

PD-1126-079

PROJECT CONCERN INTERNATIONAL

un 82816

Solola: Children of the Highlands

Guatemala CSVII Project

AID/FHA/PVC PVO CHILD SURVIVAL VII PROGRAM

Cooperative Agreement No. PDC-0500-A-00-1042-00

September 1, 1991 - August 30, 1994

First Annual Report

October 15, 1992

Project Concern International
3550 Afton Road, San Diego, California 92123
Telephone: 619/279-9690; Fax: 619/694-0294

A C R O N Y M S

AALA	Friends of the Lake Association
AIDS	Acute Immunodeficiency Syndrome
APROFAM	Asociacion Pro Bienestar de la Familia
ARI	Acute Respiratory Infection
CDRO	Western Rural Development Coordination
CENDEC	Cooperative Studies Center
CICS	Health Science Research Center
CS	Child Survival
DIP	Detailed Implementation Plan
EPI	Expanded Program of Immunizations
EPS	Estudiante en Practica Social
HIS	Health Information System
IEC	Information, Education and Communication
IEF	International Eye Foundation
INCAP	Nutrition Institute for Central America and Panama
INE	Statistics National Institute
JHU	Johns Hopkins University
MCHV	Maternal-Child Health Volunteers
MSPAS	Ministry of Public Health and Social Assistance
NGO	Non-Governmental Organization
OCAI	International Affairs Coordination Office

ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PCI	Project Concern International
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
USAC	San Carlos University

1. RESULTS IN YEAR ONE

1.1 MAJOR RESULTS AND ACHIEVEMENTS

Project Concern International's (PCI's) CSVII project in the department of Solola, Guatemala, has undergone changes in the past twelve months due to the turnover in staff, the changes in the regions political violence, and the emerging opportunity to play a larger role in health care activities around Lake Atitlan. The initial DIP reviewed by USAID was determined to require revision and resubmission. PCI is following this advice and the redevelopment of the DIP will occur with certain portions of the current project being modified. To do this, PCI is contracting the assistance of two consultants, one, Dr. Victor Lara, is a member of the Johns Hopkins Child Survival Support Group's pool of recommended consultants. The other, Dr. Jim Beck, is from the University of California at Davis. These two individuals, along with a Program Officer from PCI-HQ, and the PCI-Guatemala staff will be responsible for developing the finalized DIP for resubmission. This annual report serves to document PCI's activities to date in preparing the plan for expanding the project. The plan will be finalized by December 15, 1992.

1.1.1 Development of Operational Capacity of the Project

The Child Survival VII (CS VII) expansion grant commits PCI-Guatemala to extend its curative and primary health care services in Child Survival beyond its current geographic focus. This expansion of activities in Solola, combined with PCI's other health projects in Guatemala mandated the establishment of an office in the capital that could provide direction and support to all of the current projects as well as the planned expansion of activities to other regions of Guatemala.

Before embarking upon child survival expansion activities, however, it was deemed necessary that PCI-Guatemala undertake actions aimed at strengthening its institutional capacity to fulfill the new project's objectives. Thus, after a two month transition period between the end of CSV and the beginning of CSVII projects (September-October, 1991), and the arrival of PCI-Guatemala's new Country Director (November, 1991), a process has begun for consolidating PCI's hard earned past achievements and creating a framework for introducing innovations in project management, program development, technical assistance and supervision. Decisions were made, based on recognition of the institution's evolving strengths and weaknesses and a realistic appraisal of its technical and operational capabilities, to initiate this "leaning process" before leaping into the project's expansion mandates of year one.

Institutional strengthening activities undertaken by PCI-Guatemala yielded the following results in year one:

- Identification of strengths and weaknesses in past project implementation, monitoring and evaluation.

- **Restructure of the internal organization, (see Organization Chart in the appendices), to improve field communication and coordination with the central office in Guatemala City.**
- **Creation of a position for the technical support officer (Medical Director) responsible for supervision for PCI-Guatemala health and C.S. projects. This position was designed to ensure the prompt delivery of technical support to the project at all levels of health intervention. The position has also provided technical expertise for the central and regional MOH offices and for other international agencies.**
- **Staff provided with technical assistance in the use of qualitative and quantitative research methods to analyze, monitor and resolve problems in project implementation.**
- **Further integration of community health services with PCI's health clinic in Santiago and consolidation of community services in San José Chacaya, thus avoiding duplication of effort.**
- **Convergence of two project offices into one program office, thereby reducing recurrent costs.**
- **Consolidating the PCI Santiago Atitlán program office by appointing a Medical Director to oversee CS activities and provide technical assistance.**
- **In-service training for program staff in project management of health and child survival interventions.**
- **Review and restructuring of PCI-Guatemala's salary scales according to pre-established budgets, technical and legal criteria.**
- **Development of a Qualitative Study of Women's Participation in Community Health Development. CICS/USAC. October 91 - June 92.**
- **Development of a Baseline Study with the assistance of Johns Hopkins University.**
- **Development of a Baseline Qualitative Study in Reproductive Health, which is still underway.**

PCI-Guatemala has secured the services of two consultants, Dr. Victor Lara and Dr. Jim Beck to assist PCI in the following areas:

CHART NO. 1

DESCRIPTION OF TECHNICAL ASSISTANCE ACTIVITIES

November - December 1992

ACTIVITIES	DATES	
	EFFORT No. of Days	MONTHS
1. 1993 BUDGET (PCI-HQ)	2	Oct. 8,9
2. DETAILED IMPLEMENTATION PLAN - REVISION/REDESIGN (Victor Lara)	8	Nov.15-30
3. TECHNICAL REVISION/CHILD SURVIVAL INTERVENTIONS (Victor Lara)	3	Nov.15-30
4. HEALTH INFORMATION SYSTEM/ REVISION (Jim Beck)	9	Nov.25/ Dec. 18
5. MANAGEMENT INFORMATION SYSTEM (Jim Beck)	12	Nov. 25/ Dec. 18
6. DESIGN OF SUSTAINABILITY ACTIVITIES (Victor Lara)	7	Nov.15-30
7. 1993 OPERATIONAL PLAN (Jim Beck)	4	Nov. 25/ Dec.18
8. MID-TERM EVALUATION (To be determined)	15	?

1.1.2 Direct Benefits for the People

Following is a description of services delivered to the people during fiscal year 1992, through the Child Survival project:

ORT

- 2,352 household visits about diarrheal disease.
- 2,209 ORS packets distributed.
- 120 meetings with women regarding CDD.

Immunizations

- 6,586 household visits about immunizations.

- 7,177 people referred for incomplete immunization coverage.
- 60 meetings with women regarding EPI.

Reproductive Health

- 892 household visits about pregnancy.
- 2,296 household visits about family planning.
- 744 TBA household visits about pregnancy.
- 164 meetings on family planning.

Pneumonia Control

- 4,168 household visits about ARI.
- 304 referrals for moderate and severe cases of ARI.

Other project activities:

- Training of CHWs in data collection techniques.
- Training of 35 women and CHWs in community-based distribution methods of contraceptives.
- Training of 130 CHWs in Pneumonia Control, Growth Monitoring, EPI, Reproductive Health, Nutrition and Vitamin "A", and Control of Diarrheal Disease.
- Distribution of 2,209 oral rehydration packets.
- 27,886 house calls (channeling visits) made by CHWs.
- 17,314 referrals by CHWs to MOH and PCI's clinic.
- 46 latrines installed.
- 863 deliveries attended by traditional birth attendants (at home).
- Installation of 10 improved Lorena stoves in residences.
- Programming of 15 radio spots.
- A total of 816 children enrolled in the growth monitoring program.
- 5,379 health talks to men's and women's groups in communities.
- 4,677 medical consultations.
- 2,593 persons benefitted from: laboratory, pharmacy, and dental laboratory tests.
- 1,613 CHW family planning talks with mothers.

