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PROJECT CONCERN INTERNATIONAL

CHILD SURVIVAL

GUATEMALA

FINAL EVALUATION

REPORT FOR THE PERIOD AUGUST 1986-JULY 1989

Representative: Mr. David Wilson (619) 279-9690

Project Concern International, 3550 Afton Road, San Diego, CA 92123

John A. Massey

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EXECUTIVE SUMMARY

A final evaluation of a Child Survival Project was carried out by Project Concern International (PCI) in Santiago de Atitlan, Guatemala, during 6-18 November 1989. The evaluation was performed by John A. Massey, formerly of the US Agency for International Development, under a contract between PCI-Guatemala and the evaluator.

Despite difficult socio-political conditions in the project area, PCI staff were able to achieve completely or move significantly toward achievement of the goals, purposes and most of the output targets the designers set for themselves in 1986. The project has been successful in establishing a functional network of nearly 100 maternal and child health volunteers (MCHV) in the city of Santiago Atitlan. These MCHV's perform a variety of outreach activities designed to improve the health of the population. Through home visiting and group educational meetings, the MCHV promotes changes in health behavior of their neighbors with respect to the utilization of health services, participation in priority programs such as infant and child immunization, recognition of dehydration due to diarrhea and how to use oral salts for rehydration, recognition of malnutrition through routine growth monitoring and well child services and implementation of measures to reduce the risks of pregnancy, delivery and the postnatal period. The work of the MCHV's is in support of the Ministry of Health program called "Channeling", which seeks to bring selected health services to each home as well as improve utilization of health facilities of the population.

Coverage figures for immunizations of children under five in the project service area are low by national standards but are substantially the same as those obtained throughout the Department of Solola. The project had greater success in reaching pregnant women with a complete series of tetanus toxoid with coverages in the project service area of almost 3 times the national figures. The distribution of oral rehydration salts (ORS) packets has increased markedly during the grant period and mothers sampled in Santiago showed high levels of knowledge of how to mix and administer ORS to children with diarrhea. Registration of children for growth monitoring and other well child services has increased about 25% over previous years. Finally, although still a very low prevalence, the use of family planning methods for birth spacing is steadily increasing in the service area.

Some of the lessons learned in the project include reminders on the difficulties in introducing change in traditional societies, the differences in relative difficulty in introducing the various child survival programs, the usefulness of consulting the community to validate educational messages and training material

and the importance of coordinating with the host government health authorities.

Important recommendations include not expanding project operations to new areas until current program activities are fully installed, tested and operational. A follow-up survey to measure progress of a number of indicators since the baseline survey in 1987 is suggested for 1990. A number of administrative and financial management suggestions are made in order to ensure smooth project implementation.

I. INTRODUCTION

This final evaluation of PCI-Guatemala's Child Survival Project in Santiago de Atitlan took place during the period November 6-18, 1989. It was performed by John A. Massey, formerly of the Agency for International Development, under a contract signed between PCI-Guatemala and the evaluator.

II. PURPOSE

The evaluation followed the guidance provided by the FVA/PVC PVO office (McEnaney Letter dated June 29, 1989). This guidance requires reaching two kinds of conclusions:

A. What can we learn from this experience which can serve to improve other projects of this type (and this one, if it is extended or refunded)?; and,

B. How well did the PVO do toward reaching the goals it set out to accomplish?

This final evaluation will form a part of the Final Project Report which must be submitted to FVA/PVC. The end-of-project financial accounting report will be prepared entirely by PCI.

III. METHODOLOGY

The evaluation consisted of field site observations, document reviews, and interviews of key project staff, project volunteers who in reality are also beneficiaries, institutions who provided major technical assistance and Ministry of Health counterparts in Santiago de Atitlan and in the department capital of Solola. The evaluator spent 5 days at the project site, one day at the district and departmental headquarters of the Ministry of Health, and one day with personnel of INCAP who provided important technical assistance to the project.

IV. THE EVALUATION

A. Introduction

1. Project site

Since the mid-1970s, PCI project activities have taken place in the vicinity of Santiago Atitlan, a small city on the edge of Lake Atitlan of approximately 22,000 inhabitants who are almost exclusively members of the Tzutuil linguistic group. The villages of Cerro de Oro, Panabaj, Chacaya, Panimaquin are also within the project area.

Although by definition an urban setting, almost all heads of household in Santiago sustain their families in one degree or another from small scale farming, migrant labor on the large coastal plantations or as labor on the surrounding fincas. Many others subsist on the sale of firewood or as small scale traders. A prior evaluation (Danforth et al) reports that 62% of all families in the area earn approximately $17 per month or less. The basic diet consists of primarily corn in the form of tortillas, accompanied by small amounts of beans, eggs or fish. Most households do not have electricity, only 22% have piped water and few have safe means of disposal of human wastes.

A baseline study carried out by PCI in 1987 reports that almost 70% of the male population and more than 90% of the female population are illiterate. These numbers compare unfavorably with national figures which place illiteracy at 48% for males and 62% for females. The same study reports that only 3.4% of male heads of households and 1.6% of females had attended school through second grade, with both these statistics roughly one-quarter of the national levels.

With these kinds of socio-economic correlates, one can expect that the health status of the residents of Santiago Atitlan will be considerably less than the rest of Guatemala. In a recent, yet-to-be published assessment of the health sector in Guatemala, Bossert reports that although "general health trends are improving most indicators are still unacceptably high and merit priority attention. This priority is especially important since the major causes of death and morbidity are those which can be addressed by child survival and primary health care strategies."

The same assessment reports that diarrheal diseases are the major cause of death among children from one to

four years of age. Also important as causes of child morbidity and mortality are the immuno-preventable diseases such as measles and whooping cough. There are also significant problems around the birth process, including birth complications and abortion, which result in high rates of maternal mortality and are major causes of hospital utilization.

2. General project description

The latest annual report describes the project in Santiago Atitlan as designed to "supplement and to improve existing health services through the use of PCI-trained community and other health workers of various types in coordination with MOH personnel." Other areas of project attention include priority health problems such as unsanitary waste disposal and environmental conditions in the home.

The centerpiece of the project has been the recruitment and training of nearly 100 "maternal-child health volunteers" (MCHV) who serve as the conduits, through the channelling strategy (described below), for all the health interventions included in the project. It was PCI's plan (1986 DIP) to introduce the Child Survival interventions in a phased fashion through the MCHV's.

As recorded in other evaluations (Smith, Danforth, etc.), the initial plan was to support the MOH efforts to expand their coverage of health services by expanding the program for community level health promoters (termed Community Health Worker, or CHW, in these reports). In 1984, a group of 24 CHW's was trained jointly by PCI and the MOH. Since that time, many of these CHW's have become inactive primarily because of better jobs elsewhere. In addition, the political climate in Guatemala, problematic for community workers such as the CHWs, has made this kind of work less attractive. Finally, the Ministry simply does not have the resources to provide the solid administrative and technical support (ie., supervision, resupply, periodic in-service training) needed by this kind of worker. At the present time, only a handful of these CHW's are actively working in their communities.

For a variety of reasons, it was necessary to pursue a less visible course through the use of MCHV's, who are mothers whose children were seen at one time in PCI's nutrition recuperation centers. Father's groups, for husbands of the MCHV's, have also been formed.

The MCHV's in Santiago Atitlan have been the mainstay of the MOH's channelling strategy, which is the approach currently in use to reach the beneficiary population with health information and services. PCI's support to the channelling program operates through the establishment of a network of "mother's committees", whose members serve as block wardens throughout the city of Santiago. Each mother has an assigned number of households (25-50 usually), meticulously identified on a large scale map, which she visits with some regularity. She records on a very simple form, which uses pictures for the most part, the births and deaths (children under 5) since the last visit to that household, cases of diarrhea, numbers of packets of oral salts distributed, apparent cases of malnutrition, and so on.

These committee members receive classes on a regular basis on such subjects as diarrheal disease control, personal hygiene, signs/symptoms of dehydration, how to mix the oral salts solution, how to make the homemade version of oral rehydration solution, why immunize your child, and so on.

In a group interview of 12 "mother's committee" members, we found that some of these volunteers had worked as long as 19 years in the program. All seemed very committed to this activity and genuinely pleased to have been able to learn "how to be a better mother", as one lady put it. In a poignant account, one of the senior committee members told of how 6 of her 11 pregnancies had resulted in early deaths, all due to preventable causes. She said she wanted other mothers to learn from her mistakes.

These mothers are, in effect, PCI's "promoters" or community health workers. We believe that it would be very hard to find more credible health change agents than these women.

3. Project components

As described in the 1986 Detailed Implementation Plan (DIP), the Project Components include: 1) Immunizations; 2) Oral Rehydration Therapy; 3) Growth Monitoring; 4) Birth Spacing; and 5) Training.

The Immunization Component consists of support for the national immunization program by providing assistance to the departmental MOH authorities in planning, logistic support, staffing, community organization and promotion of both the regular immunization program as

well as the annual campaigns (Jornadas Nacionales de Vacunacion). Although PCI's support for the national program is significant in the Santiago area, it should be underscored that PCI does not operate an immunization program on its own.

As mentioned above, the MCHV's were important figures in promoting attendance of under fives in the city of Santiago in the annual immunization campaigns. They are also participating in "channelization" in rural areas for purposes of the immunization program.

The Oral Rehydration Therapy (ORT) component likewise works through the MCHV's, who received training in recognition of dehydration in children under five with diarrhea and the preparation of home oral rehydration salt (ORS) solutions as well as the UNICEF packets provided by the MOH. The MCHV's, using an innovative report form (described below), record the number of children with diarrhea in their assigned households during the previous month, the number of ORS packets distributed and the number of participants of talks on diarrheal disease prevention and other topics.

The Growth Monitoring component seeks to identify "high risk" children in the assigned households for referral to two child feeding programs operated by PCI. The MCHV's presently do not have techniques to objectively identify malnourished children and simply rely on observable characteristics such as "failure to thrive", the reddish blonde hair of kwashiorkor and others. PCI operates a multipurpose clinic in downtown Santiago which offers prenatal and well-child services. Nutrition education is a regular topic at periodic meetings held at the clinic.

Birth Spacing activities are largely limited to training of MCHV's, traditional midwives and MOH personnel in the concepts of family planning and the reproductive risk management topics of high risk pregnancy and the need for prenatal care and finally, tetanus toxoid for pregnant women. Actual provision of family planning services (pills, IUD insertion, condoms and vaginal tablets) is accomplished by staff of the Santiaguito Clinic to the very small number of acceptors.

The Training component provides support to the other components with basic and refresher training for project staff, volunteers, traditional birth attendants and MOH employees.

4. Staffing

a. PCI

Three levels of staff were reviewed in the evaluation: a) Project Management; b) Field Project Operation; and c) Volunteers. All levels of staff seemed to possess the skills necessary to carry out their assigned tasks. There are 24 paid staff members distributed between the Community Health Services and the Hospital Programs. See Annex A for a listing of job titles, an organizational chart and scopes of work for key personnel.

The project is in a transition phase, with the changing role of the lone expatriate (the country director) limited to periodic technical supervision, management of project finances and routine project reporting. During the grant period (1986-1989) and before, however, expatriates played a much more operational role with direct responsibilities for planning, implementation, training, and evaluation of health programs. The project director, Dr. Angelica Bixcul, indicated that until recently she had not been significantly involved in decisions relating to project planning and implementation. For instance, prior to this evaluation she had not seen a copy of the Interim Evaluation Report by Dr. Gary Smith.

Dr. Bixcul has been with the Project since 1980, holding various jobs including Director of Santiaguito Clinic during 1980-86 and in 1987, she assumed the directorship of Community Health Services and the project as a whole. She is highly respected among her colleagues, has a gentle work style and speaks Tzutuil, a rarity among Guatemalan health professionals. In 1987, a graduate nurse was hired to assist Dr. Bixcul in the management of the Community Health Services Program. Mrs. Toj is a very competent young woman experienced in both public health and as chief nurse of the Santiaguito Clinic who brings a vigorous dimension to the program. Her role needs to be more clearly defined to approximate a deputy project director for Community Health, with responsibilities and decision authority clearly spelled out.

Local project management staff reported having received no special technical or administrative training directly financed by PCI except on-the-job training and as noted below. The project director did attend three workshops carried out by the Guatemalan family planning agency, APROFAM, on Training of Trainers (1982), Participatory Training Techniques (1989), and Family Planning Programs in Indigenous Areas (1985). The project director also attended a 3-month USAID-Guatemala financed course in 1986 at UC/Santa Cruz on management of family planning programs. While in the U.S. for this management course, Dr. Bixcul also attended PCI's week-long world conference in San Diego. She also participated in the AID/W sponsored workshop for CS-funded PVO's in August 1989 in Quetzaltenango, Guatemala. The assistant project director, Mrs. Toj attended the same APROFAM workshops as the Director. The project secretary attended a word processing course at her own expense.

Project management staff reported having received supervisory visits on a roughly annual basis during the Grant period from the PCI Latin America Directors of Programs, who were David Wilson and Moises Nagiel. For a list of technical and administrative support services received from PCI-San Diego and brief description of purposes for this travel, see Annex J.

b. Ministry of Health

The other major service provider in the Santiago area is the MOH Health Center located near the central square of the city. Services provided at the Center include: curative and emergency outpatient care, immunizations, oral rehydration services, prenatal clinic, control of communicable diseases, environmental health services (water, waste disposal, etc.) and training/support of community level workers (CHW's and Traditional Birth Attendants).

The Center is staffed by 10 technical and administrative personnel, including the physician director, 3 auxiliary nurses, 1 rural health technician, 1 health inspector and 2 office persons. Two authorized positions are unfilled. The director is also district health chief for Santiago Atitlan, San Pedro la Laguna and San Juan

la Laguna municipalities with a total population served of approximately 35,000.

In interviews with the director and some of his staff, we learned that there is considerable program contact between health center staff and personnel working in the PCI program. The director was particularly complimentary of the MCHV's, who apparently were important contributors to the recently improved immunization figures. The Center staff also report honoring the referrals made by the MCHV's and traditional midwives using the PCI-designed referral coupon system. Cases of severe malnutrition identified by the Health Center are referred to PCI's Nutrition Recuperation Centers. There appeared to be no mechanism for regular coordination and information exchange between the project and the District Health chief and his staff.

5. Project finances

During the nearly four years of operation of the project, a total of $337,850 was planned for program expenditures. See Annex B for tables containing annual expenditures by line item. Actual expenditures varied from year to year, with minor end-of-the-year differences between amounts requested by the Project staff and amounts actually sent by PCI-SD.

The major recurrent costs to the project are the operation of the Santiaguito 8-bed hospital, the TB program and the "popular pharmacy." Income generated in 1988 and 1989 (through September) by hospital fees-for-service and payment for medicines by clients of the pharmacy covered costs with a shortfall of $900 per month in 1988 and $1,079 per month in 1989. (See Annex B for a tabulation of Income and Expenses for 1988 and 1989, Hospital Program.)

An analysis of costs of the hospital program performed by project staff recently led to an adjustment upward of fees-for-services and a tentative decision (in abeyance at the moment) to close the 8-bed inpatient facility. Other reallocation of resource decisions based on the management information system could not be identified.

FORM A: TOTAL PROGRAM EXPENDITURES (8/1/86-7/31/89)

PVO/COUNTRY PROJECT GUATEMALA

CATEGORY	ACTUAL EXPENDITURES 8/1/86-9/30/87	ACTUAL EXPENDITURES 10/1/87-7/31/88	ACTUAL EXPENDITURES 8/1/88-7/31/89	TOTAL EXPENDITURES 8/1/86-7/31/89
PROJECT PERSONNEL	55,405	53,104	55,867	164,376
CONSULTANTS	4,822	4,356	3,871	13,049
SUPPLIES	34,861	38,449	12,602	85,912
EQUIPMENT	20,195	2,738	3,940	26,873
TRAINING	5,952	4,746	4,153	14,851
TRANSPORTATION	1,373	3,727	2,558	7,658
PROJECT REPORTING AND EVALUATION	2,291	2,119	626	5,036
OTHER DIRECT COSTS	35,950	38,574	27,139	101,663
SUBTOTAL DIRECT COSTS	160,849	147,813	110,756	419,418
INDIRECT COSTS	55,654	51,143	38,322	145,119
TOTALS	216,503	198,956	149,078	564,537
AID SHARE	162,479	149,310	88,211	400,000
PCI SHARE	54,024	49,646	60,867	164,537

B. Core questions and issues

The core questions and issues discussed below follow the guidelines issued by FVA/PVC for the conduct of final evaluations.

1. Project focus and use of funds

The major focus of this project has been a combination of support for outreach health services and the increase of community awareness of health needs and demand for health services. The funding provided under this grant has primarily financed a continuation and improvement of ongoing activities in a specific area, Santiago Atitlan.

2. Organization development

a. Human Resources: (See Section D., Staffing.)

b. Use of Technical Resources

It was impossible to determine whether comments and recommendations from the original AID grant approval letter and technical review of the DIP were used in project implementation, as neither of these documents was apparently available at the project site. The new country director and the project director were beginning to familiarize themselves with project documentation.

See Annex J for a listing of on-site technical backstopping from PCI-SD provided to the Guatemala project.

Project management staff recall AID-funded technical assistance in the form of site supervisory visits at various times performed by USAID/Guatemala health office staff: Neil Woodruff, Paul Cohn and Liliana Ayalde.

Extensive use has been made during the grant period of technical assistance from INCAP in the areas of: 1) Control of Diarrheal Diseases; 2) Oral Rehydration Therapy; 3) Operational Research in the Community; 4) Planning of Training Programs; and 5) Development of Educational Materials. This technical assistance was considered by project staff to have been highly appropriate and useful.

They also reported having received very useful technical assistance from the Mennonite Appropriate Technology Institute in Santa Maria Cauque in adapting the "lorena" stove to locally available materials and the composting latrine. Finally, a group known as ASECSA with USAID funding provided PCI/MOH promoters with a series of training courses in such topics as Environmental Sanitation, Primary Health Care, Maternal and Child Health and so on.

The project director, Dr. Angelica Bixcul, was nominated by PCI-SD to attend the AID workshop for CS-funded PVO's held in Quetzaltenango, Guatemala during August 7 to 14, 1989. She reports that the project implementation planning tools were especially relevant to her new role as project director.

c. Health Information Systems

C. Baseline survey

The national level "Simplified Maternal and Child Health Survey" carried out by INCAP in 1986 was adapted by PCI-Guatemala for use as the baseline survey to identify the size and characteristics of their target population as well as to document some of the priority health problems. Project staff reported having received technical assistance from INCAP on training of interviewers and analysis of the data. They feel the survey, carried out in 1987, was extremely helpful in providing the parameters around which to plan their project.

D. Program information system

Progress and effectiveness of project activities can be inferred from the statistical summaries which are prepared by project management from reports completed by community volunteers and program staff. Data collection on program activities is accomplished on highly innovative, simplified instruments which can easily be completed by the volunteers, many of whom are illiterate or barely literate. These include the Basic Report Form, Referral Coupon and Child Immunization Card. (See Annex C for examples.)

Unfortunately, however, these statistical summary reports are simple tabulations which are not related to projected targets, either for the current year or against the life-of-project targets for that activity. There was no system for providing feedback to sub-program managers on how their activities were performing.

E. Monthly reporting to PCI-SD

Program costs are exquisitely detailed in monthly reports which are prepared by administrative staff. This data is put together with service statistics collected by program staff and volunteers. The country director then provides a narrative analysis and summary of the data for submission to PCI-SD.

In general, no analysis is done by project staff on the data contained in the monthly activity and expenditure reports. What analysis does take place is performed by the project director and country director for purposes of preparing special reports. We observed no system of feedback from the information system to project staff and the community.

