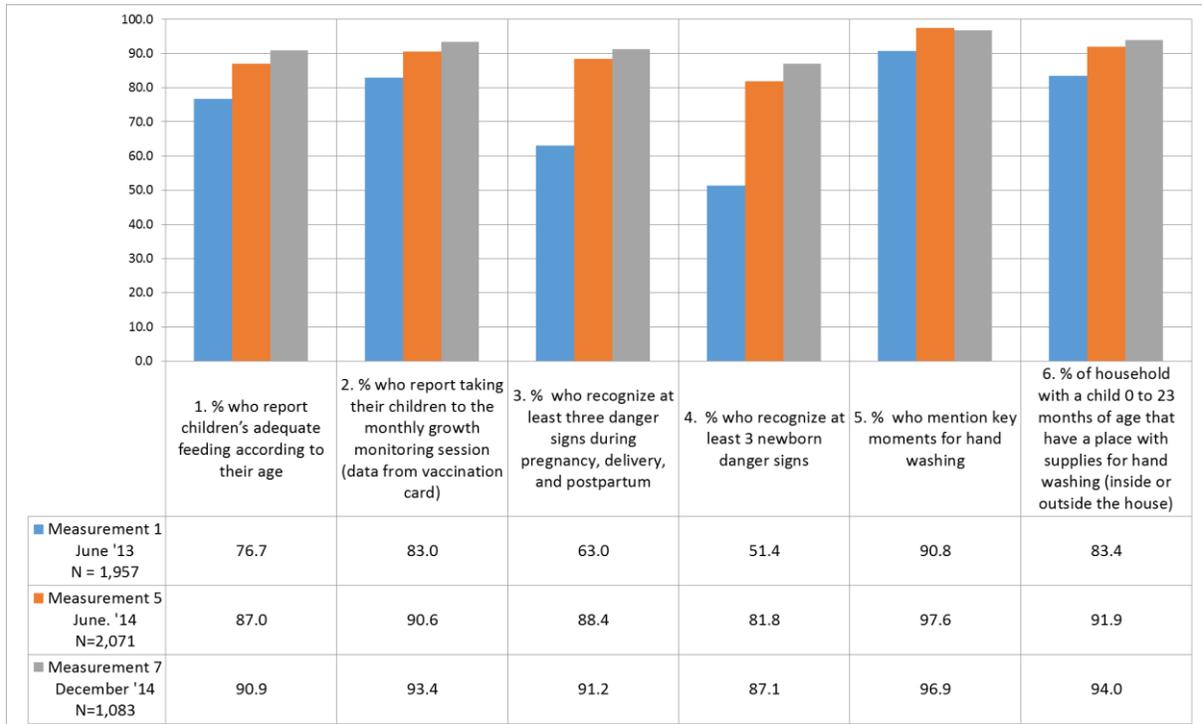
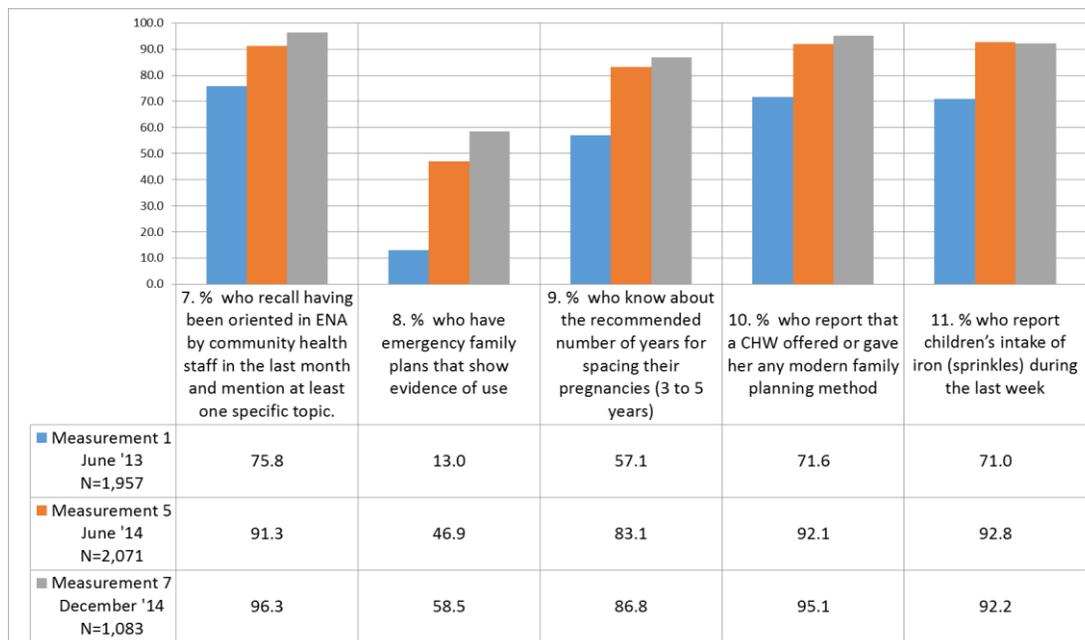