- 50 new users of contraceptives.
- In May and June of 1992, PCI participated in 2 national immunization campaigns. PCI promoted immunizations as well as applied them in the municipality of Santiago Atitlan. The following number of children under 1 year of age received vaccinations:

<u>Polio 3</u>	<u>DPT 3</u>	<u>Measles</u>	<u>BCG</u>
249	313	405	435

The following children ages 1-4 years old received vaccinations:

<u>Polio 3</u>	<u>DPT 3</u>	<u>Measles</u>	<u>BCG</u>
314	246	375	159

80 pregnant women received a second dose of TT.

114 women of reproductive age received a second dose of TT.

- In the expansion areas PCI supported the MOH's national campaign in the municipalities of Santa Lucia Utatlan and San Pedro La Laguna.

1.2 CHANGES IN APPROACH TO HIGHER RISK GROUPS

No changes in approach towards higher risk groups have been introduced during the year. Modifications will be addressed in the DIP revisions.

1.3 STAFFING

PCI has added the position of Medical Director to provide technical support for the Child Survival Program.

Chart No. 3 below shows the names of staff involved in the Child Survival Project's activities:

CHART NO. 3

LIST OF PERSONS WHO JOINED THE PROJECT DURING 1991-92 OR WHO ARE IN NEW POSITIONS

	NAME	POSITION
1.	JOHN KEPNER	COUNTRY DIRECTOR
2.	OSCAR CORDON	MEDICAL DIRECTOR/TSO
3.	YADIRA VILLASEÑOR	REPRODUCTIVE HEALTH PROJECT COORDINATOR
4.	ANGELICA BIXCUL	COMMUNITY HEALTH PROGRAM/PROJECT DIRECTOR FOR SOLOLA
5.	LETICIA TOJ	CHILD SURVIVAL/COMMUNITY SERVICES COORDINATOR FOR SOLOLA
6.	MANUELA HERNANDEZ	ASSISTANT TO COMMUNITY HOSPITAL DIRECTOR
7.	FRANCISCA CHIQUIVAL	COMMUNITY SERVICES PROGRAM ASSISTANT

See the appendices for specific duties and responsibilities. Likewise, C.V.'s for these individuals are included in the appendices.

1.4 CONTINUING EDUCATION

Intensive continuing education activities have been undertaken during this fiscal year. Following are the detailed monthly activities which also include the names of participants:

SEPTEMBER 91: Seminar-Workshop on Perinatal, Neonatal and Maternal Health. Antigua Guatemala. Gynecology and Obstetrics Association of Guatemala. Dr. Angélica Bixcul. Refresher course on Cholera, Vitamin "A" and Appropriate Technology. UNICEF. Dr. Angélica Bixcul and Leticia Toj, R.N.

OCTOBER 91: Refresher course on Cholera. All curative and community services staff. Coatepeque Health District.

NOVEMBER 91: International Training Course for Trainers. APROFAM. Sheraton Hotel. Guatemala. Francisca Chiquival.

MARCH 92: Course for community personnel on supervision of community distributors of family planning information and materials. APROFAM. Santiago Atitlán, Sololá. Course on Information, Education and Communication in Child Survival. SHARE/PCI. CENDEC, Chimaltenango. Francisca Chiquival.

APRIL 92: Workshop on strategic planning taught to key personnel and project directors. CENDEC. Chimaltenango. Basic computer course taught to key personnel and project management. INTELAF. Guatemala.

MAY 92: Workshop on oral health taught by ASECSA. Chimaltenango. Domingo Yataz. Workshop on baseline surveys and focus group methodology. SHARE/PCI. CENDEC. Chimaltenango. Concepción Ramírez.

JUNE 92: PCI's World Conference at San Diego, California. Lic. John Kepner. Course on Maternal/Reproductive Health, taught to all personnel. Santiago Atitlán, Sololá.

JULY 92: Training for three CHWs on Growth Monitoring and Child Development. SHARE. Santiago Atitlán, Sololá.

1.5 TECHNICAL SUPPORT

- October 91: Rich Covington, Headquarters.
- November 91: René Salgado, Headquarters.
- February 92: Marcelo Castrillo, A.I.D./JHU.
- October 92: Rich Covington, Headquarters.
- October 92: Dr. Victor Lara, JHU.

1.6 COMMUNITY PARTICIPATION

There are 130 volunteer CHWs, organized in seven Mothers Committees. Each CHW is working in one block of her community and is covering the population of children under 5 years old and women. These seven mothers' committees meet each week to receive in-service training, discuss activities during the week, and share information obtained. The final meeting each month is the venue to collect the HIS information and share each woman's activities during the month. In the past 90 days, each committee has met approximately 12 times.

At present, the CHWs are engaged in information, communication and educational activities in connection with Child Survival components. They are the source of health information for the women in the area. They have a coupon system which permits referral of women and children to health services. These coupons and many of the health education materials are designed for illiterate members of the community and have been tested by PCI-Guatemala.

1.7 WORK LINKAGES TO OTHER DEVELOPMENT AND HEALTH NGO's

Ministry of Public Health. The MOH supplies PCI with ORS, vaccines, and equipment for the immunization component. Planning of national immunization campaigns occurs between the local level MOH and PCI.

ASECSA (Association of Community Services). PCI is one of the partner programs. Exchange of expertise, knowledge, ideas and resources from community and institutional staff.

INCAP. Technical assistance and personnel exchange in preliminary anthropological research projects and the revision of anthropological research projects undertaken by PCI.

APROFAM. Training to institutional staff in insertion techniques of IUDs, training for PCI's trainers, and the procurement of contraceptive methods at community level prices.

SHARE. Community based program for growth monitoring. This program's personnel is trained by PCI in Child Survival components and the counterpart trains personnel in connection with care and storage of supplementary food.

PRO VITAMIN "A" UNIT. At present, PCI is collaborating on a pilot project for Vitamin "A".

AESCULAPIUS. Technical assistance in the elaboration of educational materials and improvement in the information system.

PATRONATO PRO NUTRICION INFANTIL (Child Nutrition Foundation). Technical assistance has been given for the manufacturing of improved Lorena stoves with appropriate technology.

CDRO. Exchange of experiences in connection with the organization of community groups in health development fields. Visits to program sites to adapt some techniques they have applied to PCI's programs.

VIVAMOS MEJOR (Let's Live Better). Exchange of experiences in the organization of volunteer groups.

ASOCIACION AMIGOS DEL LAGO (Friends of the Lake Association). In the community of Santiago, the curative and preventative health programs of two NGO's (PCI-AALA) have been integrated so as to avoid duplicity of efforts and allow for optimization of human, material and financial resources. PCI administers this program, and provides technical assistance and training to local personnel.

2. CONSTRAINTS, UNEXPECTED BENEFITS AND LESSONS LEARNED

2.1 CONSTRAINTS

2.1.1 Violence and Human Rights

The city of Santiago, municipal capital and seat of the regional administration of the majority of organizations in the project's area, suffers from a continuing situation of violence and conflicts which affect human rights.

This situation tends to periodically interrupt all kinds of activities, including those of the development projects located throughout this zone. However, PCI's project continues making strong efforts to maintain community health activities.

2.1.2 Lack of Program Organization and Structures

Measures adopted:

- September 91 - October 92: New director/staff reorganization.
- November 91 - April 92: Reorganization/Restructuring of CS Program.
- April 92: Relocation of the Regional Office for the Child Survival Program.

