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**PVO CHILD SURVIVAL GRANTS PROGRAM, 1992**

**CHILD AND MATERNAL HEALTH IN THE DEPARTMENT OF TOTONICAPAN  
DELIVERING ESSENTIAL HEALTH SERVICES  
IN THE REMOTE AND CULTURALLY-ISOLATED GUATEMALA HIGHLANDS**

**ANNUAL REPORT -- YEAR 1**

**Submitted to:**

**AID/FVA/PVC/CSH**

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**Submitted by**

**THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.  
(PROJECT HOPE)**

**MILLWOOD, VIRGINIA 22646**

**(703) 837-2100**

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**PROJECT MANAGER, U.S.:**

**Bettina Schwethelm, Ph.D., M.P.H**

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## ACRONYMS

ADRA	Adventist Development and Relief Agency
ALRI	Acute Lower Respiratory Infection
APROFAM	Guatemala Family Planning Agency
CHW	Community Health Worker
DIGESA	Agricultural Extension Service
FUNDAZUCAR	Sugar Growers Associations
IRDP	Integrated Rural Development Project
MOH	Ministry of Health
ORS	Oral Rehydration Salts
PAHO	Pan American Health Organization
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
VHV	Village Health Volunteers
WHO	World Health Organization

## INTRODUCTION

The Project HOPE CS-VII project was initiated on September 1, 1992 in the Department of Totonicapan, Guatemala. This Department is located in the western highlands of Guatemala and has a population of about 306,144 inhabitants (INE/MOH). The population is predominantly indigenous, with an illiteracy rate of about 85%. Only 23% use the health services of the Ministry of Health (MOH). The Infant Mortality Rate is 83.6 per 1000 live births, the highest in Guatemala.

Jointly with the key staff of the departmental MOH (health area), Project HOPE identified four priority districts as the CS target area. These four districts encompass 69% of the total population of Totonicapan:

- a. Totonicapan, the departmental capital, with 88,957 inhabitants in 24 villages and 128 small communities;
- b. Momostenango with 70,247 inhabitants in 16 villages and 206 small communities;
- c. Santa Maria Chiquimula with 30,883 inhabitants in 12 villages and 115 small communities; and
- d. Santa Lucia La Reforma with 9,337 inhabitants in 8 villages and 50 small communities,

for a total of 60 villages and 499 small communities. The villages and communities are very small and disperse (all information obtained from the health area staff of the MOH Totonicapan and project field staff).

### 1. RESULTS IN YEAR 1

#### 1.1. Major Results

The first year activities of the field staff include:

- a. Training of all project staff in the project's CS activities and familiarization with the target area; introduction of the project staff to the authorities and local leaders; and identification of existing community volunteers;
- b. Development of a preliminary plan of CS activities that the project began to initiate immediately and a preliminary analysis of the training needs of village health volunteers (VHVs)/promoters and traditional birth attendants (TBAs);
- c. The planning and implementation of the baseline survey

in January 1992 which provided important information for the development of the DIP;

- d. Implementation of community health promotion and education meetings (see Table 1, Appendix A);
- e. Assistance to the MOH in the implementation of 26 large and small immunization campaigns in the four districts (see Table 2 in Appendix A for coverage information);
- f. Administration of 5,905 vaccine doses to children under 23 months and tetanus toxoid to pregnant women - TT1: 287; TT2: 177; women of fertile age - TT1: 897; TT2 673;
- g. Referral of 25 women and 23 children of high risk to the health facilities;
- h. Distribution of 2,193 packets of ORS during home visits and community contacts and an additional 2,700 to promoters;
- i. Supplementation of 251 children under six with Vitamin A;
- j. Training

13 courses for retraining a total of 158 TBAs in the four districts, achieving 100% of the objective for Year 1;

Training of 10 TBA supporting supervisors which are beginning to assist their peers in the identification of women at high risk, referral, clean delivery practices, and other information;

10 courses to update 108 health promoters (curriculum attached in Appendix B), achieving 72% of the objective set for Year 1;

- k. The trained TBAs have reported the following activities from May to August 1992:

	<u>Activities</u>	<u>Referrals</u>
Prenatal care visits	2,279	(256 referrals)
Deliveries	300	( 24 referrals)
Post-partum care	9,668	( 4 referrals)
Care of the newborn	736	( 5 referrals)
Family planning counseling		( 40 referrals)

(See Appendix C for a graphic representation of the

activities of TBAs).

During the process of identifying active TBAs, 202 were interviewed for potential retraining. The retraining courses lasted three days each and were held in 13 different communities (see Appendix D for curriculum). Project staff made 168 supervisory visits to the TBAs after the training courses.

1. The HIS component for capturing the activities of the health promoters has just been implemented. As a result, information about the promoter activities are not yet available;
- m. Community pharmacies: Preliminary planning meetings have been completed, and individuals who will manage the pharmacies have been trained; four pharmacy committees were created, and the four pharmacies will begin to function in October of this year.

#### **1.2. Change in Approach to Individuals at Higher Risk**

High-risk criteria are: 1. pregnant women under 14 and older than 35; 2. child-spacing intervals of less than two years; 3. pregnant women without TT2 coverage; 4. all children under one; 5. children who have not completed their immunization schedule by age one; 6. low birthweight newborns; 7. children with chronic diarrhea; and 8. malnourished pregnant women and malnourished children.

**Immunization.** The field staff have been involved in educational/promotional meetings prior to immunization campaigns, have made home visits, and provided individual counseling. They use their contacts in the communities to immunize children with incomplete immunization schemes in their homes, as part of their daily activities, in a concerted effort to reduce missed opportunities. Women of fertile age without TT2 are identified similarly.

**Diarrhea/ORT.** Field staff have conducted group education sessions with mothers, youth, and other male or female members of the community, as well as home visits and individual counseling sessions, about how to prevent diarrheal diseases, with an emphasis on preventing cholera. In addition to ORS packets, staff have promoted the use of home-available liquids to initiate treatment and prevent dehydration; and provide follow-up to children with diarrhea. 2700 ORS packets have been distributed to the promoters.

**Nutrition and breastfeeding.** Even though the baseline survey indicated that a high percentage of mothers breastfeed (89%), breastfeeding and weaning practices are not adequate (e.g., early

introduction of foods). As a result, the project emphasizes appropriate breastfeeding and weaning practices with pregnant and lactating women.

Vitamin A. Supplementation of children under six with Vitamin A or multivitamins has increased the participation in immunization campaigns.

Care of Mothers. TBA referral of women at high risk from inaccessible areas has increased the demand for health services and coverage of this group. The use of TBA supporting supervisors has helped to increase the number of women identified to be at risk, their referral to health services, and their follow-up.

The project CS physician and obstetrical nurse have assessed women at-risk in their homes as part of their field supervision activities.

To facilitate communication with individuals at high risk and improve relations with high risk groups, project and MOH staff are learning Quiche.

### **1.3 Staffing**

No new senior staff joined the project full-time since the submission of the DIP. In June 1992, Project HOPE's Program Director, a Guatemalan, left the country. During the recruitment and hiring process, Lic. Angela LuTena, CS Training Specialist, who had just completed her six months term in Guatemala, assisted the local staff in continuing their activities as programmed. Ms. LuTena is scheduled to remain with the program until mid October to assure a smooth phaseover to the new Guatemalan Program Director and continuity in the program activities. Dr. Jorge Luis Escalante substituted for Dr. Magdalena Diaz, child survival physician, during her maternity leave from June 1-August 16, 1992. An updated organizational chart is attached in Appendix D.

### **1.4 Continuing Education**

- o The obstetrical nurse, Alicia Ruano, participated in a five-day workshop on "Training Methodologies for TBAs" sponsored by INCAP in February 1992 in Panajachel, Solola.
- o The CS physician, Magdalena Diaz, participated in the "Central American Workshop for TBAs" sponsored by UNICEF and the MOH in Guatemala City, October 1991.
- o The training specialist, Angela LuTena, participated in a workshop on "How to Plan My Life" on life issues (including family planning) for adolescents in Honduras, April 1992,

sponsored under a Project HOPE/A.I.D. Matching Grant.

- o The obstetrical nurse, Alicia Ruano, participated in a workshop on "Growth and Development of the Child" in Honduras, May 1992, sponsored under a Project HOPE/A.I.D. Matching Grant.
- o Project staff are participating regularly in Quiche lessons to facilitate communication with the indigenous population.
- o A total of 38 training courses were held for project and MOH staff, TBAs and promoters (see Table 3 in Appendix A).

#### **1.5 Technical Support**

- o Angela Lutena, CS training specialist, assisted the project over a duration of six months (January - June 1992) and coordinated project activities during the hiring process of a new program director in July - October 1992.
- o The country manager and Director of Maternal and Child Health Programs, Bettina Schwethelm, provided technical assistance during two site visits, one at the beginning of the project and the second during the implementation of the baseline survey in January 1992.
- o The regional Director, Jeff Waller, visited the project in February and July 1992 to monitor project progress.
- o Dr. Marcello Castrillo, CSSP, Johns Hopkins University, provided technical assistance in the planning and implementation of the project's baseline survey in January 1992.
- o Dr. Sergio Hurtarte, local consultant, provided a three month consultancy to review and modify the project HIS.
- o Technical input was also provided by Dr. Baudilio Lopez, Project Officer, A.I.D. Mission.
- o Two American interns, a pre-medical student, Joshua Sharfstein, and a last year medical student year, Kathie Hullfish, assisted in the implementation of the project for a period of two months each.

#### **1.6 Community Participation**

**Community Health Committees.** Presently, ten community health committees are in existence, two each in Totonicapan, Momostenango, and Santa Maria Chiquimula, and four in Santa Lucia La Reforma. These committees assist with the implementation of health activities, promote educational sessions at the community level, and actively participate in such activities as prevention,

education, and control of the cholera epidemic; immunization campaigns; and motivation of promoters and TBAs to participate in training courses. In some places, promoters are members of these committees. The health committees meet every 2-3 months. They met last this past August.

Community Pharmacies. Four community pharmacy committees, one in each district, promote the development and construction of community pharmacies. A course in the management of community pharmacies was provided in August of this year. The governor and the local authorities (mayors and auxiliary mayors) are informed about the MOH/Project HOPE activities, assist with the health activities, and make recommendations.

### 1.7 Linkages to Other Health and Development Activities

A.I.D. Mission. Project HOPE regularly informs and consults with Mission staff, including Lynn Gorton (former Health Officer), Dr. Baudilio Lopez, Project Officer, and Patricia O'Connor (Health Officer) to coordinate with other ongoing country efforts.

Ministry of Health. Ministry of Health officials (e.g., Dr. Miguel Montepeque, former Minister of Health, Dr. Telma Duarte, Vice Minister of Health, Dr. Octavio Mora, Sub-Director General of Health Services) at the central level are informed about Project HOPE's activities and provide input and support.

Health Area Chief. Project HOPE closely coordinates all health activities with Dr. Jaime Rolando Rios, MOH Health Area Chief of Totonicapan, who participated in the writing of this annual report. Dr. Rios has been closely involved with this project from the stage of proposal development. The project also coordinates its activities with the health area nurses Edith Franke and Carolina de Lima in the training of nurses and auxiliary nurses, promoters, and TBAs. At the district and community level, project field staff coordinate all child survival activities with their counterparts.

INCAP (Institute of Nutrition of Central America and Panama). Project HOPE works closely with INCAP in a number of key project activities, particularly in Vitamin A. Individuals who are well informed about Project HOPE's activities and have provided technical assistance or input include Dr. Hernan Delgado, Director; Lic. Crista Valverde, PVO Coordinator; Dr. Omar Dary; Dr. Elena Hurtado, and Lic. de Bosque. Dr. Dary recently participated in Project HOPE's Midterm Evaluation of its CS-VI Vitamin A activities, and lessons-learned in this project are directly transferrable to the Vitamin A activities of this CS-VII project.

UNICEF. Project HOPE has worked with the UNICEF nurse, Patricia

Saenz, in exchanging information about the training of TBAs. UNICEF has provided ten TBA kits for the training of TBAs and drawings and teaching materials for maternal health which are being used by the project.

UNFPA. Dr. Antonio Meza, population consultant, is assisting with obtaining tetanus toxoid vaccine.

Rotary Club. The Rotary Club is providing ORS packets to the project.

APROFAM. With one of the field staff, Sr. Camilo Tiu, the project has coordinated training activities in child spacing for project technical staff and TBAs.

The Educacion Extra Escolar (Education outside the Schools) has assisted in training staff in community teaching methodologies.

FUNDAZUCAR has provided funds for printing Vitamin A Supplementation cards.

PAHO/WHO. Licda. Ligia Recinos de Gomez, area coordinator for the Program of Essential Medicines, has assisted in the training of those community members who will be responsible for managing the community pharmacies.

The project field staff coordinate activities at the community level with the following institutions: DIGESA (Agricultural Extension Services), ADRA, and the Council of Urban and Rural Development of each district.

The Ministry of Health provides office space for the field staff of the project.

The project not only assists the MOH with logistical support, but has also repaired two vehicles and eight motorcycles to support MOH field activities.

Since January of this year, the project has provided key MOH staff with the opportunity to receive classes in Quiche and computer use. These training opportunities will continue.

The project technical staff assisted the Totonicapan MOH staff in the development of its Operational Plan, 1992.

The project has donated large quantities of multivitamins, Vitamin A, aspirin and acetaminophen, penicillin, basic equipment for 158 TBAs, and office supplies and has provided logistical support during immunization campaigns.

## **2. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED**

### **2.1 Constraints**

The following constraints affect project implementation:

- o The MOH staff do not accompany project staff in their field activities because of lack of interest and experience in working directly with the communities.
- o Key MOH service delivery staff (physicians and other health providers at the district level) are frequently absent from their posts.
- o MOH staff do not have sufficient financial support for their community work (e.g., per diems, transport, gasoline).
- o An MOH strike lasting one and a half months made coordination and implementation of activities difficult.
- o It is difficult to overcome cultural barriers of the indigenous population against the use of vaccines.
- o The fact that the communities are very disperse and difficult to reach has made it difficult for the field staff to reach a large number of communities in the first year. Because of that, field work has been limited to 14% of the communities in the target area in Year I.
- o Because the MOH is in process of changing its ARI classification and treatment protocols and has not yet developed national norms, the project has not yet been able to update its ALRI curriculum for training staff, mothers and other community members.
- o A barrier to immunizing all women of fertile age with TT is the fact that the MOH only provides vaccines for pregnant women.
- o The lack of a program director since June has made decision-making more difficult.

### **Strategies to Overcome Constraints**

- o The project has held operational meetings at the area and district levels to identify existing constraints and barriers, elaborate joint workplans, and develop training activities at all levels.
- o The field staff are committed to share information about their monthly activities with the district health directors to coordinate activities.

- o Periodically, the project and the MOH conduct joint monitoring/evaluation sessions to assess coverage levels and other achievements.
- o Project and MOH health area staff jointly plan supervision visits to assure that services are provided in an integrated manner.
- o Project field staff and MOH district staff closely plan their field activities to be able to use the same vehicle (motorcycle).
- o Promoters and health volunteers are from the same culture as the project's target population (mothers and young children) which facilitates communication.
- o Project and MOH staff are learning Quiche which facilitates communication with and teaching of the indigenous population in the CS interventions.
- o As training activities decrease, the number of new communities visited will be increased, without neglecting those where contact has been established already.

## **2.2 and 2.3 Unexpected Benefits and Lessons Learned.**

- o Because project staff had discussed the project activities with local authorities and community leaders prior to initiating the CS activities, communication with community groups has been very good, e.g., when the project staff plans a meeting or training session, they act as intermediaries.
- o Some community leaders and volunteers participated in the implementation of the baseline survey which helped in making the interviewers more acceptable to the communities.
- o The results of the baseline survey were useful in making adjustments to the DIP.
- o The involvement of health facility staff which are in contact with the TBAs and promoters in the training activities facilitated the retraining of these volunteers.
- o The training and involvement of MOH staff in the training of TBAs and promoters has developed their sense of ownership and responsibility toward these volunteers.
- o Involving specially trained TBAs in the training and supervision of their peers from the same district facilitates the relationship of the obstetrical nurse with the TBAs to be trained and supervised.

- o The training specialist, Angela LuTena, was able to transfer lessons-learned from the Ecuador CS project that she had coordinated over a period of two years including programming of activities; establishing coverage rates; developing recording systems; developing curricula and establishing training procedures of technical staff, as well as community volunteers; and development of statistical and narrative reports.
- o The gradual exposure of the health center and health post staff to the reporting system for volunteers/promoters and TBAs has made it possible that this system which was developed by Project HOPE is in process of being adopted by the health services.

### **3. CHANGES MADE IN PROJECT DESIGN**

#### **3.1 Change in Perceived Health Needs**

Cholera Epidemic. The cholera epidemic has finally reached Guatemala. In the project's target area, 43 confirmed cases and five deaths have been recorded. The project and MOH health facility staff are promoting strategies to reduce the incidence and impact of cholera. Since these strategies coincide with those of the diarrheal disease control component, no changes have been made in the DIP.