In its present form, the monthly reporting system does not provide adequate and timely data to monitor the costs, progress and effectiveness of the activities.

1. Project design and implementation

a. Appropriateness and Targeting of Activities

With the exception of Acute Respiratory Infections (ARI), the CS interventions provided by the project address all the major causes of infant and child mortality in the project area: dehydration due to diarrhea, immuno-preventable diseases, including neonatal tetanus, malnutrition and short birth intervals. MOH records show ARI as the second most important cause of morbidity and mortality in Guatemala.

Anecdotal information obtained from the Mother's Committee members (MCHV's) indicate that ARI's are a problem -- in their judgment the number two health problem after diarrhea -- as a cause of morbidity and mortality. One MCHV made the interesting observation that she thought ARI's were less of a problem than diarrhea because the course of the respiratory diseases was less acute, ie., a death of an infant due to dehydration could occur in a day or two, while a death due to ARI might take longer to occur and help could generally be obtained in time.

The strategy of using mothers to reach other mothers about their health problems as well as

those of their children seems highly appropriate and potentially very effective. Project staff indicated that the prime focus of the training programs, supervision and educational materials was on addressing the health needs of the under-one-year-olds, children whose growth and development seemed below normal and pregnant women.

They reported, and the evaluator confirmed directly, that Mother's Committee members have learned through training the classic signs of severe dehydration and to recognize cases of probable malnutrition. When they encounter children with these signs in their assigned households, they are referred to the PCI clinics or the Nutrition Recuperation Center (Servicio de Recuperacion Nutricional: SERN) which is operated by PCI, in collaboration with the Catholic Church in the city of Santiago.

Project staff indicated that their principal strategy for reaching pregnant women with health messages was through the 23 traditional midwives who are receiving regular in-service training at monthly meetings with PCI staff. The midwives use a system of referral coupons to urge their clients to attend prenatal clinics and to receive tetanus toxoid. Mother's Committee members also use the referral coupons for pregnant women they encounter in their assigned block. Services are also provided for pregnant women on a walk-in basis at the Santiaguito Clinic and the Child Clinic in the center of Santiago city.

Immunization activities appear to concentrate on reaching infants with polio and DPT antigens, as shown in Table 1 below, with significantly higher proportions of children under one receiving their first dose than the 0-59 group.

Table 1

Comparison of Proportional Coverage
of Infants vs. Children (0-4)
with Poliol and DPT1
in Service Area
1986-1989

Year	POLIO <1	POLIO 0-4	DPT <1	DPT 04
1986	70.9	46.1	65.4	36.8
1987	35.5	10.1	36.1	9.9
1988	53.6	32.5	55.7	31.8
1989	50.0	24.0	51.9	23.8

b. Specific Interventions: (from the 1988 AID Child Survival and Health Reporting Schedule)

F. Immunization component

The objectives specified in the 1986 DIP conform to the goals adopted by the Ministry of Health for the national Expanded Program for Immunization (EPI) namely, 80% coverage of infants with the standard antigens and to increase by 50% the number of pregnant women with completed series of tetanus toxoid. The DIP does not indicate when these objectives are to be achieved, but the assumption is that the target is the end of the grant period, or September 1989.

Regarding the feasibility of these objectives, 80% coverage of infants has been an elusive target for the Ministry of Health for a number of years in spite of heavy inputs of PAHO and USAID technical, financial and material resources. As of the last national campaign, coverage levels for children <1 range from 42.3% for Polio3, 37.5% for DPT3 and 40.0% for measles. Thus, the figures reported in Section D1. for the achievements of the component in the service area are of the same order of magnitude as the national figures.

The second objective, to increase by 50% the number of pregnant women with completed series of tetanus toxoid (TT), is completely achievable, given the extremely low pre-existing coverage. The estimated national coverage of TT for pregnant women is 9%, up almost five-fold over the levels reported in 1986. The coverage of second dose TT reported by the baseline survey in 1987 was 16.7%, which is actually higher than the national coverage levels. In the service area, it appears that in 1989 the coverage has almost doubled the baseline figure, or an increase of 93%.

The national and departmental plans for the immunization program are reasonable guidelines for local implementation. The problem is that there tends to be considerable centralization of decision authority and rigidity regarding adaptation to local geographic, cultural and social conditions. A single plan is doomed to failure, given Guatemala's panoply of cultures, areas of extreme geographic isolation and linguistic diversity. In a recent evaluation of the large USAID health project which supports the national immunization program, the low receptivity of the community to immunization programs was summarized as follows:

"Poor compliance (with the immunization program) appears to be associated with fears caused by conflicts between traditional health beliefs and perceptions of immunizations, negative experiences of individuals who participated in earlier vaccination campaigns, lack of information about the purpose, scheduling, sequencing and appropriate age for immunization and resentment over inconvenient access and the negative incentive of mandatory participation in the program." (URC Evaluation)

Project staff reported that "channelization" -- the identification and training of block wardens -- had not been completed in Santiago city and the rural areas in the service area. Thus, access to immunization services and information about scheduling, sequence and location of vaccination posts is incomplete. In the blocks where the MCHV is working, the coverage rates are significantly better (personal communication, district health chief).

Project staff were acutely aware of their lack of full understanding of all the reasons for non-participation in the program. They indicated that a top priority in the upcoming workplan would be implementation of focus group research to try to sharpen their program efforts, with particular emphasis on the cultural relevance of the promotional campaigns.

As was accomplished in the ORT component (see below), focus group research will form the basis for adjustments to the training curricula for the MCHV and preparation of new educational material (leaflets, a small flipchart, etc.). Of special concern in the message content of the training and new materials are elements to counter the prevailing beliefs (URC Evaluation) that immunizations cause illness in children and/or sterility in female children.

Supervision of the MCHV's in the implementation of the immunization campaigns (as well as the other project interventions) is accomplished by PCI staff through a combination of periodic meetings with the volunteers, accompanying MCHV's on home visits on a random basis to observe technique and review of report form completed by the volunteers. A standard supervision form is used. The frequency of supervisory contacts of all forms between PCI staff and volunteers seemed to err on the side of too much too often, rather than too little. As the network of MCHV's gets larger, this level of contact will become unaffordable and alternatives will need to be identified.

G. Oral rehydration therapy component

In contrast to the Immunization Component where the MCHV's merely support the national program, the volunteers actually provide oral rehydration salts (ORS) packets, train mothers on how to mix and administer ORS (and home mixtures) and refer seriously dehydrated children to the clinics. The objectives for this component specified in the 1986 DIP refer to the increase (by 30%) in home usage of ORS among children under 5 and achievement of high (80%) knowledge levels of ORS and OR therapy by MOH personnel and volunteers.

The objectives as stated are achievable in the time frame. The increase in usage has probably been achieved, if we assume that 80-90% of packets distributed were actually used in the treatment of dehydration. See Section D1 below for distribution rates of packets.

The current program of ORS distribution is keyed to the occurrence of diarrhea in the households visited by the MCHV. She records on her report form the number of children experiencing diarrhea and the number of packets left in the household during the period covered by the report. The problem is that diarrhea is such a common occurrence in households in the service area that when to start rehydration (i.e., when does diarrhea become severe?) is a significant perceptual problem. A simpler approach, and one which might facilitate the measurement of usage rates, is to

"stock" each household with a certain number of packets per child under five and replenish to the established stock level at each visit. Thus, each replenishment represents a direct measurement of usage during the period between the current and previous visit.

The component has been greatly assisted by technical assistance received from the Nutrition Institute for Central America and Panama (INCAP). Project staff, with INCAP guidance, conducted a series of focus groups with mothers in the service area to try to understand the perceived causes of diarrhea, when is diarrhea serious, manifestations of "slight-moderate-serious" dehydration, the basis for treatment as defined by these mothers and other topics. The findings of the focus sessions were used to develop tentative message contents and draft versions of educational materials. These draft educational materials were then subjected to a pre-test or field validation to confirm target group understanding of the intended messages. These findings were then incorporated into the drafts for final production.

Project staff evidenced considerable enthusiasm over the focus group and materials validation skills they acquired from INCAP consultants and were in genuine awe at the value of "consulting with the community" regarding program details such as educational materials. These skills will be useful in implementing other components in the future.

Component activities to increase knowledge of ORS and ORT have been successful. Direct questioning of staff, volunteers and mothers revealed clear understanding of when dehydration is present, how to mix and administer the solutions (both from packets and home prepared) and when to refer a case of severe dehydration. The MCHV's knew how to measure a liter of water and the importance of using the correct volume of water to mix the solution. When questioned about the acceptability of ORS in packets versus the home prepared solutions, the MCHV's indicated that the packets were more acceptable because they seemed more like a "medicine" than something prepared in the home.

Project staff reported that ORT was a conceptually and culturally easier program to introduce into the community. There seemed to be fewer serious obstacles or misconceptions to overcome in persuading a mother to adopt the desired behaviors. Their conclusion is that although the MOH places immunization as the top priority, they would give ORT greater initial program emphasis in the start-up of a program in a new area.

H. Growth monitoring component

The 1986 DIP specifies two objectives for this component which refer to: 1) increasing the utilization by 50% of children under five of the growth monitoring program; and 2) achievement of high knowledge levels among project staff of proper infant feeding and weaning practices.

Three facilities currently offer growth monitoring services: two supplementary feeding centers -- one in the Santiaguito Clinic and the other in the Catholic Church in Santiago; and a daily Well-Child Clinic, also in the city. These facilities are staffed by 1-2 salaried employees and volunteer mothers. The mothers assist with preparation of the meals and general care of the children during their stay. These mothers also receive classes in a variety of health topics including nutrition, personal and household hygiene, dehydration and ORT, immunizations and other health topics. Children in need of these services are referred by both the MCHV's and from the MOH health center.

Available data on monthly census of children in the growth monitoring and supplementary feeding programs show an average increase in utilization of approximately 25%, not the 50% expected by the project designers in 1986. Overall, there was an average census of 124 children per month in 1988 and 107 children in 1989. New registrations, which are indicative of increases in utilization of the program, have shown a slight but steady increase since 1987 in the average number of new inscriptions as follows: 18.5 new registrations per month in 1987; 21.3 new registrations in 1988; and 25.6 in 1989.

Records are kept on all children, including a Gomez growth chart which plots the child's progress. Some educational opportunities are being missed to involve volunteer mothers more in the process of monitoring the growth and development of the children by having them actually do the measurements (with supervision from the staff) and record the results on big wall graphs or in the individual records.

To achieve the second objective, training was provided to supervisors and MCHV's regarding recommended duration of breastfeeding and when to introduce solids. The MCHV's would then provide individual and group counseling regarding this information. The recommendation was to breastfeed for at least two years and introduce solids in the fourth to sixth month of life. An assessment of improvements in knowledge in this area is planned for 1990.

I. Birth spacing component

This component has the least movement in terms of service delivery of all project activities. Family planning, or birth spacing, is not practiced with great frequency by the Mayan population, with a national prevalence of use among Mayan women in fertile age of less than 6%, compared to about 1/3 of Ladina women (1987 DHS). Data available from Clinica Santiaguito and the MOH Health Center on numbers of family planning methods distributed to users by year, as a proportion of all women in fertile age (15-44 years), show a small but steadily increasing percent prevalence:

Table 2

Total Family Planning Users
Clinica Santiaguito and MOH Health Center
Percent of Women in Fertile Age
by Year, 1986-88

	YEAR					
	1986		1987		1988	
Facility	**Users**	**%**	**Users**	**%**	**Users**	**%**
Santiaguito	12	0.1	56	0.5	69	0.6
Health Center	143	1.4	149	1.5	249	2.3
Total	155	1.5	205	2.0	318	2.9

The numbers shown above are small. However, further analysis of the 1987 Demographic and Health Survey indicates that most of the prevalence for Mayans occurs in the vicinity of Guatemala city and in highly urbanized highland cities along the Pan American Highway. From this perspective, the Santiago numbers are relatively high.

Of the modern methods of family planning, only voluntary surgical contraception is not available from the Clinica Santiaguito. The most popular method is the oral contraceptive, followed by intra-uterine devices. Promotion of new users is accomplished by MCHV's and TBA's, who received training from the project on the subject.

Despite the sensitivity of family planning, the subject was brought up spontaneously by a number of MCHV's interviewed by the evaluator. Their discussions of the rationale for spacing births were clear and convincing.

Project staff were acutely aware of their lack of full understanding of the dynamics of the decision to regulate fertility among their clients.

J. Training component

For a summary listing of training activities during the period 1987-1989 see Annex D. A total of more than 8,300 person-days of training, basic and refresher, was provided during the grant period to MCHV's, TBA's, Fathers' Committee members, and MOH personnel.

More than 60% (about 5,200 person-days) of the training effort was dedicated to basic or refresher training for MCHV's on the subjects of "channelling", home visiting techniques, immunization programs, birth spacing, diarrheal disease and oral rehydration, maternal and child health and personal hygiene. About 600 person-days of training was given to TBA's on family planning topics, pre- and post-natal care of the mother and newborn, diarrheal disease and other topics. Another 350 person-days were provided for training of the Fathers' Committees.

This component was significantly affected by the excellent technical assistance provided by INCAP in the area of focus group research techniques, the use of Knowledge-Attitude-Practice (KAP) data for curriculum design and validation of education and training materials with the community prior to their use.

1. Effectiveness/impact of services

Documented achievement of objectives:

A chart is included as Annex E which lists the objectives from the 1986 DIP for each component, activities planned to achieve each objective, status of each activity as of the interim evaluation (March 1988) and final status at the time of this evaluation.

In general, project staff were successful in completing most of the planned activities. The most significant partial achievement was the 80% completion of channeling in the service area, as it is this mechanism which is in use for the delivery of CS interventions. The process of MCHV candidate identification, selection, training and startup took longer than originally planned. In retrospect, project staff believe that had ORT been the program emphasis at the time of startup with the MCHV's, the process might have moved along a little more quickly and smoothly than it

did with Immunizations as the central theme. The lesson learned here was not to underestimate the resistance to immunizations in the community.

The only activity which was completely missed was a course for pharmacists on diarrhea and the use of ORS for treatment of dehydration. Pharmacists were contacted to assess their interest in participating in this program. Some resistance was encountered by project staff, suggesting that perhaps pharmacists viewed the "popular pharmacy" and the ORT intervention as something of a threat to their business. The course is planned for early 1990, to be delivered by the Clinica Santiaguito director.

Effectiveness in targeting services:

a. Immunization Coverage of Children Under Five:

Calculations of antigen-specific coverage rates of infants (0-11 months) in the project service area for the grant period, 1986 to 1989 (through September), are given in the following table (See Annex F for formulas used in calculations):

Table 3

Antigen-Specific Coverage (%) of Infants in Service Area by year, 1986-89

Antigen		Year 1986	1987	1988	1989
BCG	24.8	10.7	29.2	8.5	(4.1)
Polio3	51.1	3.8	25.5	34.0	(42.0)
DPT3	77.3	3.5	23.4	33.6	(38.8)
Measles*	85.5	28.6	46.1	53.0	(40.0)

*Project Staff explain significant differences for this antigen to be the counting of older children in the numbers of vaccinated.

Except for BCG, satisfactory increases are noted in 1989 over 1988 for all antigens. For comparison, overall coverages for these antigens in Solola Department as of 11/89 are shown in parentheses in the far right column of the table given above. As one can

see, the coverages in the service area are slightly lower for Polio3 and DPT3 and slightly higher for BCG and Measles than those obtained for the department as a whole. National figures for these antigens are of similar magnitude to those in Solola and project service area (Personal communication, Chang, USAID-Guatemala).

The reader should be reminded that PCI does not operate an immunization program as such. The project provides significant support to the Ministry of Health's program in the Santiago area. Thus, the figures given above represent aggregate service delivery coverage, MOH plus PCI's contribution. In addition, coverage figures are strongly affected by the MOH's annual immunization campaigns -- the drop in coverage in 1987 is due to cancellation of the national campaign that year.

2. Tetanus Toxoid for Women in Fertile Age:

MOH policy for a number of years has been to only vaccinate pregnant women during the fifth to seventh month of pregnancy. PCI has observed this policy requirement, although toxoid is available to all women in fertile age who request vaccination. Coverage of pregnant women during the period 1986-89 with the second dose of tetanus toxoid is given in Table 4 below.

Table 4

Coverage of Pregnant Women (%)
Tetanus Toxoid, Second Dose,
in Project Service Area,
1986-1989

Year	Coverage (%)
1986	15.1
1987	13.9
1988	18.0
1989	26.9

Comparing coverages of tetanus toxoid among pregnant women encountered in the baseline survey in 1987--16.7% -- coverage levels have improved substantially.

The estimate of national coverage of 9% is considerably lower than the rates seen in the project service area.

3. Coverage Losses between First and Third Doses, Polio and DPT for Infants in project service area:

Using the formulas for the calculations of immunization program indicators given in Annex F, results for this measure of program effectiveness are given in Table 5 below:

Table 5

Percent Loss between First and Third Dose
for DPT and Polio Antigens
Infants in Service Area
by year, 1986-1989

Year	Polio	DPT
1986	65.6	43.6
1987	94.8	96.0
1988	87.4	79.9
1989	67.4	68.9

As can be seen in the table above, there is a consistently high loss between the first and third doses of Polio and DPT, the best year being 1986 with the lowest loss. A favorable trend in program effectiveness, however, can be seen from 1987 onward.

4. Distribution of Oral Rehydration Salts in Project Service Area:

MCHV's distribute ORS packets in their assigned areas to mothers whose children under five have diarrhea. Thus, distribution figures roughly approximate usage of packets.

There has been a steady increase in the total number of packets distributed during each year of the grant period: 1986, 348 packets distributed; 1987, 400 packets; 1988, 1,168 packets; and 1989 (through October) 5,500 packets. MOH capacity to produce ORS packets is expected to improve shortly with the establishment of a production laboratory at the national university. This in-house production capability should make for a steadier supply of ORS packets than has been the case in the past.

The possibility exists in the future of using the current information system to calculate a rough proportion of cases of diarrhea treated with ORS packets, or home salts solutions versus no treatment. This will yield a more precise measure of program impact than currently is the case.

5. Knowledge of how to Mix ORS:

With assistance from INCAP, an evaluation of certain aspects of the Oral Rehydration component was carried out by project staff. In this study, it was found that 58% of women questioned had adequate knowledge of how to mix and administer oral rehydration salts. Direct questioning of MCHV's by the evaluator revealed fully satisfactory knowledge among them of the concept of dehydration, methods for mixing ORS and preparation of home solutions, administration to the child on demand and referral of severely dehydrated children to medical attention.

K. PVO/host government cooperation

The legal basis for the relationship between PCI and the Government of Guatemala was established by the signature on December 23, 1986 of a general agreement between the parties which lays the basis for the cooperative venture to improve the health of the Guatemalan people. See Annex G for a copy of the agreement.

Working relationships between PCI and the host government can be described as cordial, but not close. There is no routine planning/programming mechanism whereby PCI annual work plans are discussed and revised between the two parties before implementation.

Work meetings are called on an ad hoc basis to discuss specific programmatic ventures such as the channelling process for the immunization program. These meetings seem to be motivated, however, more by the MOH's recognition that PCI has resources to offer the program than from the perception that PCI is a colleague in the health sector.

There have been attempts by the PVO community working in the vicinity of Lake Atitlan to build a spirit of collaboration amongst themselves. Several meetings have been held, at the initiative of PCI, to try to improve communication among the agencies, and to increase the possibilities of unified approaches to common health problems

L. Sustainability

Considering only the "Community Services" element of the PCI operation -- which is activity directly financed by the CS grant -- the prospects of continuity of the program after financing ceases are good. The principal service providers are unsalaried community volunteers (the MCHV's) with little recurrent cost burden associated. Further, given the longevity of some of the volunteers -- not unusual were service periods of 5 years, with some ladies with 15 years--should all supervision cease, activities are likely to continue on reduced levels. An attractive feature of the project, and one which contributes to its sustainability, is the involvement of men in the "Father's Committees." The man, in Tzutuil society, has significant say in many areas of life; as he becomes more involved in matters of health of his family, his support over time will be assured.