2.1.3 MOH/Lack of Coordination/Communication/Lack of Agreement

Measures adopted:

- Cooperative agreement signed between MOH and PCI.
- Close relationship with OCAI-MOH/Inter-management meeting of Minister of Health with NGO's, PNUD, UNICEF, USAID, PAHO.
- Meeting with Minister of Health in coordination with local and international NGO's to coordinate actions with regard to Cholera epidemic.
- Meeting with MOH's Epidemiological Division, with the National Coordinator of National Immunization Campaigns and NGO participants.

2.1.6 Cholera Epidemic

Measures adopted:

- Development of two epidemic attention centers (483 cases treated).
- Organization of community emergency committees.
- PCI helped to organize the interagency committee (religious organizations, civil, political, teachers, authorities, community leaders) for action against Cholera; a similar committee was created in another municipality.
- Design and production of audio-visual materials.
- Training of PCI staff in Cholera control.
- Training of community leaders in Cholera control.

2.2 UNEXPECTED BENEFITS

- Traditional voluntary personnel, stimulated through training, have asked to become community distributors of family planning materials.
- Mothers of malnourished children who are brought to PCI's nutritional rehabilitation centers in Santiago are increasingly becoming integrated into the project's activities. Mothers are now participating in the preparation of food and the maintenance of the rehabilitation centers in Santiago.
- Integration of EPI and Growth Monitoring has increased demand for and coverage of both services.
- Introduction of family dry fertilizing latrines six years ago has today resulted in a self-financing component of PCI's CS activities.
- PCI's team is more motivated and productive due to reorganization and new leadership.

2.3 INSTITUTIONALIZATION OF LESSONS LEARNED

3. CHANGES MADE IN PROJECT DESIGN

3.1 CHANGES IN PERCEIVED HEALTH NEEDS

- Cholera Epidemic. There was a sudden and inadvertent need in the impact area. See Section 2.1, Source: Ministry of Public Health and Social Assistance' Epidemiological Surveillance System/1992 (MSPAD/1992)

- Mothers' requirements for more information on Sexuality and on Vitamin "A". During a focus group discussion with mothers, it was determined that mothers need more information on vitamin A and issues related to sexuality.

3.2 CHANGES IN PROJECT'S OBJECTIVES

PCI-Guatemala will submit a revised DIP in December of 1992. Modifications from the original objectives will be detailed in that document.

3.3 CHANGES IN PLANNED INTERVENTIONS

PCI-Guatemala will submit a revised DIP in December of 1992. Any modifications from the original interventions will be detailed in that document.

3.4 CHANGES IN BENEFITTED POPULATION AND IN POTENTIAL BENEFICIARIES

The number of potential beneficiaries is being revised due to improved MOH data. These new figures will be reported in the revised DIP.

4. HEALTH INFORMATION DATA COLLECTION

The current health information system is being reviewed and in November of 1992, an external consultant shall provide technical assistance to redesign the system so as to allow the monitoring of targets and epidemiological surveillance throughout the project's area.

4.1 CHARACTERISTICS OF THE HEALTH INFORMATION SYSTEM

4.1.1 The clinic keeps an individual record for each patient. Records are kept on contraceptive users, for infant health, for prenatal control, for the number of deliveries, and for pneumonia and tuberculosis patient control.

At the community level, mothers maintain vaccination and growth monitoring cards. In addition, mothers in the maternal health program keep individual records of contraceptive methods used, and another one for TT vaccinations.

4.1.2 The current health information system permits the monitoring and referral of the mother and infant population in: immunization and growth monitorization, advice on nutrition, ARI, high-risk births, and CDD. This information system also permits the follow-up and provision of services for high-risk women in TT immunization and provides follow-up for women using contraceptives. The project did not introduce any changes to the system during the past year. We hope to improve information

and data so as to allow for the early discovery of high risk cases for their immediate treatment and/or referral.

4.1.3 Staff who perform curative services at the clinic report the types of services, number of visits among the population of women and children and the number of patients who received attention. The project has not modified clinical activity reports.

4.1.4 Community Health Workers report community services delivered through a picture format, which illustrates Child Survival components. This system is being used since the majority of volunteers (95%) cannot read or write. The picture based report maintains information on the number of ORS packets distributed, number of household visits, number and types of referrals, and other CS intervention meetings. This information is maintained for all the CS interventions.

4.2 SPECIAL CAPABILITIES OF THE HEALTH INFORMATION SYSTEM

4.2.1 At the clinic, services are monitored to determine the number of patients who have received services and the types of services provided.

4.2.2 The project maintains information about staff and CHW turnover.

4.2.3 During this year not one single case of flaccid paralysis was recorded in the area where we are delivering service. However, detection of any case would lead to research activities and epidemiological surveillance together with the Ministry of Health and Social Assistance.

4.2.4 At present, the project monitors the training hours of volunteer personnel. The number of participants is known, as well as the number of sessions attended per participant. These sessions last two hours. Training workshops often last six hours.

4.2.5 Accurate census data has been hard to obtain over the past year.

4.3 MANAGEMENT OF THE HEALTH INFORMATION SYSTEM

4.3.1 An overall expenditure of US \$15,000.00 was incurred in fiscal year 1992. The expenditures consisted of: labor hours of the staff, a personal computer and printer, the baseline study, photocopies, and printing supplies.

4.3.2 The information gathered on a regular basis allows senior staff to monitor project operations and establish yearly targets.

4.3.3 In November and December of 1991, PCI's personnel shared information about the Cholera epidemic with the MCHV's.

In February, 1992, a baseline survey was developed, and the results of the survey were shared with the community leaders, health promoters, mayors and other municipality authorities.

During the national immunization campaign in May and June, 1992, PCI shared health information with MOH authorities and with its personnel.

In July, 1992, PCI's senior staff shared information with the mayor about the Cholera epidemic.

In May, June, July, and August, 1992, the Community Hospital Director had meetings with the MOH district in Santiago related to the Cholera epidemic, where she shared data about the total amount of patients treated since October, 1991.

Finally, every month meetings are held with the staff in every program. The idea is to share the experiences gained during the compilation, analysis and interpretation process.

4.3.4 With regard to the community program, field personnel (supervisors, trainers and coordinators) are responsible for collecting, arranging, analyzing and monitoring the quality of information compiled. In the same way, with regard to the curative program, all personnel are responsible for the quality of information gathered. This information is reviewed by the Hospital Director and his assistant.

The information is reviewed by the authorities at the different program levels including: the Hospital Director, his assistant, the Program Director in Solola, the Medical Director, the Country Director and the HQ program officer in San Diego, CA.

4.3.5

- Dr, Marcelo Castrillo from JHU provided baseline survey training to eight of PCI's staff in Solola and 16 health promoters from Solola.
- In March, 1992, 16 MCHV's were trained about the registration procedures in family planning activities.
- In April, 1992, 109 CHWs received training about the health information in the ALRI interventions.
- In May, 1992, a technical workshop in Word Processing (Word Perfect), data management (Lotus 123) and data base (dBasic) was provided to the senior staff.

- In June, 1992, Dr. Zeike Rabkin, MD, MPH did a technical review of PCI's HIS, he provided some recommendations about how to gather data from the different sources available in the region.
- In September, 1992, Dr. Edgar Kestler, MD, MPH from the Reproductive Health Research Center (PAHO/WHO supported) did a technical visit to Santiago to review the HIS. He provided some recommendations how to improve the quality of data in the project.
- Every month meetings are held for different programs to share ideas on data collection, interpretation and analysis of activities performed. This allows us to make decisions to improve services delivered to the community. Additionally, we are contacting a consultant who may be able to improve our current system's design.