#### **3.2 Change in Project Objectives**

The project's response to the comments of the technical reviewers of the DIP can be found in Appendix F.

No changes have been made. Since the MOH has not yet finalized its new protocols for the identification, treatment, and diagnosis of ALRIs, the project has not yet developed activities in this area.

#### **3.3 Change in Planned Interventions**

No changes were made since the DIP in the type or scope of the project's child survival interventions.

#### **3.4 Change in Potential and Priority Beneficiaries**

No changes were made in the priority beneficiaries.

#### **4. PROGRESS IN HEALTH INFORMATION DATA COLLECTION**

##### **4.1 Characteristics of the Health Information System**

4.1.1 The MOH health facilities use individual records to record health services provided to mothers, children, and other community members. These are used nationwide.

The project has developed various daily activity forms that are used by the field and supervisory staff and by the promoters/volunteers and TBAs which are summarized at the end of the month. A narrative monthly report (see Appendix G) is submitted by the project field staff. The promoters and community volunteers use a monthly summary sheet of activities that was developed by the MOH and adapted by Project HOPE (see Appendix H). In addition, they use a notebook for recording their daily activities. The TBAs also maintain a notebook with pictorial representations of their activities (see Appendix I). TBA activities are summarized in a form displayed in Appendix J. The TBAs also record the number of women receiving Vitamin A supplements from them immediately after delivery (see Appendix J). Special referral forms are used by the project or MOH field staff, volunteers/promoters, and TBAs to refer high-risk women and children to health facilities (see Appendix K).

4.1.2 As mentioned above, high-risk women are referred to health facilities by project or MOH field staff, TBAs, or promoters using a special referral form. The individual who has referred a client to the health facilities keeps one part of the referral form with the name of the referred person to be able to provide follow-up and assure that services have been provided. This form also gives health facility staff the opportunity to provide comments on the back which may be useful for follow-up in the community. The same form is used to refer children for severe diarrheas, ALRIs, and other problems. Presently, physicians at health facilities are reluctant in providing treatment and follow-up information on these forms. This issue will be discussed with them in meetings scheduled over the next few months to make referral and counter-referral more effective.

4.1.3 The project does not report on MOH clinic activities but is assisting the MOH in computer use to make reporting and record keeping at the area and district level easier for their staff. During EPI campaigns, project staff use the same forms to record immunizations that are used by the health centers and health post during ongoing daily EPI activities.

4.1.4 The reporting system for promoters/volunteers has been developed. However, training in the use of this system has not been completed (scheduled for September - October 1992). The reporting system for TBAs is fully functional. First data have been entered and analyzed (see Appendix C). Because most of the TBAs are illiterate, they receive oral feedback (in groups, as well as individually) during bi-monthly meetings from the obstetrical nurse and/or the TBA supporting supervisors. In the first TBA reports it was noted that TBAs reported many fewer prenatal visits than deliveries. This issue will be investigated by the obstetrical nurse during the next meeting.

#### **4.2 Special Capacities of the Health Information System**

4.2.1 The project monitors the number of services provided by the staff, including number of community education sessions and home visits provided and number of other activities conducted. The monthly work plan is compared to the actual monthly activities consisting of a narrative and a statistical summary of activities. In addition, the project has developed special supervisory forms to assess the quality of services provided by the field staff (see Appendix L) and the TBAs (see Appendix M). The CS physician monitors the performance of the field staff and the obstetrical nurse -- with the assistance from the TBA assisting supervisors -- the activities of the TBAs. The project will develop a supervision form for promoters similar to that for TBAs.

The volunteers/promoters are supervised by the respective project and MOH field staff of each district. Ten carefully selected and trained TBA supporting supervisors assist project staff in the monitoring and supervision of their peers through meetings, home visits, and observations of their activities. They summarize the activities of their peers in a TBA Activities Booklet (see Appendix I). Each of these TBAs supervises about 5-15 peers, depending on the geographical area and their individual capabilities. Most of the reporting of TBAs is done orally during supervision meetings, due to their low literacy levels. The obstetrical nurse and the TBA supporting supervisors provide feedback to the TBAs on service standards.

4.2.2 The project tracks the number of TBAs and volunteers/promoters who remain active over time through supervision and the reports received by these volunteers. This information is shared with the responsible MOH field staff. In addition, the project monitors progress toward functional district HIS, functional community pharmacies, and number of MOH staff participating in Quiche lessons (see DIP).

4.2.3 The MOH is responsible for epidemiological surveillance activities, and notification of cases of acute paralysis is mandatory. The project staff have been trained to report such cases and assist the MOH in any necessary follow-up activities, particularly intensified immunization activities in affected communities.

4.2.4 The project monitors the number of hours of continuing education provided to project and MOH staff, promoters/volunteers and TBAs.

4.2.5 The concept of reporting is difficult for the predominantly illiterate TBAs. For example, it has been noted that TBAs do not report their prenatal activities. This will be discussed with them during the next supervision meeting.

The number of active volunteers has been difficult to obtain. Despite the fact that over the past, the MOH has trained approximately 2,000 volunteers/TBAs, the lack of monitoring systems, supervision, and follow-up, has made it difficult to access them for retraining.

#### **4.3 Management of the Health Information System**

4.3.1 From October 1991 to August 1992, the project spent \$5,900 on the development of the HIS. This includes consulting fees, the salary of the MIS specialist, supplies and transport. In addition Project HOPE bought a computer, printer, and software for \$ 4,552. This amount does not include the costs of the baseline survey.

4.3.2 The project reviewed its indicators in preparation for the Detailed Implementation Plan. In a staff meeting on May 8, 1992, the indicators, target population, and expected coverage rates were analyzed together with a representative of the health area staff of the MOH. Changes were made in the programming of activities and interventions, and this information was used for the DIP. In addition, Dr. Rios, Health Area Chief, participated in the annual management review in preparation for this Annual Report.

4.3.3 The project shared the results of the baseline survey with the representatives of the departmental MOH, the staff of the four districts in March, and with the communities in February.

Dr. Jaime Rios, Health Area Chief of the MOH, participated in the annual management review in August in preparation for this Annual Report. The Annual Report will be shared with health area, district, and field staff of the MOH upon its completion and translation.

In June 1992, a meeting was held with the health area staff to discuss the HIS for the TBA reporting system. On August 21, project staff discussed the training of promoters and TBAs with all district physicians.

4.3.4 With the completion of the HIS, the project is beginning to share information with the communities every two months.

The field staff prepare statistical and narrative report on a monthly basis, including the information collected by the volunteers/promoters that they supervise. The TBA supporting supervisors collect the information provided by their peers in their district and give them to the MOH auxiliary nurses and/or Project HOPE's obstetrical nurse who shares this information with project and MOH staff. The obstetrical nurse monitors the quality of the data. The child survival physician is responsible for the quality of data of the project's field staff.

Every quarter, the staff meets specifically for the purpose of discussing the compiled reports, to assess coverage rates, and program the activities for the next quarter.

4.3.5 The project's HIS staff have three computers, printers, and software that are shared with the Vitamin A project. The MIS specialist, Gustavo Adolfo Castro, has designed forms for data collection based on project objectives. There are different forms for field staff, promoters, and TBAs. The data are entered in to various computer programs programmed in Fox Base, and the data are summarized in tables and charts. To assist the MIS staff to improve their skills, Project HOPE contracted Dr. Sergio Hurtarte to assist in the development and modification of the HIS. He also addressed the issue of developing an integrated Project HOPE/MOH system for data collection.

In initial training sessions, various programs were designed based on the project's data collection needs, as defined in the DIP. Field staff were trained in the use of the data collection forms and narrative, emphasizing the importance of accurate data. Project staff and MOH health area and district staff provided their input to the development of the HIS in two meetings (see 4.3.3).

In addition, key MOH health area and district staff are receiving classes in using PCs, particularly in the use of Quattro which produces spreadsheets and Harvard Graphics. They also have been trained in essential DOS commands to be able to conduct basic PC operations.

## **5. SUSTAINABILITY**

### **5.1. Recurrent Costs**

5.1.1 Recurrent costs are mainly salaries of additional staff to train and supervise TBAs and promoters/volunteers and per diems and other logistical support provided to the MOH. Even though the MOH has trained a significant number of promoters and TBAs in the past, their effectiveness is limited because of lack of follow-up and supervision in the field. The latter is due to lack of per diems for field staff and logistical support (particularly non-operating vehicles). In the context of decentralization, the health area will be receiving Q 1,000,000 (\$ 192,000) for planning preventive community health activities. This should resolve some of the financial constraints. In addition, under a Project HOPE - A.I.D./FVA/PVC Matching Grant, Project HOPE will address the technical and management training needs of MOH staff to enable them to better meet the increased demands of the communities. However, this increased community demand and its impact on the MOH budget are difficult to assess at this point in time.

5.1.2 Biologicals and other supplies for the EPI program do not represent additional costs to the MOH because they are accounted for in the general MOH budget. Supervisory could be assumed in the future by the MOH, as described above. Because coverage rates of preventive health services are low, they are provided at no cost by the MOH. However, the communities will pay for pharmaceuticals purchased in the community pharmacies developed by this CS project. Should these community pharmacies be successful, additional ones will be established to have the community share at least some of the costs for treating certain diseases.

### **5.2 Strategies for Increasing Post-Project Sustainability**

5.2.1 The project is updating/retraining 250 previously trained volunteers and 250 TBAs and provides them with supervision and follow-up jointly with the MOH. This attention to existing human resources in the communities which did not occur before should substantially strengthen their commitment to child survival activities without overtaxing the resources of the MOH. The project is placing emphasis on regular meetings of the project and district staff with their respective volunteers/promoters and TBAs to inform them about the achievements in their communities and motivate them to continue their efforts. This feedback will be facilitated once the MOH has fully assumed the component of the HIS which covers volunteer reporting. An additional way of keeping volunteers motivated is for the MOH to provide basic supplies, such as cotton, bandaids, soap, etc.

5.2.2 The project has encouraged the health area staff to identify other strategies for obtaining technical and logistical support for training volunteers, i.e., for meetings and seminars, inter-district and departmental meetings, and for the implementation of new courses.

The project key staff coordinate all activities with the health area staff of the MOH to optimize resources and avoid duplication of effort, i.e., the use of vehicles to distribute supplies and vaccines to health centers and health posts, field supervisory activities, and promotion for immunization campaigns.

The project has provided the health area with a computer to process the data for the whole department and has trained key departmental staff in the HIS and computer use. This has reduced the cost of the MOH to produce the necessary reports for the department.

### **5.3 Cost Recovery**

5.3.1 The project is in process of establishing four community pharmacies with revolving drug funds. Emphasis is placed on training the promoters who will manage these pharmacies so that they will be able to cover their costs and become financially independent. No costs have yet been recovered.

5.3.2 The communities are very enthusiastic about the community pharmacies which will begin to operate in October.

5.3.3 The promoters who will be managing the community pharmacies have been trained. The communities where the pharmacies will be opened have participated actively in promotional meetings.

## **6. PROJECT EXPENDITURES AND JUSTIFICATION OF BUDGET CHANGES**

### **6.1 Pipeline Analysis**

See Appendix N.

### **6.2 Justification of Budget Changes**

There are no major changes in the project budget since the DIP.

## **7. WORKPLAN FOR 1992**

See Appendix O for the 1992/93 budget and Appendix P for the workplan.

**APPENDIX A**

**TABLES**

**TABLE 1**

**PROMOTION AND EDUCATION  
ACTIVITIES AT COMMUNITY  
LEVEL**

**ANNUAL REPORT**

**TABLE 1**  
**CHILD SURVIVAL PROMOTION AND EDUCATION ACTIVITIES**  
**AT COMMUNITY LEVEL (February-August 30 1992)**

<b>OBJECTIVE</b>	<b>TRAINING SESSIONS</b>	<b># OF INDIVIDUALS</b>	<b>INTERVIEW DIALOGUE HOME VISITS</b>	<b># OF INDIVIDUALS</b>
Immunization	153	4244	282	602
Tetanus Toxoid	21	487	96	116
Diarrhea/ORT	162	2391	244	517
Nutrition & Breastfeeding	77	1618	137	318
Care of Mother & Family Planning	92	1542	237	348
ARI	41	836	202	451
Other Interventions Community Pharmacies	4	200	0	0

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**TABLE 2**  
**IMMUNIZATION COVERAGE**

**Table 2**  
**IMMUNIZATION COVERAGE**  
**October 1991 through August 30 1992**  
**MOH/HOPE**

VACCINE	POPULATION	CHILDREN IMMUNIZED	COVERAGE	POPULATION	CHILDREN IMMUNIZED	COVERAGE
	< 11 Months			12-23 Months		
DPT3	9426	3764	39.9%	6074	635	10.4%
POLIO 3		4177	44.3%		1543	25.4%
MEASLES	2143	2493	116.0%	6074	659	10.8%
BCG		1394	14.3%			
TT2	Expected Pregnancies	Women Immunized	13.2%	W F A	W F A Immunized	1.6%
	1 0,473	1391		41 ,893	673	

Source: Statistics MOH/HOPE 1992  
 Sep/17/92 - WP51

**TABLE 3**  
**COURSES GIVEN**

**ANNUAL REPORT**

**The Project's, MOH, and Community Personnel Received Courses  
Since January through August 1992**

Local Training Courses										
SUBJECT	HOPE STAFF		MOH STAFF		TBAs		CHWs		Other	
	# OF COURSES	# OF PERSONS								
Baseline Survey	1	8		5				20		
Mothers Care	1	8	1	20	13	158	10	108		
CS Interventions	1	8					10	108		
Vitamin A	2	8	2	47	4	158				
Community Pharmacies	1	8							1	18
Others	4	8								
<b>TOTAL</b>	<b>10</b>	<b>8</b>	<b>3</b>	<b>72</b>	<b>17</b>	<b>158</b>	<b>10</b>	<b>108</b>	<b>1</b>	<b>18</b>
<b>Educational meetings with the staff are held every two weeks on Friday morning</b>										
<ul style="list-style-type: none"> <li>- Educational Methodologies and community participation</li> <li>- Information system</li> <li>- Elaboration of the DIP</li> <li>- Essential medicines</li> </ul>										

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**APPENDIX B**  
**CURRICULUM FOR CHVs/PROMOTERS**

**Project HOPE**  
**Guatemala CURRICULUM FOR RETRAINING OF HEALTH VOLUNTEERS**  
**April 1992 IN THE RURAL AREA (PROMOTERS)**

**I. DESCRIPTION**

The teaching program for volunteers is based on health programs of the Ministry of Public Health and Social Assistance of the country. It includes contents adapted to the capability of the volunteers' understanding and participative level in said programs.

The methodology used is the active community participation that starts with the election of the volunteer to be retrained; during his training, and later actions within the health program of his community.

The content is distributed in six units divided in several periods of at least four hours each, and continued by track programs of one day per month or one day every two months, depending on the volunteer's availability to attend the meetings, and on the existing resources. In these meetings we also will complete those topics that were not covered in the period of retraining.

Contents are directed by the activities expected to be developed by the volunteer in his community. In this case the role of the volunteer who has been previously trained by the health area were defined. His actions are directed to the health education/promotion in his community. Those actions include: basic actions to prevent and manage mild diarrhea cases, applying the plan A, and oral rehydration treatment; recognition of families and cases at risk for referral; promotion of the EPI program; promotion of appropriate breastfeeding and weaning practices; basic orientation on nutrition and family/community gardens; information system; and other, according to the necessities and requirements of his community.

The educational method make use of the active participation: reflection/action, group discussions, reinforcement of concepts, and conclusions. This method will be also used by the volunteer for the orientation of his community.

Time spend on each unity depends on the level of previous knowledge of the group to be retrained. In this case promoters have been previously trained during four weeks by the personnel of the health area of Totonicapan.

At the end of each discussion, the respective manual with educational contents will be revised with the volunteers, so that it serves as a guidelines when they held community meetings. They will be also provided with a booklet of basic messages.

The program success depends on the emphasis given to the follow-up and supervision/support visits to each volunteer.

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## II METHODOLOGY

A guideline with key questions for group discussion is used. It consists of:

1. Motivation and introduction to the topic or subject.
2. Pre-test to measure their knowledge about the topic.
3. Distribution of the volunteers into groups in order to discuss and respond to certain questions of the topic.
4. Group presentation; it could be written, exposed, or dramatized. They expose what they know of the topic.
5. Clarification of basic and precise concepts using active methods (demonstrations, role playing, etc)
6. Conclusions.
7. Post-test to evaluate level of knowledge. The same questionnaire of the pre-test must be used.
8. Review of educational contents with each volunteer. The contests are analyzed in conjunction in order to clarify concepts and doubts.
9. Delivery of educational material to be used by the volunteers for demonstrations; (e.i. demonstrations or oral rehydration packets).
10. Agree in conjunction to determine next date for meetings and what it is going to be discussed, so that they can study beforehand.