The degree of commitment of the MOH to the project is currently a function of the extent to which the MCHV's are able to mobilize community participation in the Immunization and ORT programs. At the present time, health authorities view the contributions of the project as very positive. There are, however, no formal and regular institutional or programmatic links, apart from the agreement signed between the Ministry and PCI, which could assure continued government cooperation and resources to the program. Greater involvement by PCI of the local health authorities in their annual planning and activity programming, sharing of service data on ORS distribution, immunizations, etc. might create more of an atmosphere of "teamwork" among the agencies.

The other major element of the project, operation of the curative component --the Santiaguito Clinic, the TB Program and the "Popular Pharmacy" -- is a major recurrent cost burden for which solutions must be found. As reported in the section on Project Finances, shortfalls of $900 per month in 1988 and $1,079 per month in 1989 were recorded. Such measures as increased fees-for-services, expansion of the number of pharmaceutical products carried in the pharmacy, fundraisers in the community and others will need to be explored in order to make up the differences between income and expenses. Cost-cutting measures such as closing the 8-bed hospital operation and limiting the clinic operation to outpatient services must also be considered.

M. Project Finances (see Section IV.A.5. above)

N. Lessons learned and recommendations

1. Major lessons learned

The lessons which can be learned from the PCI project in Santiago Atitlan are not new or startling. They are humbling reminders to the project designer who sometimes forgets, or succumbs to institutional pressures to produce results quickly.

a) The first lesson is that it takes time to implement community health programs in traditional societies such as Santiago Atitlan.

The Child Survival interventions, though technologically fairly simple, are actually complex sets of actions the beneficiaries must take, many of which have opposing forces to contend with. For instance, there is a very strong belief in the Santiago population that immunizations will render female children sterile. This belief clearly could have a significant effect on the acceptance by mothers of immunizations for their children.

How strong or resistant to change is this belief? One of the PCI local employees, a veteran of 19 years of continuous service, told the evaluator that she had until recently, after both her grown daughters had given birth to healthy babies, worried about their being sterile due to immunizations they had received as children.

The planning of project activity timetables must build in a time margin which accounts for delays.

b. Some interventions are conceptually and culturally more feasible to implement; as a result, some sequencing of introduction of these interventions may be necessary.

Project staff have noted significant differences in the relative ease with which the ORT program has been implemented, as compared to efforts in carrying out Immunization activities and others. The current approach using mothers as community health volunteers should phase-in the behavior changes which are easiest to promote (ie. the cluster of actions around ORT), thereby increasing the chances of early success and maximizing worker satisfactions. Subsequently,

more difficult or controversial behaviors such as immunizations, birth spacing, prenatal care, etc. can be introduced.

The use of focus group techniques and other easy-to-use operations research methods to develop better understanding of what the target group thinks and does with respect to given interventions is a sine qua non to effective project implementation.

c. Programs which depend on community-based volunteers must build-in systematic non-monetary incentives to sustain worker motivation over time.

Volunteering one's time to help others is not a natural behavior, especially in situations of generalized poverty such as encountered in Santiago. There have to be rewards or incentives such as recognition in the community in the form of diplomas, signs announcing that an "MCHV lives here" or other public recognition. Other incentives such as skills refresher training, resupply of ORS packets or other program supplies and periodic supervision can also serve to maintain motivation.

An equally important lesson is to not build skills into MCHV's which may cause conflict or rivalries between the volunteer and other health providers in the community, such as the traditional midwife. The midwife has clear identification as the expert in delivery of the baby; it may well be prudent to give more emphasis in the training of MCHV's to topics related to the newborn, the infant itself, nutrition of the mother and child, diarrhea, immunizations, etc. For instance, although "high risk pregnancy" (i.e., pregnancy under 18, over 35, primipara or parity greater than 4) might be a natural topic for MCHV's, but the content borders or overlaps into material normally provided in training of midwives.

d. Economically disadvantaged populations will share in the costs of their health care if they perceive the care to be reliable, good quality and at reasonable cost.

It is profoundly impressive to witness the extent to which people with limited resources are willing to pay for their health care. The "popular pharmacy" will continue to be a significant

mechanism for generating income for the project, but only if care is taken to assure the availability of a steady supply of quality products. There is a fine balance to be drawn, however, between a service to the community and frank competition with the commercial pharmacies in Santiago.

e. The community (ie., the target population) can contribute significantly to the technical quality of training programs and educational materials.

This lesson had great impact on project personnel, permitting changes which ranged from the complete recasting of training materials to significant modifications of the approach and content. In addition to improvements in the absolute quality of these materials, project staff reported feeling much more confident that what they were doing was closer to what "ought to be done." This particular lesson is one of the more humbling in the array.

f. Coordination with major health services providers is difficult but necessary.

Project staff reported considerable displeasure in connection with aspects of encounters they had with counterparts in other agencies, both in the Ministry of Health and with other PVO's. Most of the negative interaction seemed to revolve around differing priorities and motivations of the agencies. However, if PCI's efforts are to have the possibility of impacting in a sustained fashion on their target population, they are going to have to systematically cultivate regular planning and coordination contacts with these agencies. Recognizing this need, PCI in 1989 began playing a coordinating role with the MOH at the departmental level in Solola. The outgrowth was a series of meetings during which all PVOs working in Solola's health sector exchanged information and ideas about how they could better cooperate with one another.

RECOMMENDATIONS

1. General:

   a. Contract an information management specialist to review the structure and preparation of the monthly reports to PCI-headquarters to align current activities with headquarters plans for the reporting system.

   b. Contract a systems analyst/programmer to develop simple, menu driven programs for entering and processing program statistics and accounting information.

   c. Contract a health economist/financial analyst to perform an analysis of current cost recovery activities and recommend alternative mixes of cost-cutting and income generating measures designed to reach a self-sufficiency "break-point."

   d. Request that PCI-Headquarters authorize the use of a 60-90 day rolling advance of project funds, with monthly liquidations of expenditures.

   e. Define clearly roles, responsibilities of the assistant project director.

2. Project Related, General:

   a. Do not attempt to expand the full set of CS interventions to other areas not now in the service area, until at least 1991, when the current grant ends and a full cycle of experience with the various CS interventions is obtained. This recommendation includes delaying all expansion actions, with the exception of exploratory conversations with the MOH on building resident technical assistance to the MOH into the PCI project (See recommendation (i.) below).

   b. "Capture" the experience gained thus far in the introduction of CS interventions in the form of a detailed implementation plan for expansion of the project to community "X", with estimated time lines, sequencing of introduction of interventions, etc.

   c. Carry out in 1990, with technical assistance from INCAP, a repeat of the 1987 baseline survey to update demographic and socio-economic indicators and measure project progress/impact, where appropriate.

d. Carry out, in connection with CS components, mini-KAP's using focus group techniques to develop firm conceptual bases for the interventions; give priority to topics of EPI, Pre-natal/delivery/postnatal, Birth Spacing/Family Planning.

e. Complete the "channelization" of Santiago City, with selection and training of approximately 15 new MCHV's; begin, in coordination with MOH, process of "channelization" of rural areas assigned to PCI in the immunization program.

f. Investigate the feasibility of involving community leaders such as the "cofrada" and school teachers in health promotion activities, particularly immunization and environmental sanitation.

g. Set shared program targets (ie., PCI's contribution to MOH's immunization program) in terms that describe accurately the relationship of PCI to the program; the numerical targets themselves should be based on reasonable increments over the previous year's achievements. For example, if TT2 coverage in the service area of pregnant women in 1989 was 25%, 1990's performance should be <u>at least</u> 25%.

h. Request technical assistance from INCAP on: 1) simple technologies suitable for MCHV's to detect probable malnutrition; 2) the use by traditional midwives of simple scales for detection of low birth weight babies; 3) anthropological studies of decision-making about health behavior in the Mayan household.

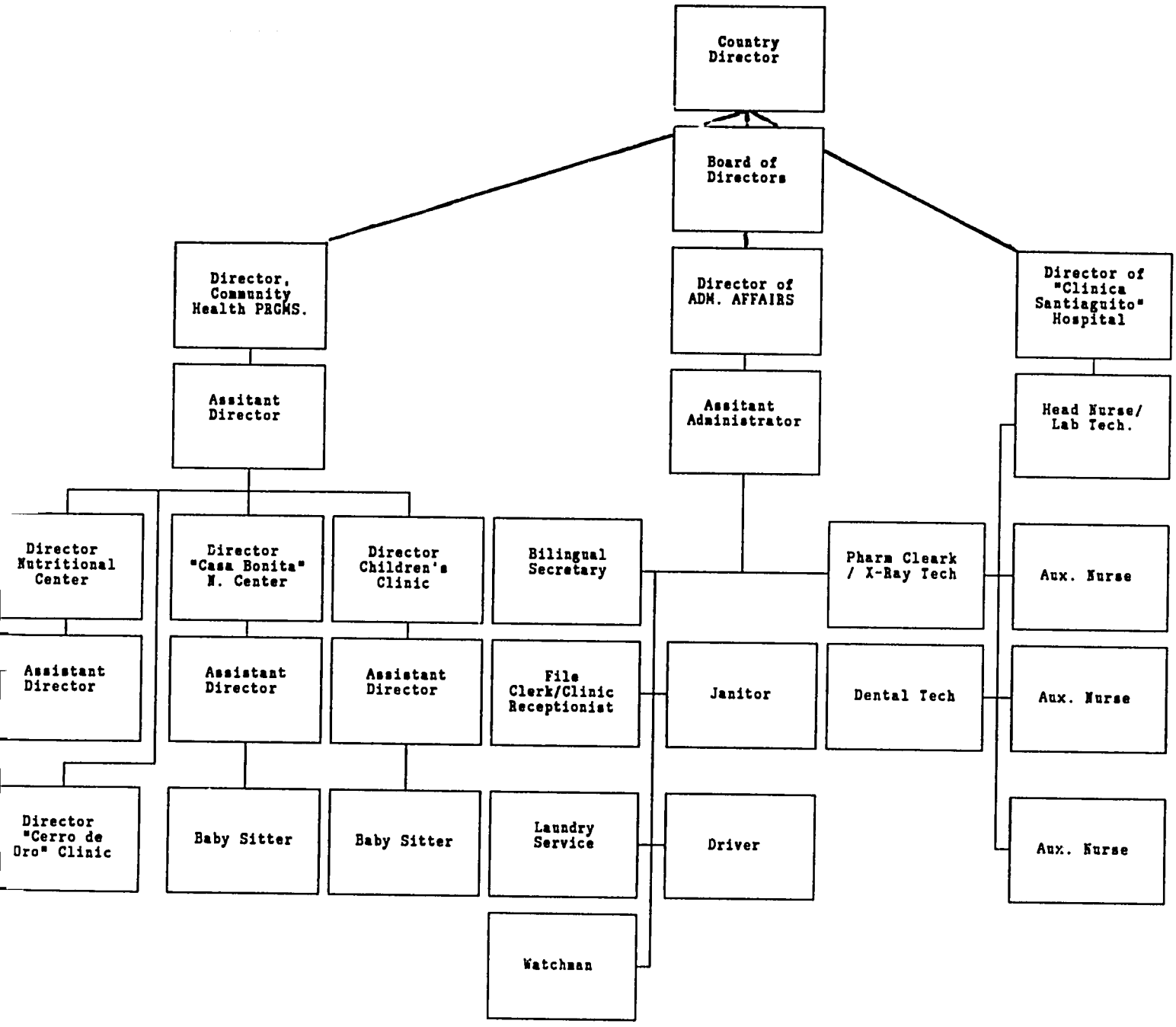
i. Test the feasibility of using motivated MCHV's as peer "supervisors" on a limited basis, so as to reduce the PCI staff presence as direct supervisors in the community.

j. Explore on a set timetable with the Chief, Solola Health Services, the appropriateness of technical assistance through PCI in the areas of Health Education and Management Information Systems (as proposed in the last proposal to AID/W.). This aspect of the proposal should be thoroughly discussed with USAID\ Guatemala in order to ensure full coordination of resources between their bilateral projects and the PCI CS grant.

ANNEX A

LISTING OF JOB TITLES
ORGANIZATIONAL CHART
SCOPES OF WORK

PCI / GUATEMALA



FIELD PROGRAM PERSONNEL

DATE: Nov. 8, 1989

NAME JOB/TITLE	AMOUNT PCI U.S. PAYROLL	AMOUNT PCI FIELD PROGRAM PAYROLL	AMOUNT STAFF PAID BY OTHER (I.E. M.O.H)	CODE FOR PRIOR COLUMNS "FT"-FULL TIME; "PT" PART TIME
Clifford Sanders, Country Director	X			Full
Abigail Velásquez, Dir. of Administrative Services		X		"
Felipe Matzar Morales, Accounting Assistant		X		"
Thelma A. Cortez, Bi-Lengual Secretary		X		"
José Tziná López, Pharmacist/X-Ray		X		"
Martha Adelina Tobias, Receptionist/Central Supply Supervisor		X		"
Crisogal Ramos Cano, Mechanic/Driver		X		"
Humberto Mogollón, Watchman		X		"
Esteban Men Ajtzip, Janitor/Maintenance		X		3/4
María Micaela Oyalle, Laundress/Cleaning		X		1/2
Jorge Contreras, Dir. of Hospital Prog.		X		Full
Head Nurse/Lab Tech & Pharmacy Assistant, Martha Ruiz		X		"
Blanca Lidia Rosales, Auxiliary Nurse		X		"
Candelaria Samuc, Auxiliary Nurse		X		"

FIELD PROGRAM PERSONNEL

DATE: Nov. 8, 1989

NAME JOB/TITLE	AMOUNT PCI U.S. PAYROLL	AMOUNT PCI FIELD PROGRAM PAYROLL	AMOUNT STAFF PAID BY OTHER (I.E. M.O.H)	CODE FOR PRIOR COLUMNS "FT"-FULL TIME; "PT" PART TIME
Reina Ramos Méndez, Auxiliary Nurse		X		Full
Domingo Yataz, Dental Assistant		X		"
Ma. Angelica Bixcul, Dir. of Community Health Programs		X		"
Leticia Toj, Community Health Programs Assistant		X		"
Aurea Albizú Mérida, Dir. of Nutrition Programs		X		"
María Luisa Choy, Dir. of Nutrition Center-Panabaj		X		"
Nutrition Center Assistant, María Victoria García		X		"
Ana Chiquival, Nutrition Center Assistant		X		"
Francisca Chiquival, Dir. of Children's Clinic		X		"
Angela R. González, Children's Clinic Assistant		X		"

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: DIRECTOR DE PROGRAMAS COMUNITARIOS

FUNCIONES Y RESPONSABILIDADES:

1.- ser integrante de la Junta Directiva para participar en la planificación, administración y evaluación de los programas.

2.- Supervisar, coordinar y desarrollar el trabajo del personal comunitario.

3.- Coordinar los programas comunitarios velando que sigan las normas establecidas por cada programa y que ofrezcan un buen servicio a la comunidad.

4. En conjunto con la Coordinadora del Programa y el Centro de Salud establecer un sistema de selección, entrenamiento y supervisión de los P.R.S.

5.- En conjunto con la Asistente de Programas Comunitarios y la Enfermera del Centro de Salud, establecer un sistema de entrenamiento y supervisión de las comadronas tradicionales.

6.- En conjunto con los directores de los Centros Nutricionales y de la Clínica de Niños, establecer las tareas de los Comités de Madres y Padres, el sistema de entrenamiento y un sistema de informes usando dibujos.

7.- Supervisar los entrenamientos de promotores, comadronas y comités de padres y madres.

8.- Participar en el desarrollo y evaluación de material educativo adaptado a la comunidad.

9.- Evaluar los programas en forma continua.

10.- Reportar mensualmente sobre las actividades de los promotores rurales de salud.

11.- Revisar las fichas de consultas de los promotores rurales de salud y participar en las reuniones mensuales.

12.- Colaborar con los directores de los otros programas para mejorar el trabajo de los mismos.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: ASISTENTE DE PROGRAMAS COMUNITARIOS

FUNCIONES Y RESPONSABILIDADES:

1.- Colaborar en la planificación y evaluación de programas comunitarios.

2.- Colaborar en las capacitaciones de de Comités de Madres, Comités de Padres y Promotores de Salud Rural.

3.- Coordinar y supervisar el programa de capacitación, supervisión y evaluación de las comadronas tradicionales.

4.- Colaborar con la Directora de Programas Comunitarios en la supervisión de los promotores de Chacayá y Cerro de Oro y elaborar los informes mensuales.

5.- Coordinar la elaboración de programas radiales de salud.

6.- Apoyar a los encargados de Comité de Madres y Comité de Padres de Panabaj y Tzanchaj en cuanto a entrenamiento y supervisión de sus actividades.

7.- Hacer el recuento mensual de medicinas y materiales de los promotores de Cerro de Oro y Chacayá y hacer los pedidos de medicamentos para mantener la existencia.

8.- Participar en el desarrollo y evaluación de materiales educativos adaptados a la comunidad.

9.- Estar dispuesta a colaborar en otras actividades fuera de sus funciones señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: DIRECTORA DE LOS PROGRAMAS DE NUTRICION

FUNCIONES Y RESPONSABILIDADES:

1.- Supervisar las actividades de los dos centros nutricionales.

2.- Detectar, ingresar, tratar y egresar los niños desnutridos según las normas del centro.

3.- Velar por el buen uso y mantenimiento de la Casa Bonita.

4.- Ser responsable por el entrenamiento del personal de los dos centros.

5.- Velar por la planificación y cumplimiento de actividades educacionales de los dos centros.

6.- Reportar inmediatamente cualquier emergencia médica que se le presenta con los niños del centro.

7.- Mantener el stock de medicamentos y supervisar el buen uso.

8.- Hacer los pedidos de medicinas y materiales por escrito con 48 horas de anticipación.

9.- Reportar mensualmente las actividades de la Casa Bonita.

10.- Velar porque los informes del Centro Nutricional-Panabaj estén precisos.

11.- Seleccionar, educar y organizar los miembros del Comité de Madres según las tareas del comité.

12.- Ser directamente responsable por los varios programas educativos de la Casa Bonita.

13.- Controlar los gastos e ingresos de la Casa Bonita, reportando los mismos mensualmente a la oficina de contabilidad.

14.- Seleccionar, educar y organizar los miembros del Comité de Padres.

15.- Colaborar en la educación a los diferentes grupos en la comunidad en nutrición cuando lo amerite.

16.- Supervisar al grupo de niños recuperados ya egresados.

17.- Planificar actividades de la casita anualmente con la Directora de Programas Comunitarios.

18.- Estar dispuesta a colaborar en otras actividades fuera de sus labores señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: NIÑERA DEL CENTRO NUTRICIONAL-XECHIVOY

FUNCIONES Y RESPONSABILIDADES:

1.- Ayudar con la preparación y administración de las comidas a los niños ingresados en el Centro Nutricional.

2.- Velar por el buen aseo en el centro, la cocina, los alimentos y los niños.

3.- Colaborar con su jefe inmediato en los programas educativos del centro.

4.- Hacer visitas domiciliarias a las familias de los niños ingresados y supervisar las visitas del comité cuando sea apropiado.

5.- Recrear con los niños y supervisar el juego de los mismos.

6.- Asistir en el entrenamiento del comitê de madres.

7.- En la ausencia de la Directora del Centro ser la encargada del mismo, velando por la preparación de las comidas y el cuidado de los niños.