5. SUSTAINABILITY

5.1 RECURRENT COSTS

5.1.1 After CS funding ends, recurrent costs will need to be covered for the clinic and the primary health care activities. The clinic costs approximately \$35,000 to run per year. The community health program costs approximately \$69,000 per year. This figure for the community health program may be reduced by the end of the project due to decreasing requirements for CHW supervisory activities.

5.1.2 It is staff's feeling that costs for medicines, laboratory equipment (maintenance), collective dental care services (to school children, pregnant women and individuals), medical-surgical materials, appropriate technology services, and growth monitoring in rural areas could be shared by the community. Estimates have ranged as high as 15% of the total medical services costs being covered by the community. However, the remainder will have to be covered through the MOH or other outside agencies.

There have been no strategies for developing a financing mechanism to continue the training of the CHWs after CSVII funding ends. A consultant will assist in developing a strategy during the months of November and December, 1992.

5.2 STRATEGIES FOR INCREASING POST-PROJECT SUSTAINABILITY

5.2.1 After PCI leaves, the supervision of CHW activities will need to be carried out by volunteer personnel wherever possible.

PCI will explore the use of an honorarium for the services the CHWs provide including growth monitoring, ORS distribution, patient referral, etc.

For the CHWs who are providing family planning materials, there is the potential for them to retain up to 40% of the income generated from their sale.

In the appropriate technology components of the project, the funds generated are reinvested into further development of latrines and stoves for the community. This program is currently self-financing.

The Mother-Child food supplementation program run through PCI and World SHARE uses its income to help cover the costs of operating the program and the personnel required to distribute food, etc. A community fund will need to be developed that will allow the continuous supply of these food products once World SHARE support ends.

5.2.2 In order to increase project efficiency, the following activities have been undertaken:

- Personnel have been discharged at the community clinic of San José Chacayá, due to duplicity of services provided by other organizations working there.
- Agreements have been signed with private and community organizations at Cerro de Oro and Patanatic Villages for the management and administration of two community health centers, both of which will produce income by means of service charges.

5.3 COST RECOVERY

5.3.1 PCI monitors the income generated from community activities such as the latrines and stoves, and the income generated through the clinic. As far as cost recovery is concerned, the following has been done during last year:

- The medicines sold and the charges for services delivered at the clinic, generated approximately US\$8,000.00. The level of costs recovered could be increased by analyzing the current services, cutting staff, reorganizing the clinic, reducing the number of beds, and increasing the fees charged for services.
- The construction of family dry fertilizing latrines and improved Lorena stoves, carried out by a group of project trained volunteers, at an equivalent of US\$20.00 charged per latrine and/or stove represented an approximate sum of US\$500.00.
- The Mother-Child program has generated approximately US\$1000.00.

5.3.2 The community reacts positively if costs are kept to a minimum and if access to health services is continuous. Frustration becomes the norm if prices are exorbitant and if the supply of medicines or the availability of services is not adequate.

Upon the introduction of cost-recovery mechanisms, a portion of the population is always excluded from service delivery, such as widows and orphans. However, other relief organizations exist, such as churches which could contribute in the financing of such services for these persons in the future.

5.3.3 There have been no courses in cost recovery or price setting.

6. PROJECT EXPENDITURES AND BUDGET CHANGES

6.1 PIPELINE ANALYSIS

This will be submitted under a separate cover.

6.2 JUSTIFICATION OF BUDGET CHANGES

PCI-Guatemala is revising its DIP for this CSVII project. The budget will be re-developed at that time. The budget enclosed is a summary of the CSVII proposal budget.

7. 1992/1993 WORK SCHEDULE AND BUDGET

During the next year activities shall continue to be planned on a monthly basis. The monthly work plan is listed in the appendix.

PCI-GUATEMALA
Annual Report Appendices

WORK SCHEDULE FY 1992-1993

SEPTEMBER 92

- Follow-up meetings with trained traditional midwives every month.
- Door to door vaccination to children under 5 and to women in reproductive age in Santiago Atitlán urban area and in miniconcentrations of rural areas, with the active participation of volunteer personnel, in coordination with MOH.
- Focal Groups in Reproductive Health, with the following components: Prenatal control, Delivery and Post-delivery care, pregnancy spacing and sexual education, taking samples from the urban and rural areas of the Santiago Atitlán district.
- Presentation of the anthropological study of fast field in Vitamin "A" to a group of NGO's collaborators.

OCTOBER 92

- Administrative assistance visit for preparation of fiscal year 1993 Budget on the past of Rich Covington, Support Official, Headquarters.
- Management of Friends of the Lake (Amigos del Lago) Clinic to begin by PCI.
- Training of 10 volunteers in IRA (Acute Respiratory Infection) in San José Chacayá.
- Two follow-up meetings with community distributors of family planning methods (3 men and 7 women).

NOVEMBER 92

- Supervision to 10 volunteers of the IRA Educational Program at San José Chacayá community.
- Visit to expansion areas to contact volunteer personnel, community leaders and institutions' directors.
- Vaccination in rural areas and in a community of Santiago Atitlán urban area.
- Holding of a mini-CAP on AIDS in rural and indigenous areas.
- Seminar-workshop on Breast-feeding to two persons working for PCI.

DECEMBER 92

International consultantship for:

- **Revision of the Detailed Implementation Plan (DIP) and new design for same.**
- **Technical revision of concepts on Child Survival interventions.**
- **Redesign and testing of the Health Information System.**
- **International consultantship for:**
- **Design, training and implementation of the Sustainability System, data collection and methods design.**
- **Elaboration of the Operational Plan and revision of the Strategic Plan, revision of specific objectives, targets and activities.**
- **PCI presentation at the Health Fair with AIDS and the Committed Community.**
- **Knowledge, attitudes and practices (CAPs) through focal groups about identification of work carried out by PCI in Santiago Atitlán.**

JANUARY 93

- **Top deepen into volunteers' Information System to detect high risk within target population to plan concrete actions,**
- **Initiation of fast KAP research in the Nutritional components, in Santiago Atitlán.**
- **Establish an identification and motivational system of community personnel in the community.**

FEBRUARY 93

- **Organization of volunteer groups in expansion areas.**
- **Planning of activities with community participation in expansion areas, in coordination with Ministry of Public Health and other NGO's.**
- **Training of volunteer personnel detected and organized in Community Voluntary Outreach, Domiciliary Visit Steps and Channeling Methodology.**
- **Carrying out of Focal Groups in Nutrition, at Santiago Atitlán, to close Child Survival cycle.**

MARCH 93

- **Training to institutional staff, leaders and volunteer personnel, in the ORT (Oral Rehydration Therapy) program, at expansion areas.**

19

- Validation of messages and education material for ORT in expansion areas.
- Follow-up of field investigation on Nutrition at Santiago Atitlán.

APRIL 93

- Elaboration of Educational Material in Nutrition.
- Training of institutional staff, community leaders and volunteer personnel in Reproductive Health, at Santiago Atitlán.
- Supervision of volunteer personnel in the educational program of the ORT component, at expansion areas.

MAY 93

- Monitoring of Reproductive Health program in Santiago Atitlán.
- Training in Nutrition for growth control for institutional staff, leaders and community at santiago atitlán.

JUNE 93

- Monitoring of Growth Control and Nutrition Program in Santiago Atitlán.

JULY 93

- Training on Sanitary Measures in expansion areas.