## III TEACHING PROGRAM

- Unit I** Introduction to the course  
Role of the volunteer
- **DIARRHEA/ORT:** (causes, prevention of diarrheal diseases, prevention of dehydration, signs of dehydration, preparation of the oral rehydration salt, use of home fluids, referrals, implementation of Oral Rehydration Units in the community).  
Delivery of ORT packets, reports and referral formats.
- Unit II** - **IMMUNIZATIONS:** Type of vaccines, what does it prevent, essential description of vaccine preventable diseases, identification of children without a complete immunization scheme, and referral.
- Unit IV** - **ACTIVE/PARTICIPATIVE EDUCATIONAL METHODS** - How to teach individuals/community.
- community participation, problem cases
  - home visit, drama, role playing
  - Reflective draws

- Unit V - **BREASTFEEDING:** importance and benefits of breastmilk, how to breastfeed appropriately, gradual weaning complementary food.
- UNIT VI - Family Planing  
- Identification of families/individuals at risk  
- Referrals
- UNIT VII - ARI  
Definition, causes, signs, care, prevention
- UNIT VII - REPORTS AND REFERRALS
- UNIT IX - RISKS AND PROBLEMS WHEN GIVING INJECTIONS

#### IV OBJECTIVES

UNIT I: INTRODUCTION/MOTIVATION, ROLE OF THE VOLUNTEER  
DIARRHEA/ORT

OBJECTIVES: - The volunteer should be able to recognize the causes of diarrheal diseases, its prevention, symptoms, degree of dehydration/care, use of home fluids, and the methods for oral rehydration and timely referral.

- The volunteer should accept to be a Community Unit for oral rehydration and distribution of ORT packets in his community (ORU).

UNIT II: IMMUNIZATIONS

- The volunteer should be aware of the importance of immunization against certain diseases, know the different type of vaccines, interval, what diseases does each vaccine prevent, where are these vaccine available, and how to motivate his community.

UNIT III MATERNAL/INFANT CARE

OBJECTIVES The volunteer should:

1. identify the high risk groups to avoid pregnancies.
2. recognize signs of normal and abnormal pregnancies and deliveries in order to make timely referrals.

UNIT IV EDUCATIONAL METHODS

OBJECTIVES The volunteer should:

1. acquire skills to transmit his knowledge to the community and motivate them for a timely sanitary action.

#### UNIT V

#### BREASTFEEDING

#### OBJECTIVES

The volunteer should:

1. understand the benefits of breastfeeding and acquire skills to promote and teach mothers on how to appropriately breastfeed and gradually wean.

#### NUTRITION

2. Know the different food groups and their action in the body, obtain basic knowledge for a good food for pregnant and breastfeeding woman and for children under three. Transmit this knowledge to his community.

#### UNIT VI

#### FAMILY PLANNING

Identification of families/cases at high risk, referrals

#### OBJECTIVES

The volunteer should:

1. Understand the importance of family planning ? and know the different methods of family planning so that he can provide advise to the families and be able to refer them to the health services.

#### UNIT VII

#### A R I

(Pending on the new MOH policies).

#### UNIT VIII

#### REPORTS AND REFERRALS

They should know the forms used for referral and reporting, and be able to use them.

#### UNIT IX

#### MEDICINE ADMINISTRATION

(Risk when giving injections)

#### SUPPLIES

- Each trained volunteer should be provided with appropriate educational material so that he can comply his activities. The volunteer himself can draw reflective pictures. It is advisable to provide him with paper and color pencils.
- If he is to teach how to prepare the home oral rehydration salt, he should be provided with basic necessary material to perform his demonstrations, etc.

**DIARRHEA/ORT**

**Objective:** The volunteer should recognize causes of diarrheal diseases, its prevention, symptoms, dehydration care, methods of oral rehydration and timely referral, he should accept to be and ORU in his community.

DATE TIME	EXPECTED BEHAVIORS	CONTENTS	EDUCATIONAL ACTIVITY	TIME		EDUCATIONAL MATERIAL	RESPONSIBLE
				T	P		
8:00 A 12:00  First day	<ol style="list-style-type: none"> <li>1. Definition of diarrhea</li> <li>2. Identify causes</li> <li>3. Identify risks of dehydration</li> <li>4. Prepare and administer ORT</li> <li>5. Know when make referrals in which cases</li> <li>6. Know how to fill out report sheets.</li> <li>7. Know and teach basic message about diarrhea/ORT</li> </ol>	<p><b>I DIARRHEA</b></p> <p>frequency</p> <p>a. Definition consistence</p> <p>b. causes</p> <p>c. complications</p> <p>d. dehydration</p> <p>signs and symptoms; degree: I, II, III</p> <p>e. other complications - malnutrition - death</p> <p>f. prevention of dehydration. Use of home fluids</p> <p>g. education      mother                          family                          community</p> <p>h. referral</p> <p>i. reports</p> <p>Basic Messages about Diarrhea</p>	<ol style="list-style-type: none"> <li>1. Pre-Test</li> <li>2. Discussion</li> <li>3. Comments of experiences</li> <li>4. Demonstration</li> <li>5. Drama</li> <li>6. Discussion of basic messages</li> <li>7. Post-Test</li> <li>8. Copy of Basic Messages</li> </ol>	1:30	2	<ol style="list-style-type: none"> <li>1. Questionnaires</li> <li>2. Pamphlets</li> <li>3. Reflective draws</li> <li>4. Equipment for ORT</li> <li>5. Copy of Basic Messages</li> <li>6. Promoter Manual</li> </ol>	<p><b>HOPE Team:</b></p> <p>* Technical</p> <p>* Nurse</p> <p>* Physician</p> <p>* Health area personnel.</p>

Oct. 01 1992 1:01PM P02

PHONE No. : 00502 9 616539

From : CENTRO DE ALTA TECNOLOGIA

RCV BY:HOPE Center

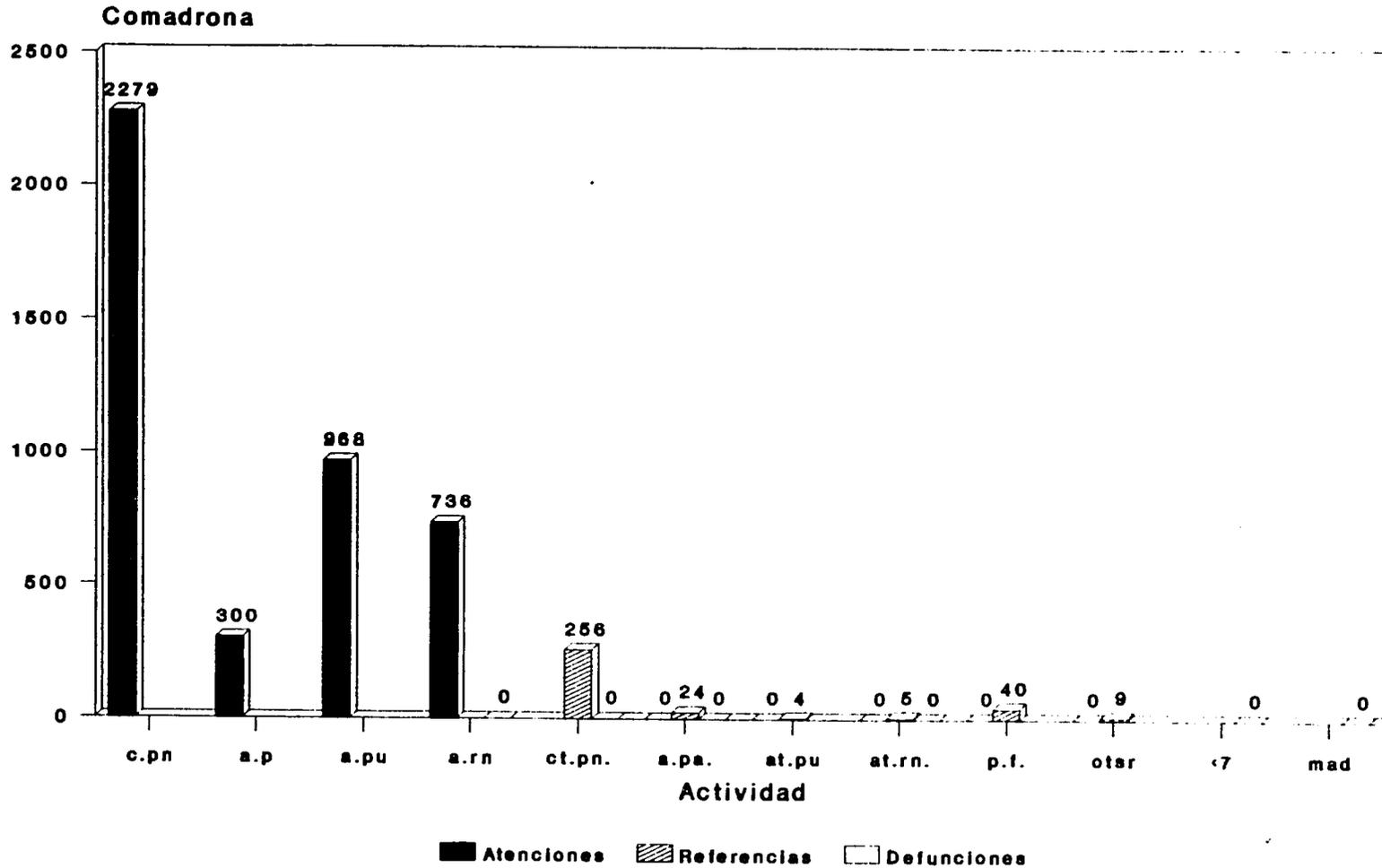
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**APPENDIX C**  
**TBA ACTIVITIES**

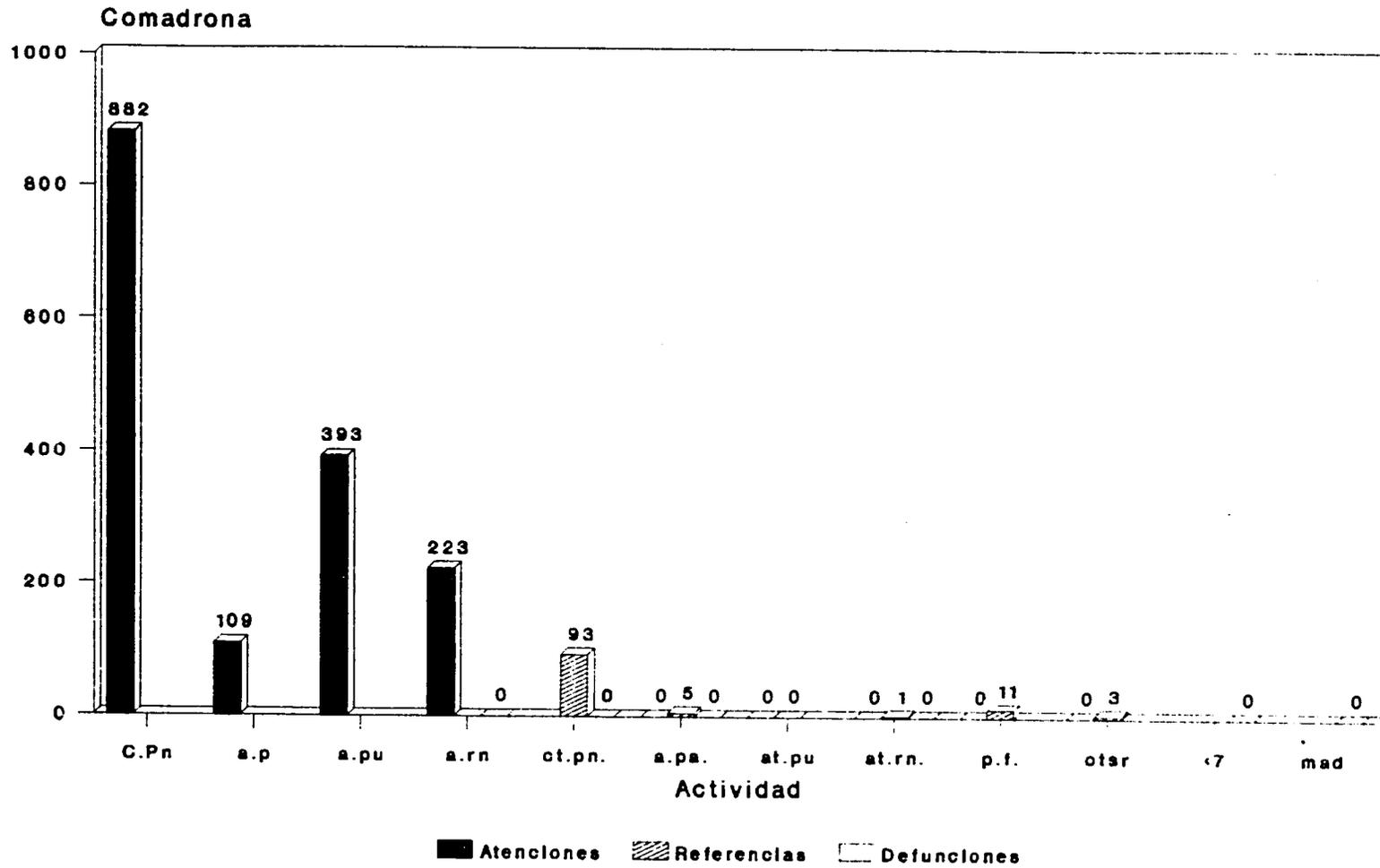
## ACTIVIDADES DE COMADRONAS ACTUALIZADAS MAYO A AGOSTO DE 1992.



Fuente: Memorial Comadronas  
 Proyecto HOPE  
 Jefatura Area de Salud Totonicapan

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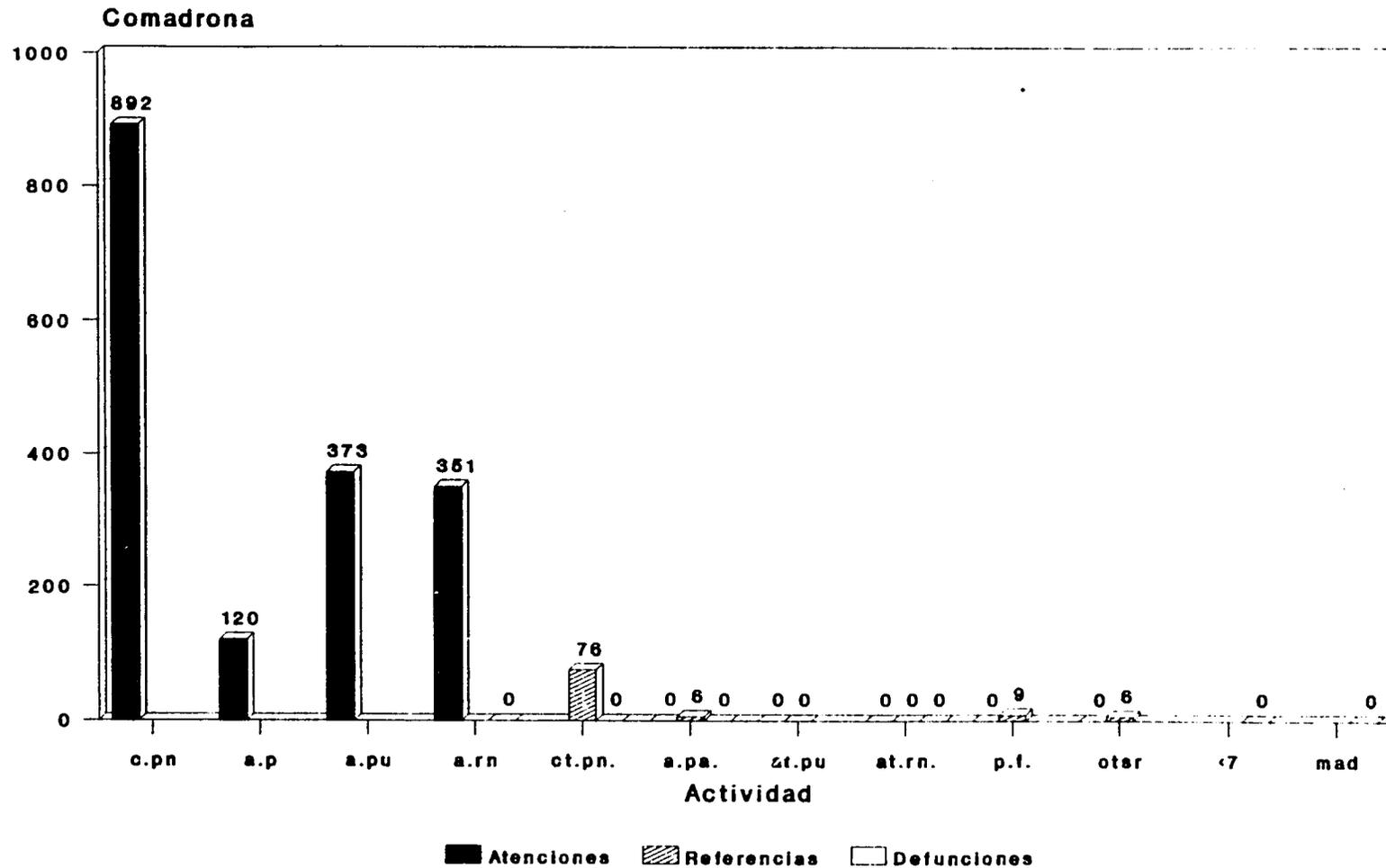
# ACTIVIDADES DE COMADRONAS ACTUALIZADAS JULIO DE 1992.