8.- Participar en la compra de alimentos en el mercado alternándose con su jefe inmediato.

9.- Asistir a cursos que contribuyan para su formación e información en el trabajo.

10.- Asistir en el entrenamiento del comité de padres.

11.- Estar dispuesta a colaborar en otras actividades fuera de sus funciones señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: DIRECTORA DEL CENTRO NUTRICIONAL-PANABAJ

FUNCIONES Y RESPONSABILIDADES:

1.- Detectar, ingresar, tratar y egresar los niños desnutridos según las normas del centro.

2.- Encargarse de las compras de alimentos y la planificación de los menús del centro nutricional; alternándose con la niñera.

3.- Velar por el mantenimiento y buen uso de equipo, materiales y alimentos del centro.

4.- Ser responsable por la supervisión y entrenamiento de la niñera.

5.- Velar por la limpieza del centro y sus alrededores.

6.- Planificar, educar y evaluar los varios programas educativos del centro.

7.- Reportar inmediatamente si hubieran emergencias médicas con los niños.

8.- Supervisar el control de peso de niños sanos cada jueves y dar pláticas de salud a los asistentes.

9.- Reportar mensualmente las actividades del centro.

10.- Seleccionar, educar y organizar el Comité de Madres según sus tareas.

11.- Hacer visitas domiciliarias para supervisar a las madres de los niños ingresados y para detectar nuevos casos.

12.- Hacer visitas domiciliarias para supervisar a los miembros del Comité de Madres.

13.- Seleccionar, educar y organizar miembros del Comité de Padres.

14.- Planificar y evaluar actividades anualmente en coordinación con la Directora de Programas Nutricionales, la Directora de Programas Comunitarios y la Asistente de Programas Comunitarios.

15.- Estar dispuesta a colaborar en otras actividades fuera de sus funciones señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: NIÑERA DEL CENTRO NUTRICIONAL-PANABAJ

FUNCIONES Y RESPONSABILIDADES:

1.- Ayudar con la preparación y administración de las comidas a los niños ingresados en el Centro Nutricional.

2.- Velar por el buen aseo en el centro, la cocina, los alimentos y los niños.

3.- Colaborar con su jefe inmediato en los programas educativos del centro.

4.- Hacer visitas domiciliarias a las familias de los niños ingresados y supervisar las visitas del comité cuando sea apropiado.

5.- Recrear con los niños y supervisar el juego de los mismos.

6.- Asistir en el entrenamiento del comité de madres.

7.- En la ausencia de la Directora del Centro, ser la encargada del mismo, velando por la preparación de las comidas y el cuidado de los niños.

8.- Participar en la compra de alimentos en el mercado los días lunes, alternándose con su jefe inmediato.

9.- Asistir a cursos que contribuyan para su formación e información en el trabajo.

10.- Asistir en el entrenamiento del comité de padres.

11.- Estar dispuesta a colaborar en otras actividades fuera de sus funciones señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: ENCARGADA DE PROGRAMAS DE CLINICA DE NIÑOS

FUNCIONES Y RESPONSABILIDADES

1.- Atender a las personas que llegan a la Clínica de Niños para Control de Niño sano, control prenatal, servicios de planificación familiar, consultas de niños, emergencias, inyecciones y curaciones.

2.- Mantener el equipo y material de la Clínica de Niños, reportando cualquier falla a la Directora de Programas Comunitario.

3.- Velar por el buen uso de medicamentos, inyectando solamente a pacientes con receta médica y según las normas establecidas por la Directora de Programas Comunitarios.

4.- Mantener limpio y ordenado su lugar de trabajo

5.- Turnar con la compañera de trabajo para cubrir los servicios los fines de semana y feriados.

6.- Administrar y supervisar el tratamiento ambulatorio de los pacientes tuberculosos.

7.- Efectuar los pedidos de equipos y útiles por escrito con 48 horas de anticipación y con la autorización de la Directora de Programas Comunitarios.

8.- Seleccionar, capacitar y supervisar a los miembros del comité de madres según las tareas del comité.

9.- Participar en las capacitaciones del Programa Comunitario

10.- Efectuar visitas domiciliarias un día a la semana para supervisar al comité y a pacientes.

11.- Reportar mensualmente las actividades de la Clínica de Niños en los primeros cinco días hábiles del mes siguiente.

12.- Lavar y esterilizar los instrumentos, equipos y jeringas.

13.- Despachar medicinas con receta médica o de la lista de medicamentos autorizados por venta sin receta médica.

14.- Hacer recuento de las medicinas al finalizar el mes y hacer el pedido del mes entrante. Según los niveles de existencia establecidos.

15.- Rotar el "stock" de medicinas utilizando primero las medicinas de corto tiempo.

16.- Cada lunes entregar el diario, hojas de tratamiento, donativos e ingresos de la semana anterior a la oficina de contabilidad.

17.- Estar dispuesta a colaborar en otras actividades fuera de sus funciones señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: AUXILIAR DE ENCARGADAS DE CLINICA DE NIÑOS

1.- Mantener el aseo (barrer, trapear, sacudir y lavar) y el orden de: Clínica de Tuberculosis, farmacia, preconsulta, hipodermia, consultorio, salón de clases, baño y la calle de la Clínica de Niños.

2.- Lavar las sábanas, toallas y otras prendas que pertenezcan a la Clínica de Niños y mantenerlas dobladas en el lugar que corresponde.

3.- Decidir y encargarse de las refacciones para los diferentes grupos en capacitación y personal en reunión de trabajo.

4.- Colaborar en el control de niño sano, inyecciones y curaciones de la Clínica de Niños.

5.- Ayudar a lavar y mandar a esterilizar los instrumentos, equipos y jeringas.

6.- Despachar medicinas con receta médica o de la lista de medicamentos autorizados por venta sin receta médica.

7.- Colaborar con el programa de tuberculosis para administrar los tratamientos y llevar la papelería correspondiente.

8.- Turnarse con las encargadas de Clínica de Niños para cubrir los servicios los fines de semana y feriados.

9.- Estar dispuesta a colaborar en otras actividades fuera de sus funciones señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA COMUNITARIO

PUESTO: ENCARGADA DE FARMACIA DEL PUEBLO

FUNCIONES Y RESPONSABILIDADES:

1.- Despachar medicinas con receta médica o de la lista de medicamentos autorizados por venta sin receta médica.

2.- Hacer recuento de las medicinas al finalizar el mes y hacer el pedido del mes entrante.según los niveles de existencia establecidos.

3.- Rotar el "stock" de medicinas utilizando primero las medicinas de corto tiempo.

4.- Cada lunes entregar el diario, hojas de tratamiento, donativos e ingresos de la semana anterior a la oficina de contabilidad.

5.- Mantener limpio y ordenado su lugar de trabajo.

EN LA CLINICA DE NIÑOS:

6.- Ayudar a lavar y mandar a esterilizar los instrumentos, equipos y jeringas.

7.- Colaborar en el control de peso, curaciones e inyecciones de la Clínica de Niños.

8.- Turnar con la Encargada de Clínica de Niños para cubrir los servicios los fines de semana y feriados.

9.- Colaborar con el Programa de Tuberculosis para administrar los tratamientos y llevar la papelería correspondiente.

10.- Estar dispuesta a colaboarar en otras actividades fuera de sus funciones señaladas para el mejoramiento del programa.

PERSONAL DE PROGRAMA HOSPITALARIO

PUESTO: DIRECTOR DE PROGRAMA HOSPITALARIO

FUNCIONES Y RESPONSABILIDADES:

1.- Ser integrante de la Junta Directiva para participar en la planificación, administración y evaluación de los varios programas.

2.- Proveer atención médica a la población de Santiago Atitlán que llegan a consulta en la Clínica Santiaguito.

3.- Velar que estén cubiertos los turnos de médico y de enfermería con personal capacitado para prestar servicio las 24 horas del día.

4.- Supervisar, coordinar y desarrollar el trabajo del personal hospitalario velando que mejoren en sus conocimientos técnicos y su atención al paciente (Enfermería, Laboratorio, Radiografía, Clínica Dental y Farmacia).

5.- Supervisar el trabajo de los E.P.S. de medicina y odontología, velando que cumplan con las normas de la institución; que cumplen con los acuerdos entre las Facultades y PCI; que presenten con anticipación y por escrito sus planes de trabajo y de proyección a la comunidad.

6.- Supervisar el buen uso y mantenimiento de equipo médico, informando al Director de Servicios Administrativos cualquier desperfecto que haya en el equipo y en caso de fallas o pérdidas por la irresponsabilidad del personal que se repongaeel valor.

7.- Investigar cambios en el programa hospitalario para mejorar la atención a la comunidad sin aumentar los gastos del programa hospitalario

8.- Referir casos indicados a los programas comunitarios que se encuentren en consulta (recien nacidos a control de niños sanos, desnutridos a los centros de recuperación, pacientes tuberculosos al Programa de Tuberculosis, etc.)

9.- Supervisar el programa de tuberculosis incluyendo detección de casos tratamientos, seguimiento y clases con los pacientes además del entrenamiento y supervisión a los promotores de TB.

10.- Reportar mensualmente las actividades del Programa de Tuberculosis.

11.- Colaborar con los directores de los otros programas para mejorar el trabajo de los mismos.

PERSONAL DE PROGRAMA HOSPITALARIO

PUESTO: Jefe de Enfermeras, Laboratorista, Asistente de Farmacia.

FUNCIONES Y RESPONSABILIDADES:

Como Jefe de Enfermeras

1. Supervisar al personal de enfermería

2. Velar por el buen funcionamiento del hospital y en la ausencia del Director de Servicios Hospitalarios ser responsable directamente del hospital con el apoyo administrativo.

3. Realizar actividades de planificación, supervisión y enseñanza de las enfermeras.

4. Atender las emergencias en la ausencia del médico.

5. Hacer el rol de turnos mensualmente, velando por una distribución de tiempo igual entre todas las enfermeras y distribuir el rol entre las personas indicadas antes de principiar el mes.

6. Elaborar las estadisticas de PCI y de la Dirección General de Estadisticas de la Clínica Santiaguito y entregarlas en los primeros cinco días de cada mes.

7. Reunir a las enfermeras mensualmente para aclarar dudas, resolver problemas y mejorar el servicio.

8. Velar por la existencia y equipo en las salas de encamamiento, sala de operaciones y emergencia y llevar los inventarios respectivos.

9. Atender la pre-consulta y/o consulta externa cuando sea necesario.

10. Reportar las actividades del mes de la Clínica Santiaguito a la Dirección General de Estadisticas y en el formulario de PCI en los primeros cinco días del mes.

Como Laboratorista:

11. Hacer los exámenes de laboratorio durante las horas hábiles del hospital y entregar los resultados en el mismo día.

12. Estar disponible en horas inhábiles para alguna emergencia donde requieran de sus servicios.

13. Proceder los exámenes de emergencia inmediatamente.

14. Velar por el mantenimiento de materiales y equipo en laboratorio y hacer los pedidos correspondientes con el Visto Bueno del Director del Programa Hospitalario.

15. Ingresar los reactivos al libro de ingresos con sus precios respectivos.

16. Supervisar el trabajo de laboratorio de las enfermeras.

17. Reportar los exámenes del laboratorio efectuados durante el mes.

Como Asistente de Farmacia

18. Atender la Farmacia de la Clínica Santiaguito en la ausencia del encargado.

19. Asistir al Encargado de Farmacia en ingresar, empacar y contar medicinas cuando sea necesario.

20. Estar dispuesta a colaborar en otras situaciones fuera de sus funciones señaladas.

PERSONAL DE PROGRAMA HOSPITALARIO

PUESTO: Enfermera

FUNCIONES Y RESPONSABILIDADES:

1. Ser responsable del cuidado, atención y administración de medicamentos a pacientes.

2. En la ausencia del médico, atender las emergencias y prestar los primeros auxilios a los pacientes dentro de los límites de sus conocimientos.

3. Asistir al médico en todo procedimiento que haga con los pacientes.

4. Estar por turnos las 24 horas; dependiendo la necesidad del hospital sin excepción de días festivos ni fines de semana.

5. Atender los partos normales previo control prenatal con el médico.

6. Reportar inmediatamente al médico cualquier complicación o problema que encuentre.

7. Referir casos complicados a otros centros médicos en la ausencia del médico.

8. Velar durante su turno por el mantenimiento del equipo esteril, emergencia, encamamiento, consulta externa y maternidad.

9. Reportar a la enfermera de turno siguiente o dejar por escrito cualquier información necesaria (problemas, fallas de equipo, pérdidas, etc.)

10. Avisar por escrito a la Jefe de Enfermeras con cuarenta y ocho horas de anticipación si efectua un cambio de turno y con firma de los interesados.

11. Llevar el control de medicamentos en encamamiento reportando el total a fin de mes a la Jefe de Enfermeras.

12. Aceptar las decisiones que tome la Jefe de Enfermeras, ejemplo: cambios de turnos por enfermedad y/o consulta al I.G.S.S.

13. Estar dispuesta a colaborar en otras situaciones fuera de sus funciones señaladas.

PERSONAL DE PROGRAMA HOSPITALARIO

PUESTO: Asistente de Odontología y Pre-Consulta

FUNCIONES Y RESPONSABILIDADES:

1.- Limpiar la sala de odontología, incluso muebles, equipo y accesorios odontológicos.

2.- Traducir entre los E.P.S. de odontología y los pacientes.

3.- Asistir al odontologo practicante en todo lo que él solicite.

4.- Atender a pacientes en la Clínica Dental y emergencia según su capacidad en ausencia del odontólogo practicante y bajo su supervisión.

5.- Asistir en la pre-consulta cuando haya necesidad y cuando esté desocupado en odontología (tomando signos vitales).

6.- Traducir al E.P.S. de medicina cuando sea necesario.

7.- Colaborar en programas de educación de salud dental.

8.- Reportar los servicios odontológicos extendidos durante el mes anterior en los primeros cinco días del mes actual.

9.- Efectuar los pedidos de materiales y equipos con el Visto Bueno del Director de Servicios Hospitalarios e ingresar los mismos al libro de ingresos.

10.- Estar dispuesto a colaborar en otras situaciones que le soliciten los directores de programas fuera de sus funciones señaladas.

PERSONAL DEL PROGRAMA ADMINISTRATIVO

PUESTO: DIRECTOR DE SERVICIOS ADMINISTRATIVOS

FUNCIONES Y RESPONSABILIDADES:

1.- Ser integrante de la Junta Directiva para participar en las decisiones de planificación, administración y evaluación de los varios programas.

2.= Supervisar, coordinar y desarrollar el trabajo del personal administrativo (contabilidad, farmacia, recepción, transportación, mantenimiento , limpieza.

3.- Coordinar los servicios administrativos con las necesidades del programa hospitalario y el programa comunitario.

4.- Velar por el buen funcionamiento del sistema financiero para asegurar un financiamiento adecuado para los programas.

5.- Preparar los presupuestos anuales y mensuales, en base de las actividades programadas y presentadas por los directores de los otros programas.

6.- Preparar y estar al día con los informes financieros del PCI y del Ministerio de Finanzas Públicas. Entregar los informes en el tiempo indicado.

7.- Efectuar y planificar con la coordinadora del programa las compras de medicinas, material médico, útiles de la oficina y cualquier otras compras necesarias para el programa en tiempo disponible.

8.- Velar por el buen funcionamiento y mantenimiento del equipo y de los edificios del proyecto.

9.- Velar por el buen uso y mantenimiento de los vehículos del programa.

10.- Tener al día el archivo de personal (con una foto reciente, tarjeta de salud, una descripción actualizada de sus responsabilidades y funciones, informe de aumentos de sueldos y promociones, llamadas de atención y permisos).

11.- Supervisar el pago de sueldos cada quincena y el correspondiente pago al I.G.S.S.

12.- Atender a todas las solicitudes relacionadas con el I.G.S.S. (tales como salidas para pre y post-natal, pensión por invalidez o vejez, permisos dado en el I.G.S.S. por enfermedad, pago de cuotas mensuales).

13.- Tener actualizado el inventario de los bienes de la institución.

14.- Estar al día con cambios en las leyes fiscales, laborales y de tránsito de la república que pueden afectar al programa.

15.- Establecer sistemas de pedidos, compras e inventario en coordinación con la Junta Directiva.

16.- Colaborar en el desarrollo y administración de otras actividades no previstas. Velar por que las pólizas, licencias, seguros y convenios estén actualizados.

17.- Responder a las solicitudes de los distintos programas en asuntos administrativos.

PERSONAL DEL PROGRAMA ADMINISTRATIVO

PUESTO: ASISTENTE DE CONTABILIDAD

FUNCIONES Y RESPONSABILIDADES:

1.- Cuadrar las cuentas de ingreso utilizando los talonarios de recibos respectivos.

2.- Controlar el movimiento diario de medicinas.

3.- Elaborar los reg istros y recibos para el pago de sueldos a los empleados.

4.- Llevar el libro de salarios al día, efectuando anotaciones claras.

5.- Preparar la planilla del I.G.S.S. calculando los porcentajes respectivos a cancelar y anotando tanto el número de empleados inscritos como los números de afiliación.

6.- Anotar cada mes en el cuadro financiero anual el monto de egresos e ingresos, tanto en moneda nacional como en dólares con el cambio del mes actual

7.- En la ausencia del Director del Programa Administrativo preparar sueldos de los empleados.

8.- En ausencia del Director del Programa Administrativo recibir y revisar los ingresos de la Farmacia del Pueblo, Farmacia del Hospital y Cerro de Oro.

9.- Llevar los comprobantes de ingreso y egreso debidamente clasificados por mes y año, así como también los informes financieros mensuales.

10.- Llevar al día los inventarios de movimiento diario de medicinas.

11.- Levantar cada fin de año INVENTARIOS de todos los bienes y materiales de la institución, revisar las salidas, transferencias o descartados y reportar su condición actual.

12.- Establecer niveles de existencia minimos y máximos de útiles de oficina (papel, estenciles, tinta, papel carbón, etc.) y efectuar los pedidos anticipadamente para mantener la existencia.

13.- Establecer el nivel de uso de todo material de imprenta (talonarios, tarjetas de salud, papel membretado, etc.) y efectuar los pedidos anticipadamente para mantener la existencia.

14.- Atender las solicitudes de material, equipo o papelería relacionada a la oficina administrativa, mantener el control sobre su consumo e informar a fin de año sobre el consumo durante el año y su existencia actual.

15.- Atender las solicitudes de talonarios de tratamiento y recibos de donativos.

16.- Atender los tirajes de mimeografo manteniendo el control de ingresos.

17.- Colaborar en la transportación de pacientes y personal cuando sea necesario por la ausencia del chofer.

18.- Ayudar en la reparación y mantenimiento de equipo y edificios cuando sea posible.

19.- Estar dispuesto a colaborar en otras situaciones que le soliciten los directores de programas fuera de sus labores señaladas.

PERSONAL DE PROGRAMA ADMINISTRATIVO

PUESTO: SECRETARIA BILINGUE Y ASISTENTE ADMINISTRATIVA

FUNCIONES Y RESPONSABILIDADES:

1.- Asistir a la Junta Directiva en todas las actividades relacionadas a la secretaria tales como: mecanografía, sacar estenciles, archivar correspondencia.

2.- Asistir a la Coordinadora del Programa en lo siguiente:

- Mandar correspondencia a la sede de la organización.
- Mantener el sistema de enumeración de cartas y cables y registrar la fecha de toda correspondencia recibida de la sede
- Avisar a la Coordinadora cuando falta algún número en el orden e informar a la sede para solicitar una nueva copia.
- Traducir cuando sea necesario.
- Recibir visitantes en la ausencia de la Coordinadora y traducir para ellos cuando haya necesidad.
- Hacer los informes estadísticos en español e ingles y mantener al día los cuadros anuales.