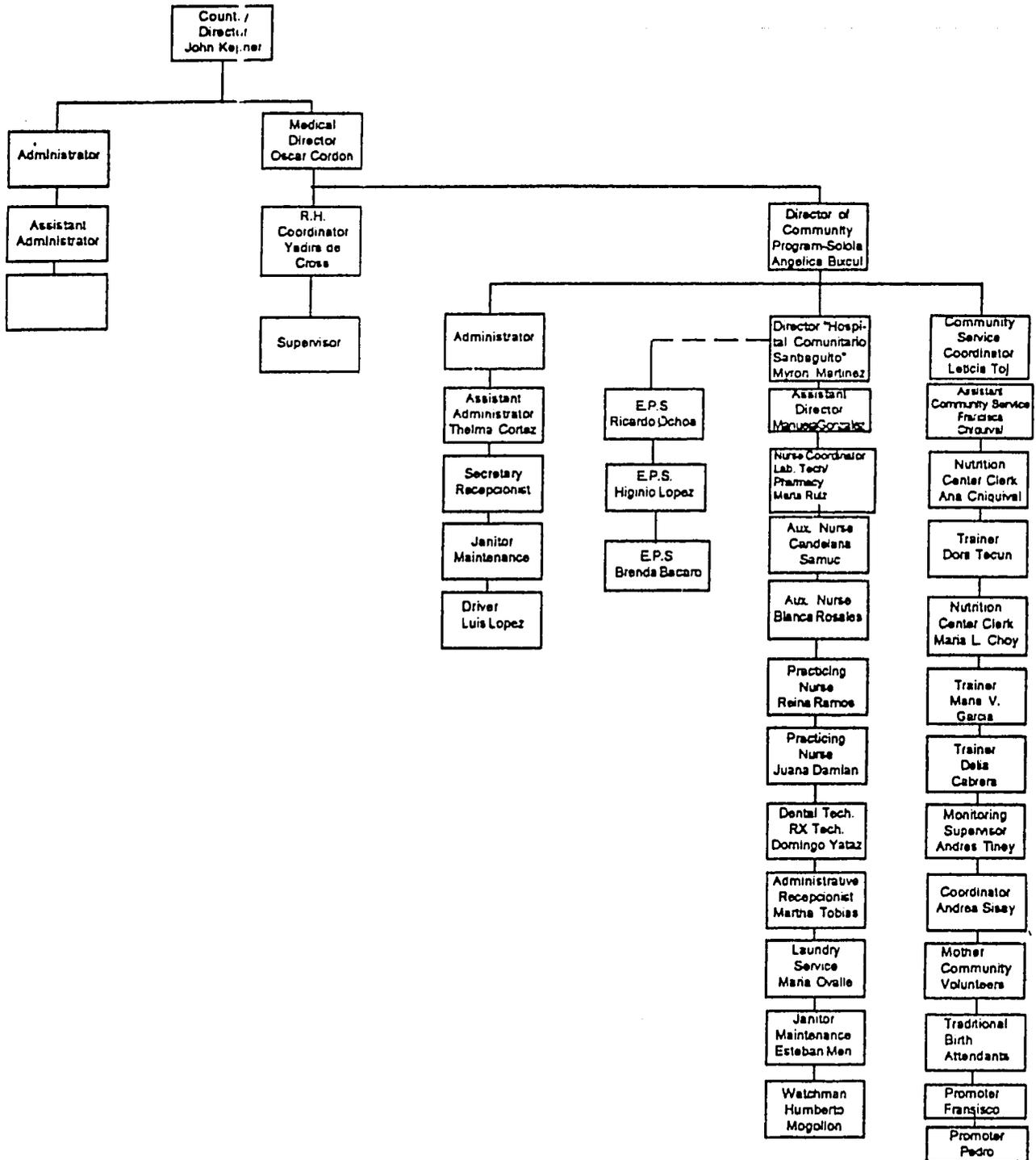
AUGUST 93

- Monitoring of the community educational program in Sanitary Measurements.

PROJECT CONCERN INTERNATIONAL
CHILD SURVIVAL PROJECT

CATEGORY	TOTAL AGREEMENT BUDGET		
	AID	PVO	TOTAL
I. PROCUREMENT			
A. Supplies	4,200.00	21,100.00	25,300.00
B. Equipment	0.00	0.00	0.00
C. Services/Consultant			
1. Local	4,000.00	15,632.00	19,632.00
2. Espatriate	0.00	0.00	0.00
Subtotal I	8,200.00	36,732.00	44,932.00
II. EVALUATION			
A. Consultant/Contract	8,915.00	0.00	8,915.00
B. Staff Support	1,000.00	0.00	1,000.00
C. Other	3,340.00	0.00	3,340.00
Subtotal II	13,255.00	0.00	13,255.00
III. INDIRECT COST			
1. Overhead/Gen & Admin.	46,967.00	21,065.00	68,032.00
Subtotal III	46,967.00	21,065.00	68,032.00
IV. OTHER PROGRAM COST			
A. Personnel			
1. Technical	75,445.00	20,800.00	96,245.00
2. Administrative	16,167.00	0.00	16,167.00
3. Other	12,803.00	0.00	12,803.00
B. Travel			0.00
1. In country	3,000.00	14,700.00	17,700.00
2. International	19,520.00	2,700.00	22,220.00
C. Other Direct Cost (Utilities, Printing, Rent, Maintenance etc)	19,350.00	300.00	19,650.00
Subtotal IV	146,285.00	38,500.00	184,785.00
GRAN TOTAL	214,707.00	96,297.00	311,004.00

PCI/GUATEMALA



JOB DESCRIPTION

COUNTRY PROGRAM DIRECTOR-GUATEMALA PROJECT CONCERN INTERNATIONAL

-
Position reports to PCI Headquarters in San Diego, California.

DUTIES AND RESPONSIBILITIES

-
Act as legal representative for PCI-Guatemala.

-
Provide leadership in directing and managing all PCI-Guatemala programs.

-
Responsible for overseeing technical and administrative aspects of Project Concern's Primary Health Care, Child Survival, Reproductive Health, Appropriate Technology and Income Generation projects in Guatemala.

-
Provide technical and administrative assistance to host country nationals working in Sololá and other project areas. Including oversight of small hospital, satellite clinics, nutritional centers, pharmacies, dental services, training projects and outreach programs to the community.

-
Liaison with other NGO's, AID, Government of Guatemala (GOG), International Health Agencies, Universities, etc. Work closely with MOH and explore vias of cooperation with GOG and other groups. Establish project linkages to other health and development activities.

-
Coordinate program activities with GOG, national and international NGO's and agencies involved in activities related to PCI's work and in Guatemala.

-
Identify project requirements for technical assistance and staff training and coordinate these activities from headquarters and other agencies.

-
Strengthen institutional capability in program leadership and project management. Provide assistance in designing and developing effective HIS/MIS.

-
Help design educational and other technical materials for in-country use. Help design and implement training activities.

-
Develop in-country and regional (Central America) strategic and operational plans for PCI's activities.

-
Write proposals to USAID and other funding agencies. Coordinate fund raising activities with headquarters. Develop jointly with headquarters plans to seek and diversify funding sources for PCI-Guatemala projects.

JOHN KEPNER
Section 176
P.O.Box 02-5289
Miami, FLa. 33102-5289
PHONE: 502-2-358106
FAX: 502-2-357578

(USA) PHONE: 415-342-3827
(USA) FAX : 415-342-3827

WORK EXPERIENCE:

PROJECT CONCERN INTERNATIONAL (PCI-Guatemala) 10-91 to Present **COUNTRY DIRECTOR:** Responsible for overseeing technical and administrative aspects of PCI's Primary Health Care, Child Survival, Reproductive Health, Appropriate Technology and Income Generation projects. Liaison with NGO's, AID, MOH, Government of Guatemala, International Health Agencies, Universities. Strengthen institutional capability in program leadership and project management. Provide technical and administrative assistance and training to host country nationals working in PCI projects.