Chart 2: Percentage of mothers with a child 0 a 23 months of age who answered correctly



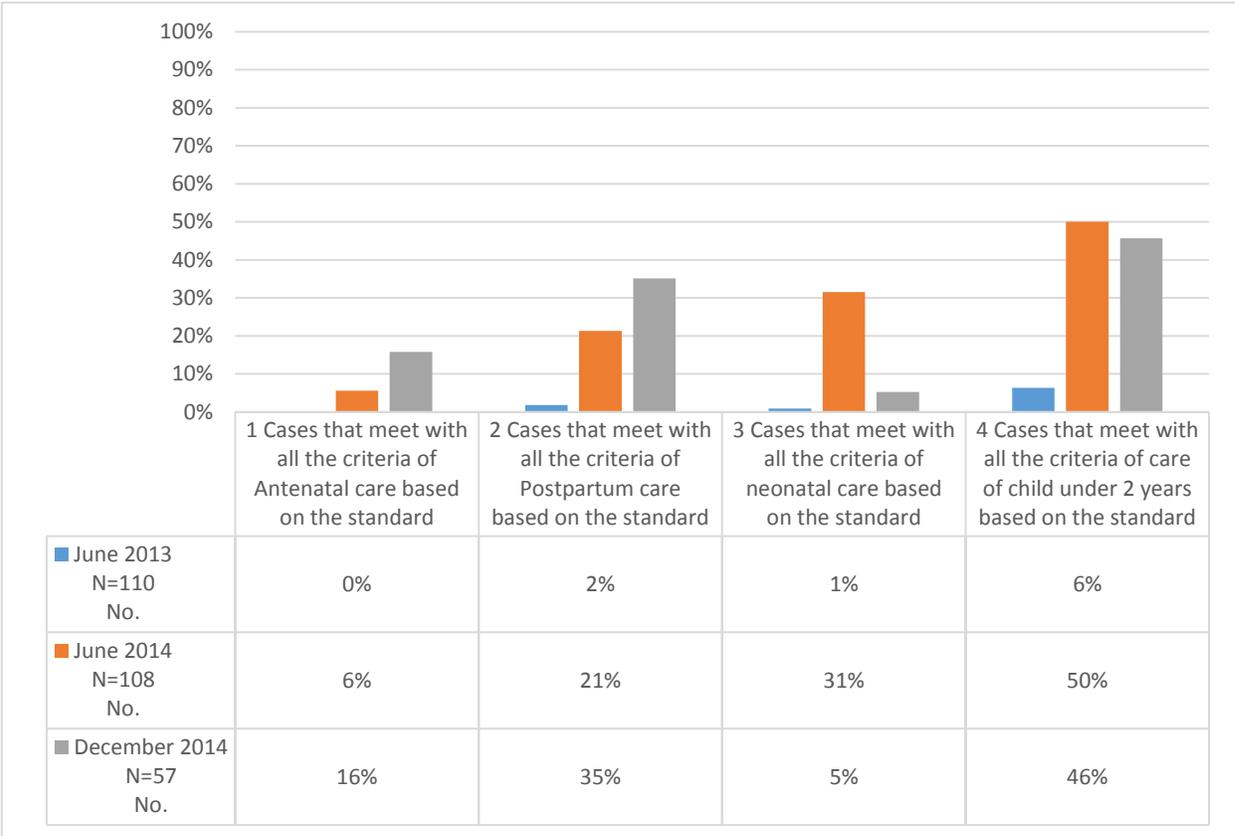
Health service delivery indicator results (pregnant women, post-partum women, newborn, and children less than 2 years of age)

Some improvements in service delivery have been achieved according to the results of the measurements in December 2014. Service delivery criteria, e.g. assessment of danger signs, measurement of blood pressure, etc. show improvement although levels of improvement and compliance with standards were affected by the lack of supplies at the supported sites.

As shown in Graph 3, the percentage of service delivery coverage has improved over time. However, results in December 2014 decreased as compared to earlier measurements, mainly for the newborn service delivery indicator that comprises 8 criteria. In September 2014, 31% of the SAs met the standard, but in December 2014 only 5% of the SA met it (refer to tables 4, 5, and 6 for more details). During the quarter, only 3 out of 57 reached the lower limit of 95%. Compliance with this standard is affected by the situation of the supply system.