3.- Mantener la biblioteca de materiales educativos ingresando nuevos materiales al inventario, prestando material a personas autorizadas y velando por su regreso en buena hora y en buen estado.

4.- Llevar el control del movimiento de productos CARE, supervisando su uso a niveles autorizados, hacer los informes mensuales y contestar toda correspondencia relacionado al programa.

5.- En la ausencia de la recepcionista ayudar a recibir los pacientes sacar fichas y hacer pre-consulta (tomar signos vitales).

6.- Cuando sea necesario traducir para los médicos y pacientes de tzutuil a español y español a tzutuil.

7.- Colaborar con los directores en cualquier solicitud que ellos hagan relacionado con su trabajo.

PERSONAL DEL PROGRAMA ADMINISTRATIVO

PUESTO: RECEPCIONISTA Y ENCARGADA DE BODEGA

FUNCIONES Y RESPONSABILIDADES:

1.- Atender a todos los pacientes, solicitando los datos necesarios al propósito.

2.- Atender las solicitudes del paciente según sus necesidades, dando la información necesaria a cada propósito e indicando al paciente el lugar correspondiente.

3.- Mantener diariamente en orden el registro de fichas y kardex.

4.- Archivar diariamente las fichas utilizadas.

5.- Cobrar y registrar los ingresos por consulta y transporte, indicando el número de pacientes atendidos y número transportado.

6.- Entregar al Encargado de Farmacia los ingresos por concepto de Ambulancia, consultas, servicios odontológicos, etc. cada fin de semana.

7.- Velar que los pacientes sean atendidos en orden.

8.- Evaluar los casos graves y de emergencia, informando al médico y enfermera de turno para que sean atendidos lo antes posible.

9.- Atender, cuando sea necesario los servicios de preconsulta (signos vitales y peso) y traducir para el médico E.P.S.

10.- Enviar por correo los cuadros estadisticos.

11.- Velar por la existencia de papelería relacionada a los servicios hospitalarios (tarjetas de salud, fichas de pacientes, ordenes de laboratorio y rayos X, etc.) solicitándolo con tiempo del Asistente de Contabilidad para mantener la existencia.

12.- Elaborar las notas de nacimiento y defunciones destinados al registrador civil, asegurando que estén debidamente firmados por el médico responsable.

13.- Mantener limpio y ordenado su área de trabajo.

COMO ENCARGADA DE BODEGA:

14.- Mantener el nivel de existencias de los stocks de la bodega con las cantidades establecidas con el Director del Programa Administrativo, haciendo los pedidos anticipadamente.

15.- Atender la solicitud de entrega de materiales de los programas dentro de las veinticuatro horas de haberlos recibido.

16.- Anotar los ingresos y egresos de materiales en kardex y cuaderno respectivo

17.- Anotar los ingresos de material, tanto por compras y donaciones en el libro respectivo, indicando nombre del proveedor, cantidades recibidas, No. de factura, precio total y el valor unitario.

18.- Mantener limpia y ordenada la bodega, manteniendo INVENTARIO del material y equipo existente.

19.- Estar dispuesta a colaborar en otras acciones fuera de sus labores señaladas.

PERSONAL DEL PROGRAMA ADMINISTRATIVO

PUESTO: ENCARGADO DE FARMACIA Y RAYOS-X

FUNCIONES Y RESPONSABILIDADES:

COMO ENCARGADO DE FARMACIA:

1.- Mantener el control de stock de medicina de la Farmacia Central, velando que la existencia se mantenga en los niveles autorizados.

2.- Hacer los pedidos de medicinas anticipadamente cada tres meses según las normas establecidas.

3.- Registrar los ingresos de medicinas dentro de las 48 horas siguientes en los libros respectivos, anotando el nombre del laboratorio, número de factura, cantidades recibidas, precios unitarios, precio total,fecha de ingreso y firma de la persona quien entrega.

4.- En el caso de medicinas donadas, anotar la fuente de la donación, cantidades recibidas, valor unitario aproximado, valor total aproximado, fecha de ingreso y firma de quien entrega.

5.- Mantener la existencia de medicina en la Farmacia de la Clínica Santiaguito según los niveles autorizados, dando egreso de la Bodega Central a la Farmacia de la Clínica Santiaguito.

6.- Atender las solicitudes de medicinas de los programas dentro de las 24 horas, anotando cambios de precios y explicando el por qué de las faltantes en los pedidos. Al recibir las medicinas no existentes a la hora del pedido; mandar las cantidades correspondientes a los otros programas lo antes posible.

7.- Llevar el control de egresos de la Farmacia Central a las demás dependencias según las normas establecidas.

8.- Rotar los stocks de la bodega según fecha de vencimiento, dando uso primero a las medicinas de vencimiento próximo.

9.- Atender las recetas de los pacientes en el orden presentada, explicando las indicaciones para el uso de cada medicamento a cada paciente.

10.- Despachar medicinas únicamente con receta médica o de la lista de medicamentos autorizados según normas establecidas.

11.- Rotar los stocks en la Farmacia de la Clínica Santiaguito según fechas de vencimiento próximo.

12.- Marcar con fecha cualquier frasco o caja de medicinas que abra para mantener el control de calidad y de inventario.

13.- Entregar cada semana los ingresos de la Farmacia de la Clínica Santiaguito, de recepción y de encamamiento de acuerdo con las hojas de tratamiento, recibos de donativo y el diario.

14.- Mantener al día el control de gastos exonerados del personal, de los pacientes y de los varios programas.

15.- Supervisar una vez al mes a la Encargada de la Farmacia del Pueblo en cuanto a papelería, cambios de precios, uso de medicinas y para resolver problemas.

16.- Pre-empacar las medicinas más comunes según las cantidades autorizadas por el Director de Servicios Hospitalarios.

17.- Reportar mensualmente el valor de los ingresos y egresos de la Farmacia de la Clínica Santiaguito y los demás departamentos, así como el monto de compra y venta de medicinas, pacientes atendidos en los diferentes servicios, etc.

18.- Mantener limpio y ordenado su área de trabajo.

COMO ENCARGADO DE RAYOS- X

19.- Tomar las placas de radiografía según orden médico.

20.- Mantener al día el archivo de placas de los pacientes.

21.- Mantener el aparato de radiografía y los materiales de revelación, reportando cualquier anomalía al Director de Servicios Administrativos y cambiendo los liquidos según las recomendaciones de fabricantes.

22.- Atender a las llamadas de emergencia en horas inhábiles de trabajo.

23.- Hacer los pedidos de Rayos- X anticipadamente.

24.- Mantener limpia y ordenada la sala de Rayos-X y cuarto oscuro.

25.- Estar dispuesto a colaborar en otras situaciones fuera de sus labores señaladas.

PERSONAL DEL PROGRAMA ADMINISTRATIVO

PUESTO: CHOFER Y MECANICO

FUNCIONES Y RESPONSABILIDADES:

COMO CHOFER:

1.- Transportar al personal a sus centros de trabajo (del pueblo al hospital y del hospital al pueblo).

2.- Transportar a las personas que buscan los servicios de la Clínica Santiaguito, en viajes de rutina en la mañana, en la tarde y en viajes expresos.

3.- Transportar a los niños del Centro Nutricional de Panabaj.

4.- Efectuar el cambio de enfermeras esperando hasta que entreguen el turno a la enfermera siguiente.

5.- Atender todas las emergencias y viajes expresos que le soliciten.

6.- Efectuar viajes especiales que le soliciten los directores de programas para el funcionamiento de los mismos.

COMO MECANICO:

7.- Antes de un viaje o semanalmente revisar los vehículos velando que se encuentren en condiciones aceptables (aceite de motor, filtro, liquidos de frenos y clutch, agua de bateria y existencia de las herramientas).

8.- Mantener los vehículos según el calendario de mantenimiento (cambio de aceite, ajuste., etc.)

9.- Mantener los vehículos limpios por dentro y por fuera.

10.- Mantener la existencia de materiales y equipos (aceite de motor, aceite de transmisión, filtros, fierros, etc.) necesarios para el mantenimiento de los vehículos a los niveles autorizados, efectuando los pedidos anticipadamente.

11.- Mantener el control de los materiales de la bodega, anotando en el libro respectivo la fecha y cantidades recibidas, cantidad y fechas utilizadas.

12.- Mantener el generador de luz, cambiando el filtro según el calendario de mantenimiento y velando por la existencia de combustible en cantidades suficientes para la noche y fines de semana.

13.- Mantener el sistema del agua, reportando cualquier falla y solicitando equipo necesario para efectuar las reparaciones.

14.- Mantener y reparar otros equipos e instalaciones en la medida de sus capacidades.

15.- Mantener limpia y ordenada la bodega del taller.

16.- Efectuar labores de limpieza y mantenimiento en colaboración con el Encargado de Limpieza I.

17.- Informar inmediatamente al Director de Programas Administrativos cualquier anomalía o problema que encuentre en su trabajo.

18.- Estar dispuesto a colaborar en otras situaciones fuera de sus labores señaladas.

PERSONAL DEL PROGRAMA ADMINISTRATIVO

PUESTO: GUARDIAN, ENCARGADO DE LIMPIEZA III

FUNCIONES Y RESPONSABILIDADES:

1.- Velar por la conservación y mantenimiento de los edificios, jardines, instalaciones y otras propiedades de la institución.

2.- Controlar el ingreso de personas, vehículos, etc. a las instalaciones de la Clínica, preguntando el motivo de la visita y anotando en el cuaderno respectivo la hora, el nombre, motivo de la visita y número de placas si las personas llegan en vehículo.

3.- Velar porque todas las instalaciones tengan energia eléctrica y que las salas de emergencia, laboratorio, partos, encamamiento, pasillos y entradas se encuentren bien iluminadas.

4.- Velar porque los depósitos de agua estén llenos y el sistema mantenido según las indicaciones, en coordinación con el Chofer/Mecánico y el Encargado de Limpieza I y Mantenimiento.

5.- Velar por la existencia de oxígeno del hospital haciendo los pedidos anticipadamente.

6.- Cuando sea necesario de utilizar el generador eléctrica, velar por su buen funcionamiento según las indicaciones para su uso.

7.- Velar por la conservación y cuidado de materiales y fierros existentes reportando cualquier faltante o anomalía que observe.

8.- Rajar leña para el Centro Nutricional de Panabaj cuando sea necesario.

9.- Cuando por situaciones de adiestramiento de promotores u otros visitantes hospedados en la Clínica, atender sus solicitudes pertinentes y necesarios.

COMO ENCARGADO DE LIMPIEZA III (fines de semana y feriados)

10.- Barrer y trapear las instalaciones de encamamiento, corredores, baños, emergencia, sala de operaciones especialmente cuando haya paciente o visitante.

11.- Mantener limpias las lavamanos de enfermería y salas de consultas.

12.- Sacudir mostradores, bancas y sillas.

13.- Cortar grama y cuidar los jardines (regarlos y podarlos)

14.- Estar dispuesto a colaborar en otras situaciones fuera de sus labores señaladas.

PERSONAL DEL PROGRAMA ADMINISTRATIVO

PUESTO: ENCARGADO DE LIMPIEZA Y MANTENIMIENTO

FUNCIONES Y RESPONSABILIDADES:

1. Barrer y trapear las varias salas del hospital con responsabilidad mayor de oficinas, salas de consultas, emergencia, cirugía, laboratorio, esterilización, corredores y baños.

2. Sacudir mesas y mostradores en salas de consulta.

3. Limpiar lavamanos y baños al servicio del personal.

4. Limpiar paredes y ventanas a cada 8 ó 15 días.

5. Efectuar labores de reparación y mantenimiento en las instalaciones de las clínicas y demás centros; especialmente del sistema eléctrico, de plomería y carpintería cuando sea necesario; para esto solicitar la colaboración del Asistente de Contabilidad, Chofer Mecánico o Guardián.

6. Mantener limpios los drenaje existentes, especialmente en invierno para evitar inundaciones.

7. Cada 8 ó 15 días efectuar labores de limpieza en la bodega de productos CARE (para esto coordinar la actividad con la persona encargada).

8. Cada mes revisar instalaciones, para verificar sino hay deterioros (ventanas, puertas, instalaciones de agua, instlaciones eléctricas, depositos de agua, drenajes, instalaciones de gas propano); tanto del hospital como también de encamamiento, ranchos, bodegas, Clínica de Niños (para esto solicitar la colaboración del Chofer Mecánico y el Asistente de Contabilidad, cuando sea necesario) o avisar al Director de Servicios Administrativos para asignarle personal y tiempo.

9. Encargarse del cuidado de los jardines.

10. Estar dispuesto a colaborar en otra situación fuera de sus funciones señaladas.

PERSONAL ADMINISTRATIVO

PUESTO: Lavandería y Encargada de Limpieza II
SALARIO: Según normas internas
HORARIO: Medio tiempo (7:00 A.M. a 12:00)

RESPONSABILIDADES Y OBLIGACIONES

1. Barrer y trapear las varias salas del hospital, con responsabilidad mayor del Encamamiento.

2. Sacudir y ordenar camas de encamamiento y maternidad

3. Limpiar mostradores, camillas y velar porque las mismas tengan sábana.

4. Velar porque en los baños al servicio de personal y pacientes hayan toallas limpias y papel sanitario.

5. Lavar la ropa del hospital (toallas, sábanas, sábanas de camillas, ponchos, batas, etc.), velando por su cuidado, presentación y conservación.

6. Ordenar y conservar ropa de cama y batas, separando la de encamamiento, maternidad, T.B. y enfermería.

7. Velar diariamente porque las camas estén tendidas, estén en orden y con ropa limpia.

8. Hacer buen uso del equipo y materiales que por situaciones del trabajo tengan que utilizar (lavandera, plancha, chorros). Velando porque queden desconectadas, apagadas y los chorros estén bien cerrados para evitar fugas de agua; así como evitar también el desperdicio de jabón, cloro y detergente; cualquier anomalía respecto a lo señalado será su responsabilidad.

9. Cuando por situaciones de adiestramiento de promotores, comadronas y señoras de comités, se requiera del uso del dormitorio para el hospedaje de estos grupos, deberá velar se encuentre siempre limpio y ordenado; camas tendidas con ropa limpia y en los baños se encuentre papel sanitario y toallas.

10. Mantener limpio y ordenado su área de trabajo.

11. Deberá mantener un registro de toda la ropa de cama, toallas, sábanas para camillas, etc. que reciba, esté en uso, descarte o preste.

12. Cuando considere que se necesita renovar, ropa de cama, toallas, sábanas de camilla, batas o ropa para recien nacidos, deberá presentar solicitud escrita a la Administración del Programa.

13. Deberá estar dispuesta a colaborar en cualquier otra situación que le soliciten los jefes, especialmente en lo que respecta al programa Comunitario.

ANNEX B

PROJECT FINANCIAL TABLES

CONTROL GASTOS EN $

		ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SEPT.	OCTUB.
410	DRUGS AND MEDICINE	56180	35141	17077	36936	142721	2074	35956	38910		69697
412	FOOD	2055	10860	11586	16874	16227	17359	20034	18898	19343	22635
428	LABORATORY	13490			13190	347		6955			
429	SUPPLIES	19844	9668	35912	28417	31910	24138	24355	27206	4220	3783
452	SUSCRIP. PUBLICATIONS										
482	EQUIPMENT - UNDER $300		7648	9826			3511				694
634	REPAIR AND MANT. VEHICLE	26612	8826	1017	50341	35426		9352	4092	4451	2465
570	TRAVEL	7297	6083	4899	8212	5958	8730	10925	65617	4051	7312
574	LODGING AND MEALS	8345	8931	11846	16644	14698	7621	92007	30857	5014	3217
659	AUDIO/VISUAL MATERIALS	432									
685	PHOTOCOPIES	611	367	3627	498	1198	1363	370	412	436	266
736	REPAIR MANT EQUIPMENT		521	508		265	13469	461		042	
737	REPAIR MANT. BUILDING.	5269	678	2034	24914	2586	6253	1618		1301	052
740	RENT	7142	7272	6780	6872	6896	6896	11379	7797	7797	7936
742	TELEPHONE, TELEGRAM, TELEX	5800	6629	918	13120	2338	18590	13734	807	120	1170
744	UTILITIES	946	11273	6432	3982	2827	3123	4764	5645	3834	3765
801	SALARIES AND WAGES	155601	164208	143737	146208	153902	155511	135787	130516	130324	151051
803	PAYROLL TAXES	20182	22873	42055	21018	21226	22153	22356	21804	21403	21013
805	EMPLOYEES BENEFITS	923			1495	184		3492	633		
862	OUTSIDE SERVICE	26429	40997	30900	57656	20689	98448	63734	46688	40862	22149
922	EDUCATION		364								1042
944	INSURANCE							45136			
948	TAXES, LICENCES, PERM.	4758	4670	6955	7458	18391	9361	1310		148	
950	POSTAGE	118	146	139	1533	073	043	056	063	073	033
975	PUBLIC RELATION	1822			995	9603	3996	828	1797		3472
976	SHIPPING. STORAGE.	1723	091		2406						
984	MISCELLANEOUS	2845	150	176	812	261	2376	629	816		
995	PROPERTY/EQUIP. OVER $300.						689655	1158162			
		365299	337216	336584	455664	489196	1041760	1664000	392458	244754	321873

[redacted] Las salarantes en varias cuentas se debe a la diversidad de cam
por $ 1.00; Reduciendose presupuestada segun San. Diego Q. 2.50 x $. 1.00; a
el 70%; apartando Project COCCEN el 51% y el programa local, es
[illegible]

CORRESPONDIENTE a 1986.. (DOLARES)

NOV.	DICIEMB.	TOTAL GASTOS	[illegible] en cinco	Sobrante en cuentas	GASTOS DE MAS	Promedio GAST. X MES
51430	10019	495141	14000.00	904859		41200
23422	22258	201551	200000		1551	168.00
	7073	41055	75000	33945		3400
22159	2168	240970	620000	379030		201.00
		694	10000	9306		058
		20885	40000	19115		17.00
528	3776	146789	225000	78211		122.00
7944	3657	135575	200000	64425		113.00
	3745	202995	220000	17005		169.00
		432	6000	4568		036
038	444	16630	15000		1630	1400
		15266	85000	69734		1300
		44605	40000		4605	3700
8610	8614	94111	200000	105889		7800
578	1542	64916	150000	85084		5400
3879	2595	53368	160000	106632		4400
164160	159935	1780360	2000000	219640		148300
23525	23642	283555	300000	16445		23600
603	166668	173998	165000		8998	14500
27563	27093	440208	250000		190208	36700
		1406	35000	33594		160
		45136			46136	3700
	899	50210	85000	34790		4200
019	110	2446	15000	12554		200
	899	23412	20000		3412	1950
		4200	40000	35800		350
		8135	60000	51865		700
		1848517	2650000	801483		154000
334828	449945	6436566	92650.00	3083974	255540	536050

COMPROBACION PRESUPUESTO

	Gastos presupuestados	9265000
(-)	Gastos efectuados	6436566
	Saldo del presupuesto	2828434
	Saldos sobre varias cuentas	3083974
	Gastos de más sobre alg. ctas.	255540
	Saldo del presupuesto	2828434
	Gastos efectuados en el año	6436566
(+)	Saldos sobre varias cuentas	3083974
		9520540
(-)	Gastos de más s/cuentas	255540
	TOTAL IGUAL PRESUPUESTO	9265000
	Gastos efectuados en el año	6436566
(+)	Saldo a favor en presupuesto	2828434
	TOTAL IGUAL PRESUPUESTO	9265000

EL TOTAL DE GASTOS SE CUBRIO A61:

Saldo anterior	2%	80921
Transferencias Sn. Diego	81%	52430.00
Ingresos locales netos		1112645
TOTAL GASTOS NETOS EN EL AÑO		6436566