CHILD SURVIVAL NGO NETWORK (PROCOSI) PROGRAMA DE COORDINACION EN SUPERVIVENCIA INFANTIL 10-89 to 9-91 **EXECUTIVE DIRECTOR:** Chief Executive Officer and Legal Representative of an NGO umbrella group consisting of ten international and Bolivian NGO's. Responsible for coordinating health and child survival projects of NGO's with the Ministry of Health (MOH). Provide administrative and technical assistance to member organizations and MOH personnel. Coordinate technical and administrative assistance from international health organizations with NGO's and MOH. Organize and implement training activities. Negotiate agreements between GOB and NGO's. Responsible for managing multiple operations of the executive office, hiring, supervising personnel, executing and monitoring budgets and program activities including 14 USAID funded Child Survival grants, 90 T.A. assignments and 40 training seminars and workshops. Generate financial and program reports to Board of Directors, producing monthly, quarterly and annual work plans. Seek and negotiate additional sources of funding. Serve on the Board of Directors and liaison with USAID, MOH, MOP, UNICEF, International Health Agencies, National Federation of NGO's in Health, and other Bolivian organizations.

25

**ONE
WORLD
LEARNING
INSTITUTE**
Ica, Peru
9-87 to 10-89

MANAGING DIRECTOR: Directed administrative and program areas of an English Language Institute with student body of 500. Increased enrollment by 40%. Developed strategic plans, advertising, and public relations. Diversified programs and initiated teacher training. Negotiated contract and salary agreements with teachers and administrative staff. Hired and trained personnel.

**SCHOOL for
INTERNATIONAL
TRAINING (SIT)**
Brattleboro,
Vermont
9-86 to 8-87

PROGRAM COORDINATOR: Managed the design, delivery and marketing of short-term management training programs in Spanish. Negotiated agreements for stateside Participant Training with USAID, World Bank, and U.N. Missions in Latin America. Established sponsorship contracts between these agencies and public/private institutions and their participants. Developed marketing strategies for stateside and in-country management training.

**UNITED
NATIONS
CHILDREN'S
FUND
(UNICEF)**
La Paz,
Bolivia
9-85 to 12-85

PROGRAM CONSULTANT: Designed marketing strategies for distribution of iodized salt. Prepared a study for MOH on production and distribution costs of iodized salt by rural cooperatives and small-scale producers in Bolivia. Carried out research for involvement of NGOs in a national level marketing plan. Was UNICEF's advisor to and liaison with MOH and NGO directors.

**COMUNICACION
INTERCAMBIO Y
RADIODIFUSION
BAHA'I para
AMERICA LATINA
(CIRBAL)**
Maracaibo,
Venezuela
1-84 to 8-85

MANAGEMENT ADVISOR: Provided training to management and personnel of two rural Altiplano radio stations in Bolivia and Peru. Initiated team building and consultative problem solving for planning and evaluation of programs. Organized and conducted in-service training workshops. Completed a management study assessing training needs, improving operations and determining MIS requirements for effective decision making and administration.

**UNITED
NATIONS
CHILDREN'S
FUND
(UNICEF)**
La Paz,
Bolivia
9-83 to 12-83

PROGRAM CONSULTANT: Designed participatory methodologies for community based planning and administration. Produced a UNICEF report and project proposal in Spanish entitled, "Programacion Desde la Base" required by the Ministry of Health for national level programming of UNICEF's Five Year Plan of Assistance to Bolivia.

**ONE
WORLD
LEARNING
INSTITUTE**
Ica, Peru
1-80 to 8-83

MANAGING DIRECTOR: Founded and developed an Institute for English as a Second Language. Responsible for academic, operational, and fiscal management. Hired and supervised three administrative assistants, ten teachers and temporary services. Developed effective professional relations with personnel, parents, students, and authorities.

**INKARI
EXPORTS
PERU SRL**
Lima, Peru
4-71 to 12-79

GENERAL MANAGER: Established and managed a handicraft exporting company and two retail stores covering three major cities and production centers of Peru. Contracted Andean artisans, cooperatives and women's weaving associations providing technical assistance in design and quality improvement. Managed international accounts, letters of credit and other export procedures. Supervised personnel and retail store operations.

EDUCATION: (DEGREES)

**SCHOOL for
INTERNATIONAL
TRAINING**
Brattleboro,
Vermont
1-86 to 8-87

**Masters Degree in International Development
Administration/Intercultural Management.**

**UNIVERSITY of
SAN FRANCISCO**
S.F., Ca.
8-14-82

Bachelor of Science Degree in Business Management. Concentration in Organizational Development and Behavior.

(CERTIFICATES)

**UNIVERSITY of
HAWAII**
JOHN A. BURNS
SCHOOL of
MEDICINE
Honolulu, Hi.
1-91 to 3-91

**"Improving the Management of Primary Health
Care Services."** Course focus was on strengthening MOH management of PHC, conducting mgt. analysis, needs assessments and evaluations.

**PROCOSI/ MOH
BOLIVIA**
La Paz, Bolivia
11-90

"Health Information Systems". Workshop presenting the results of a two year PROCOSI sponsored research project, a project I supervised, to study and strengthen the HIS being used by member NGO's of PROCOSI.

INCAP
Guatemala City,
Guatemala
6-90

"Regional Workshop on Strategies to Improve the Status of Vitamin A in Latin America and the Carribean". Workshop conducted by ISTI/VITAL. Following this workshop where initial contact was made with AID funded VITAL project, PROCOSI was awarded two consecutive Vitamin A grants from AID and VITAL for \$225,000.

**UNIVERSITY of
SAN FRANCISCO**
S.F., Ca.
6-9-82

Spanish Fluency in Reading, Writing, Speaking and Translating.

(CONSULTANCIES)

USAID/PERU
Lima, Peru
5-91

Participated with a team in the design of a Project Identification Document (PID) for USAID to fund an NGO consortium in Peru.

**School for
Inter'l Training**
11-86 to 12-86

Traveled to 9 Latin American and Carribean countries to determine potential funding sources/sponsors for SIT Mgt. Training programs. Secured commitments for sponsorship of students from USAID/Guatemala, Costa Rica, Honduras, El Salvador, Ecuador and Bolivia.

PERSONAL:

CITIZENSHIP:

U.S.A.

FAMILY:

Married/four children

LANGUAGES:

English - native

Spanish - fluent (S+5 and R+5 capability)

JOB DESCRIPTION

POSITION: MEDICAL DIRECTOR

DUTIES AND RESPONSIBILITIES

- 1
Medical, technical and social-epidemiological support in supervising, monitoring, and evaluating PCI Health Projects at national level (Child Survival, Reproductive Health, Appropriate Technology, Nutrition, Vitamin "A", Sexually Transmitted Diseases, AIDS). -
- 2
Provide technical support to MOH authorities, and local and international NGO's. -
- 3
Elaboration of technical reports for Detailed Implementation Plans, annual reports, questionnaires, curriculum on health activities, health surveys, etc., for USAID, AID/Guatemala, and American and international foundations, private organizations and local non-governmental organizations, and PCI Headquarters in San Diego, CA. -
- 4
Elaboration of PCI proposals for international and local funding agencies. -
- 5
Revision of monthly, quarterly and bi-annual reports submitted by Project directors and coordinators. -
- 6
Training and monitoring of volunteers, field personnel (CAT, MVS, PRS, etc.), coordinators, program directors, in matters dealing with: Community Health, programs' negotiations and step-taking, fast anthropological research, health education, community participation, reproductive health, information techniques, education and communication in Child Survival, Sexually Transmitted Diseases and AIDS, etc.; Child Survival interventions such as: Pneumonia Control, TRO, EPI, Growth Monitoring, etc. -
- 7
Coordination and collaboration with technical health personnel of other PVO's and local NGO's. -
- 8.-
Up-dating and review of literature dealing with health projects.
- 9.-
Technical Training and evaluation of personnel for health projects.