Percentages for each indicator and service delivery criteria do not represent levels of coverage; rather they show compliance with the standards and their respective criteria as per the verification of medical records in primary health care facilities.

Chart 3: Percentage of Supervision Areas that reached the threshold² established for the indicator.



² Supervision Areas where at least 13 of 19 interviewers answered correctly to the questions related to a specific indicator.

Table 4: Percentage of cases that meet all the antenatal care criteria as per the standard

| Indicator/criteria | June 2013 N=2,090 % | June 2014 N=2,052 % | December 2015 N=1,083 % |
|--|---------------------------|---------------------------|-------------------------------|
| 1 % of cases that meet all the criteria of Antenatal care as per the standard | 1 | 11 | 23 |
| 1.1 Assessed signs and symptoms of danger | 78 | 95 | 100 |
| 1.2 Measured the blood pressure | 91 | 97 | 100 |
| 1.3 Classified nutritional status | 45 | 86 | 94 |
| 1.4 Assessed fetal heart rate, 20 weeks or more of pregnancy | 74 | 89 | 92 |
| 1.5 Conducted Leopold maneuvers, from week 36 of pregnancy | 65 | 86 | 87 |
| 1.6 Urine test strip in every antenatal visit | 11 | 38 | 49 |
| 1.7 Determined how many weeks of amenorrhea, gestational age | 89 | 96 | 99 |
| 1.8 Provided ferrous sulphate | 90 | 94 | 90 |
| 1.9 Provided folic acid | 90 | 94 | 92 |
| 1.10 Administered Td vaccine (Vaccination section) | 73 | 89 | 74 |
| 1.11 Provided a delivery plan | 24 | 47 | 90 |
| 1.12 Provided family emergency plan | 61 | 82 | 96 |
| 1.13 Provided a family planning folding leaflet (counselling section) | 21 | 54 | 84 |
| 1.14 Provided material with information on feeding practices or exclusive breastfeeding during pregnancy (applicable to the quarter) | 18 | 42 | 81 |

Table 5: Percentage of cases that meet all the postpartum care criteria as per the standard

| Indicator/criteria | June 2013 N=2,090 % | June 2014 N=2,052 % | December 2015 N=1,083 % |
|---|---------------------------|---------------------------|-------------------------------|
| 2 % Cases that meet with all the criteria of Postpartum care based on the standard | 5 | 31 | 45 |
| 2.1 Postnatal care after 48 hours of childbirth | 31 | 73 | 80 |
| 2.2 Assessed signs and symptoms of danger | 68 | 93 | 95 |
| 2.3 Measured the blood pressure | 81 | 93 | 95 |
| 2.4 Measured the temperature | 78 | 92 | 95 |
| 2.5 Assessed the presence of vaginal hemorrhage | 79 | 92 | 94 |
| 2.6 Provided ferrous sulphate | 76 | 91 | 84 |
| 2.7 Provided folic acid | 76 | 90 | 86 |
| 2.8 Administered Td vaccine | 63 | 84 | 75 |
| 2.9 Provided a family planning folding leaflet | 18 | 54 | 84 |
| 2.10 Provided material with information on exclusive breastfeeding (counselling section) | 19 | 46 | 74 |

Table 6: Percentage of cases that meet all the neonatal care criteria as per the standard

| Indicators/criteria | June 2013 N=2,090 % | June 2014 N=2,052 % | December 2015 N=1,083 % |
|--|---------------------------|---------------------------|-------------------------------|
| 3 % Cases that meet all the criteria of neonatal care as per the standard | 8 | 49 | 10 |
| 3.1 Evaluated the newborn during the first 24 hours of life | 26 | 72 | 79 |
| 3.2 Assessed general signs of danger (IMCI register) | 78 | 93 | 96 |
| 3.3 Assessed the presence of infection (IMCI register) | 79 | 91 | 95 |
| 3.4 Assessed malformations or abnormalities (IMCI register) | 63 | 89 | 95 |
| 3.5 Classified nutritional status (Weight) | 63 | 89 | 93 |
| 3.6 Administered the Hepatitis vaccine | 21 | 59 | 11 |
| 3.7 Provided counselling on exclusive breastfeeding | | 89 | 95 |
| 3.8 Provided counselling on newborn care | | 87 | 95 |