Fuente: Memorial Comadronas  
 Proyecto HOPE  
 Jefatura Area de Salud Tonicapan

*100*

## ACTIVIDADES DE COMADRONAS ACTUALIZADAS AGOSTO DE 1992.



Fuente: Memorial Comadronas  
 Proyecto HOPE  
 Jefatura Area de Salud Tonicapan

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**APPENDIX D**  
**CURRICULUM FOR TBAs**

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PROJECT HOPE  
Guatemala  
April 1992

**TRAINING TBAs**  
**DESCRIPTION OF THE COURSE**

The group of TBAs to be trained is composed by the TBAs previously trained by the MOH. The objective of the training course for supporting TBAs is to reinforce their knowledge about:

- identification of groups at risk
- identification of risk/prenatal care
- clean delivery
  - timely referral

in order to decrease neonatal and maternal mortality through their help/assistance to other TBAs from their own community.

Participants in the course:

- Obstetric Nurse of the Project
- Auxiliary nurses of the health posts and centers
- supporting midwives.

Advising: Lic. Angela Lutena

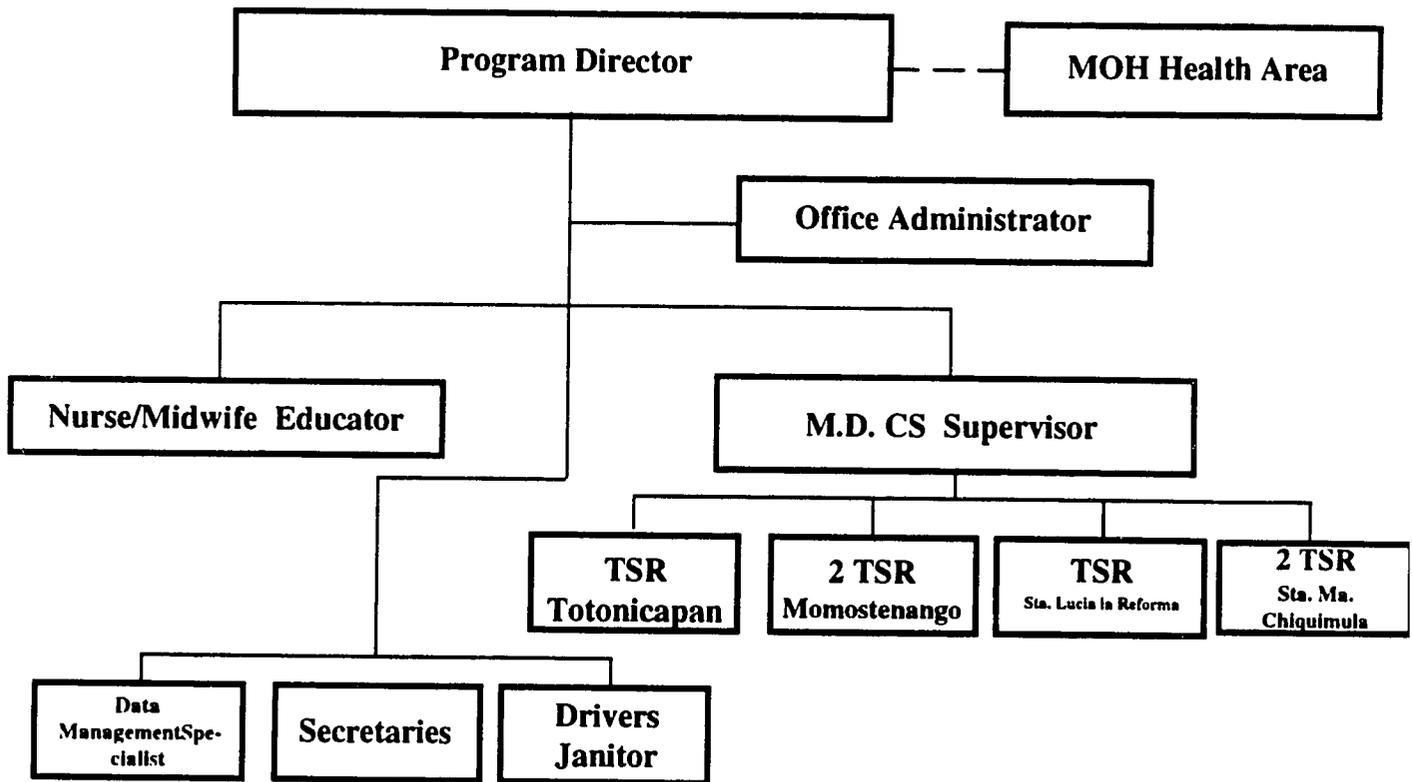
- The length of each course is of three days making a total of 24 hours.
- The training will be executed in communities where there is a number of TBAs.
- The teaching methodology is very active/participative, with the use of models; draws; reflective pictures and drama or role playing.
- At the end of the course each TBA, will be provided with a set of basic materials to be used for clean delivery.



Date Time	Objective	Content	Educational Activities	Time		Educational Material	Responsible
				T	P		
Third day	Identify risk signs during labour	<p>III. Risk during labour</p> <ul style="list-style-type: none"> <li>- Very strong and frequent contractions</li> <li>- Bleeding</li> <li>- Delivery of the umbilical cord or delivery of an arm through the vagina (dystocia)</li> </ul> <p>IV. Retention of the placenta</p> <ul style="list-style-type: none"> <li>- Signs</li> <li>- What is advisable to do before referring the mother to the hospital</li> <li>- Referral</li> <li>- Care of the normal newborn</li> <li>- Care of premature baby</li> <li>- Family planning</li> <li>- Hygiene</li> </ul>	<p>interchange of experiences</p> <p>discussion demonstration</p> <p>interchange of experiences</p> <p>demonstration drama</p> <p>group discussion</p>	2	5	<p>Posters</p> <p>Manikin</p> <p>Placenta</p> <p>Draws</p> <p>Manual</p> <p>Laminas</p>	<p>Nurse/Midwife</p> <p>Technician of APROFAM</p>

**APPENDIX E**  
**ORGANIZATIONAL CHART AND POSITION DESCRIPTIONS**

**PROJECT HOPE GUATEMALA  
PERSONNEL ORGANIZATIONAL CHART  
CHILD SURVIVAL**



<b>Program Director</b>	(Vacant)
<b>MOH</b>	Ministry of Health
<b>Office Manager:</b>	Olga de Estrada
<b>Nurse/Midwife:</b>	Lic. Alicia Ruano
<b>M.D. CS Supervisor:</b>	Dr. Magdalena Diaz
<b>TSR:</b>	Benedicto Huinac
	Jose María Lopez
	Anibal Bin Tun
	Orfa Maribel Bravo
	Lidia Elcira Velasquez
	Flor de Maria Orozco
<b>Data Management Specialist:</b>	Gustavo Castro Padilla
<b>Bilingual Secretaries :</b>	Ana Bethancourt
	Yadira Erchila
<b>Drivers:</b>	Oliverio Perez del Aguila
	Marco Aurelio Sazo
<b>Janitor</b>	Dagoberto Coyoy/Micaela Marcelina Chaclan

09/10/92

Reviewed- Sep/92

## ANNUAL REPORT

<u>POSITION:</u>	<u>QUALIFICATIONS</u>	<u>RESPONSIBILITIES:</u>
<p>Program Director (36 PM) Host Country National Full time Salaried</p>	<p>Medical degree with at least three years in community health. Excellent knowledge of MOH system. Spanish fluency required. Ability to speak Mayan Quiche and fluency in English preferred. (36 pm)</p>	<p>Develop the Detailed Implementation Plan (DIP) with the MOH counterparts. Coordinate the execution and monitoring of the planned activities with his counterpart. the Department Health Chief.</p>
<p>Chief of Vitamin A Program (36 pm) Host Country National Full time Salaried</p>	<p>María Luisa García, M.D.  Medical degree with at least three years in public health. Excellent knowledge of MOH system. Extensive experience training MOH and community-level staff.</p>	<p>Develop and oversee the Vitamin A program. homegardening component including the harvesting of seeds.</p>
<p>Office Administrator (36 pm) Host Country National Full time Salaried</p>	<p>Olga de Estrada  At least 3 years experience in bookkeeping, management. Time shared with Vitamin A Program. (Will work half time in first year.</p>	<p>Keep the local program finances. In charge of personnel administrative control and calculation of benefices. In charge of programs supplies and materiales. In charge of program vehicles.</p>
<p>CS Physician (36 pm) Host Country National Full time Salaried</p>	<p>Magdalena Díaz, M.D.  Medical degree with experience in community health and knowledge of MOH system. Ability to speak Quiche or Mam preferred. (24 pm)</p>	<p>During the first year of the project, was responsible for training the mayor assistants and will continue supporting child survival training. and supervise the field personnel.</p>
<p>Nurse Midwife/Health Educator (18 PM) Host Country National Full time Salaried</p>	<p>Alicia Ruano de la Cruz.  Graduate nurse with extensive experience in community education and maternal and child health. Trianing experience in Guatemala, work with TBAs. (18 pm)</p>	<p>Develop training modules and approaches for the auxiliary nurses and TBA supervisors. Supervise theoretical and practical training. Supervise the TBA supervise and training TBAs</p>
<p>CS Training Specialist (6 PM)</p>	<p>Angela Lu Tena, R.N. M. A. Hospital Administration.  Nurse with pyblic health background. Extensive experience training MOH and community-Level staff. (6 pm)</p>	<p>Develop a comprehensive training plan to strengthen MOH staff CS capabilities and develop appropriate curricula and materials.</p>
<p>Rural Health Technicians (6) Host Country National Full time Salaried</p>	<p>At least 3 years experience in primary health, maternal care and community work. Billilingual (Spanish Mayan Language).</p>	<p>Train and assist the MOH in supervising promoters and developing training programs. Train promoters and community leaders in the health interventions.</p>
<p>MIS Specialist (36 pm) Host Country National Full time Salaried</p>	<p>Gustavo Castro  At least two years experience in management information. Time shared with Vitamin A Program (will work half-time in first two years, full time in third year).</p>	<p>Data entry and analyze the project data. and teach the MOH personnel to implement their Management Information Systems.</p>
<p>Bilingual Secretaries (2) (36 pm) Host Country National Full time Salaried</p>	<p>At least two years experience in secretarial work. word processor use. Computer skills. Billilingual (English Spanish).</p>	<p>Type and translate programs reports and programs related documents. Computer Graphics Designs. Control in and out correspondence. Keep telephone communications and messages.</p>

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## ANNUAL REPORT

<p><b>Traditional Birth Attendant Supervisors (10)</b></p>	<p>Mayan Indian with Spanish-speaking capabilities. At least 5 years experience in delivering babies. Previously trained by MOH. Small stipend provided.</p>	<p>Help in the training and supervision of TBAs, as part of district team. Accompany the auxiliary nurses in making home health visits, gradually assume supervisory responsibilities. Act as a liaison between modern and traditional health sector.</p>
<p><b>Traditional Birth Attendants</b></p>	<p>Experience in delivery babies.</p>	<p>Identify high risk mothers. Make prenatal and postpartum home health visits. Make appropriate referrals. Promote other CS interventions.</p>
<p><b>Auxiliary Mayors (150)</b></p>	<p>Politically-appointed, paid by Ministry of Government. Manage civil registry, record and classify deaths.</p>	<p>Will be Trained in classifying cause of infant and child deaths, in order to improve the reliability of Civil Registry data.</p>
<p><b>MIS Consultant</b></p>	<p>Minimum of 10 years experience with epidemiology and management of health information. (6 pm)</p>	<p>Assist in developing an epidemiologically sound MIS: assist in managing project data management needs.</p>

## POSITION DESCRIPTION

**PROGRAM:** Guatemala Child Survival - Totonicapan  
**POSITION:** Child Survival Training Specialist  
**DURATION:** January 15, 1992 - June 15, 1992

### BASIC FUNCTIONS:

Assist the Program Director in addressing the training needs of project staff, Ministry of Health counterparts, community volunteers and TBAs.

### PRINCIPAL DUTIES:

1. Assess the training needs of CS project staff, Ministry of Health counterpart staff, and community volunteers and TBAs.
2. Develop training plans for the duration of the project.
3. Provide staff training in adult teaching methodologies.
4. Review existing training materials and make recommendations for improvement, as well as assist in the development of new training materials.
5. Lead staff and MOH in-service training sessions.
6. Assist in the development of the Detailed Implementation Plan and the definition of its training component.
7. Assist in the development of a task-based supervision system.
8. Transfer lessons-learned in training from the Ecuador CS project, particularly the training of MOH staff and the training of TBAs.
9. Submit a plan of activities after the first month, and monthly reports thereafter.
10. Help to develop training materials and training methodologies for community pharmacists.
11. Fulfill other responsibilities, as requested by the Program Director.

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## CURRICULUM VITAE

**NAME:** Angela Lu Tena

### PERMANENT ADDRESS

**LANGUAGES** Spanish  
English  
Portuguese

### EDUCATION:

1971 - 1973 Master in Health Services Administration  
School of Public Health  
Medical Sciences Campus  
University of Puerto Rico  
Awarded as the Student with the Highest  
Academic Achievement

1966 - 1969 B.S. in Sciences of Nursing  
National University of Trujillo, Peru

1965 (Academic yr.) Hospital Administration and Supervision  
Didactic and Pedagogy as Applied to Nursing  
School of Nursing  
University of Sao Paolo - Brazil  
Brazil

1961 (Feb.-Aug.) Supervision in Hospitals  
School of Nursing  
University of Santiago de Chile  
Chile

1958 (Academic yr.) Public Health Nursing  
InterAmerican Cooperative Health Service  
Ministry of Health  
Lima, Peru

1952 - 1955 General Nursing (Diploma)  
National School of Nursing A. Loayza  
Lima, Peru

1949 - 1951 Elementary and high school  
National College "Santa Rosa"  
Trujillo, Peru.

**PROFESSIONAL EXPERIENCE:**

- 07-08/92                    Project HOPE assistance to Vitamin "A"; CS Program/Guatemala
- 07-10 to 07-26/92        Project HOPE team member to immunization assessment/Russia.
- 01 to 10/92                Project HOPE training specialist/Guatemala.
- 1989 to 1991               Project HOPE, Cs Coordinator/Ecuador
- 1982 to 1989               Project Concert International San Diego, California  
Nurse Educator/Bolivia & Program Director  
Working mainly in Primary Health Care- Training Nursing Personnel and Community Health Workers  
Develop Curriculum for CHWs.  
Develop Teaching Content
- 1981 to 1982               Project HOPE Health Sciences Ed. Center Millwood, VA 22646, U.S.A.  
Working with the Director of Nursing in International Programs.
- 1981                        Head of Faculty of Project HOPE in Quetzaltenango, Guatemala Responsible for all HOPE programs including Integrated Rural Development Project (IRDP)  
The project closed in December, 1981 due to the political situation
- 1977 -1981                Nurse Educator - Project HOPE Continuing Education for Nursing General Hospital-Quetzaltenango, Guatemala  
Assist the Director of the General Hospital in:  
- Planning, developing, and evaluating continuing education programs for nurses  
- Management and administration of nursing education for the nursing auxiliaries  
- Writing and implementing procedures and administrative manuals.  
- Implementing the Standards of Patient Care  
- Supervision of nursing personnel/service
- 1976                        Nurse consultant (short term)  
Pan American Health Organization (PAHO/WHO), Washington, D.C.  
Primary Health Care  
Prepared a paper on the "Role of the Nurse in Primary Health Care"

- 1973 - 1975           Community Health Coordinator of Project HOPE/State Health Department/ and the University of Alagoas-Brazil, Alagoas, Brazil
- 1971 - 1973           Studied at the University of Puerto Rico Master's Degree in Health Services Administration.
- 1969 - 1971           Consultant in Hospital and Nursing Administration Pediatric Hospital "Casa del Niño" of the University of Cartagena, Colombia, under contract with Project HOPE
- 1962 - 1968           Director of Nursing  
Regional Hospital Medical Center
- Participate in the organization and administration of the Hospital since its inception in 1962
  - Assist the Director and the Administrator of the hospital in planning and organizing the Regional Hospital
  - Organize the Nursing Department
  - Plan, develop, and evaluate In-Service Programs for nursing at all levels
  - Write nursing procedure manual and an administrative manual for nursing personnel
  - Direct the nursing department for six years
- 1960 - 1962           Director of Nursing  
Regional Hospital and Public Health Center Under the Ministry of Health, Tarma, Peru
- Participate in planning and developing the Community Health Programs
  - Organize and direct the nursing department of the Regional Hospital
  - Organize and work with Community Groups (mothers, clubs, teachers, parents)
- 1958 - 1960           Public Health Nurse Rural Service  
InterAmerican Public Health Service/Ministry of Health, Tingo Maria, Peru
- Plan, develop and evaluate health programs for 7 rural communities
  - Organize and work with community groups in each rural area
  - Organize and develop school health programs
  - Make home visits
  - Teach maternal-child care to midwives of rural communities
  - Other activities related to community health nursing
- 1956 - 1957           Staff nurse, Navy Medical Center, Ministry of the Navy, Lima Peru

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**OTHER PROFESSIONAL SERVICES:**

1977 - 1981            Assisted nurses in Guatemala in developing four workshops  
- Conducted a 15 hour course in Nursing administration and supervision for 25 registered nurses, invited by the Association

Brasileira, Natal, Brazil

1968-1969            Professor of Pediatrics, department of Nursing,  
University of Trujillo, Peru.