24

10.-

Monitoring and evaluation of information systems for health projects.

11.-

Computer support (text processing, electronic sheets, statistical packages, diagramming programs, etc.) in the management of health projects.

OSCAR A. CORDON CRUZ

EXPERIENCE

- PROJECT CONCERN INTERNATIONAL** Guatemala, Guatemala
Medical Director. Responsible 03/1992 to present
for technical health support to
Child Survival projects with
USAID, local and international
NGO's and MOH. Technical Assistant to the
Country Director in overseeing
PCI's health projects in Guatemala (Child
Survival, Appropriate Technology,
Income Generation, Reproductive
Health, AIDS, Nutrition and Vitamin "A".
- CENTERS FOR DISEASE CONTROL/ASSOCIATION** Atlanta, Georgia
OF SCHOOLS OF PUBLIC HEALTH 07-09/1991
Consultant. Evaluating the training
and development needs of the U.S. Public
Health System.
- UNIVERSIDAD DE SAN CARLOS DE GUATEMALA** Guatemala, Guatemala
FACULTY MEMBER, Facultad de Ciencias 03/1987-01/1991
Medicas. Social Service/Field Work
Instructor and Supervisor. Taught and
supervised medical school students
training in rural health and supervised
their field work in the highlands of
Guatemala, a pre-requisite prior to
graduation. Supervised work with NGO's
around all the country.
- UNIVERSIDAD DE SAN CARLOS DE GUATEMALA** Guatemala, Guatemala
Facultad de Ciencias Medicas. 03/1987-01/1991 Associate Professor.
Basic Sciences Department teaching
first year medical students.
- HOGAR DE LA MUJER ALCOHOLICA** Guatemala, Guatemala Staff
physician and Board Member 02/1986-06/1987 General clinical duties in a non
profit health facility in the
City of Guatemala for the
treatment and counsel of low income

drug dependant and alcoholic women.

MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL Guatemala, Guatemala
Health Center Director. 08/1985-01/1986

Provided clinical and preventive services in Samayac, Mazatenango, an Indian village of 12,000 inhabitants; supervised and trained health center staff; developed program and trained traditional midwives, promoted health education.

EDUCATION

UNIVERSITY OF PUERTO RICO, San Juan, PR
SCHOOL OF PUBLIC HEALTH 06/1991
Master of Public Health Degree from the General Studies Department; concentration in Community Health, Nutrition and Epidemiology.

UNIVERSIDAD DE SAN CARLOS DE GUATEMALA Guatemala, Guatemala
Physician and Surgeon Degree 11/1986
from the Facultad de Ciencias Medicas

HOSPITAL GENERAL "SAN JUAN DE DIOS" Guatemala, Guatemala Rotating
Interdepartmental Intern 01-06/1985
Performed clinical duties under the supervision of residents and chiefs of wards in obstetrics, gynecology, internal medicine, surgery, pediatrics, and emergency rooms of each department of the hospital.

LICENSING

COLEGIO DE MEDICOS Y CIRUJANOS DE GUATEMALA Guatemala, Guatemala
Obtained board certification as a physician and surgeon 11/1986

ADDITIONAL TRAINING

32

U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES Atlanta,GA
Public Health Service. Centers for Disease 10/1991
Control. Public Health Practice Program
Office. Self Study Course in Principles of
Epidemiology.

EMORY UNIVERSITY/CENTER FOR INTERNATIONAL Atlanta, GA
STUDIES/CENTERS FOR DISEASE CONTROL 09-10/1991
International Track of Epidemic
Intelligence Service

INTERAMERICAN UNIVERSITY OF PUERTO RICO San German, PR
English Language Training 01-06/1990
INFORMATIC ASSOCIATION OF GUATEMALA Guatemala, Guatemala
Computer Training for Physicians 08/1988

INTERAMERICAN STATISTICS CENTER Guatemala, Guatemala
GENERAL NATIONAL RESEARCH BUREAU 04/1988
Advanced Sampling Technics in Health
Research

UNIVERSIDAD DE SAN CARLOS DE GUATEMALA Guatemala, Guatemala
Postgraduate Coursework in University 02/1988
Pedagogy. From the Facultad de Humanidades, Master's Program in University
Teaching.

UNIVERSIDAD DE SAN CARLOS DE GUATEMALA Guatemala, Guatemala
RESEARCH AND EDUCATIONAL IMPROVEMENT 10/1987
INSTITUTE. Postgraduate Teaching
Planning and Program Development.

CENTRAL AMERICAN INSTITUTE FOR RESEARCH Guatemala, Guatemala
IN TECHNOLOGY AND INDUSTRY-ICAITI 11/1987
Technology Resources in Development
Projects.

THESIS

Cordon Cruz, Oscar A. "Sobrevivencia de Ninos de Bajo Peso al Nacer" Septiembre, 1986.
Facultad de Ciencias Medicas, Universidad de San Carlos de Guatemala.

MEMBERSHIPS

34

Physicians and Surgeons College of Guatemala, Guatemalan Association of Tropical Disease and Parasitology, American Public Health Association and International Committee on Community Health.

COMPUTER SKILLS

Word processing: WordPerfect and Display Write; Data Analysis: EPIINFO and basic SPSS; Data Management: Lotus 123r and Harvard Project Manager; Harvard Graphics, Chart Master and Sign Master.

REFERENCES AVAILABLE UPON REQUEST.

JOB DESCRIPTION

P O S I T I O N : DIRECTOR OF COMMUNITY HEALTH PROGRAM/CHILD SURVIVAL PROJECT

DUTIES AND RESPONSIBILITIES:

- 1 -
Be an integral part of PCI-Guatemala management team.

- 2 -
Coordinate, supervise and develop the work of community personnel in Sololá (both technical and administrative).

- 3 -
Coordinate the Child Survival Project overseeing that all standards and targets established by PCI are followed so as to provide good service to the community.

- 4 -
Establish together with MOH and other NGO's, the necessary coordination in planning and carrying out activities of Child Survival Programs in expansion areas.

- 5 -
Together with Program Coordinators, determination of duties and responsibilities of PCI Personnel for Community Program of Sololá.

- 7 -
Evaluate programs continuously.

- 8 -
Elaborate the monthly progress report for Program and hand same in on the 30th of every month.

- 9 -
Participate in elaboration of Base Study, Detailed Implementation Plan, Annual Report, mid-term and final evaluation of AID/W's Child Survival Program.

- 1 0 -
Review and improve the information system together with PCI Medical Director and program coordinators.

- 1 1 -
Collaborate with coordinators of other PCI projects in order to improve their work.

- 1 2 -
Elaborate Program's monthly budget, together with Administrative Personnel and Programs'

MARIA ANGELICA BIXCUL DE NAVICHOC
RESUME

GENERAL DATA

D A T E O F B I R T H :
April 3, 1955
P L A C E O F B I R T H :
San Pedro La Laguna, Sololá, Guatemala
A D D R E S S :
Santiago Atitlán, Sololá
P R O F E S S I O N :
Physician and Surgeon (M.D.)
L I C E N S E N U M B E R :
3,020

EDUCATION

P H Y S I C I A N A N S U R G E O N :
Universidad de San Carlos de Guatemala. 1980.
S E N I O R H I G H S C H O O L :
Colegio Evangélico La Patria, Quetzaltenango. 1973.
J U N I O R H I G H S C H O O L :
Colegio Evangélico La Patria, Quetzaltenango. 1969-1971.