Table 7: Percentage of cases that meet all the criteria of care of child under 2 year as per the standard

| Indicator/criterios | June 2013 N=2,090 % | June 2014 N=2,052 % | December 2015 N=1,083 % |
|--|---------------------------|---------------------------|-------------------------------|
| 4 % Cases that meet all the criteria of care of child under 2 years as per the standard | 19 | 63 | 59 |
| 4.1 Weighed | 73 | 90 | 98 |
| 4.2 Classified weight for age | 65 | 88 | 96 |
| 4.3 Measured the longitud/height in the first consultation or at least once every 6 months for children less than 2 years of age | 64 | 90 | 96 |
| 4.4 Classified height/age (or chronic malnutrition) as per the growth curves | 57 | 84 | 95 |
| 4.5 Provided counselling according to the age (counselling section) | 55 | 86 | 97 |
| 4.6 Administered Vit. A, from month 6 | 65 | 82 | 88 |
| 4.7 Provided iron, from month 6, or provided multi-vitamin Powder | 68 | 83 | 92 |
| 4.8 Provided folic acid, from month 6, or provided multi-vitamin powder | 69 | 81 | 91 |
| 4.9 Verified and ensured the administration of vaccines according to the age | 74 | 84 | 72 |

Next Steps

Given the current situation of the extension of coverage program, Nutri-Salud is identifying possible options to reorganize the APRECIE methodology in the intervention areas so that it remains a useful tool in self-guided quality improvement processes in facilities across the project's intervention areas.

Annex 6: Internal Project Guide to Support Municipal Planning for Nutrition and Health Activities



GUIA DE APOYO A LA GESTION MUNICIPAL PARA LA PLANIFICACION DE ACCIONES EN NUTRICION Y SALUD

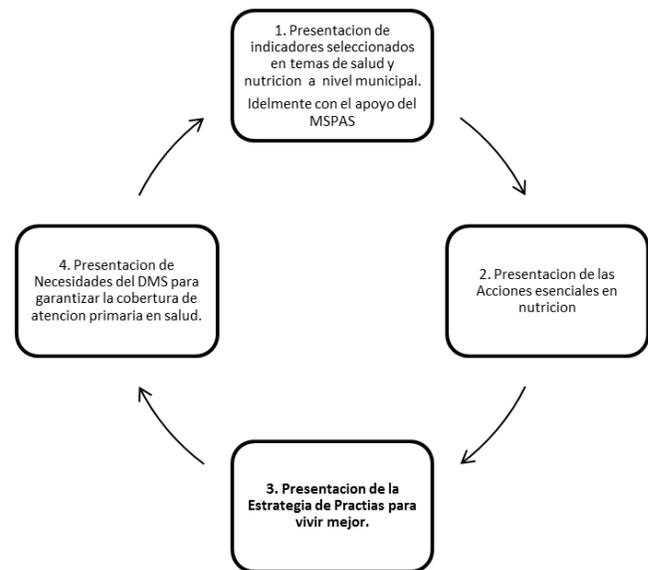
PRESENTACION

Para lograr el impacto deseado por el proyecto Nutri-Salud en la inversión municipal en salud, es importante tomar en cuenta que las Direcciones Municipales de Planificación (DMP) y la Unidad de Administración Financiera de las municipalidades preparan el Plan Operativo Anual, para el 15 de noviembre de cada año, fecha en la que deben ingresarse todos los proyectos que se realizarán durante el siguiente año en el Sistema Nacional de Inversión Pública (SNIP); con esta información se elabora el anteproyecto de presupuesto municipal que aprueba el Concejo Municipal el 15 de diciembre de cada año.

Como parte del proceso de elaboración del presupuesto municipal, durante los meses de octubre, noviembre y diciembre el Ministerio de Finanzas Públicas, a través de la Dirección de Asistencia a la Administración Financiera Municipal (DAAFIM) y la Secretaría de Planificación y Programación de la Presidencia (SEGEPLAN), desarrolla una serie de talleres con los 338 municipios del país para fortalecer a las unidades técnicas de las municipalidades. Durante estos talleres, distintas estructuras de la organización comunitaria pueden plantear requerimientos específicos de proyectos que resuelvan necesidades latentes de la población.

El proyecto Nutri-Salud, en coordinación con DAAFIM (MINFIN) y SEGEPLAN, podrá presentar ante los entes técnicos de los 30 municipios con que trabaja temas que sensibilicen y permitan la inclusión de proyectos que hagan realidad el cumplimiento de las 19 prácticas para vivir mejor en cada comunidad.

Como parte de la asistencia técnica del proyecto Nutri-Salud, en estos talleres se abordarán los temas que se presentan en la siguiente gráfica:





1. ¿Por qué las Municipalidades deben planificar intervenciones en nutrición y salud y asignar recursos para su ejecución?