[illegible] en relacion al Dolar que se dieron durante el año, al punto de tener un promedio de cambio de: [illegible] a la diversidad de cambios en que oscila el Dolar dia como consecuencia que del presupuesto total se consum[illegible] sus ingresos y saldos del año 85 cubria el 19%.- El consumo del 70% del presupuesto total de no [illegible]

$ Control de Gastos, corre

Nomenclatura	Descripción de cuentas	ENERO 1 2.50	FEBRERO 2 2.65	MARZO 3 2.98	ABRIL 4 2.70	MAYO 5 2.55	JUNIO 6 2.65	JULIO 7 2.72	AGOSTO 8 2.72
4.10	DRUGS & MEDICINE	134920		108803	105576	161150	178246	6250	109151
4.12	FOOD	694	11776	20751	19104	23608	24535	23919	25451
4.28	LABORATORY			12948		6599	21267		79[illegible]
4.29	SUPPLIES	66023	20405	35756	9502	37629	109971	1215	148844
4.52	SUBSCRIPTIONES & PUBLIC								
4.82	EQUIPMENT UNDER $300.00			1348				14700	
5.34	REPAIR & MANT. VEHICLE	55960	1602	20112	32493	2450	20466	4448	317[illegible]
5.70	TRAVEL	10190	5284	13565	7936	13414	24878	54721	12229
5.74	LODGING AND MEALS.	8420	108329	47694	11888	13415	12252	144224	18993
6.59	AUDIO/VISUAL MATERIALS								
6.85	PHOTOCOPIES	1160	1990	740	2965	2914	700	930	954
7.36	REPAIR MANT. EQUIPMENT	13408	1956	365	37038		18120		
7.37	REPAIR MANT. BUILDING	131	128	1770	1299	880	16112	7789	177
7.40	RENT	12000	11320	10238	11112	11764	11320	11030	11023
7.42	TELEPHONE, TELEGRAP, TELEX	14920	1808	3567	1291	992	2311	1897	07[illegible]
7.44	UTILITIES	2810	1179	13393	4708	2118	6019	8575	289
8.01	SALARIES AND WAGES	227420	227260	199674	219089	233760	221695	232824	237814
8.03	PAYROLL TAXES	25255	25280	33380	30916	32995	32084	31653	319[illegible]
8.05	EMPLOYEES BENEFITS	640		18259		1112			44[illegible]
8.62	OUTSIDE SERVICE	27956	29034	24348	32671	49254	46989	36209	3359[illegible]
9.22	EDUCATION								
9.44	INSURANCE		114429						
9.48	TAXES, LICENSES, PERM.								
9.50	POSTAGE					471	4829		
9.75	PUBLIC RELATION	092	277	2767	082	078	068	090	07[illegible]
9.76	SHIPPING - STOWAGE	800				4157		1838	
9.84	MISCELLANEOUS			3379	920	980	377		
9.95	PROPERTY EQUIP.							100452	
		601075	559063	572843	528426	598920	751309	683748	635946
	"Presupuesto" :	8500000		Total gastos		7284242			
(−)	Total Gastos :	7284242	(+)	Saldo vs. presupuesto		1215758			Saldo

spondiente a 1987

SEPT. 2.65	OCTUBR 2.60	NOV. 2.53	DIC. - 2.52	TOTAL GASTOS	[illegible]	GASTOS DE HENOS	GASTOS DE MAS
62720	68258	147281		1078878	9500000		1305[illegible]
24800	22317	24451	24457	246020	3000000	63977	
				40474	800000	39526	
20817	11610	14144	13736	396802	8000000	404198	
735	3846			4601	90000	4399	
				16054	100000		6054
29644	22369	16346	23957	292118	2700000	36812	
21778	12811	16736	8653	279184	3800000	100816	
10265	18423	31619	7658	433191	5200000	86809	
	2200			2200	90000	6800	
6215	3465	2408	581	30989	200000		16997
5814			1334	38065	50000		28065
	2552	654	17012	49997	220000		17497
11320	11538	11858	11944	136433	1500000	13567	
2100	11249	292	506	41057	2100000	168913	
8234	7135	3440	3395	64401	1000000	35599	
294323	232915	239356	242454	2744790	32000000	455210	
32763	32009	32506	32802	374113	4150000	40887	
	21635	500	258940	300940	3500000	49054	
33923	31344	38682	41686	431523	4500000	18477	
3019				3019	200000	16981	
				111429	500000		61429
4560			476	10342	200000	9658	
3091	055	098	020	6797	150000	8203	
6132	6301		44536	63770	100000		53770
1818		623	397	8569	200000	11431	
				100452	6000000		4045[illegible]
524203	529770	579856	812040	4254211	85000000	1561357	3456629

Movimiento del año

Interior 68258

La serie de gastos pueden considero

$ Cuadro de Gastos Correspo

		ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGTO.	SEPT.	OCTUB.
411	DRUGS AND MEDICINE	127960	187853	167821	20239		199818	163225	31644	162164	244126
412	FOOD.	506	16866	21439	24097	25007	29031	23508	26482	23927	28392
429	LABORATORY		14811			17316			16173	911	
429	SUPPLIES	4146	43718	57711	43406	84768	27067	26838	35119	7861	42065
452	SUBSCRIP-PUBLICATIONS									741	
482	EQUIPMENT-UNDER-$300								630	5062	
534	VEHICLE, REPAIR/MANT.	6476	195	6175	17672	62278	20741	187651	10887	11924	34160
570	TRAVEL	6494	6966	11219	14710	5120	16168	1596	17520	16567	11122
574	LODGING. AND MEALS	8000	46007	71817	23175	20869	29743	4961	20757	15239	23296
685	PHOTOCOPIES.	1294	2629	7486	1268	1321	8853	1955	1908	11712	3000
736	EQUIPMENT-REPAIR/MANT.						19106	2676	204		3969
737	BUILDING, REPAIR/MANT.	2190		4024	7034	1730	282	4770	3681	945	5093
740	RENT	6000	5929	5929	5952	5929	5869	11112	5333	5556	5556
742	TELEPHONE, TELEX, TGRAP.	167	2172	3274	3054	1527	2995	416	719	2389	4179
744	UTILITIES.	10863	7272	12644	4964	9338	6999	8871	9150	1111	16105
801	SALARIES & WAGES	268662	251748	239009	271534	263056	278872	261296	279952	281800	281971
803	PAYROLL TAXES	39249	43390	41521	39701	44746	43011	40656	41286	46318	46623
805	EMPLOYEES BFITS..	1014	31375		972	277	9650	720		288	2104
806	ACRUED LOCAL BFITS.	40000	39526	39526	89613	39526	39069		55556	55556	37037
862	OUTSIDE SERVICES.	37416	47556	67136	95632	31574	28581	50206	36932	32091	53719
944	INSURANCE			94371							
948	LICENSES, TAXES, PMITS		47305	099		593	938	5513		770	11917
950	POSTAGE	141	300	119		189	256	4442	181	4673	130
975	PUBLIC RELATION	680	198					8704		2778	661
976	SHIPPING-STOWAGE		2223		1984		1953			1296	
984	MISCELLANEOUS										
995	PROPERTY-EQUIPMENT..			49407							
		555158	863454	551920	615077	605534	744056	511121	694036	691679	866294

Gastos reportados 8697433 -
(-) Ingresos s/ cuentas 211752
8485681
(-) Gastos de más reales 475681
TOTAL PRESUPUESTO 8010000

Movimiento durante el año.-

Saldo anterior: 683675
Ingresos regulares 22092696
transf. cta de ahorro 100000
22876169

Saldo anterior 1031154
Ingresos regulares 22092696
23125152
(-) Gastos reales

rdiente al año de 1988.-

NOVBRE	DICBRE	TOTAL GASTOS ANUAL	TOTAL GASTOS MENS.	PRESP. SN DIEGO ANUAL	PRESP. SN DIEGO MENS.	GASTOS DE (+)	GASTOS DE (-)	RESULT. FINALES INGRESOS	RESULT. FINALES ESTADO DE CUENTAS	RESULT. FINALES DE SALDOS	GASTOS REALES.
70613	26692	1392800		922000		470800			4703.00		1392800
27612	17814	264681		275000			10319		10319		264681
6995		56276		45000		11276			11276		56276
32584	15917	421200		370000		51200		30766	20434		390434
		741		1000			259		259		741
	9507	15199		5000		10199			10199		15199
7332		955414		100000		255414		148560	106854		206854
13103	11911	175696		200000			24304		24304		176696
17664	96802	378220		300000		78220			78220		378220
4713	1613	42757		30000		12757		9446	9311		39311
3771		29626		20000		9626			9626		29626
2523	445	32277		60000			26723		26723		32277
5556	3556	74267		100000			25733	5556	31289		68711
715	2823	24500		25000			500		500		24500
4131	11202	103350		80000		23350			23350		103350
269397	283215	3231517		3674000			442483		442483		3231517
46651	43579	510761		430000		80761			80761		510761
	282759	336159		330000		6159			6159		336159
37027		422510		480000			57490		57490		422510
66480	34516	571139		350000		221139		10700	210439		560439
		94371		94400			029		029		94371
1159		71464		53600		17864		1613	16251		69851
2992	124	13552		5000		8552			8552		13552
	1228	9149				9149			9149		9149
	1333	8789		10000			1211		1211		8789
11111		60518		50000		10518		11111	593		49407
615967	884733	8697433		8010000		1276484	589051	211752	(-) 475681		8485581

Comentario General: Algunas cuentas sobrepasaron la cantidad presupuestada, especialmente las Codigos 410, 534, 574, 862; en las primeras dos cuentas se debia al alto costo de medicamentos productos y necesarios y porque se llevaron a cabo reparaciones no contempladas; las codigos 574, 862; es [illegible]

El total de gastos que fue por $ 8485.81 a los meses San Diego aportó $ 6439.50 que son el 75%, el resto o sean: 2046.31 que es el 25% aportado por el programa.

Segun presupuesto San Diego debio aportar $ 6510.00 y el programa $ 1500.00; estos datos indican que el programa aporta $ 546.31 lo cual pudo cubrir los diferentes gastos de más que ocurrieron del presupuesto.-

Lo importante que hubo pudiera hacer tanto con un presupuesto tan ajuste

C.S.- Cuadro de Gastos, C

NOMENC.	Descrip de Cuentas	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SEPT.	OCTUB.
410	DRUGS and MEDICINE	96838	95504	210701	69650	98653	101515	143225	32556	403972	
412	FOOD..	2000	17648	20681	27439	38112	30046	30258	39923	36099	
428	LABORATORY.		185	509	1078	1629	5644	17305	6938	5593	
429	SUPPLIES.		6967	23457	36314	4158	33266	19332	4806	23605	
452	SUBS. PUBLICATIONS.				555						
482	EQUIPMENT UNDER $300.										
534	VEHICLE REPAIRS/MAINT.	2778	7408	19541	1190	1803	5840	999	518	1619	
570	TRAVEL	5309	13338	9922	14409	16988	12870	15607	64255	12175	
574	LODGING & MEALS	5758	9519	13147	14889	25449	26184	15258	6650	92646	
685	PRINTING / XEROXING..	1483	4506	1468	2739	1006	4447	11144	1246	1733	
736	EQUIPMENT REP/MAINT	383		111			167				
737	BUILDING. REP/MAINT.	2657	2674	15627	9484	15480	21961	19117	27696	23067	
740	RENT	5556	5556	5556	5556	5556	5556	5556	5556	26979	
742	TELEPHONE, TELEGRAPH. TELEX	2347	7005	559	1576	2619	2816	1451	2898	1733	
744	UTILITIES	1555	19955	6817	8875	36248	11082	11344		18378	
801	SALARIES & WAGES	325644	323622	317194	317101	317100	312280	298183	284741	271700	
803	PAYROLL TAXES	42262	46522	54042	52433	52453	52433	46968	46113	44786	
805	EMPLOYEE BENEFITS	868	8260	908		605		454			
806	ACCRUED LOCAL BENEFITS	37037	37037	37037	37037	37037	37037	37037	37037	35971	
862	OUTSIDE SERVICES	22923	26293	30331	68961	46976	42017	44443	42183	46735	
944	INSURANCE		103137								
948	TAXES, LICENSES, PERMITS	994	550	20733	550	550	4254	444		108	
950	POSTAGE	232	382	153	636	1891	748	3067	223	6648	
975	PUBLIC RELATIONS					4971	2378			4519	
976	SHIPPING, FREIGHT, STORAGE		2222		2037		1852			3865	
983	FOREIGN EXCHANGE	004									
984	MISCELLANEOUS										
995	PROPERTY / EQUIPMENT										
		556703	737270	790494	672471	744244	714393	723162	603337	1061951	

Correspondiente al año 189.- U.J.

NOVIEMB.	DICIEMB.	TOTAL GASTOS ANUAL	TOTAL GASTOS MENSUAL	SN. DIEGO MENSUAL	PREEUP. SN. DIEGO
			1252594		1000000
			239184		325000
			36881		650
			151905		190000
			555		2000
					8000
			41696		217500
			164953		137500
			209500		150000
			29772		60000
			661		13000
			137733		127800
			71427		189000
			23004		64000
			114254		200000
			2767565		4250000
			439992		660000
			11090		400000
			3322.67		430000
			370862		561000
			103137		155000
			28183		105000
			13970		8500
			11868		110000
			9996		25000
			004		
					2122000
			6565065		11764300

PROJECT CONCERN INTERNATIONAL - GUATEMALA
Santiago Atitlán, Sololá
Guatemala, C. A.

CUADRO DE GASTOS DEL PROGRAMA HOSPITALARIO
Anos 1.988 y enero a Sept. /89

E G R E S O S:

	1, 9 8 8	1, 9 8 9
Enero	Q. 5,972.11	Q. 5,828.46
Febrero	" 9,455.95	" 6,851.58
Marzo	7,601.67	" 8,975.09
Abril	" 3,650.35	" 6,205.04
Mayo	" 4,317.81	" 6,774.84
Junio	" 8,306.77	" 6,760.15
Jukio	" 7,625.47	" 7,346.54
Agosto	" 4,612.11	" 5,040.68
Septiembre	" 7,266.27	" 14,292.81
Octubre	" 8,703.19	
Noviembre	" 4,766.20	
Diciembre	" 5,231.55	
Total Egresos:	77,509.45	68,075.19
PROMEDIO EGRESOS	6459.00	7563.91

I - N - G R E S O S:

Enero	Q. 3,827.42	Q. 3,674.65
Febrero	" 4,100.83	". 2,969.31
Marzo	" 3,548.29	" 3,242.74
Abril	" 3,825.90	" 4,011.66
Mayo	" 4,033.87	" 3,546.54
Junio	" 4,283.88	" 4,571.47
Julio	" 4,096.87	' 5,800.60
Agosto	" 4,126.07	" 4,139.93
Septiembre	" 4,370.21	" 4.057.68
Octubre	" 3,944.96	
Noviembre	" 4.283.70	
Diciembre	" 3,017.11	
	47,459.11	36,014.58
PROMEDIO INGRESOS:	3955 00 mens.	4001.62 mens.
GASTO NO CUBIERTO.	2504.00 mens.	3562.29 mens.

ROJECT CONCERN INTERNATIONAL
50 Afton Rd. San Diego, California 92123 Box 85323 San Diego, California 92138 · Tel. (619) 279 · 9690 Cable PROJCONUS · Telex: 695488.

PROJECT CONCERN INTERNATIONAL
MONTHLY FIELD BUDGET REVIEW

Guatemala/
Country/Program Director

DECEMBER 1986
Month, Year

ALL AMOUNTS IN U.S. DOLLARS

Account	Approved Annual Budget	This Month's Expenditures	YTD Actual Exp. Expenditures	%
410	14000.00	100.19	4951.41	35
412	2000.00	222.58	2015.51	101
428	750.00	70.73	410.55	55
429	6200.00	21.68	2409.70	39
432				
452	100.00		6.94	7
482	400.00		208.85	52
534	2250.00	37.76	1467.89	65
570	2000.00	86.57	1355.75	68
574	2200.00	37.45	2029.95	92
659	50.00		4.32	9
685	150.00	4.44	166.30	111
736	850.00		152.66	18
737	400.00		446.05	111
740	2000.00	86.14	941.11	47
742	1500.00	10.42	649.16	43
744	1600.00	28.98	533.68	33
801	20000.00	1599.35	17803.60	89
803	3000.00	236.47	2835.55	94
805	1650.00	166.68	1739.98	105
862	2500.00	270.93	4402.08	176
922	350.00		14.06	4
944			451.36	
948	850.00	8.99	502.10	59
950	150.00	1.10	24.46	16
975	200.00	8.99	234.12	117
976	400.00		42.00	10
983				
984	600.00		81.35	13
995	26500.00		18485.17	70
TOTAL	92650.00	4499.45	64365.66	69

TRANSFERS FROM HEADQUARTERS

4200.00
This Month's Transfers

52.430.00
Year-to-Date Transfers

YTD Planned Expenditures	Difference
92.650.00	28.284.34

MONTHLY FIELD BUDGET REVIEW

Guatemala/Pro Argenica Bureau
Country/Program Director

DECEMBER/87
Month, Year

ALL AMOUNTS IN U.S. DOLLARS

Account	Approved Annual Budget	This Month's Expenditures	YTD Actual Exp. Expenditures	%
410	9,500.00		10768.73	113
412	3,000.00	244.57	2460.23	82
428	800.00		404.74	50
429	8,000.00	137.36	3958.05	49
432				
452	90.00		46.01	51
482	100.00		160.54	160
534	2,700.00	239.73	2331.17	86
570	3,800.00	865.53	2791.84	73
574	5,200.00	76.58	4331.88	83
659	90.00		22.00	24
685	200.00	5.81	309.89	153
736	500.00	13.54	780.65	156
737	320.00	170.12	499.97	156
740	1,500.00	119.04	1364.34	91
742	2,100.00	7.06	410.87	20
744	1,000.00	33.95	644.01	64
801	32,000.00	2424.54	27447.92	86
803	4,150.00	328.02	3741.13	90
805	3,500.00	2583.40	3009.46	86
862	4,500.00	416.86	4315.22	96
922	200.00		30.19	15
944	500.00		1114.29	223
948	200.00	4.76	103.42	52
950	150.00	0.20	67.96	45
975	100.00	445.36	637.70	638
976	200.00	3.97	85.69	43
983				
984	600.00		1004.52	167
985				
TOTAL	85,000.00	8120.40	72842.42	85

YTD Planned Expenditures	Difference
85000.00	12157.58

TRANSFERS FROM HEADQUARTERS

8584.00
This Month's Transfers

42971.00
Year-to-Date Transfers

PROJECT CONCERN INTERNATIONAL
MONTHLY FIELD BUDGET REVIEW

Guatemala/BETSY ALEXANDER.
Country/Program Director

DECEMBER 188.
Month, Year

ALL AMOUNTS IN U.S. DOLLARS

Account	Approved Annual Budget	This Month's Expenditures	YTD Actual Exp. Expenditures	%
410	9220.00	266.92	13923.01	151
412	2750.00	178.14	2646.81	96
428	450.00		562.76	125
429	3700.00	159.17	4185.62	113
432				
452	10.00		7.41	74
482	50.00	95.07	151.99	304
534	1000.00		3554.15	355
570	2000.00	491.11	1756.96	88
574	3000.00	968.02	3782.07	126
659				
685	300.00		388.81	130
736	200.00		296.26	148
737	600.00	9.45	332.77	55
740	1000.00	55.56	742.67	74
742	250.00	28.23	244.99	98
744	800.00	112.02	1033.48	129
801	36740.00	2832.18	32315.15	88
803	4300.00	435.79	5107.61	119
805	3300.00	2827.59	3361.59	102
806	4800.00		4225.10	88
862	3500.00	345.16	5711.40	163
944	944.00		943.71	100
948	536.00		710.41	132
950	50.00	1.24	135.54	271
975		12.28	91.49	
976	100.00	13.33	87.89	88
983				
984				
995	500.00		494.07	99
TOTAL	80,100.00	8831.26	86,795.64	108

