

PROYECT IMPLEMENTATION PLAN



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EXECUTIVE SUMMARY

HEALTHY PREGNANCY is a project of cooperation international for development executed by EHAS Foundation (Spain) and TulaSalud (Guatemala) and funded by USAID. In order for the project to succeed, there must be an agreed set of common operating procedures to allow effective co-operative working between the partners. The purpose of this document is to describe the plan to be followed during the execution, detailing all the activities, tasks, responsible partners, timing and operating methods.

This document acts as the Milestone N° 1 required by USAID by July 15th, and it should be used as a reference by the project partners to help them complete their work to an appropriate quality level.

DOCUMENT REVISION HISTORY

DATE	ISSUE	PARTNER	SUMMARY OF MAIN CHANGES
July 9th 2014	V1	EHAS	Update of the Project Implementation Plan with TulaSalud according to USAID timing/conditions.

PROJECT DETAILS

1.	<i>Título</i>	Healthy Pregnancy
2.	<i>Grant N°</i>	AID-OAA-F-14-00014
3.	<i>Ejecutive Agency</i>	Fundación Enlace Hispano Americano de Salud (EHAS)
4.	<i>Local Organization</i>	Asociación TulaSalud
5.	<i>Country</i>	Guatemala (Department of Alta Verapaz)
6.	<i>Period</i>	18 months: From July 1 st 2014 – January 1 st 2016
7.	<i>Target beneficiaries</i>	3,000 pregnant women
8.	<i>Objective</i>	The general objective of the project aims to reduce maternal and perinatal mortality by supporting the work of the health brigades with technologies specially designed for rural areas.

ACTIVITIES AND TASKS

A1. COORDINATION AND MONITORING

The coordination and monitoring will be the first and main activity that comprises the whole duration of the project. The first step is the elaboration of this *Project Implementation Plan*, which in detail shows tasks that will be performed, responsible partners and expected period to finalize them.

The next step to start-up the project is the identification of specific communities in Alta Verapaz where prenatal controls will be carried out (in coordination with the Regional Health Authority). Moreover, another important task in the beginning of the project is the definition of the baseline with respect to maternal and perinatal mortality in these areas. Indicators and sources of information must be identified to define the starting point of the project, which will allow analyzing the effect of the intervention in the final evaluation.

Regarding the tasks monitoring, milestones will be defined as deliverables to track the progress of the project (such as task summary reports, activities and outputs achievement, etc.). Also, monthly meetings between the partners (EHAS and TulaSalud) will be held to check the works and redraw tasks according to the development of the project. These meetings will be held remotely and in person in specific field visits.

The monitoring will be supported by a web application that will record all the health controls made by the personnel of the project, which will show the number of ultrasound scans, blood and urine tests performed, as well as the emergency transfers to health centers. This information will be the base for the elaboration of periodic and final reports and to keep USAID updated on the progress of the project

Specific tasks to be performed in this activity are:

- A1.1 Review the work plan and adapt it to the final start date (M1).*
- A1.2 Identification of target communities (M1).*
- A1.3 Build the baseline (M2).*
- A1.4 Hold coordination meetings monthly (M1-M18).*
- A1.5 Perform field visits and follow up reports (M1-M18).*
- A1.6 Develop the Final Report (M16-M18).*

A2. EQUIPMENT AND STRIPS PURCHASE

The second activity of the project involves finding suppliers and comparing offers for the acquisition and adaptation of complete portable ultrasound kits. Purchases and import processes to Guatemala will be performed. Moreover, all the elements that compose the kit (laptop, USB probe, folder solar panel and batteries) will be integrated in each of the backpacks with the system of blood and urine strips.

Specific tasks to be performed in this activity are:

- A2.1 Purchase the ultrasound probes (M1-M3).*
- A2.2 Purchase solar panels, batteries and laptops (M1-M3).*
- A2.3 Integrate the kits and run tests to check that the equipment works correctly (M3).*
- A2.4 Purchase of urine test strips and reagent for dry blood screening (M1-M3).*

A3. TRAINING FOR HEALTH PERSONNEL

The third activity involves training the health care personnel in the use of the new tools of diagnosis to ensure the quality of the service, both on ultrasound performance and reactive strips tests. This activity will also include the definition of protocols to follow in the attentions, as well as the development of multimedia training materials for these workshops with specialized medical personnel. The selection of the health technicians to attend this training will depend on their knowledge of the environment of the target communities, in order to ensure the cultural adaptation of the model.