El Gobierno Local, representado por la Municipalidad, es la mayor autoridad formal en el Municipio, lo cual le permite --y al mismo tiempo le otorga la responsabilidad-- de promover, conducir y ejecutar acciones para el bienestar de sus habitantes. Esas acciones tienen que ver con las condiciones del entorno donde las familias habitan, con los comportamientos de los diferentes grupos de la sociedad y con la prevención de los riesgos que pudieran presentarse.

De conformidad con lo establecido en el artículo 257 de la Constitución de la República, el Presupuesto Municipal, que proviene de la asignación constitucional por parte del Organismo Ejecutivo a entidades descentralizadas como las municipalidades, debe ser invertido en un 90 por ciento en actividades relacionadas con educación y acciones de salud preventiva, obras de infraestructura y servicios públicos que mejoren la calidad de vida de la población.

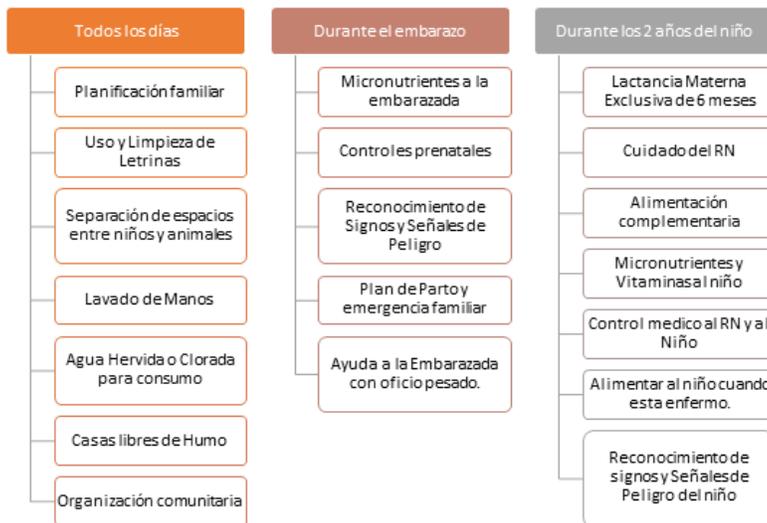
El Código Municipal establece en el artículo 132, el requerimiento puntual que en el proceso de formulación presupuestaria se permita que las organizaciones comunitarias puedan vincular proyectos relacionados con la satisfacción de las necesidades de la población, siendo la salud una de ellas.

2. ¿Cuáles son los aspectos donde la municipalidad puede contribuir a mejorar la salud y nutrición de sus habitantes?

La desnutrición crónica es el problema de salud más grave que tiene la población guatemalteca. Afecta a principalmente a mujeres embarazadas y niños menores de cinco años. Es un problema que afecta el crecimiento físico, el desarrollo intelectual y los hace más susceptibles a contraer enfermedades infecciosas, por lo que aumenta el riesgo de enfermedad y muerte en los niños que padecen.

Dentro de sus funciones, la Municipalidad tiene muchas formas de promover acciones comunitarias y proyectos que ayuden a la comunidad a vivir mejor. Las investigaciones han demostrado que hay intervenciones sencillas y de bajo costo que ayudan a prevenir la desnutrición crónica, unas están relacionadas con el medio ambiente y otras con prácticas de alimentación y cuidados de la salud en el hogar. Por ejemplo: filtros para purificar el agua, un espacio para el lavado de manos, uso de letrinas, entre otros.

El proyecto Nutri-Salud ha integrado en una herramienta 19 acciones para vivir mejor que se pueden poner en práctica en el hogar, que son reconocidas mundialmente porque contribuyen a que los niños tengan un crecimiento adecuado, así como un desarrollo intelectual óptimo y que mejora sus defensas contra infecciones frecuentes.