1964, 1966, 1967  
& 1968 (academic years)  
Peru            Professor of Family Education, Instituto Superior de Educacion Familiar, Trujillo, Peru

1961 - 1962            Professor of Community Health, School of Nursing, Tarma, Peru

1960  
Peru            Professor of Family education, Daniel Davila College, Ministry of education Tingo Maria,

**PUBLICATIONS:**

1980            Contribution of chapter to a book on international nursing, written by Veneta Masson, published by Springer, 1981 (English)

1979-1981            Pediatric Nursing Care Manual (Spanish)

1978            Nursing Procedure Manual in conjunction with the nurses of the General Hospital, Quetzaltenango, Guatemala (Spanish)

1977            The Nurse in Primary Health Care (Spanish), printed by PAHO/WHO  
Paper presented in a seminar on The Role of the Nurse in Delivery of Primary Health Care, in Costa Rica, October, 1976  
The seminar was sponsored by PASO/WHO

1975            Rules and Policies for the Personnel of the State Health Department of Alagoas in conjunction with Mrs. Rachel Nunez, Alagoas, Brazil (Portuguese)

**UNPUBLISHED:**

- 1980  
(Guatemala) Continuing Education Effectiveness
- 1972 Proposal for a Learning Resources Center, Veterans Administration Hospital, in conduction with Mrs. Maritza Espinosa and Mr. Juan Jimenez, veterans Hospital Administration, Puerto Rico (English)
- 1970  
Patients. Nursing Procedure Manual for Pediatric  
Cartagena, Colombia (Spanish)
- 1969 The Nurse Image- Survey- Thesis for the B.S. degree, National University of Trujillo, Peru (Spanish)
- 1966  
Trujillo Nursing In-Service Education Imp. Blondet,  
Peru (Spanish)
- 1958 Manual of Procedures for the Control of  
Tuberculosis in Hospitals and Health  
Services,  
Lima Peru (Spanish)

**SCIENTIFIC MEETINGS:**

- 1981 (July) ICN Congress 1981, Los angeles, California
- 1981 (June)  
Nursing Inaugural Conference of the International  
Interchange of Project HOPE, Millwood,  
Virginia
- 1979  
Association Convention of I.A.L. (International  
of Laryngectomies), Atlanta, Georgia
- 1977  
Meeting 30 Contact Hours on International Nursing  
American OCEAN (Overseas Continuing Education for  
Nurses), Guatemala
- 1977  
HOPE 8 Contact Hours on Program Planning, Project  
1973 American Health Congress, Chicago, Illinois
- 1973  
Rico, XXX Asamblea Anual, Ass. Hospitals de Puerto  
San Juan, Puerto Rico

1972  
Health 100th Annual Convention, American Public  
Association, Atlantic City, New Jersey

1972  
Convention Communication and Educational Technology  
San Juan, Puerto rico

1972 II Forum International Sobre Tratamiento de  
Enfermedades Infecciosas

1971  
Cartagena IV National Congress of Nursing ANEC,  
Colombia

1970 IX InterAmerican Congress of Nursing Caracas,  
Venezuela

1969 Seminary of Demography, Trujillo, Peru

1966 IV Jornada Tecnica y de Administracion  
Hospitales, Arequipa, Peru (speaker)

1966 I Reunion Tecnica de Hospitales Ministerio de  
Salud, Lima, Peru

## POSITION DESCRIPTION

**PROGRAMS:** Guatemala Child Survival/Vitamin A  
**POSITION:** Program Director  
**DURATION:** June 15, 1991 - August 31, 1994  
**REPORTS TO:** Guatemala Country Manager, HOPE Center  
**REPORTING TO THIS POSITION:** Child Survival and Vitamin A Staff

### BASIC FUNCTIONS:

1. Assure compliance of the CS projects with the A.I.D. grant requirements particularly the Detailed Implementation plans for the Child Survival Project IV and VII projects expected to be approved in the Spring/Summer of 1992.
2. Plan, direct, supervise, and participate in the implementation of the Project HOPE CS and Vitamin A projects in Guatemala in accordance with the philosophy and guidelines established by the Medical Director and the Board of Directors of the Foundation.
3. Represent the Foundation before Guatemalan authorities as required for the day-to-day operation of the CS and Vitamin A projects.
4. Investigate locally available funding opportunities for CS and Vitamin A projects and prepare grant proposals in coordination with Project HOPE.

### PRINCIPAL DUTIES:

1. - Direct, supervise, and assist the implementation of the Project HOPE CS and Vitamin A projects in Guatemala in accordance with the Detailed Implementation Plans, utilizing the expertise of the on-site faculty and staff. It is understood that those plans are to be prepared utilizing Project HOPE, A.I.D., and MOH guidelines.
  - Assure that appropriate curricula are developed for all CS and Vitamin A project components.
  - Assure that the MIS is appropriate and manageable by local staff and that appropriate feedback is provided to Project HOPE field staff, the local MOH representatives, volunteers, and the communities.
  - Assure that a task-based supervision system is developed for use by the field staff in their supervision of volunteers as well as action guidelines for these volunteers.
2. Conduct regular visits to project implementation sites to discuss progress and problems with Project HOPE staff, involved Guatemalans, and, most importantly provide regular supervision of Project HOPE field staff and volunteers.

3. Plan and implement the CS-VII project in close coordination with MOH of Totonicapan.
4. Submit monthly, quarterly, and annual reports to the Guatemala Country Manager at HOPE Center, in accordance with the Administrative Guidelines. Special attention should be given to the preparation of the Annual Report for the CS projects in accordance with A.I.D. and HOPE Center guidelines for that purpose.
  - The reports to HOPE Center must include changes in resource requirements and project objectives and make appropriate recommendations.
5. Assess and identify strategies for achieving sustainability of all project activities in collaboration with the MOH and its regional representatives and HOPE Center. The success of these projects depends upon them being sustained and conducted locally following the completion of Project HOPE's interventions.
6. Maintain close relationships with the Ministry of Health (and its regional representatives) and other key national authorities. Establish and maintain close contact with international health agencies and appropriate private sector organizations in Guatemala and attend regional and local health meetings as appropriate for the conducting of the CS projects.
7. Assure the proper administrative support services are implemented through the effective supervision of the project staff. This includes, but is not limited to:
  - a. Authorizing of Project HOPE expenses in Guatemala within the limits of approved budget and submitting financial reports in accordance with Foundation guidelines.
  - b. Responsibility for local purchases of supplies and equipment after appropriate approval from HOPE Center.
  - c. Directing compliance with all aspects of program, financial, administrative, logistical, and personnel actions as specified in the Administrative Guidelines.
  - d. Approving the hiring of all host country staff, ensuring that new positions are approved by HOPE Center.
8. Approve all components of the on-site orientation for new staff members and personally direct the orientation of the staff member to his/her program.
9. Clarify local legal issues as they affect the operation of the Child Survival and Vitamin A projects in Guatemala, through local legal counsel, and keep HOPE Center informed.
10. Conduct performance reviews of project staff on an annual basis. A copy should be submitted to HOPE Center.
11. Fulfill other responsibilities as requested by the Vice-President, International Division.

## **JOB DESCRIPTION**

**NAME:** Lic. Alicia Ruano  
**POST:** Obstetrical Nurse  
**LOCATION:** Health Area of Totonicapan  
**PERIOD OF POST:** 18 months  
**CONTRACT PERIOD:** One year  
**REPORTS TO:** Program Director  
**REPORTS TO THIS POST:** Field personnel

### **PRINCIPAL FUNCTIONS:**

#### **ADMINISTRATIVE ACTIVITIES:**

1. Elaborate the work plan (DIP) and complete the detailed activities with emphasis on the training of TBAs and personal health.
2. Develop educational material in relation to the retraining of voluntary personnel and auxiliary nurses.
3. Participate in the midterm and final evaluation of the project.
4. Support the project direction in the implementation of maternal and child health interventions.
5. Present monthly and trimester reports about the accomplished activities in agreement to DIP.

#### **EDUCATIONAL ACTIVITIES:**

1. Plan, execute and evaluate the training programs for TBAs, volunteers, technicians and health personnel.
2. Provide technical consultation to other institutions about training of TBAs.
3. Support community development activities through orientation meetings and assistance concerning health problems and others.
4. Monitor the application of the educational methodology features provided to the institutional and volunteer personnel for Project HOPE.

#### **COORDINATION OF ACTIVITIES:**

1. Support the health statistical information system and events vital to the Project.
2. Support the implementation of the Child Survival Programs in the Totonicapan area and in the four districts involved in accordance with the program.

3. **Coordinate the educational activities of the Project with health personnel and services of the area.**

## **JOB DESCRIPTION**

**NAME:** Dr. Magdalena Diaz  
**POST:** Child Survival Program Supervisor  
**LOCATION:** Health Area of Totonicapan  
**CONTRACT PERIOD:** One year  
**PERIOD OF POST:** Three years  
**REPORTS TO:** Program Director  
**REPORTS TO THIS POST:** Field Personnel

### **PRINCIPLE FUNCTIONS**

#### **I. ADMINISTRATIVE ACTIVITIES**

1. Coordinate the technical activities planned by the Program Director, the obstetric nurse educator, the Ministry of Public Health, INCAP and other institutions.
2. Plan with the assigned field personnel, the activities to be accomplished according to DIP.
3. Participate in meetings with the Program Director, Ministry of Public Health, INCAP and other institutions, with the purpose of coordinating related activities in Child Survival.
4. Evaluate the execution of the Work Plan as established by the Program Director.
5. Supervise the activities of field personnel.
6. Prepare information about accomplished activities. Elaborate chronogram of activities.
7. Verify and authorize attendance and absence of technical field personnel.
8. Verify and authorize necessary material and supplies for field personnel, except that which refers to vehicles and motorcycles.
9. Revise and evaluate work plans of field personnel.
10. Participate in the midterm evaluation of the Project.

#### **II. EDUCATIONAL ACTIVITIES**

1. Participate in the elaboration of learning materials for the Program.
2. Provide technical assistance to personnel in the Child Survival interventions.

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3. Revise and/or elaborate documents that are helpful in bolstering HOPE personnel and Institutions.
4. Resolve in both oral and written forms the questions that the institutional personnel of the Ministry of Health may have.
5. Plan, execute and evaluate continuing education programs in Child Survival by medical personnel.
6. Accomplish other activities according to the necessities of the Program.

## **POSITION DESCRIPTION**

**POSITION:** Data Management Specialist

**NAME:** Gustavo Adolfo Castro

**REPORTS TO:** Office Administrator

### **BASIC FUNCTION:**

Develop and maintain the computer portion of the Health Information System under the direction of the Chief Project.

### **PRINCIPAL DUTIES:**

1. Develop and refine computer programs for entry and analysis of Vitamin A data.
2. Enter data and supervise data entry and verify purity of the data.
3. Maintain data system hardware software and supplies.
4. Perform analysis of data as directed by Chief of Project.
5. Assist in the development of survey and report forms to assure the format facilitates data entry into the computer.
6. Train MOHSA statisticians in computer use and use of the specific programs.
7. Perform other data management activities as directed by the Chief of Project.

### **QUALIFICATIONS:**

1. Gustavo Castro is a certified computer technician who is well versed in computer programming and in data base and statistical analysis packages.
2. 2 years of experience in teaching classes in computer use and programming.
3. Familiar with current HOPE data management programs.

**APPENDIX F**  
**RESPONSE TO THE TECHNICAL REVIEWERS OF THE DIP**

**TECHNICAL REVIEW OF CSVII DIP: HOPE/Guatemala**

**Overall Impression:** This is a good DIP, but a few areas need more work. It is suggested that field staff clarify the "who, what, when and how" of immunization access, pneumonia control and maternal care. Improve measurable objectives including those for ORT use.

**STRENGTHS**

The service area designated by HOPE for interventions is one characterized by low coverage and poor access to health services, and is clearly an area of need.

HOPE has had extensive experience in developing program activities in rural Guatemala, and will incorporate several experienced staff persons into the current project.

The use of traditional birth attendants in nutrition and breastfeeding interventions represents a good use of health personnel who are readily accessible and accepted by the community.

HOPE has strong collaborative relationships with the MOH and the community, and will involve both in the training of TBAs, health promoters (HPs), and auxiliary mayors. They will also be involved in other aspects of decision making.

HOPE has identified problem areas in immunization access and coverage.

The district strategy to identify and follow-up children for vaccinations is technically sound and should be effective in increasing coverage.

HOPE is integrating nutrition into its health intervention strategies. Home gardens can enhance food accessibility.

HOPE is delaying the introduction of the ARI component to assure that the program will be consistent with WHO case management guidelines.

The establishment of community pharmacies, as discussed in the DIP, should increase the accessibility of essential drugs.

Inclusion of an anthropologist on the project staff reflects HOPE's understanding of the significance of adapting health messages to the local culture. The anthropologist should also be of great benefit in facilitating better communications between traditional birth attendants (TBAs) and medical teams.

The use of focus groups to determine maternal knowledge regarding nutrition and other issues is innovative.

HOPE is taking steps to increase the likelihood that the health information system will continue to function upon project termination.

### **CONCERNS AND RECOMMENDATIONS**

The DIP conveys an overriding assumption that the at risk population will be readily available and conducive to project interventions. More attention should be given to census-taking measures and identification and follow-up of persons at risk.

The success of this project relies heavily on the ability of health promoters and TBAs to identify the target population and facilitate their use of MOH facilities. Access to care is thus a key concern, but gets relatively little attention in this DIP.

How will HOPE ensure accessibility? Indicators for this area where HPs have existed for quite some time are very poor. It is not certain that simple retraining of HPs and TBAs, as the DIP proposes, will be enough to confront the health challenges. Discuss how HOPE's project will address accessibility. Present this in the next project reporting document.

#### Immunization

There is too much focus in the DIP on immunization campaigns. Year round immunization should also be available.

It will be important to evaluate project success by monitoring access to EPI services. HOPE should track the percentage of 12-23 month old children that are receiving DPT1 or OPV1.

The integrity of the cold chain is essential to assure effective vaccines. More attention needs to be paid to the cold chain. HOPE should assist the MOH in the maintenance of the cold chain.

The DIP gives details concerning the logistics of increasing TT coverage. TT strategies should be linked to TBA work.

#### Management of Diarrheal Diseases

HOPE's ORT indicators focus too much on process, (for example, the number of people contacted). Include indicators on ORT knowledge and use.

### Pneumonia Control

WHO currently recommends five days of antibiotic treatment for pneumonia, not eight days as in the DIP. Similarly, benzathine penicillin is an incorrect drug for therapy of children with pneumonia. Recommended drugs are cotrimoxazole, intramuscular procaine penicillin, or oral amoxicillin.

The role of TBAs and HPs in pneumonia control is four-fold: (1) educate mothers about ARI signs and motivate them to seek care; (2) educate mothers about home care and the significance of avoiding home care remedies; (3) educate mothers about ARI prevention; and (4) provide follow-up for children on pneumonia therapy.

Community pharmacies should be closely monitored to maintain appropriate ARI treatment. Keep registry and have supervisors check frequently.

### Maternal Care

The size of the target group presented in the DIP may be too large to ensure effective quality of coverage for the maternal care component. Reviewers suggest phasing this intervention by reducing covered districts in the first year to two instead of the proposed four. HOPE can then monitor the success and incorporate the remaining districts if it has the capacity.

Maternal nutrition is considered an integral part of the project, yet the DIP gives no objectives for this component. HOPE must greatly strengthen this intervention by defining objectives and elaborating on the current design.

Health messages should also be targeted to spouses and partners so they can support the pregnant women getting good care and nutrition. Pretest the project's health education materials in the community before using them.

### Human Resources

The possibility that existing personnel and facilities could be overburdened is not adequately addressed in the DIP. Discuss responsibilities of health and supervisory personnel in the next project reporting document.