TRANSFERS FROM HEADQUARTERS

7,794.50
This Month's Transfers

64,394.50
Year-to-Date Transfers

YTD Planned Expenditures	Difference
80,100.00	(-) 6695.64

Account Code	Description	Current Month Checks	Current Month Cash	Current Month Total	Previous Total	Year To.Date	Annual Budget	Remaining Balance
410	DRUGS & MEDICAL SUPPLIES	2,140.39	1,899.33	4,039.72	7,826.88	11,866.60	9,220.00	(2,646.60)
412	FOOD	0.00	360.99	360.99	2,030.87	2,391.86	2,750.00	358.14
428	LABORATORY	0.00	55.93	55.93	323.62	379.55	450.00	70.45
429	SUPPLIES	215.94	20.11	236.05	1,283.00	1,519.05	3,700.00	2,180.95
432	EQUIPMENT RENTAL	0.00	0.00	0.00	1.11	1.11	0.00	(1.11)
452	SUBSCRIPTIONS/DUES	0.00	0.00	0.00	4.44	4.44	10.00	5.56
482	EQUIPMENT UNDER $300	0.00	0.00	0.00	0.00	0.00	50.00	50.00
524	VEHICAL REPAIRS/MAINTENANCE	0.00	16.19	16.19	400.77	416.96	1,000.00	583.04
570	TRAVEL	41.67	80.08	121.75	1,527.78	649.53	2,000.00	350.47
574	LODGING AND MEALS	73.10	853.36	926.46	1,168.54	2,095.00	3,000.00	905.00
659	AUDIO/VISUAL AIDS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
685	PRINTING/PHOTOCOPYING	0.00	(8.56)	(8.56)	259.82	251.26	300.00	48.74
736	EQUIPMENT REPAIR/MAINTENANCE	0.00	0.00	0.00	6.61	6.61	200.00	193.39
737	BUILDING REPAIR/MAINTENANCE	0.00	153.33	153.33	908.13	1,061.46	600.00	(461.46)
740	RENT	269.79	0.00	269.79	444.48	714.27	1,000.00	285.73
742	TELEPHONE/TELEX	1.54	15.79	17.33	212.71	230.04	250.00	19.96
744	UTILITIES	164.89	18.89	183.78	958.76	1,142.54	800.00	(342.54)
801	SALARIES/WAGES	0.00	2,717.00	2,717.00	24,958.65	27,675.65	36,740.00	9,064.35
803	PAYROLL TAXES	447.86	0.00	447.86	3,952.06	4,399.92	4,300.00	(99.92)
805	EMPLOYEE BENEFITS	0.00	0.00	0.00	110.90	110.90	3,300.00	3,189.10
806	LOCAL BENEFITS FUND	359.71	0.00	359.71	2,962.96	3,322.67	4,800.00	1,477.33
862	OUTSIDE SERVICES	103.92	363.43	467.35	3,241.27	3,708.62	3,500.00	(208.62)
922	EDUCATION	44.60	0.00	44.60	0.00	44.60	0.00	(44.60)
944	INSURANCE	0.00	0.00	0.00	1,031.37	1,031.37	944.00	(87.37)
948	TAXES/LICENSES/FEES	1.08	0.00	1.08	280.75	281.83	536.00	254.17
950	POSTAGE	18.86	3.02	21.88	73.20	95.08	50.00	(45.08)
961	ADVERTISING	0.00	0.00	0.00	0.00	0.00	0.00	0.00
975	PUBLIC RELATIONS	0.00	45.19	45.19	73.49	118.68	0.00	(118.68)
976	SHIPPING/FREIGHT/STORAGE	20.86	17.99	38.85	61.11	99.96	100.00	0.04
933	FOREIGN EXCHANGE	2.25	56.37	58.62	(0.32)	58.30	0.00	(58.30)
	Sub-Total	3,906.46	6,668.44	10,574.90	54,102.96	64,677.86	79,600.00	14,922.14
995	CAPITAL PROPERTY/EQUIPMENT	0.00	0.00	0.00	0.00	0.00	500.00	500.00
	TOTAL	3,906.46	6,668.44	10,574.90	54,102.96	64,677.86	80,100.00	15,422.14

PETTY CASH REPLENISHMENT 4953.48

ANNEX C

SAMPLES OF:

REPORTE DEL COMITE
REFERRAL COUPON
CHILD IMMUNIZATION CARD

Informe Mensual

COMITE DE MADRES

NOMBRE _____

Canton _____ Manzana _____

Mes _____ Año _____

Número de Familias _____

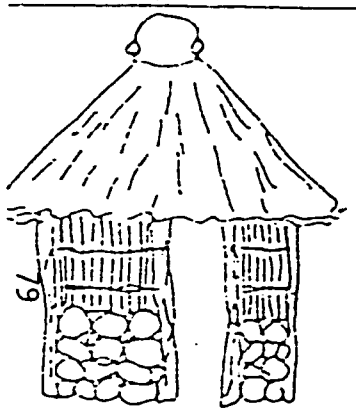
Número de Familias con Niños <5 años _____

Número de Niños <5 años _____

Niños Nacidos en último mes _____

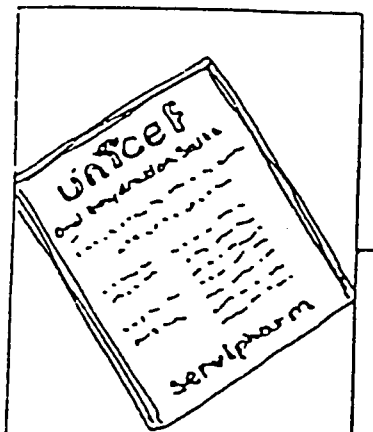
Niños Muertos en último mes _____

Nuevo Total _____



Visitas Domiciliarias

Charlas



Distribución de Sobres

Referir al Medico

Otro

Otro

ombre de
Voluntario

CUPON DE REFERENCIA

Nombre de Pa nte

Resultado de Referencia

Fecha

Nombre de
Voluntario

CUPON DE REFERENCIA

Nombre de Paciente

Resultado de Referencia

Fecha

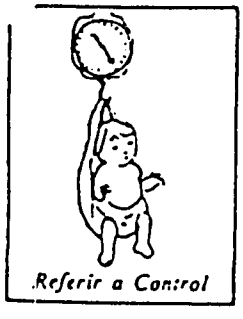
Nombre de
Voluntario

CUPON DE REFERENCIA

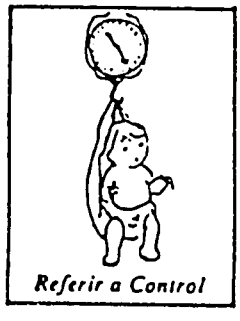
Nombre de Paciente

Resultado de Referencia

Fecha



Nombre de
Voluntario



CUPON DE REFERENCIA

Nombre de Paciente

Resultado de Referencia

Fecha

Nombre de
Voluntario

CUPON DE REFERENCIA

Nombre de Paciente

Resultado de Referencia

Fecha

CARNET DE VACUNACION

Programa de Supervivencia Infantil
Departamento de Sololá
Distrito No. 4

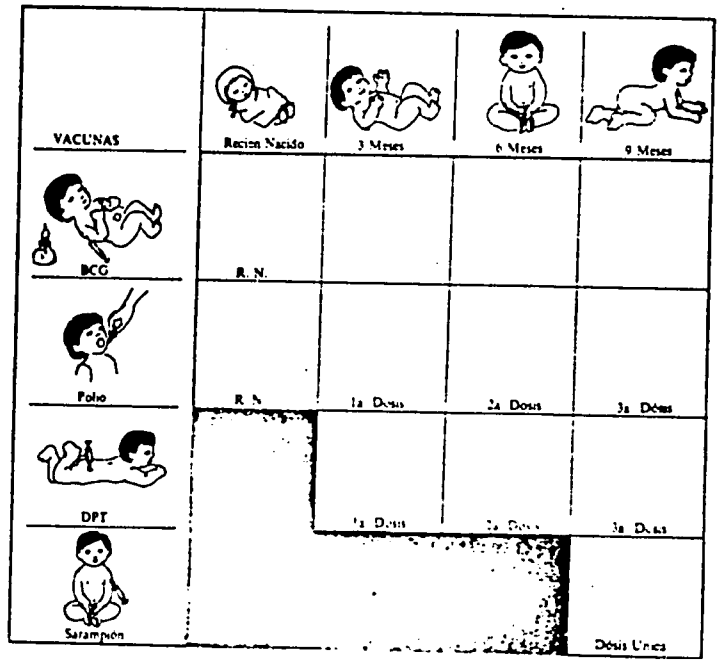
Nombre_____

Fecha de Nacimiento: Dia:____Mes:_____Año:____

Direccion_____

Nombre de Vacunador Responsable:_____

Diseño por Proyecto Concern Internacional



ANNEX D

LISTING OF TRAINING ACTIVITIES

AÑO, 1987

CAPACITACION A PROMOTORES

FECHA	No. DE ASISTENTES	CURSO RECIBIDO	OBSERVACIONES
DEL 3 AL 7 DE AGOSTO	14	Metodología de Canalización en Vacunas y TRO	Faltaron las listas de las siguientes capacitaciones: 1. Madres del comité de los 3 centros en canalización durante el mes de julio/87 2. Madres del comité de los 3 centros en: seguimiento de Planificación Familiar durante el mes de julio/87 Asistieron +- 44 3. Padres del comité de los 3 centros en: Seguimiento de Planificación Familiar durante el mes de julio del 87 Asistentes +- 23
CAPACITACION A COMADRONAS ADIESTRADAS TRADICIONALES			
DEL 11 AL 13 DE AGOSTO	20	Seguimiento de Planificación Familiar y Métodos Anticonceptivos	
CAPACITACION A COMADRONAS ADIESTRADAS			
DEL 9 AL 13 DE NOVIEMBRE	19	Unidad No. 2 Atención durante el Parto	

READIESTRAMIENTO A COMADRONAS

FECHA	No. DE ASISTENTES	CURSO RECIBIDO	OBSERVACIONES
DEL 15 AL 19 DE FEBRERO	19	ATENCION A LA EMBARAZADA	
		CAPACITACION A COMITES DE PADRES	
DEL 14 AL 18 DE MARZO	20	CANALIZACION Y VACUNACION	
		CAPACITACION A COMITES DE MADRES NUEVAS	
DEL 21 AL 25 DE MARZO	19	Concientización de visitas domiciliarias, Canalización y Vacunación	
		READIESTRAMIENTO A COMITES VIEJOS DE MADRES	
DEL 23 AL 25 DE MARZO	37	VACUNACION	
		READIESTRAMIENTO DE COMADRONAS	
DEL 30/MAYO AL 3/JUNIO	18	ATENCION A LA MADRE DESPUES DEL PARTO	

AÑO, 1988
No. 2

CAPACITACION A COMITES DE MUJERES

FECHA	No. DE ASISTENTES	CURSO RECIBIDO	OBSERVACIONES
DEL 18 AL 20 DE JULIO	37	Orientación en Planificación Familiar (Seguimiento)	
		CAPACITACION A COMITES DE HOMBRES	
DEL 20 AL 22 DE JULIO	21	Intermedio de Planificación Familiar	
		CAPACITACION A COMITES NUEVOS	
DEL 10 AL 14 DE OCTUBRE	35	Metodología de Canalización y Curso Básico de Planificación Familiar	
		CAPACITACION A COMITES NUEVOS Y ANTIGUOS	
DEL 7/NOV. AL 17/DIC.	84	CONTROL DE ENFERMEDADES DIARREICAS	
		CAPACITACION A COMITES DE PADRES	
DEL 7/NOV. AL 17/DIC.	12	CONTROL DE ENFERMEDADES DIARREICAS	
		CAPACITACION A COMADRONAS ADIESTRADAS	
EL 22/NOV. Y EL 13/DIC.	17	CONTROL DE ENFERMEDADES DIARREICAS	
		CAPACITACION A GRUPO DE COMITE DE MADRES	
Tres días del mes de Nov.	10	CURSO BASICO DE PLANIFICACION FAMILIAR	

A Ñ O, 1 9 8 9

FECHA	No. DE ASISTENTES	CURSO RECIBIDO	OBSERVACIONES
		CAPACITACION A COMITES NUEVOS	
8, 9 Y 11 DE MAYO	17	QUE ES EL COMITE? METODOLOGIA DE CANALIZACION Y VISITA DOMICILIARIA	CERRO DE ORO
		CAPACITACION AL COMITE DE MADRES	
DEL 3 AL 5 DE JULIO	18	Seguimiento en Planificación Familiar (Nivelación) y Salud Materno-Infantil	Primer Grupo
DEL 5 1/2 DIA AL 7 DE JULIO	16	Seguimiento en Planificación Familiar (Nivelación) y Salud Materno-Infantil	Segundo Grupo
		CAPACITACION A COMITE DE MADRES	
DEL 10 AL 12 1/2 DIA DE JULIO	18	Actualización en Planificación Familiar y Salud Materno-Infantil, Rehidratación Oral y Desparasitación.	Primer Grupo
DEL 12 1/2 DIA AL 14 DE JULIO	23	Actualización en Planificación Familiar y Salud Materno-Infantil, Rehidratación Oral y Desparasitación.	Segundo Grupo
		CAPACITACION A COMITE DE MADRES	
AGOSTO Y SEPTIEMBRE	88	Curso de Hábitos Higiénicos	

ANNEX E

COMPONENT OBJECTIVES, ACTIVITIES AND STATUS

INTERVENTION: FAMILY PLANNING AND SAFE BIRTH PRACTICES

Goal: "Reduce maternal and perinatal morbidity and mortality related to unsafe birth practices and close birth spacing".

Objectives:

1) "Have 80% of appropriate PCI personnel, MOH personnel, MCH volunteers, CHWs and TBAs give with 80% accuracy information on various birth-spacing methods, their costs, their effectiveness and risks, how and where they can be obtained by the end of the grant period as verified by periodic testing".

2) "Provide at low cost birth control methods (pill, condom, vaginal suppositories and IUD) through PCI clinics and to provide appropriate methods to those community health workers willing to distribute them".

3) "Have 60% of identified TBAs with 60% accuracy to correctly identify safe birth practices (hand washing, hygiene of the mother, care of the cord, delivery of placenta), to correctly identify high-risk births, to correctly state referral procedures, to correctly identified and give number of doses of vaccine needed by mother during pregnancy as verified by testing by the end of the grant period".

4) "Have 60% of all women of child-bearing age within the program area with 60% accuracy to correctly identify safe birth practices and to correctly identify and give number of doses of vaccine needed by the mother during pregnancy by the end of the grant period.

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
1) Train existing CHWs in CS interventions, including birth spacing in June and July 1987.	1) Four of 8 PCI CHW's have been trained by APROFAM in family planning. PCI has not yet developed plans for family planning training.	1) As APROFAM trained the 4 available there is no need for PCI to develop training.
2) Training existing 43 MCH volunteers in birth spacing. {no completion date cited}.	2) Not done.	2) All MCH volunteers trained in birth spacing in 3 courses.

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
3) Retraining of 24 practicing TBAs in September, October and November 1987.	3) Meetings are being held monthly with 19 TBAs. Acceptance of training content has been poor.	3) 20 TBAs received birth spacing course in August 1987.
4) Training of untrained TBAs in July, August and September, 1988.	4) 5 untrained TBAs were identified, but they did not come in for training.	4) 5 untrained TBAs are now attending monthly meetings to incorporate them in the program. New training materials for illiterate TBAs being developed
5) Refresher course for TBAs in September, 1988.	5) Not done. Monthly meetings as noted above; training content acceptance is poor.	5) Refresher courses given in Nov. 1987 (19 attended), Feb. 1988 (19 attended), and June 1988 (18 attended).
6) Monthly supervision of TBAs starting in December 1987.	6) Monthly meetings occur, but effective supervision does not exist.	6) Status remains same. Supervision accomplished at meetings.

INTERVENTION: IMMUNIZATION

Goal: "Reduce morbidity and mortality in children under five from vaccine-preventable diseases".

Objectives:

1) "Vaccinate 80% of children under one in program area with complete dosages of polio, DPT, measles and BCG vaccines according to MOH guidelines by the end of the grant period and as determined by data in the baseline survey as compared with data from the MOH information system".

2) "Vaccinate 50% of all women of childbearing age in the program area with 3 doses of tetanus vaccine according to newly approved WHO guidelines by the end of the grant period and as verified by baseline survey data and maternal health cards".

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
1) Train existing MCH volunteers in channeling and EPI in June & July 1987.	1) 36 Volunteers trained	1) At mid-term all trained, continuing education as reinforcement until end of grant period.
2) Implementation of channelling for EPI in 50% of target area starting in July 1987.	2) One round of vaccinations completed in target population using channeling in September-December 1987, then MOH	2) At end of program 80% of target area channeled.
3) Selection of additional 14 MCH volunteers in July, August and September 1987.	3) Selection delayed by political violence. New volunteers were identified in June-Oct. 1988. Total number of MCH volunteers now equals 91. Will have 23 more MCH volunteers in Cerro de Oro; will need 6 more to fully cover Santiago Atitlán.	3) Seventeen volunteers trained in Cerro de Oro in channeling; need more training in EPI; six more are necessary. Nineteen new volunteers were trained for Santiago but with old volunteers becoming inactive for various reasons the number for Santiago in July was 96 volunteers.

ACTIVITY PLANNED	MID-TERM STATUS	FINAL STATUS
4) Train new MCH volunteers in channeling and EPI in October, November and December 1987.	4) A new group of MCH volunteers were trained in March 1988. Another group of MCH volunteers is scheduled to be trained in ORT November 1988-January 1989. EPI channeling training will follow at a time not yet specified.	4) The new group of 35 trained in channeling and EPI in March 1988. Ninety-six (the 35 from March plus the original volunteers) were trained in ORT Nov., December 1988. All have received reinforcement in channeling and EPI since that date. (The original volunteers had all received EPI and channeling).
5) Implementation of channeling for EPI in 100% of target area starting in January 1988.	5) According to draft of second annual report, 100% of coverage is now scheduled to exist by February 1988, but the new MCH volunteers will not have received training in EPI by then. In addition, some parts of project area will not have an assigned MCH volunteer by then.	5) 80% of target area channeled (see #2).
6) Train existing 8 CHW's in child survival interventions, including EPI in June and July 1987.	6) 14 CHW's were trained including some in areas no longer in CS target area.	6) 14 CHW's (Promotores Rurales en Salud") trained for Santiago Health District.
7) Immunize women of child-bearing age or pregnant women in the event that the MOH does not target them for vaccination.	7) Being done in clinic and hospital, but not yet as part of EPI effort in community.	7) Since August 1989, this activity being implemented.

INTERVENTION: ORT

Goal: "Reduce morbidity and mortality in children under five from dehydration secondary to diarrheal diseases".

Objectives:

1) "Have 60% of appropriate PCI personnel, MOH personnel, MVH volunteers, CHWs and TBAs with 80% accuracy to correctly define diarrhea to state the appropriate use of home available liquids to state the appropriate use of ORS packets and sugar salt solution and to demonstrate correct mixing and to state correct referral procedures as verified by periodic testing beginning December, 1988".

2) "Have 60% of the parents of childen under-five with 60% accuracy to correctly define diarrhea, to give appropriate use of home-available liquids, to give appropriate use and demonstrate correct mixing of ORS packets and sugar-salt solutions and to correctly when children should be brought into the clinic as verified by random testing in the community in February, 1989".