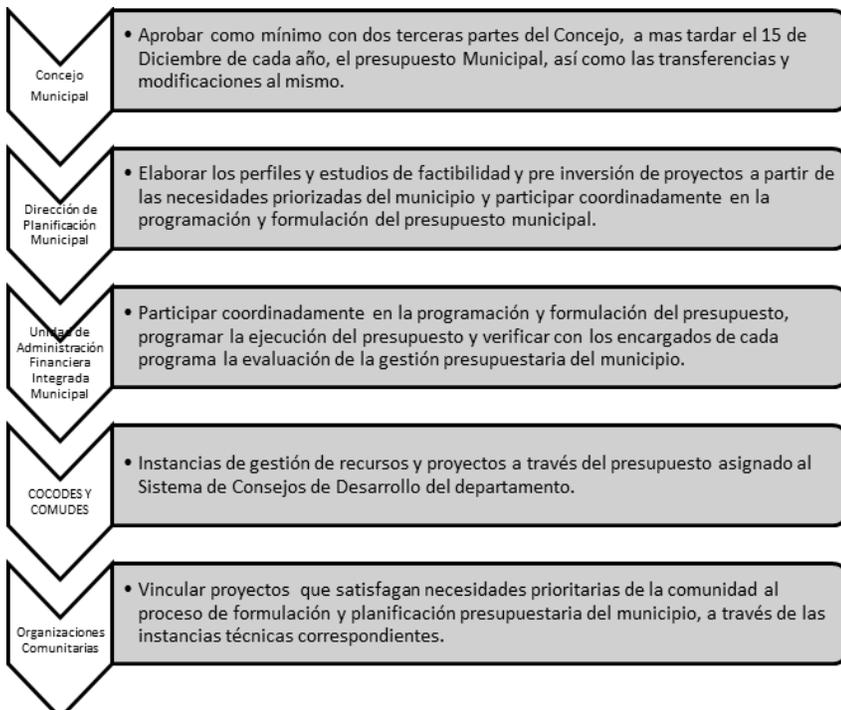
Las acciones mencionadas son parte de la Estrategia de Comunicación para el Cambio Social y de Comportamiento desarrollada por Nutri-Salud, denominado La Rueda de Prácticas para Vivir Mejor. Esta estrategia está vinculada a acciones comunitarias que, para poder ser implementadas, requieren de recursos que pueden ser canalizados a través de proyectos de inversión en salud por parte de las municipalidades.

4. ¿En qué momento se pueden vincular proyectos de inversión en salud al presupuesto municipal?

De conformidad con lo establecido en el artículo 131 del Código Municipal, las municipalidades **deben aprobar su presupuesto a más tardar el 15 de diciembre de cada año.** En su elaboración y análisis, deben vincular indicadores de educación y salud, además de datos poblacionales y de situación ambiental.

3. ¿Qué actores inciden en el proceso de formulación presupuestario de las municipalidades?:

El presupuesto municipal debe ser construido con una base amplia de participación comunitaria, ya que es la comunidad la que debe establecer de manera clara las necesidades más importantes, que deben ser satisfechas a través de la gestión municipal. Dentro de la estructura administrativa municipal participan distintos entes, cuyos roles en el proceso de formulación presupuestaria se resumen en la siguiente gráfica.



Fuente: Código Municipal

El objetivo de esta identificación es establecer qué estructuras deben ser sensibilizadas para la inclusión de recursos dentro del presupuesto municipal, que estén relacionados con temas de salud y nutrición.

5. ¿A través de qué proyectos pueden materializarse las prácticas de Salud y Nutrición que mejoran el crecimiento y desarrollo?:

- 2- Agua y Saneamiento – Estufas Mejoradas
- 3- Comisiones de Salud – Planes de Emergencia comunitaria
- 4- Distribución Comunitaria de Métodos de Planificación Familiar

De conformidad con lo establecido en los artículos 129 y 130 del Código Municipal, el presupuesto municipal se establece a través de una estructura programática que refleje la creación, mantenimiento y mejora de los servicios públicos municipales, por lo que Nutri-Salud apoyará técnicamente proyectos municipales que a continuación se describen:

- 1- Programa de la Rueda de 19 comportamientos para vivir mejor



6. ¿Cómo hacer la gestión e incidencia para la inversión Municipal para la Salud y Nutrición?

A continuación se describen los pasos a seguir:

Nivel Central:

- Abogacía y gestión en el Ministerio de Finanzas a través de la Dirección de Asistencia a la Administración Financiera Municipal (DAAFIM), para la participación en los talleres de capacitación y sensibilización con las Direcciones Municipales de Planificación.

Nivel Regional:

- Coordinación con el Proyecto USAID|Nexos Locales, con sede en Quetzaltenango, para apoyar el desarrollo de los talleres de Fortalecimiento Técnico en la propuesta de proyectos relacionados a: agua, saneamiento, salud y nutrición, dirigidos a las Direcciones Municipales de Planificación, Oficinas Municipales de la Mujer y Concejos Municipales

Nivel Municipal:

- Reunión de planificación de la municipalización de la salud en la DAS y DMS

- Solicitar conjuntamente con la DAS y DMS, a través de la secretaria o secretario municipal/Gerente municipal o Director de unidad, un espacio en la reunión del Concejo Municipal para la presentación de la Sala Situacional “Situación de la salud y nutrición del Municipio”; presentación de las prioridades del municipio enfocado en los 1,000 días como una prioridad del gobierno de Guatemala y solicitud de inclusión de las intervenciones en los proyectos municipales y asignación de recursos financieros en el POA Municipal.
- Fortalecer la capacidad técnica de los DMS como centros de costos en la gestión de presupuesto, recursos y logística que garanticen la prestación de servicios preventivos y curativos en el primer nivel de atención, dentro del marco de la Ventana de los 1,000 días
- Abogar y gestionar proyectos de Salud, Nutrición, Agua y Saneamiento a través del COMUDE

Nivel Comunitario:

- Presentación de Sala Situacional Comunitaria en Salud y Nutrición enfocada a los 1,000 días, a las organizaciones comunitarias e identificación de prioridades



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- Solicitar conjuntamente con la DAS y DMS, a través de la secretaria o secretario municipal/Gerente municipal o Talleres con COCODES, Comisiones de salud, agua y saneamiento para la elaboración de proyectos
- Gestión de proyectos del COCODE al COMUDE para la aprobación financiera, si no se contara con el financiamiento, la municipalidad lo gestionará al Comité Departamental de Desarrollo (CODEDE)
- Capacitación técnica y de fortalecimiento en temas de salud y nutrición vinculados al presupuesto municipal
- Implementación de los proyectos aprobados por la municipalidad
- Participación Comunitaria en acciones de promoción, prevención y para la prestación de servicios en el primer nivel de atención
- Monitoreo de la implementación de los proyectos relacionados a la salud y nutrición con participación comunitaria

Annex 5: Success Story



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Nutri-Salud
COMMUNITY NUTRITION
AND HEALTH PROJECT

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Historia de Éxito

Importancia de la Gestión Local para la Continuidad y Sostenibilidad de los Servicios Básicos de Salud y Nutrición



Con la finalidad de mejorar el acceso a los Servicios de Salud, el MSPAS implemento en el año 1997 el Programa de Extensión de Cobertura de Servicios Básicos de Salud (PEC) a través de convenios con ONG prestadoras de Servicios de Salud, las cuales desarrollaron un sistema local de atención uniendo recursos humanos institucionales y comunitarios, en áreas geográficas donde no existen Centros o Puestos de Salud. En el año 2013, se incrementó el presupuesto para dicho Programa, lo que permitió la contratación de auxiliares de enfermería para atención diaria en los Centros de Convergencia, hecho que significó un importante avance en el acceso a servicios básicos de salud. El PEC en San Juan Ostuncalco, un municipio del altiplano occidental del departamento de Quetzaltenango, contaba en ese entonces con una jurisdicción administrada por una ONG, para proveer atención a 12,836 habitantes de 22 comunidades rurales.

El municipio de San Juan Ostuncalco tiene una extensión territorial de 109 kms², se encuentra situado a una altitud de 2501 metros sobre el nivel del mar, a una distancia de 12 km del departamento de Quetzaltenango, y 212 km de la ciudad de Guatemala. San Juan Ostuncalco consta de un pueblo, siete aldeas, 17 caseríos y siete fincas, con una población dispersa de 53,686 habitantes. La población predominante es indígena, de origen Mam, en su mayoría habita en el área rural, la población no indígena vive en su totalidad en el casco urbano.

El sistema de salud en San Juan Ostuncalco está formado por un Centro de Salud, en la cabecera Municipal, el cual tiene una función administrativa como Distrito Municipal de Salud y además provee servicios como un establecimiento del segundo nivel de atención. Hay ocho puestos de salud localizados en las aldeas del municipio. La atención a comunidades rurales se realiza a través de convenios con ONG del Programa de Extensión de Cobertura, la cual atiende a una población y un territorio, definidos; cada jurisdicción cuenta con un equipo básico de salud (institucional y comunitario), que se encarga de proveer un paquete de servicios básicos de salud y nutrición, de acuerdo a normas de atención establecidas por el MSPAS.



Con la finalidad de Fortalecer el componente de Nutrición en la prestación de servicios de Salud para la prevención y reducción de la desnutrición crónica, el proyecto Nutri-Salud suscribió un convenio complementario con la ONG para que ésta implementara acciones de nutrición preventiva y mejorara las coberturas de servicios en la población materno infantil, particularmente en la ventana de los primeros 1000 días de vida.

Durante el año 2014, el gobierno de Guatemala sufrió un déficit de ingresos que ha causado una crisis fiscal que afecta a muchos ministerios de gobierno; el Ministerio de Salud de Guatemala fue afectado duramente por esta crisis que lo llevo a una reducción y reestructuración de la atención en el primer nivel de atención, hubo recortes en el número de personal, se interrumpieron los pagos a las Prestadoras de servicios, se imitaron los recursos para la compra de insumos; y nuevamente se volvió a la atención ambulatoria en el mes de agosto del 2014.