Specific tasks to be performed in this activity are:

- A3.1 Coordinate the training logistics (M1).*
- A3.2 Develop the materials for training (videos, handbooks, etc.) (M1-M2).*
- A3.3 Provide ultrasound test training (M3-M4).*
- A3.4 Provide blood and urine strips test training (M3-M4).*

A4. PREGNANT WOMEN HEALTH CONTROLS

The aim of the fourth activity is to implement the prenatal controls to pregnant women in the selected communities. These attentions will be performed by the health technicians trained previously. Each woman will receive two ultrasounds (corresponding to the first and third trimester), as well as one test for HIV, Syphilis, Hepatitis B and RH and two for Hemoglobin, Glucose and Urine by reactive strips, which will be evaluated immediately trying to identify potential risks for the labor. The protocol to refer cases with complications to health centers will be started-up. Moreover, the coordination with facilitators of the community will be reinforced in order to encourage pregnant women to attend these monthly checks.

This activity involves also monitoring of the health controls by specialized personnel to supervise the attentions and reinforce the capabilities of the health brigades, as well as to check the equipment maintenance.

Specific tasks to be performed in this activity are:

- A4.1 Perform periodical prenatal check-ups in remote communities (M4-M15).*
- A4.2 Perform dry blood tests (M4-M15).*
- A4.3 Review ultrasonography and dry blood test results (M4-M15).*
- A4.4 Maintenance of the equipment (M4-M15).*

A5. EVALUATION

The fifth activity involves the evaluation of the impact of the project on healthcare for pregnant women. The final evaluation will consider, among others, the following topics:

- (a) the appropriateness of the activities to achieve the defined objectives;
- (b) the results achieved in the implementation of the activities;
- (c) any deviations in the process of project implementation;
- (d) health and economic impact on the defined indicators;

- (e) lessons learned during project implementation;
- (f) degree of satisfaction of users and beneficiaries;
- (g) advises for the initiative sustainability and for the design of future similar projects;
- (h) and an assessment of the potential of the solution to replicate it at the national level and in other countries in the region.

As it has been described in previous activities, data collection of health controls will be recorded throughout the project with a health information system (HIS) based on a web application. This application will contain data of the two ultrasound screening received by each pregnant woman (first and third trimester) as well as the test for HIV, Syphilis, Hepatitis and RH and the two test for Hemoglobin, Glucose and Urine. The software will also record the emergency references made to higher levels of care. This software, based on the open software platform OpenMRS, will be installed in the laptops used for the attentions, so the data will be registered by the health staff along the attentions. The health information system will provide detailed information on the attentions, which will be used to improve the service and adapt the protocols to the needs identified among the pregnant women in rural areas. However, the evaluation will focus only in the parameters more relevant to measure the impact of the initiative.

The main objective of this project is to assess the impact of the proposed technologies and protocols on the maternal and neonatal mortality. Therefore, the indicators used to measure the success of the project will be the Official Health Indicators regarding maternal and perinatal mortality published by the Department of Health of Alta Verapaz, as it is described in this document in the Logical Framework (page 10). The economic impact of the initiative for the health system will be also evaluated, analyzing both the costs of the service and the reduction of urgent transfers achieved (that will determine the savings on travel costs).

In order to analyze the impact on these indicators, a “control group” of rural communities not receiving ultrasound scans and strip test will be taken as a reference. Its results will be compared to the “intervention group” of the 3,000 pregnant women target of this project. The project will take particular care in the processing of these data in a disaggregated way to distinguish the area of intervention and the control area. This analysis will show a causal association between the rate of reduction of these indicators and the solution provided by the initiative.

Since the pilot project has proved the reliability of official figures for maternal mortality, the control group to measure the impact in this indicator will be all women attended in rural communities in Alta Verapaz by health brigades of the Department of Health of Alta Verapaz. However, in the case of neonatal mortality, the pilot has demonstrated the existence of underreported deaths in official figures. Due to this fact, the control group for neonatal mortality will be selected more accurately and it will be monitored to verify the official records reliability. Therefore, in this indicator, control group will be 1,000 pregnant from areas with similar features to those of intervention where the project does not act.

Regarding the economic impact, the same group of 1,000 pregnant women will be taken as control group to check the number of urgent transfers in the control area, and compare its evolution with the evolution achieved in the target area. In order to be able to develop a detailed business plan in the near future, it will be also important to analyze how many pregnant women can be attended annually with one ultrasonography kit, in order to estimate the cost per women of the service. An analysis of CAPEX (Capital Expenditure) and OPEX (Operation Expenditure) will be also performed. The CAPEX will depend mainly on the cost of purchase and importation of the equipment. Although we have reference costs from the previous pilot, this project will server to analyze the influence of scale economies on the

CAPEX. The OPEX analysis will be composed by the costs of personnel, travels, reactive strips, maintenance of equipment: the study of possible scale economies will be also important here.