### Health Information System

The HIS seems complicated, especially the amount of data collection it requires. Monthly collection of coverage and behavior data is excessive. More thought needs to be focused on

how data is actually used by health workers and project management, and what minimum data is needed, otherwise, the HIS seems unlikely to be sustained.

## PROJECT RESPONSE TO THE TECHNICAL REVIEW OF THE GUATEMALA CS-VII DIP

Many of the concerns of the technical reviewers are addressed in the Annual Report. Where necessary, adjustments will be made in the DIP.

Generally speaking, all of the population of Totonicapan is at risk because of one or more or more risk factors. To identify the population at high risk, the project uses the following information:

- o Senses information of the Health Promotor;
- o Identification of families with two or more risk factors;
- o Assignment of 25 at-risk families to each promoter;

Services and follow-up to families improved in the following way:

- o Access to health services is promoted by referring high-risk individuals to the health facilities and using the counter-referral information on the referral forms to followup.
- o Project staff work directly with the health area to improve access to services.
- o Meetings are held with physicians, nurses, and other allied health staff at the District level, to discuss service delivery strategies to referred high-risk individuals, as well as the overall quality of the existing services.
- o The same individuals are trained to update their knowledge and behaviors in child survival strategies.
- o With Dr. Rios, Health Area Chief, Totonicapan, it was agreed that Project HOPE and the MOH will hold quarterly meetings to analyze achievements and coverage rates, and to jointly program activities.
- o The project field staff reside in the districts where they work, covering all four districts. This makes it unfeasible to phase in program activities (immunization).
- o In addition to assisting the MOH field staff in small or large immunization campaigns, the project field staff, also has the necessary equipment and materials to immunize children 0-11 months with incomplete immunization coverage during home visits or community meetings. The availability of vaccines at the District level is good.
- o One day a week the project field staff are at the health center to assist in ongoing immunization activities to meet community demand. Mothers and community members are informed of these days.
- o With respect to the cold chain, special coolers and refrigerators are available that maintain the biologicals at the appropriate temperature (+ 2° and +8° C.) Staff contracted by PAHO presently monitor the cold chain and provide technical and logistical support.

- o One component of TBA training covers the importance of TT immunization, the number of doses needed, the identification of pregnant women without appropriate TT coverage, and timely referral as part of prenatal care. The TBAs report monthly on the number of women they refer for TT immunizations; the supervisor knows whether the pregnant woman is immunized by reviewing reporting forms.

#### OBJECTIVES:

In section D.3 of the DIP the project provides the following objective:

(40% of all mothers who use ORT or home-available liquids during diarrheal episodes and improved the nutritional management of diarrheas during and after episodes.) The mechanisms with which the knowledge and behaviors of mothers will be monitored are home visits and observations, as well as the mid-term and final KAP surveys.

#### PNEUMONIA CONTROL:

Presently, project staff do not provide treatment to children with ARI. The role is limited to identifying cases, educating the mothers, and providing timely referral.

It is hoped that the MOH will accept and implement the latest recommendations of WHO, so that a training program for health staff can be designed. Until then, the project is using the existing norms for staff training.

As soon as the norms have changed, the project will provide training to health staff and volunteers. In the training of health promoters, the project will teach them to train mothers to identify signs of pneumonia, to motivate them to seek medical help, how to treat children with pneumonia appropriately in the home, and how to not use dangerous home treatments.

The community pharmacies will be supervised by the District Health Physician and will be assisted by the project's CS physician who will monitor the adequacy of antibiotics to treat pneumonia through the project's field staff.

#### MATERNAL CARE:

The project cannot phase in this activity because, as explained above, project staff already reside in all four districts. In addition, the project closely collaborates in this activity with the staff of the four districts.

According to the Baseline Survey, 93% of all women are delivered at home by TBAs. By having retrained 158 TBAs in Year 1, and by retraining a total of 250 TBAs by Year 3, the total population will be covered gradually.

The obstetrical nurse and the CS physician assist the volunteers and TBAs in direct mothercare activities. The project field staff from living in their assigned communities also provide support as requested by promoters and TBAs. Adjustments may be made in this program component after assessing progress in the midterm evaluation.

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Maternal nutrition is included in the training content of field staff, volunteers, and TBAs as well as in community education. However, under section 5.c.3, the following objective could be included: By year 3, 30% of all women will have a better knowledge of nutrition, and the proper utilization of various foods by a balanced diet.

Improvement in maternal knowledge will be measured through the KAP survey and use of focus groups. The midterm survey will provide information about coverage rates, and adjustments will be made accordingly.

#### HUMAN RESOURCES:

Headquarters and field staff are aware that the number of human resources is extremely limited and may make it difficult to achieve the objectives of the project. However, budgetary constraints make it impossible to increase the number of staff.

#### HEALTH INFORMATION SYSTEM:

The data collected on a monthly basis serves to monitor coverage rates and progress towards achieving the objectives of the DIP. The results are shared with staff of the MOH, project staff, and volunteers.

The key staff of the MOH is being trained in the use of this information, so that they can collect those data that are most useful to them, as well as the data collection system.

**APPENDIX G**

**FIELD STAFF NARRATIVE AND STATISTICAL REPORTS**

## GUIA PARA INFORME NARRATIVO

DE:

PARA:

ASUNTO:

FECHA:

### I. ACTIVIDADES DE CAMPO

1. Capacitación, cursos, adiestramiento.
2. Supervisión
3. Actividades en las varias intervenciones de Supervivencia Infantil.
  - Diarrea/TRO
  - Inmunizaciones
  - Nutrición
    - Lactancia Materna
    - Crecimiento y Desarrollo
    - Vitamina "A"
  - Alto Riesgo
  - Planificación Familiar
  - IRA
4. Problemas/Sugerencias
5. Estrategias de apoyo(trabajo con otras personas, otros grupos, etc) (sostenibilidad).
6. Talleres Seminarios.
7. Desarrollo de material (folletos, fromatos, manuales, curriculum,etc)

### II. ACTIVIDADES ADMINISTRATIVAS:

1. Coordinación, colaboración con Ministerio de Salud Pública y otras Instituciones.
2. Reuniones
3. Otras Actividades

### III. COMUNIDADES CON LAS QUE SE TRABAJO

### IV. COMENTARIOS

### V. PLAN PARA EL PROXIMO MES

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**APPENDIX H**  
**CHV/PROMOTER REPORTING FORMS**

MES	ANO

INFORME MENSUAL DE ACTIVIDADES  
 PROMOTORES DE SALUD

NOMBRE DEL PROMOTOR: \_\_\_\_\_ CODIGO: \_\_\_\_\_  
 COMUNIDAD: \_\_\_\_\_ ALDEA: \_\_\_\_\_  
 MUNICIPIO: \_\_\_\_\_  
 FECHA DE ENVIO: \_\_\_\_ DE \_\_\_\_ DE 199 \_\_\_\_

CODIGO 

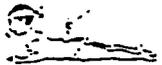
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INSTRUCCIONES:  
 Anote un palito ( | ) cada vez que realice una de las actividades que estan en los cuadros.

1  DIARREA - TRO	EDADES	CASOS DIARREA LEVE TRATADOS	SOBRES DE REHIDRATACION ORAL		
	Menores de 1 año		RECIBIDOS	DISTRIBUIDOS	SALDO
	1 a menores 2 años				
	2 a 4 años				
	Mayores de 5 años				

2  INFECCIONES RESPIRATORIAS	EDADES	CASOS IRA LEVE TRATADOS	TRATAMIENTOS		
	Menores de 1 año		ORAL	INYECTADO	CASEROS
	1 a menores 2 años				
	2 a 4 años				
	Mayores de 5 años				

3  VACUNACION	APOYO DE ACTIVIDADES DE VACUNACION (PROMOCION Y OTRAS)		TOTAL ACTIV	TOTAL PERSONAS
	BCG			
	Polio			
	DPT			
	Sarampion			
	Toxoide Tetanico en Embarazadas y Mujeres en edad Fertil			
	No. DE NIÑOS QUE NECESITAN COMPLETAR SU ESQUEMA DE VACUNACION:			
	Menores de 1 Año	1 a Menores de 2 Años	2 a Menores de 5 Años	

4  INYECCIONES	INYECCIONES APLICADAS	QUE MEDICAMENTOS APLICO

MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL  
DIRECCION GENERAL DE SERVICIOS DE SALUD  
DEPARTAMENTO MATERNO INFANTIL

**CUADERNO DE  
REGISTRO DE ACTIVIDADES**

COMADRONA \_\_\_\_\_

AREA DE SALUD \_\_\_\_\_

DISTRITO DE SALUD \_\_\_\_\_



GUATEMALA 1992

**"LA SATISFACCION MAS GRANDE EN LA VIDA,  
ES HACER EL BIEN".**

**C. Guzmán.**

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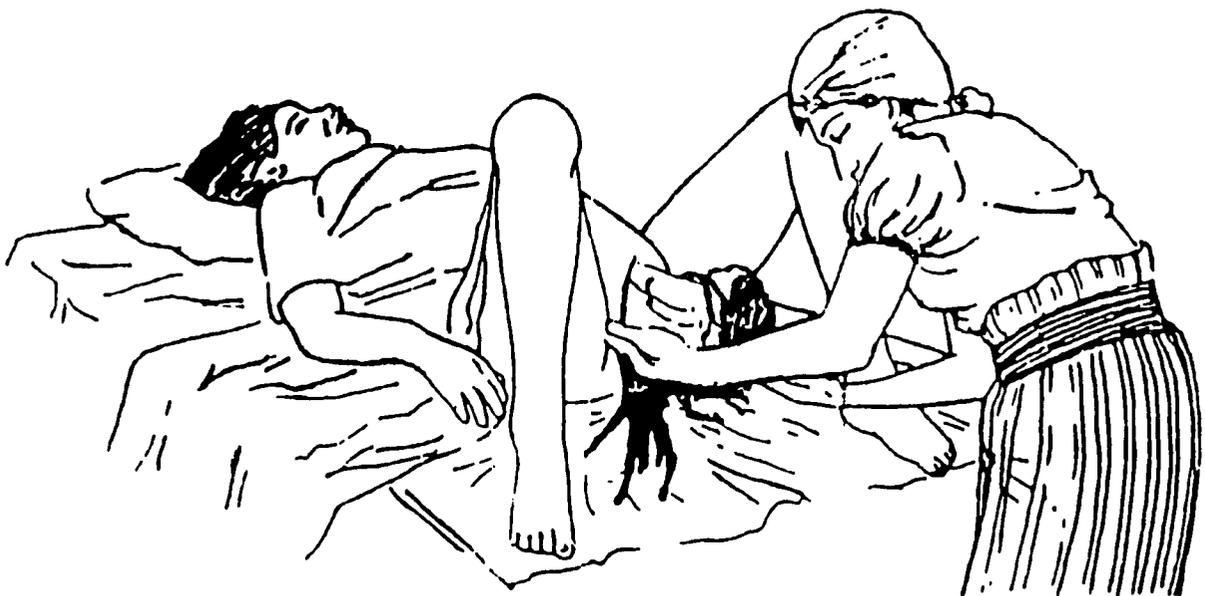
CONTROL PRE NATAL



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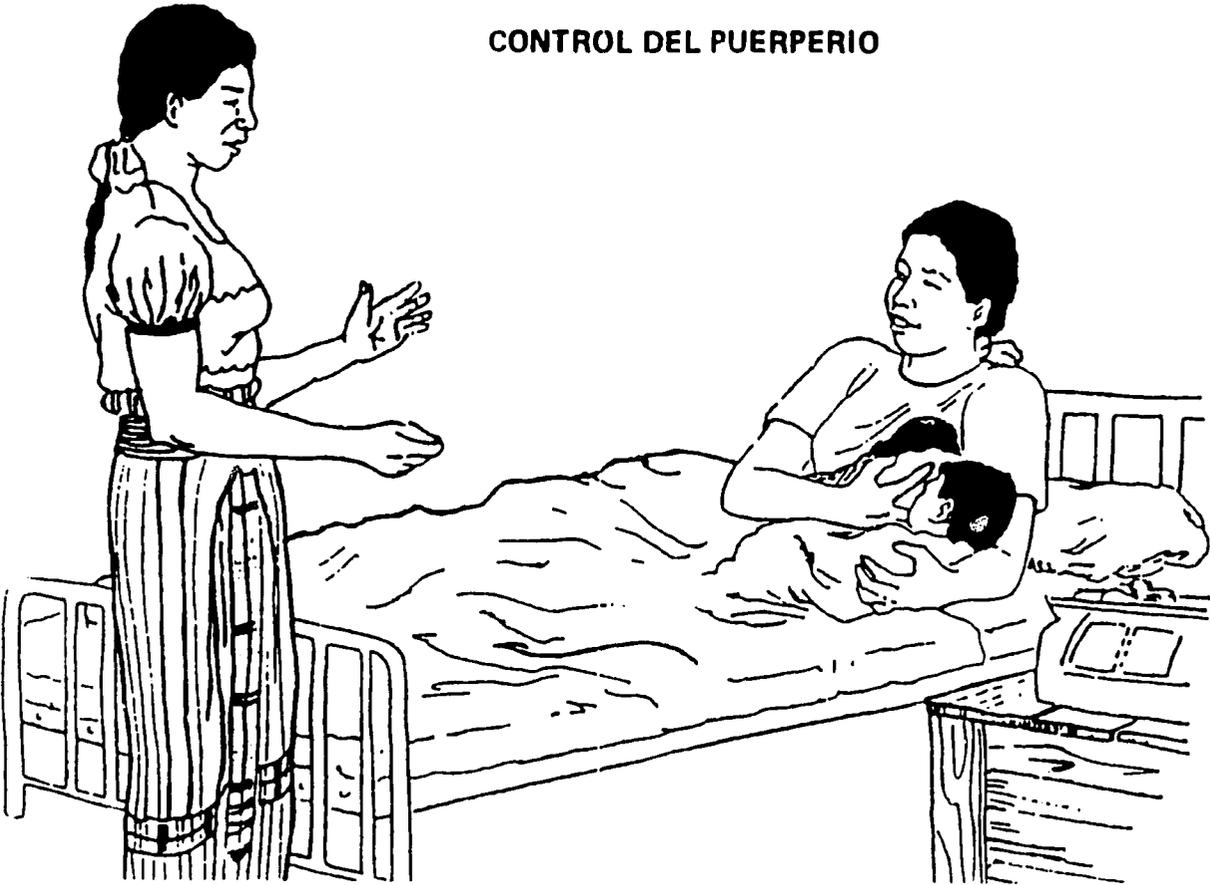
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**CONTROL DEL PUERPERIO**



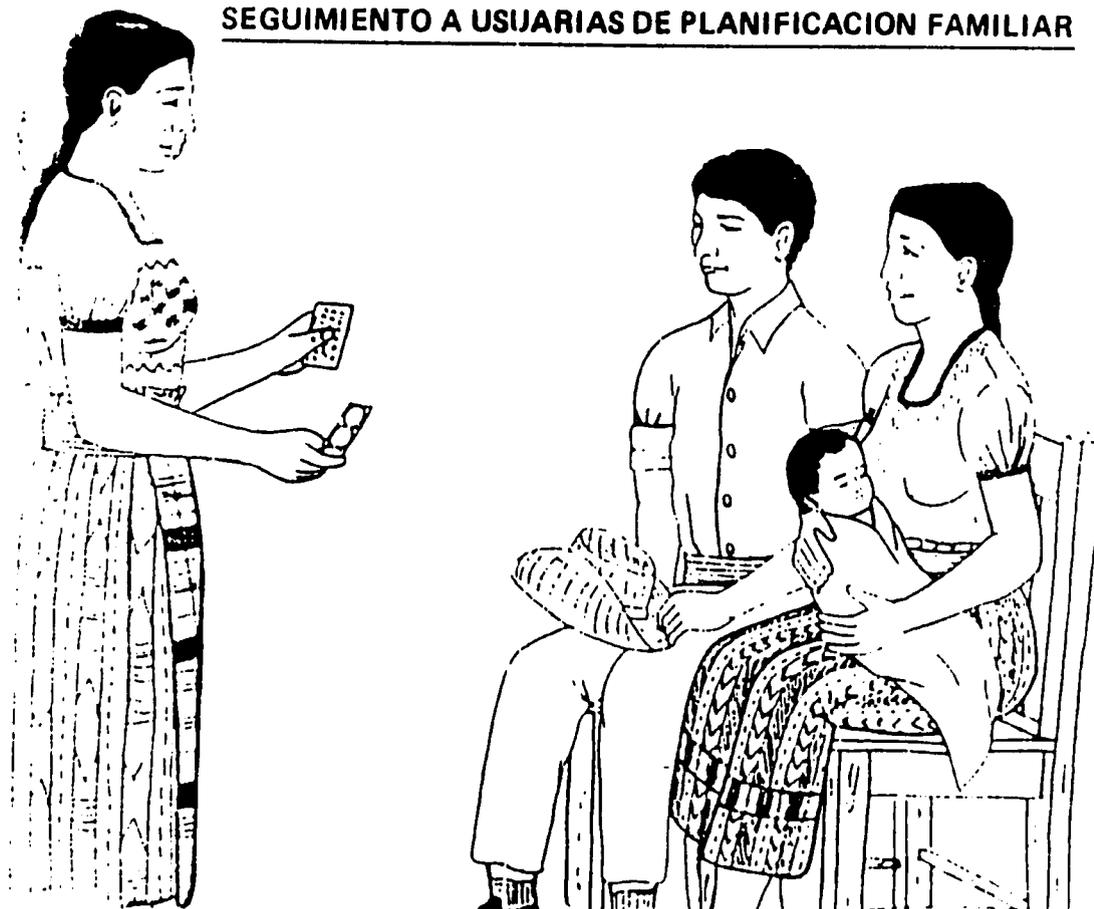
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REVISION DEL RECIEN NACIDO



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**SEGUIMIENTO A USUARIAS DE PLANIFICACION FAMILIAR**



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REFIERE A LAS EMBARAZADAS AL SERVICIO DE SALUD PARA SU CONTROL.