Vale la pena resaltar que este tipo de atención no permite mantener la continuidad en la prestación de los servicios y tampoco establecer vínculos fuertes con la comunidad para acciones de promoción para una buena nutrición, para mejoramiento del estado nutricional de la salud y prevención de enfermedad.

Por otra parte, de acuerdo a la ley de presupuesto del año 2013, (Decreto 13-2013 del congreso de la República, que actualmente es la que está vigente) se estableció que el Gobierno de Guatemala no podrá continuar subcontratando a las PSS/ASS del PEC más allá del año 2016, por lo que es hace necesario el desarrollo de enfoques alternativos para la entrega de servicios de salud en las comunidades de difícil acceso o que como resultado de la crisis financiera, quedaron sin servicios de salud para la población rural. En San Juan Ostuncalco, a partir del mes de septiembre del 2014, 12,836 habitantes (de un total de 53,686 habitantes de todo el municipio) se quedaron sin atención de salud los cuales residen en siete comunidades y siete Centros de Convergencia que cubría la ONG.

En respuesta a dicha situación, se inició una gestión local para el restablecimiento de los servicios de salud, para lo cual se conformó una comisión de salud como parte del Consejo Municipal de Desarrollo (COMUDE) y con el apoyo técnico del equipo local de Nutri-Salud se hizo una gestión ante la Dirección de Área de Salud (DAS), el Distrito Municipal de Salud (DMS) y la Municipalidad de San Juan Ostuncalco. Este movimiento estimuló a la Dirección Departamental de Salud de Quetzaltenango a convocar a los distritos municipales a presentar propuestas alternativas para la prestación de servicios. El distrito de San Juan Ostuncalco a través de su coordinadora de salud y trabajo social convocaron a reuniones con los diferentes líderes comunitarios y COCODES de estas comunidades.

Se acordó por el área de Salud, Distrito Municipal de Salud de San Juan Ostuncalco, representantes de las comunidades, Municipalidad y Proyectos Socios de USAID la apertura de cuatro (4) unidades mínimas de salud en comunidades estratégicas para proveer atención:

- 1- Comunidad "La Unión, los Mendoza"
- 2- Comunidad "Espumpujá"
- 3- Comunidad "Los Alonzo"
- 4- Comunidad "La Esperanza", con lo cual se garantizaría el acceso físico y cultural de la población más vulnerable de comunidades rurales atendidas anteriormente por el PEC a los servicios de atención primaria en salud

Y además, se daría continuidad a las acciones para incrementar la cobertura y calidad de las acciones de Salud y nutrición preventiva para reducción de la desnutrición Materna e infantil. En términos generales, las acciones realizadas por los diferentes actores involucrados para llevar a la práctica y de forma inmediata esta respuesta a las crisis del sistema de salud implicó que:

- ◆ El distrito municipio de salud reubicara recurso humano del distrito de San Juan (auxiliar de enfermería y técnicos en salud rural, educadoras) y de otros distritos vecinos (2 auxiliares de enfermería).
- ◆ Los COCODES se organizaron para adecuar la infraestructura, lo cual significó conseguir, remozar y/o construir los ambientes para que funcionaran las unidades mínimas. (casa de 2 o 3 ambientes).
- ◆ El distrito de salud apoyara con equipo para la atención como camillas, mesas, sillas, insumos médicos y papelería.
- ◆ Organizar y estimular a la población para pagar energía eléctrica, agua y alquileres de los inmuebles donde se localizan las unidades mínimas de salud.
- ◆ La comunidad se comprometiera a darle mantenimiento a las unidades y a realizar las gestiones ante la municipalidad para incluir estos servicios dentro de las obras municipales para el próximo año (2015).
- ◆ La municipalidad apoyara con escritorios, sillas, vitrinas para medicamentos.

En noviembre 2014 se inauguraron 3 unidades mínimas las cuales ya están prestando atención de salud.

El proyecto Nutri-Salud que inicialmente también aportó equipo médico (camilla, gradilla, lámpara cuello ganso, carro de curaciones equipado). Continúa con su principal rol de acompañar el proceso para la consolidación de los nuevos servicios, que comprende acciones de asistencia técnica para la gestión de infraestructura, equipo e insumos, desarrollo y fortalecimiento de competencias en el personal de salud en aspecto de nutrición; y desarrollo de sistemas y herramientas para facilitar el funcionamiento y mejoramiento de la calidad del sistema local en el municipio.



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