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
1) Train MCH volunteers in ORT promotion in February and March 1988.	1) Training curriculum and visual aids being developed and pilot tested now. Training scheduled to occur during November 1988 through January, 1989.	1) Training for 96 MCH volunteers took place in Nov.-Dec 1988. Refresher training has taken place continually since that time.
2) Implementation of ORT program (and management information system) starting in April 1988.	2) Not done yet. Implementation scheduled to start in December, 1988.	2) Program implementation started immediately after of training in Dec., 1988.
3) "Supervision of program" starting in April, 1988.	3) Director and Assistant Director of Community Health Program and 7 supervisors of Mothers' Committee are active.	3) Status same as Mid-Term.

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
4) Train existing 8 CHWs in CS interventions, including ORT in June and July, 1987.	4) Training now scheduled for November, 1988.	4) Only 4 CHW's (PRS's) trained in December, 1988.
5) Monthly meetings with pharmacists starting in August 1987. (Second annual report indicates a course for pharmacists on diarrhea and dehydration was scheduled for October - November 1988).	5) All pharmacists were contacted by project staff. Monthly meetings have not occured. Pharmacits will receive the same ORT training curriculum that is now being developed for MCH volunteers at a future date according to project staff.	5) Feasibility study done. Program not implemented; to be given by clinic Doctor.
6) "Implementation of MIS" starting in November, 1987.	6) Not done yet.	6) MIS implemented in February, 1989. Sample available.

INTERVENTION: GROWTH MONITORING / NUTRITION

Goal: "Reduce severe malnutrition through the introduction of appropriate weaning practices and growth monitoring and promotion".

Objectives:

"Have 80% of appropriate PCI personnel, MOH personnel, MCH volunteers, and CHWs with 80% accuracy correctly identify actions that ensure child health (appropriate weaning practices, home hygiene, complete vaccinations, appropriate treatment of diarrhea and growth monitoring) as verified by testing at the end of the grant period".

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
1) Establish under-fives growth monitoring program with MCH volunteers and CHWs in phase III.	1) Not yet established.	1) A system of detecting malnutrition in children has existed since prior to C/S and continues to be used.
2) Training of MVH volunteers in nutrition in August and September, 1988.	2) Not done.	2) Training has taken place in meetings with their supervisors but not formal course has been given.
3) "Supervision" starting in October 1988.	3) Not established yet.	3) Supervision has always taken place in meetings in #1. No "formal" program implemented.

INTERVENTION: GROWTH MONITORING / NUTRITION

Goal: "Reduce severe malnutrition through the introduction of appropriate weaning practices and growth monitoring and promotion".

Objectives:

"Have 80% of appropriate PCI personnel, MOH personnel, MCH volunteers, and CHWs with 80% accuracy correctly identify actions that ensure child health (appropriate weaning practices, home hygiene, complete vaccinations, appropriate treatment of diarrhea and growth monitoring) as verified by testing at the end of the grant period".

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
1) Establish under-fives growth monitoring program with MCH volunteers and CHWs in phase III.	1) Not yet established.	1) Contrary to finding of the interim evaluation, system using MCHV's to detect malnutrition using simple signs and symptoms has been in place for some time. When malnourished children are identified, they are referred to PCI nutrition centers.
2) Training of MVH volunteers in nutrition in August and September, 1988.	2) Not done.	2) Training has taken place in meetings with their supervisors but not formal course has been given.
3) "Supervision" starting in October 1988.	3) Not established yet.	3) Supervision has always taken place in meetings in #1. No "formal" program implemented.

INTERVENTION: OTHER MISCELLANEOUS

Goal: The four goals stated above

Objectives:

1) "Establish, in collaboration with the MOH, for selecting, training and supervising all levels of community health workers (CHWs, MCH volunteers and TBAs)".

2) "Establish in collaboration system that can be used at the community level to give feedback to the community health workers on their progress and at the district MOH level to monitor health program activities and update population data".

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
1) Preparation for training for and execution of baseline survey; tabulation of data, final report and community maps during period: October 1986 to September 1987.	1) Baseline census conducted in February 1987; a community housing map was developed; data tabulated and a final report completed.	1) Same as mid-term.
2) Coordination with MOH: sign agreement; analyze data with District Level MOH; plan for implementation of channeling; division of communities into areas (sectors); participation in National vaccination Days in April and May 1987.	2) Done; National Vaccination Days in April and May 1987 were cancelled due to MOH strikes, but PCI and MOH are currently working together in EPI effort.	2) Campaigns rescheduled for August and implemented.
3) Design and evaluation of MIS during period: July - December 1987.	3) Pieces of the MIS exist; an integrated system has not been developed. PCI would like to develop a computerized system, using two donated IBM PC computers scheduled to arrive in November 1988.	3) Computers arrived in mid-1989. Accounting, wordprocessing have been inputed.

ACTIVITY PLANNED	MID- -TERM STATUS	FINAL STATUS
4) Design and evaluation of MIS during period: July - December 1987.	4) Radio spots have been developed and used; ORT radio spots corresponding to the 6 targeted ORT messages are currently being developed.	4) 6 radio spots developed, validated and implemented for the 6 ORT messages.
5) CS channeling activities in rural areas during 1987 and 1988: including, introduce channeling strategy in rural areas with MCH volunteers trained by CHWs {no completion dated cited).	5) Planned activities have changed considerably. PCI now oversees the activities of 8 CHWs instead of the MOH. New CHWs will not be trained. 17 MCH volunteers have been selected will be supervised by the CHW in Cerro de Oro.	5) Most CHW's essentially inactive due to lack of MOH policy and program support. MCHV's functioning in substitution of CHW's.
6) CS project expansion To San Pedro San Juan during period: October 1987 and 1988 - March 1989.	6) CS project will not expand into these areas; the Aesculapius Foundation already is doing similar activities there according to PCI staff.	6) Same as mid-term evaluation.
7) Design and implement pictorial reporting form for volunteer health workers {no completion date cited}.	7) A reporting form for MCH volunteers has been developed and is in use.	7) Same as mid-term evaluation.

ANNEX F

FORMULAS FOR CALCULATING IMMUNIZATION INDICATORS

Attachment 2

GUIDE TO CALCULATIONS FOR RATE DATA FOR PVO CSII FINAL PROJECT EVALUATION

This sheet is provided to clarify the calculations requested in the final evaluation guidelines. It is designed to be used with the latest A.I.D. Child Survival and Health Reporting Schedule which the country project submitted to AID/Washington. The number in the parentheses refers to the schedule # and question # where the value may be found in the 1988 Child Survival and Health Reporting Schedule. If the project has recent survey data, this information may be used. Also, please cite sources of data for the evaluation team calculations. The most recent information is preferable in every case.

1) **% SERIES COMPLETION BY ANTIGEN FOR INFANTS DURING THE PAST 12 MONTHS**

% BCG Coverage of Infants

$$\frac{\text{\# of infants 0-11 months immunized for BCG (3-1.3)}}{\text{\# of live births (1-5.1)}} \times 100$$

% DPT3 Coverage of Infants

$$\frac{\text{\# of infants 0-11 months immunized for DPT3 (3-1.3)}}{\text{\# of live births (1-5.1)}} \times 100$$

% Polio3 Coverage of Infants

$$\frac{\text{\# of infants 0-11 months immunized for Polio3 (3-1.3)}}{\text{\# of live births (1-5.1)}} \times 100$$

% Measles Coverage of Infants

$$\frac{\text{\# of infants 0-11 months immunized for Measles (3-1.3)}}{\text{\# of live births (1-5.1)}} \times 100$$

2) % SERIES COMPLETION TETANUS TOXOID FOR PREGNANT WOMEN OR WOMEN AGE 15-49

% TT2 Coverage of Women Age 15-49

$$\frac{\text{\# of women age 15-49 immunized for TT2 (3-1.3)}}{\text{\# of women age 15-49 (1-4.1)}} \times 100$$

OR

% TT2 Coverage of Pregnant Women

$$\frac{\text{\# of pregnant women immunized for TT2 (3-1.3)}}{\text{\# of live births (1-4.1)}}$$

3) PROJECT'S ABILITY TO TARGET/FOCUS ON INFANTS UNDER ONE YEAR OF AGE, DURING THE PAST 12 MONTHS

$$\frac{\text{\# of infants 0-11 months who received DPT1 (3-1.3)}}{\text{\# of live births (1-5.1)}} \times 100$$

compared to

$$\frac{\text{\# of children 0-59 months who received DPT1 (3-1.3)}}{\text{\# of children 0-59 months (1-3.1 + 1-3.2)}} \times 100$$

4) DROP OUT BETWEEN INITIAL AND FINAL IMMUNIZATION FOR SELECTED ANTIGENS IN THE PAST 12 MONTHS

DPT Drop Out Rate
(for immunizations given to infants 0-11 months)

$$\frac{\text{DPT1 (3-1.3)} - \text{DPT3 (3-1.3)}}{\text{DPT1 (3-1.3)}} \times 100$$

Polio Drop Out Rate
(for immunizations given to infants 0-11 months)

$$\frac{\text{Polio1 (3-1.3)} - \text{Polio3 (3-1.3)}}{\text{Polio1 (3-1.3)}} \times 100$$

ANNEX G

GOG/PCI PROGRAM AGREEMENT

MINISTERIO DE SALUD PUBLICA
Y ASISTENCIA SOCIAL

GUATEMALA, C. A.

NUM
REF.

Al contestar sírvase mencionar el Número de referencia de esta nota

CONVENIO DE COOPERACION Y COORDINACION DE ACCIONES DE SALUD ENTRE LA ENTIDAD PROJECT CONCERN INTERNATIONAL Y EL MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL

En la ciudad de Guatemala el veintitres de diciembre de mil novecientos ochenta y siete, a través del presente documento y de conformidad con el Artículo diecisiete del Decreto del Congreso Número Cuarenta y Cinco guión Setenta y Nueve, Código de Salud, Nosotros CARLOS ARMANDO SOTO GOMEZ, de sesenta años de edad, casado, Médico y Cirujano, guatemalteco, de este domicilio y vecinidad, actúo en mi calidad de MINISTRO DE SALUD PUBLICA Y ASISTENCIA SOCIAL, la cual acredita con el nombramiento mediante Acuerdo Gubernativo de la Presidencia de la República Número quince, de fecha catorce de enero de mil novecientos ochenta y seis. Por la otra parte, la señorita JEAN ELIZABETH ALEXANDER, sin otro apellido, de 35 años de edad, soltera, norteamericana, Enfermera Graduada, se identifica con Pasaporte número Cero Diez Millones, Doscientos once mil quinientos sesenta y ocho, de este domicilio, en calidad de Representante Legal de la entidad "PROJECT CONCERN INTERNATIONAL" (PROYECTO CONCERN INTERNATIONAL), constituida y organizada de conformidad con las leyes del Estado de California, Estados Unidos de Norteamerica, con Personalidad Jurídica que acredita con el testimonio de Mandato General con representación otorgado a su favor al Lic. Hugo César Morales y Morales, en la ciudad de San Diego Condado de San Diego, Estado de California, de los Estados Unidos de Norteamerica, con fecha veinte de noviembre de mil novecientos ochenta y cuatro, ante los oficios del Notario Truette W. Frank, documento que fue protocolado por el Infranscrito Notario con fecha treinta de noviembre de mil novecientos ochenta y cuatro e inscrito en el Archivo General de Protocolos al número cero, cero, cero, ochenta y ocho mil ochenticinco, por lo que haciendo uso de las facultades de substitución viene a substituir totalmente en la señorita JEAN ELIZABETH ALEXANDER, no usa otro apellido, ante el Licenciado Jorge Guillermo Quintero Cejas, Notario y Acuerdo Gubernativo emitido por conducto del Ministerio de Gobernación con número doscientos cincuenta y uno guión ochenta y cinco, para que la entidad "PROJECT CONCERN INTERNATIONAL" (PROYECTO CONCERN INTERNATIONAL), pueda operar en el país con fines no lucrativos. Los documentos con que se acreditaron las calidades se han tenido a la vista, siendo suficiente a mi juicio y de conformidad con la ley suficientes para obligarse. Manifestaron los comparecientes que con base en el Artículo diecisiete del Código de Salud vienen a celebrar el Convenio de Cooperación y Coordinación de Acciones de Salud, contenidas en las cláusulas siguientes: PRIMERA: La entidad "PROJECT CONCERN INTERNATIONAL", (PROYECTO CONCERN INTERNATIONAL), ha manifestado su deseo de realizar sus programas benéficos en la ciudad de Gua-

... /

temala, integrados al Ministerio de Salud Pública y Asistencia Social, siempre que estén enmarcados en las políticas y programas de salud de la República de Guatemala, SEGUNDA: Por su parte "PROJECT CONCERN INTERNATIONAL" (RROYECTO CONEBRN INTERNATIONAL), se compromete a prestar los servicios autorizados bajo la planificación, coordinación y supervisión del Ministerio de Salud Pública y Asistencia Social, a través de la Dirección General de Servicios de Salud. TERCERA: El Ministerio de Salud Pública y Asistencia Social, a través de la Oficina Asesora de Asuntos Internacionales solicitará a petición de la entidad "PROJECT CONCERN INTERNATIONAL" (PROYECTO CONCERN INTERNATIONAL), ante las autoridades de Migración correspondientes la legalización de la permanencia en el país de su personal voluntario que apoyen el logro de sus objetivos así mismo, solicitará la Franquicia para la importación de vehículos, equipo médico, educativo y medicinas que sean necesarios para el desarrollo de sus actividades, estas últimas deberán estar comprendidas dentro del listado básico de medicamentos del Ministerio de Salud Pública y Asistencia Social, en el entendido que si la entidad "PROJECTOCONCERN INTERNATIONAL", (PROYECTO CONCERN INTERNATIONAL), se disuelva, los vehículos, medicinas y equipo médico, sinno pasaran a ser propiedad del Ministerio de Salud Pública y Asistencia Social, la entidad "PROJECT CONCERN INTERNATIONAL", (PROYECTO CONCERN INTERNATIONAL), deberá sacarlos fuera del territorio Nacional o cubrir los impuestos correspondientes para que permanezcan en Guatemala. CUARTA: El Ministerio de Salud -- Pública y Asistencia Social, se compromete a interceder ante el Colegio de Médicos y Cirujanos de Guatemala, con el objeto de que coadyuve en este Ministerio en el desarrollo de los trabajos asignados al personal voluntario extranjero -- médico y para-médico de la entidad "PROJECT CONCERN INTERNATIONAL", (PROYECTO CONCERN INTERNATIONAL), asignándosele para el efecto el local necesario para -- que puedan desarrollar sus funciones no así ninguna clase de remuneración económica, siempre que se acrediten con la documentación correspondiente y presten - sus servicios sin requerir remuneración a la población. QUINTA: La entidad " PROJECT CONCERN INTERNATIONAL", (PROYECTO CONCERN INTERNATIONAL), se compromete a limitar su actividad a lo autorizado por el Ministerio de Salud Pública y Asistencia Social, estrictamente y abastecerse especialmente de realizar proselitismo ideológico o político de cualquier clase que desvirtúe su naturaleza. SEXTA: Los otorgantes se comprometen a discutir cualquier divergencia que pudiera surgir en el desarrollo de las actividades a que se refiere el presente documento, debiendo realizarse las comunicaciones a través del Ministerio de Salud Pública y Asistencia Social, y el Representante de "PROJECT CONCERN INTERNATIONAL", (PROYECTO CONCERN INTERNATIONAL), directamente. SEPTIMA: La entidad "PROJECT CONCERN INTERNATIONAL", (PROYECTO CONCERN INTERNATIONAL), se compromete a informar al Ministerio de Salud Pública y Asistencia Social, de las actividades realizadas, entregando Plan de Trabajo y Memoria Anual de las mismas, a la Unidad Coordinadora

MINISTERIO DE SALUD PUBLICA
Y ASISTENCIA SOCIAL

GUATEMALA, C. A.

NUM.....
REF.

Al contestar sírvase mencionar el Número de referencia de esta nota

HOJA No. 3

de Instituciones de Salud No Gubernamentales de la Dirección General de Servicios de Salud Pública y Asistencia Social. OCTAVA: El plazo del presente convenio es de un año a partir de la presente fecha el cual podrá ser prorrogado mediante el simple cruce de cartas y las partes en caso ya no les convenga seguir con el mismo, deberán comunicarlo con quince días de anticipación, para su cancelación. NOVENA: Los otorgantes aceptamos expresamente el contenido del presente documento, en fé de lo cual y enterados de objeto, contenido y alcances legales lo ratificamos, aceptamos y firmamos.-

EL MINISTRO DE SALUD PUBLICA Y
ASISTENCIA SOCIAL

PROJECT CONCERN INTERNATIONAL
REPRESENTANTE

DR. CARLOS ARMANDO SOTO G.

JEAN ELIZABETH ALEXANDER

ANNEX H

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2. Letter FVA/PVC-McEnaney to Distribution dated June 28, 1989
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4. Bossert, T., "Health Sector Assessment, Update", 1989.
5. PCI Annual Reports, various
6. Smith, G., "Evaluation of PCI"
7. Baseline Survey, 1987.
8. Demographic and Health Survey, 1987, Westinghouse/INCAP

ANNEX I

PERSONS CONTACTED

Name	Title/Organization
Dr. Angelica Bixcul	Project Director, Santiago
Ms. Leticia Toj	Assistant Project Director, Santiago
Clifford Sanders	Country Director, PCI
Abigail Velasquez	Chief, Administration
Dr. Jorge Contreras	Hospital Director
Ms. Thelma Cortez	Project Secretary
Aurea Albizu	Director, Nutrition Programs
Maria Luisa Choy	Director, Nutrition Ctr. Panabaj
Fransisca Chiquival	Director, Children's Clinic
Dr. Sapon	Director, MOH Health Center, Santiago
Dr. Muralles	Director, Solola Health Services
Maria Elena Claros	INCAP Educator
Elena Hurtado	INCAP Operations Research

ANNEX J

TECHNICAL ASSISTANCE PROVIDED TO THE GUATEMALA PROJECT

SUPPORT SERVICES TO PCI/GUATEMALA 1986-9

I. Conducted or arranged by PCI/HQs

Month/year	Person	Period	Purpose
8/86	David Wilson, PCI L.A. Regional Dir.	6 days	Program review/ supervision
8/86	Dr. Gary Smith, AID/JHU	1 week	Technical assistance
5/87	Ellen Vor der Bruegge, PCI Tech. Support Off.	5 days	Technical assistance (baseline survey)
6-12//87	Christian Hougen, Overseas Development Network (ODN) intern	6 months	Admin/project support
10/87	David Wilson, PCI	5 days	Program review
11-12/87	Dr. J. McNulty, consultant	2 months	Technical assistance (HIS)
11/87	Dr. S. Spear, U. of Illinois	1 week	Survey data analysis
4/88	H. Sjaardema, PCI Exec. Director, J. Puccetti, PCI Budget Dir., Dr. R. Salgado, PCI Mexico	2 days	Prog. review, admin/ budget procedures, technical assistance (training)
9/88	Dr. Gary Smith, AID/JHU	2 weeks	Technical assistance/ evaluation
12/88	Guy Davis, PCI Computer Programmer	1 week	Technical assistance (computer training)
2/89	Dr. Paul Dean, PCI Medical Director	1 week	Technical assistance/ program review
5/89	Dr. M. Nagiel, PCI L.A. Regional Dir.	1 week	Technical assistance (monitoring & evaluation) and program review

II. Technical Assistance arranged by PCI/Guatemala

a. Appropriate Technology Center--Latrine construction, Santa Maria Cauque

b. Mennonite Central Committee--Smokeless stove construction

c. APROFAM--Family planning materials and training

d. INCAP--Training design and methodology

e. Plenty/Canada--Soy bean cultivation