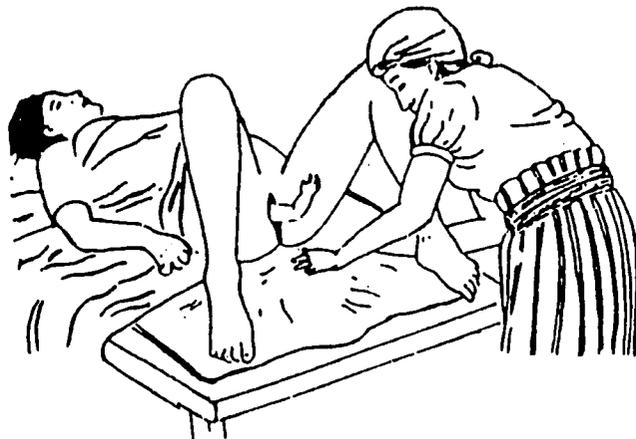
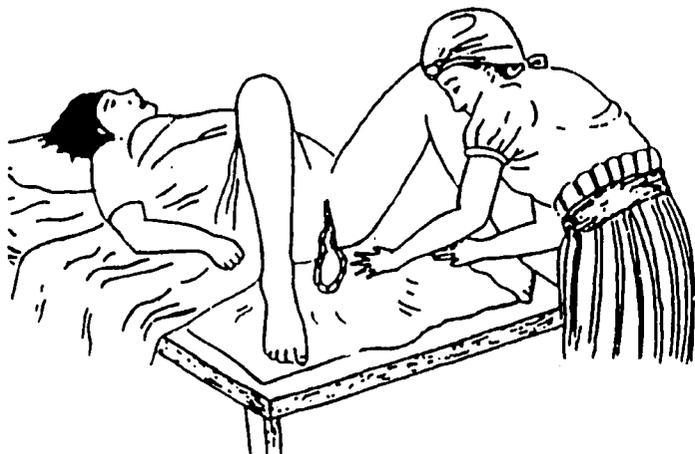
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REFIERE A LAS SEÑORAS EN CASO DE EMBARAZO PELIGROSO



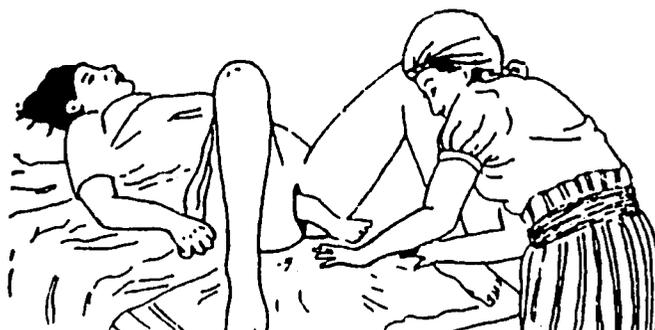
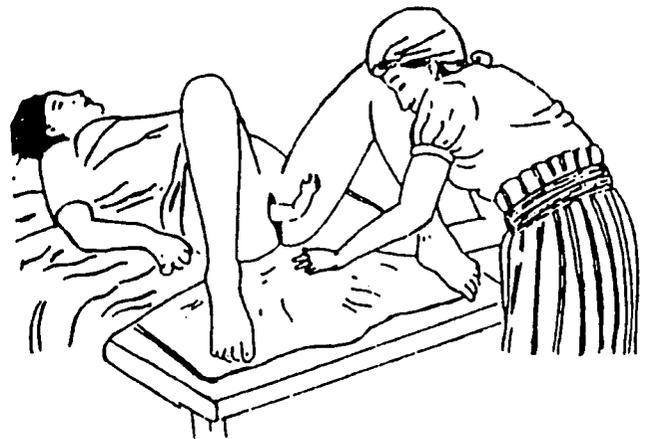
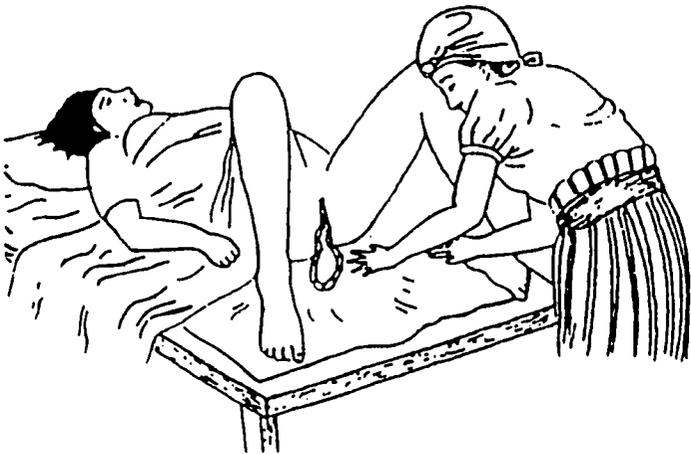
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ABRIL							
MAYO							
JUNIO							
JULIO							
AGOSTO							
SEPTIEMBRE							
OCTUBRE							
NOVIEMBRE							
DICIEMBRE							

**REFIERE A LAS SEÑORAS EN CASO DE PARTO PELIGROSO**



ENERO							
FEBRERO							
MARZO							
ABRIL							
MAYO							
JUNIO							
JULIO							
AGOSTO							
SEPTIEMBRE							
OCTUBRE							
NOVIEMBRE							
DICIEMBRE							

REFIERE A LAS SEÑORAS EN CASO DE PARTO PELIGROSO



MARZO							
ABRIL							
MAYO							
JUNIO							
JULIO							
AGOSTO							
SEPTIEMBRE							
OCTUBRE							
NOVIEMBRE							
DICIEMBRE							

REFIERE AL RECIEN NACIDO EN CASO DE ENFERMEDAD

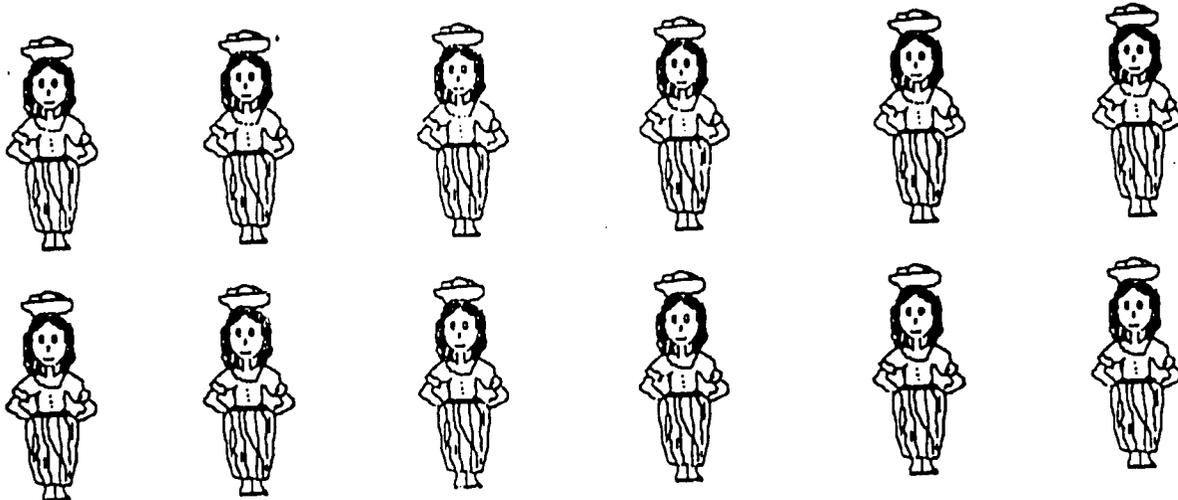


**APPENDIX J**  
**TBA REPORTING FORMS**

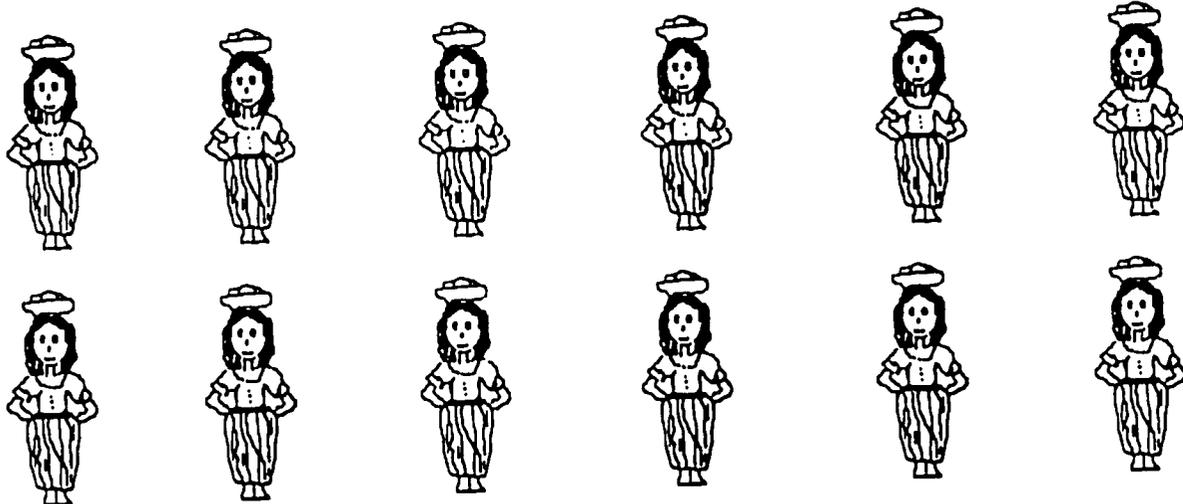




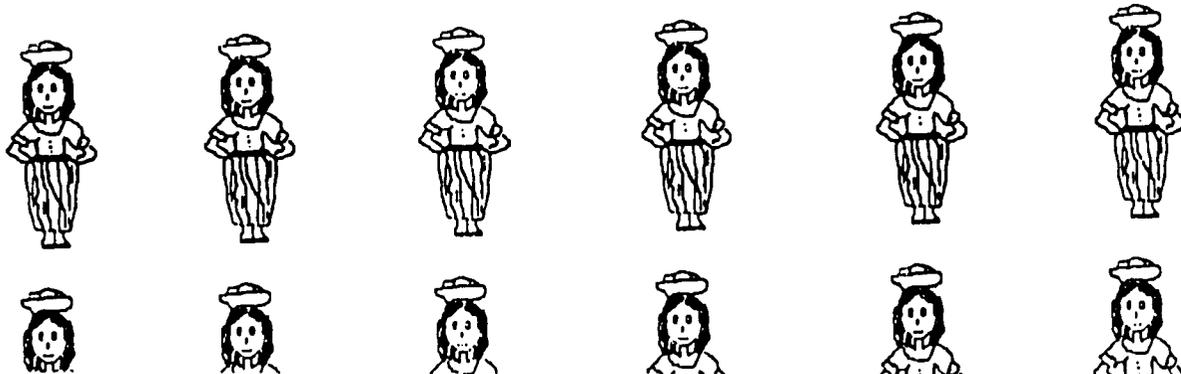
REGISTRO DE LA ADMINISTRACION DE VITAMINA A  
A PUERPERAS



REGISTRO DE LA ADMINISTRACION DE VITAMINA A  
A PUERPERAS



REGISTRO DE LA ADMINISTRACION DE VITAMINA A  
A PUERPERAS



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REGISTRO DE LA ADMINISTRACION DE VITAMINA A  
A PUERPERAS

Nombre de la comadrona: \_\_\_\_\_

Comunidad: \_\_\_\_\_ Municipio: \_\_\_\_\_

Servicio de Salud al que informa: \_\_\_\_\_

Mes que informa: 

E	F	M	A	M	J	J	A	S	O	N	D
<input type="checkbox"/>											

Total de dosis administradas: \_\_\_\_\_

Informe recibido por: \_\_\_\_\_ Fecha: \_\_\_\_\_

Revisado por Técnico HOPE \_\_\_\_\_ Fecha: \_\_\_\_\_



REGISTRO DE LA ADMINISTRACION DE VITAMINA A  
A PUERPERAS

Nombre de la comadrona: \_\_\_\_\_

Comunidad: \_\_\_\_\_ Municipio: \_\_\_\_\_

Servicio de Salud al que informa: \_\_\_\_\_

Mes que informa: 

E	F	M	A	M	J	J	A	S	O	N	D
<input type="checkbox"/>											

Total de dosis administradas: \_\_\_\_\_

Informe recibido por: \_\_\_\_\_ Fecha: \_\_\_\_\_

Revisado por Técnico HOPE \_\_\_\_\_ Fecha: \_\_\_\_\_



REGISTRO DE LA ADMINISTRACION DE VITAMINA A  
A PUERPERAS

Nombre de la comadrona: \_\_\_\_\_

Comunidad: \_\_\_\_\_ Municipio: \_\_\_\_\_

Servicio de Salud al que informa: \_\_\_\_\_

Mes que informa: 

E	F	M	A	M	J	J	A	S	O	N	D
<input type="checkbox"/>											

Total de dosis administradas: \_\_\_\_\_

Informe recibido por: \_\_\_\_\_ Fecha: \_\_\_\_\_

**APPENDIX K**  
**REFERRAL FORMS**

REFERENCIAS



Nombre: \_\_\_\_\_

A Donde? \_\_\_\_\_

Fué Atendida? \_\_\_\_\_

Fecha: \_\_\_\_\_

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HOJA DE REFERENCIA



 Control Prenatal	 Atención del Parto	 Control del Puerperio	 Atención al Recien Nacido	 Bienestar Familiar	Otro
--	---	--	---	--	------

SERVICIO DE SALUD DE \_\_\_\_\_ Fecha: \_\_\_\_\_

Agradecerá atender a la portadora para control \_\_\_\_\_

Atentamente		
_____ COMADRONA	_____ AUXILIAR ó TSR	_____ VOLUNTARIOS
_____ COMUNIDAD	_____ DISTRITO	

--	--	--

**APPENDIX L**  
**SUPERVISION FORMS FOR FIELD STAFF**



**APPENDIX M**  
**SUPERVISION FORMS FOR TBAs**



**APPENDIX N**  
**PIPELINE ANALYSIS**

HEADQUARTERS	Actual Expenditures To Date (08/01/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (09/01/92 to 08/31/92)			Total Agreement Budget (Columns 1 & 2) (08/01/91 to 08/31/92)		
	AIC	PVC	TOTAL	AIC	PVC	TOTAL	AIC	PVC	TOTAL
<b>COST ELEMENTS</b>									
<b>I. PROCUREMENT</b>									
A. Supplies	0	11	11	244	70	314	244	81	325
B. Equipment	0	0	0	0	0	0	0	0	0
C. Services/Consultants									
1. Local	0	0	0	0	0	0	0	0	0
2. Expatriate	0	0	0	0	0	0	0	0	0
SUB-TOTAL I	0	11	11	244	70	314	244	81	325
<b>I. EVALUATION/SUB-TOTAL II</b>	0	0	0	0	0	0	0	0	0
<b>II. INDIRECT COSTS</b>									
Overhead on HQ/HO (55%)	7,138	2,369	9,507	10,862	3,631	14,493	18,000	6,000	24,000
SUB-TOTAL III	7,138	2,369	9,507	10,862	3,631	14,493	18,000	6,000	24,000
<b>OTHER PROGRAM COSTS</b>									
A. Personnel (List each position & total person months separately)									
1. Technical	6,814	2,271	9,085	16,064	5,355	21,419	22,878	7,626	30,504
2. Administrative	3,188	1,063	4,251	7,515	2,505	10,020	10,703	3,568	14,271
3. Support	2,963	987	3,950	3,288	1,097	4,385	6,251	2,084	8,335
B. Travel/Per Diems									
1. In-country	853	284	1,137	1,397	466	1,863	2,250	750	3,000
2. International	933	311	1,244	8,661	2,827	11,548	9,594	3,198	12,792
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)	649	216	865	11,931	3,977	15,908	12,580	4,193	16,773
SUB-TOTAL IV	15,400	5,132	20,532	48,856	16,287	65,143	64,256	21,419	85,675
<b>HEADQUARTERS</b>	22,538	7,512	30,050	59,962	19,988	79,950	82,500	27,500	110,000