The methodology proposed for the evaluation has been published by the Pan American Health Organization. This is a methodology that measures the technical, economic and institutional feasibility and impact on healthcare processes, in the health of people, in the accessibility to quality healthcare and in the acceptability of the health system. This evaluation will help to adapt the model and design a strategy for scaling in Latin America, to consider a new phase of this initiative creating a social enterprise that offers services for pregnant women in rural areas.

Specific tasks to be performed in this activity are:

A5.1 Evaluation Design (M1-M3).

A5.2 Collect data (M4-M15).

A5.3 Analysis of data and evaluation report (M15-M18).

A6. DISSEMINATION

The purpose of the sixth and final activity is to systematize, document and disseminate the experience and knowledge generated by the introduction of the new model of prenatal care in isolated communities. Knowledge products will be disseminated highlighting the technical feasibility demonstrated from the activities implemented in Guatemala. Strategic audiences target of this activity are civil society organizations, public authorities and multilateral agencies interested in replicating the experience.

This activity also provides continuous monitoring of the communication actions agreed in the Branding Plan for dissemination of the project among beneficiaries, health authorities and general public in Guatemala. During the 18 months of the project, multimedia materials and contacts with the mass media will be carried out in order to visualize its impact and promoters.

Specific tasks to be performed in this activity are:

A6.1 Write proposals to scientific journals (M16-M18).

A6.2 Present the results to the Ministry of Health of Guatemala (M16-M18).

A6.3 Present the results to social investors (M16-M18).

A6.4 Perform USAID Branding Plan (M1-M18).

LOGICAL FRAMEWORK

Impact				
Improved prenatal check-ups in rural areas of Alta Verapaz, Guatemala, through the reduction in maternal and neonatal mortality.	Indicator 1	<i>Baseline</i>	<i>Intermediate value</i>	<i>Target</i>
	Number of women that received appropriate prenatal check-ups through this project.	0	1,500	3,000
	<i>Definition</i>	<i>Month 0</i>	<i>Month 12</i>	<i>Month 18</i>
	Number of women that received appropriate prenatal check-ups through this project.	<i>Source: Reports from health information system of the project.</i>		
	Indicator 2	<i>Baseline</i>	<i>Intermediate value</i>	<i>Target</i>
	Decrease of maternal mortality in the target communities of Alta Verapaz.	0%	15%	30%
	<i>Definition</i>	<i>Month 0</i>	<i>Month 12</i>	<i>Month 18</i>
	Maternal mortality ratio is the mean number of maternal deaths each 100.000 births. The Project will not build a baseline, but it will use the regional data of the Ministry of Health.	<i>Source: Maternal mortality data from the Ministry of Health of Guatemala.</i>		
	Indicator 3	<i>Baseline</i>	<i>Intermediate value</i>	<i>Target</i>
	Decrease of neonatal mortality in the target communities of Alta Verapaz.	0%	15%	30%
	<i>Definition</i>	<i>Month 0</i>	<i>Month 12</i>	<i>Month 18</i>
	Neonatal mortality ratio is the mean number of neonatal deaths (before 28 days old) each 1.000 births. The Project will compare the target area results with the results in the control group.	<i>Source: Reports on neonatal mortality from the control and the target area.</i>		

Result				
Prove the technical, clinical and social viability of the “Healthy pregnancy” service	Indicator 1	<i>Baseline</i>	<i>Intermediate value</i>	<i>Target</i>
	Percentage of emergency transfers avoided.	0%	10%	20%
	<i>Definition</i>	<i>Month 0</i>	<i>Month 12</i>	<i>Month 18</i>
	Decrease in the number of emergency transfers, comparing the results during the project with those registered previously (in the baseline). The Project will compare the target area results with the results in the control group.	Source: Report of the Ministry of Health on the number of emergency transfers in the area.		
	Indicator 2	<i>Baseline</i>	<i>Intermediate value</i>	<i>Target</i>
	Number of pregnant women that were attended with one Healthy Pregnancy kit	0	200	300
	<i>Definition</i>	<i>Month 0</i>	<i>Month 12</i>	<i>Month 18</i>
	Mean number of pregnant women that were attended with one ultrasound kit in one year.	Source: Reports from the health information system of the project.		
	Indicator 3	<i>Baseline</i>	<i>Intermediate value</i>	<i>Target</i>
	Number of people trained in the use of the Healthy Pregnancy kit	0	9	9
	<i>Definition</i>	<i>Month 0</i>	<i>Month 12</i>	<i>Month 18</i>
	Number of health technicians trained for the use of Healthy Pregnancy Kits (basic ultrasound scanning and use of strip test).	Source: Training certificates signed by the students, the trainers and the Regional Health Department.		