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FIELD	Actual Expenditures To Date (08/01/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (09/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) (08/01/91 to 08/31/94)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
<b>I. PROCUREMENT</b>									
A. Supplies	0	4,327	4,327	1,911	38,952	40,863	1,911	43,274	45,185
B. Equipment	0	50,822	50,822	0	9,382	9,382	0	60,204	60,204
C. Services/Consultants									
1. Local	0	4,588	4,588	8,550	12,518	21,068	8,550	17,106	25,664
2. Expatriate	0	0	0	0	0	0	0	0	0
SUB-TOTAL I	0	59,737	59,737	10,461	60,852	71,313	10,461	120,584	131,053
<b>II. EVALUATION/SUB-TOTAL II</b>									
	0	0	0	17,804	0	17,804	17,804	0	17,804
<b>III. INDIRECT COSTS</b>									
Overhead/Field (55%)	49,977	776	50,753	60,230	7,796	68,026	110,207	8,572	118,779
SUB-TOTAL III	49,977	776	50,753	60,230	7,796	68,026	110,207	8,572	118,779
<b>IV. OTHER PROGRAM COSTS</b>									
A. Personnel (List each position & total person months separately)									
1. Technical	73,550	1,196	74,746	82,097	10,685	92,782	155,647	11,881	167,528
2. Administrative	5,448	89	5,537	6,527	1,217	7,744	11,975	1,306	13,281
3. Support	11,804	192	11,996	12,588	2,220	14,808	24,392	2,412	26,804
B. Travel/Per Diems									
1. In-country	23,067	375	23,442	32,031	4,096	36,127	55,098	4,471	59,569
2. International	4,997	81	5,078	4,797	147	4,944	9,794	228	10,022
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)									
	19,444	316	19,760	52,678	6,058	58,736	72,122	6,374	78,496
SUB-TOTAL IV	138,310	2,249	140,559	190,718	24,423	215,141	329,028	26,672	355,700
<b>TOTAL FIELD</b>	<b>188,287</b>	<b>62,762</b>	<b>251,049</b>	<b>279,213</b>	<b>93,071</b>	<b>372,284</b>	<b>467,500</b>	<b>155,833</b>	<b>623,333</b>

as

TOTAL - FIELD & HEADQUARTERS

	Actual Expenditures To Date (08/01/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (09/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) (08/01/91 to 08/31/94)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
	---	---	-----	---	---	-----	---	---	-----
TOTAL HEADQUARTERS	22,532	7,512	30,051	59,962	19,988	79,950	82,500	27,500	110,000
TOTAL FIELD	188,287	62,762	251,049	279,213	93,071	372,284	467,500	155,833	623,333
<b>TOTAL</b>	<b>210,825</b>	<b>70,274</b>	<b>281,099</b>	<b>339,175</b>	<b>113,059</b>	<b>452,234</b>	<b>550,000</b>	<b>183,333</b>	<b>733,333</b>

9/28/92  
14:45

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**APPENDIX O**  
**1992/93 BUDGET**

RUN DATE 10/01/92  
 FOR THE FYE JUNE 30, 1993  
 Guatemala Cooperative Child Survival 18311  
 0572410000

	U.S. CURRENCY	LOCAL CURRENCY	GIK	TOTAL
SALARIES AND WAGES	36,973	39,569		76,542
EMPLOYEE BENEFITS	5,196	7,305		12,501
PAYROLL TAXES	1,260			1,260
SUPPLIES		15,829		15,829
OCCUPANCY		5,857		5,857
COMPUTER SERVICES				
PROFESSIONAL FEES/SERVICES		5,610		5,610
HOSPITAL CONSTRUCTION				
POSTAGE AND SHIPPING	1,760	3,000		4,760
AWARDS AND HONORARIUMS				
BOOKS AND PUBLICATIONS	108			108
PRINTING AND ARTWORK				
TRANSPORTATION	6,808	29,680		36,488
TELEPHONE AND TELEX	4,416	5,220		9,636
MISCELLANEOUS				
	-----	-----	-----	-----
TOTAL DIRECT EXPENSES	56,521	112,070		168,591
	=====	=====	=====	=====
DIRECT EXPENSES	56,521	112,070		168,591
INDIRECT CHARGES (RATE = 55%)	23,986	25,781		49,667
	-----	-----	-----	-----
TOTAL	80,407	137,851		218,258
	=====	=====	=====	=====

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RUN DATE 10/01/91  
 FOR THE FYE JUNE 30, 1993  
 Guatemala Cooperative Child Survival  
 0572410000

28111 (EVALUATION)

	U.S. CURRENCY	LOCAL CURRENCY	GIK	TOTAL
SALARIES AND WAGES				
EMPLOYEE BENEFITS				
PAYROLL TAXES				
SUPPLIES				
OCCUPANCY				
COMPUTER SERVICES				
PROFESSIONAL FEES/SERVICES	6,600			6,600
HOSPITAL CONSTRUCTION				
POSTAGE AND SHIPPING				
AWARDS AND HONORARIUMS				
BOOKS AND PUBLICATIONS				
PRINTING AND ARTWORK				
TRANSPORTATION	2,200			2,200
TELEPHONE AND TELEX				
MISCELLANEOUS				
	-----	-----	-----	-----
TOTAL DIRECT EXPENSES	8,800			8,800
	=====	=====	=====	=====
DIRECT EXPENSES	8,800			8,800
INDIRECT CHARGES (RATE = 55%)				
	-----	-----	-----	-----
TOTAL	8,800			8,800
	=====	=====	=====	=====

**APPENDIX P**  
**WORKPLAN**

Proyecto HOPE  
Guatemala

7. Work Plan 1992-93  
Child Survival VII

Activity	Months	September	October	November	December	January	February	March	April	May	June	July	August
<b>1. Technical Assistance</b>													
a- HQ/Ref Visits							X				X		
b- Local consultants													
<b>2. Progress Report</b>													
a- Annual Project Review													
b- Annual Reports													X
c- Mid term evaluation													X
<b>3. Training</b>											X		
a) HOPE personnel (8)			X	X			X	X	X	X	X	X	X
b) MOH personnel (27)				X								X	X
c) TBAs: (92)				15		30	15	30	X	X	X	X	X
Follow up (158) TBAs			X	X	X	X	X	X	X	X	X	X	X
d) CHVS: (142)			20	20		20	20	20	20			20	
Follow up (108)			X	X	X	X	X	X	X	X	X	X	X
e) Auxiliary Mayors				25									
Follow Up													
f) Community Pharmacies(20)		20							X	X	X	X	X
Follow up			X	X	X	X	X	X			20		
<b>4. CS INTERVENTIONS</b>												X	X
<b>- KAP SURVEY:</b>													
Breastfeeding Focus Group							X						
Mothercare Focus Group							X						
- Immunization:		X	X	X	X	X	X	X	X	X	X	X	X
- Campaigns		X					X						
- Diarrhea/ORT		X	X	X	X	X	X	X	X	X	X	X	X
- Mother Care		X	X	X	X	X	X	X	X	X	X	X	X
- ARI				X	X	X	X	X	X	X	X	X	X
- Field supervisor		X	X	X	X	X	X	X	X	X	X	X	X

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**APPENDIX Q**  
**BASIC PROJECT CS MESSAGES**

**PROGRAMA HOPE**



# Mensajes Básicos

- **Espaciamiento de los Nacimientos**
- **Maternidad sin Riesgos**
- **Lactancia Materna**
- **Desarrollo Infantil**
- **Inmunización**
- **Diarrea**
- **Tos y Catarro**
- **Higiene**
- **Paludismo**
- **SIDA**

*Tomado de "Facts for life" UNICEF*

# **Espaciamiento de los Nacimientos**

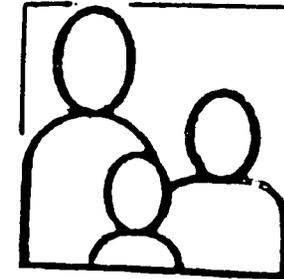
## **MENSAJES BASICOS**

**1** El embarazo antes de los 18 años, o después de los 35, aumenta los riesgos para la salud de la madre y del recién nacido.

**2** El riesgo de mortalidad en la primera infancia se incrementa alrededor de un 50% cuando median entre los nacimientos menos de dos años.

**3** A partir de cuatro hijos aumentan los riesgos derivados del embarazo y del parto para la salud de la madre.

**4** La planificación familiar ofrece a las parejas la posibilidad de decidir cuando desean empezar a tener hijos, cuantos quieren tener, en qué espacio de tiempo y cuándo dejar de tener más.



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## Maternidad sin riesgos

### MENSAJES BASICOS

**1** Los riesgos del parto se pueden reducir drásticamente acudiendo al agente de salud más próximo para efectuar revisiones periódicas durante el embarazo.

**2** Todos los partos deben ser asistidos por una persona capacitada.

**3** Para reducir los riesgos del embarazo y el parto es importante que todas las familias conozcan los síntomas de alarma.

**4** Una mujer embarazada, a menos que ya presente un exceso de peso, necesita más alimentos durante el embarazo. Todas las mujeres embarazadas tienen mayor necesidad de descanso.

**5** Los riesgos asociados se reducen considerablemente si se espacian los embarazos al menos dos años y se evitan antes de los 18 años y después de los 35.

**6** Las mujeres que han gozado de buena salud y han estado bien alimentadas en su infancia y adolescencia tienen menos riesgos durante el embarazo y el parto.



## Lactancia Materna MENSAJES BASICOS

**1** La leche materna constituye por sí sola el mejor alimento y la mejor bebida que puede darse a un niño durante los cuatro a seis primeros meses de vida.

**2** Los recién nacidos deben iniciar la lactancia materna lo más pronto posible después del parto.

**3** La succión frecuente estimula la producción de leche materna en cantidad suficiente para satisfacer las necesidades del lactante.

**4** La alimentación con biberón puede ser causa de enfermedades graves o de la muerte del niño.

**5** La lactancia materna debe continuar hasta bien entrado el segundo año de vida del niño y prolongarse si es posible.

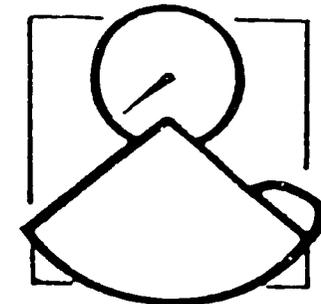


## Desarrollo infantil

### MENSAJES BASICOS

- 1** Todos los niños de edades comprendidas entre los seis meses y los tres años deben pesarse cada mes. Si no se aprecia ningún aumento de peso durante dos meses seguidos, es señal de que existe algún problema.
- 2** La leche materna constituye por sí sola el mejor alimento posible para un lactante durante los cuatro a seis primeros meses de vida.
- 3** A partir del cuarto a sexto mes, el niño necesita otros alimentos además de la leche materna.
- 4** Los niños menores de 3 años necesitan alimentarse 5 o 6 veces al día.
- 5** Los niños menores de tres años necesitan ingerir una pequeña cantidad adicional de grasa o aceite junto con la comida habitual de la familia.

- 6** Todos los niños necesitan una alimentación rica en vitamina A.
- 7** Después de una enfermedad, un niño necesita tomar alimentos complementarios que le ayuden a recuperar el peso perdido mientras ha estado enfermo.
- 8** Para lograr el pleno desarrollo físico, mental y emocional del niño es esencial que tenga a su lado personas que le hablen, que jueguen con él y que le den muestras de afecto.



# Inmunización

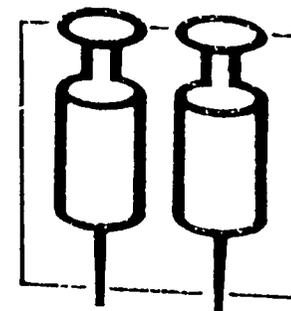
## MENSAJES BASICOS

**1** La inmunización ofrece protección contra algunas enfermedades peligrosas. Un niño que no esté vacunado tiene muchas más probabilidades de sufrir desnutrición, de quedar incapacitado o de morir.

**2** La inmunización es una medida urgente. El niño debe estar completamente vacunado antes de cumplir el primer año de vida.

**3** Un niño enfermo puede vacunarse sin riesgo alguno.

**4** Todas las mujeres de edades comprendidas entre los 15 y los 44 años deben estar completamente inmunizadas contra el tétanos.



## Diarrea

### MENSAJES BASICOS

**1** La excesiva pérdida de líquidos corporales provocada por la diarrea puede causar la muerte. Por ello es esencial que los niños afectados beban líquidos en abundancia.

**2** Cuando un lactante padece diarrea, es importante seguir dándole el pecho.

**3** Un niño con diarrea necesita alimentarse.

**4** Si la diarrea es más grave de lo habitual se requerirá la ayuda de personas calificadas para su tratamiento.

**5** Un niño que ha tenido diarrea necesita tomar en el periodo de recuperación una comida adicional diaria, al menos durante una semana.

**6** No deben administrarse medicamentos contra la diarrea excepto por recomendación médica.

**7** La diarrea puede prevenirse mediante la lactancia materna, la vacunación de todos los niños contra el sarampión, la utilización de letrinas, el mantenimiento de la limpieza de agua y de los alimentos y el lavado de las manos antes de tocar los alimentos.



## Tos y Catarros

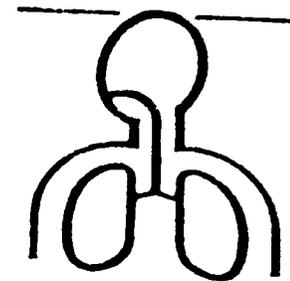
### MENSAJES BASICOS

**1** Un niño con tos corre peligro cuando su respiración es mucho más rápida de lo normal. En ese caso es esencial llevarlo lo antes posible a un centro de salud.

**2** Las familias pueden contribuir a prevenir la neumonía manteniendo la lactancia materna al menos durante los primeros seis meses de vida del niño y asegurándose de que reciba una alimentación adecuada y esté completamente vacunado.

**3** Cuando un niño tiene tos o catarro debe ayudársele a comer y procurar que ingiera abundantes líquidos.

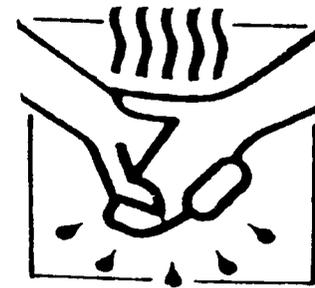
**4** Un niño con tos o catarro debe mantenerse abrigado, pero sin que sienta calor, y respirar aire puro y libre de humos.



## Higiene MENSAJES BASICOS

- 1** Lavarse las manos con agua y jabón después de tener contacto con excrementos y antes de manipular los alimentos.
- 2** Utilizar letrinas.
- 3** Utilizar agua limpia.
- 4** Hervir el agua para beber cuando no proceda de una red de suministro de agua potable.

- 5** Mantener limpios los alimentos
- 6** Quemar o enterrar los desperdicios domésticos.

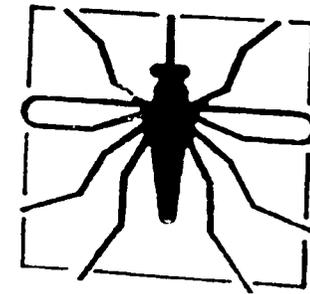


## Paludismo

### MENSAJES BASICOS

- 1** Debe protegerse a los niños pequeños de las picaduras de los mosquitos, especialmente durante la noche.
- 2** Las comunidades deben destruir las larvas de los mosquitos e impedir que éstos se reproduzcan.
- 3** En todos los lugares donde el paludismo esté extendido, las mujeres embarazadas deben tomar tabletas para su prevención durante todo el embarazo.
- 4** En todos los lugares donde el paludismo esté extendido, los niños con fiebre deben ser examinados por un agente de salud. Si la causa parece ser el paludismo, deberá administrarse al niño afectado un tratamiento completo de algún medicamento antipalúdico.

- 5** Un niño que tenga fiebre debe mantenerse fresco, evitando que se enfríe.
- 6** Un niño que se encuentra en período de recuperación del paludismo necesita ingerir abundantes líquidos y alimentos.



## **SIDA MENSAJES BASICOS**

**1** EL SIDA es una enfermedad incurable que puede transmitirse a través del contacto sexual o por la sangre infectada. Las madres infectadas pueden transmitir el SIDA al feto y al recién nacido.

**2** Para mantener unas relaciones sexuales seguras ninguno de los miembros de la pareja debe estar infectado, la relación debe ser mutuamente exclusiva y en caso de duda debe utilizarse un preservativo.

**3** Cualquier inyección administrada con una aguja o una jeringa no esterilizadas es peligrosa.

**4** Las mujeres portadoras del virus del SIDA deben evitar el embarazo.

**5** Todos los padres deben informar a sus hijos de las medidas que pueden adoptar para no contraer el SIDA.