ADDITIONAL STUDIES AND EXPERIENCES

- Imparted Worksnop on Base Studies Methodologies and Focal Groups, PCI/SHARE. Asecsa, Chimaltenango. April 1992.
- Supervisor of Workshop on Base Studies Methodologies, PCI/Johns Hopkins University. Santiago Atitlán. February 1992.
- Seminar-Workshop on Peri and Neonatal/Maternal Health. Future Projections. Antigua Guatemala. November 1991.

- Attendance at the II Latin American Workshop on Child Survival for OPV of Guatemala, Honduras, Dominican Republic, Ecuador, Bolivia, Honduras. 1991.
- Attendance at the First Latin American Regional Workshop on Child Survival. Quetzaltenango, Guatemala. August 1989.
- Seminar-Workshop on Materials Production for Indigenous Areas. August 1987.
- Second National Seminar on Traditional Medicine. October 1986.
- Certificate for having completed the Training Extension in the field of primary care at the Administration and Health Services, University of San Francisco, California. September 1980.
- Certificate for having completed training in Management of Family Planning Programs and Education for Family Life at the University of San Francisco, California. August 1986.
- Meeting on the Delivery of Family Planning Services to indigenous populations, Development Associates Int. APROFAM. September 1985.
- XII Medical-Surgical Scientific Course. October 1983.
- III International Training Course to trainers for Community Programs on Family Planning. August 1982.

POSITIONS HELD

- Director, Community Health Program of Sololá. 1991 to date.
- Director, Child Survival Programs of PCI-Guatemala.
- Medical Consultant of the Emergency Committee against Cholera in Santiago Atitlán, September 1991.

-
Medical Director of Community Health Programs for PCI, 1984-1987.

-
Acting Medical Director for PCI during 9 months. 1982.

-
Head of PCI Medical Services. 1981.

-
Physician at Santiaguito Clinic, PCI. 1980.

DUTIES PERFORMED

-
Coordination, supervision and monitoring of curative and preventive services of Sololá's Community Health Programs, which includes 10 municipalities, as well as technical and administrative assistance duties in project's direction.

-
Member of PCI-Guatemala Board of Directors.

-
Coordination of health actions with Ministry of Health and Social Welfare and with other NGO's.

-
Active participation in training of volunteer personnel in health fields.

-
Representation on behalf of institution before governmental and non-governmental authorities, institutions or other organizations concerned with the health matters.

-
Preparation of monthly statistics.

-
Coordination of programming and training of rural health promoters and training of traditional empirical midwives together with Ministry of Public Health's personnel.

-
Direct supervision and technical assistance to medical and paramedical personnel in Pharmacy, Dental Care, General Medicine, Tuberculosis Programs; Educational Services, Nutritional Centers, Satellite Clinics in two villages of Santiago Atitlán and Healthy Child Clinic.

-
Attend out-patient consultation, inpatients and emergencies.

JOB DESCRIPTION

P O S I T I O N : CURATIVE PROGRAM COORDINATOR AND DIRECTOR OF THE COMMUNITY HOSPITAL "SANTIAGUITO CLINIC"

DUTIES AND RESPONSIBILITIES

- 1 -
Be an integral part of the technical team to participate in program planning, administration and evaluation.
- 2 -
Provide medical care to the people of Santiago Atitlán, who come to the Santiaguito Clinic, both as outgoing patients and in emergencies.
- 3 -
Supervise, coordinate and develop the work of the Curative Program Personnel, making sure that they improve their technical knowledge and attention to patients (Nursing, Laboratory, X-Rays, Dental Clinic and Pharmacy).
- 4 -
See that Doctors' and Nurses' shifts are covered by personnel trained to be on duty 24 hours a day.
- 5 -
Supervise Medicine and Odontology EPS' work, overseeing that they comply with Institution's standards; and with agreements existing between the University and PCI.
- 6 -
Supervise the correct use and good maintenance of medical equipment, informing the Health Program Director of Sololá of any damage which might exist in such equipment; and in the event of any deficiencies or losses due to personnel negligence, that the price thereof be replaced.
- 7 -
Investigate changes in the Curative Program to improve attention to the community.
- 8 -
Supervise the Tuberculosis Program.
- 9 -
Monthly elaboration of Program Statistics for PCI and the General Bureau of Statistics, as well as preparation of the progress report for the Curative Program.
- 1 -
0 -

**YADIRA VILLASENOR DE CROSS
RESUME**

GENERAL DATA

P L A C E O F W O R K :
Project Concern International
19 avenida 0-43, zona 15
Vista Hermosa II
Guatemala, Guatemala

P H O N E :
(502-2) 358106
FAX: (502-2) 357578

H O M E A D D R E S S
Lote 15, Manzana C, Sector B1
Ciudad San Cristobal, Zona 8
Mixco, Guatemala

P H O N E :
(502-2) 781923

PRESENT POSITION

Project Coordinator, Reproductive Health. Project Concern International.

LANGUAGES

Spanish an English

EDUCATION

Physician and Surgeon (M.D.)
University of San Carlos de Guatemala
1989

T H E S I S :
National Health Plan. Retrospective Study of Actions directed to the Solution of Priority Problems of Heath Care in Guatemala.

High School Graduate

42

"Liceo Secretarial Bilingüe" School
1979

POST-GRADUATE STUDIES

Post-graduate degree in Social Research Methods
Correspondence School Project
Ministry of Public Education
San José, Costa Rica
1991

T H E S I S
Diagnostic Investigation on Mother-Child Health in Zone 18 of the Capital City. Guatemala.

Master in Business Administration
Two courses passed:
Epistemology and Research Methodology
1991
Political Analysis I
1991

Master in University Teaching
School of Humanities
University of San Carlos de Guatemala
Four courses passed:
Didactic for Higher Education
Personality of the University Student
University Pedagogy
Educational Technology
1990

WORKING EXPERIENCE

1 9 9 1 - 1 9 9 2
Coordinator of Reproductive Health Project
Project Concern International

Responsible for undertaking ethnographic investigation using Base Study and Focal Groups Methodologies in the communities. Design, development and implementation of Reproductive Health Projects. Coordination in materials design and educational messages which respond to community needs. Training of personnel of traditional and western health services in Reproductive Health programs. Coordination with local and international agencies.

1 9 9 1 - 1 9 9 2

**Community Physician
Christian Children's Fund
Santa María de Jesús, Antigua Guatemala**

Delivery of curative and preventive care to affiliated children. Design and implementation of the Maternal Health Program.

Training of midwives, health promoters, witch (quack) doctors, primary, secondary level students and to those students of the informal sector. Coordination with INCAP and the Ministry of Public Health and Social Welfare for community health programs.

**Collaborating Physician with APROFAM
Code 8-01**

Ad Honorem Physician. Medical Courses, Lions Club

63

**FRANCISCA CHIQUIVAL MEN
RESUME**

GENERAL DATA

D A T E O F B I R T H :
October 4, 1959
P L A C E O F B I R T H :
Santiago Atitlán, Sololá, Guatemala.
A D D R E S S :
Santiago Atitlán, Sololá
P R O F E S S I O N :
Nurse Assistant
I D C A R D :
Order No. G-7; Register No. 11390

EDUCATION

N U R S E A S S I S T A N T :
Human Resources Division, Nursing School, Guatemala. 1988-1990.
G R A M M A R S C H O O L :
Mateo Herrera No. 1 School
First to Sixth Grades, 1969-1975.

COURSES ATTENDED

- Workshop on Information, Education and Communication in Child Survival. PCI-SHARE.
February 1992.
- Women and her Participation in the Community Health Process in Asecsa, Chimaltenango.
1991.
- Breast-feeding Course. 1991.
- Participative Techniques. 1991.
- First Meeting on Woman Promotion in Community Health in Asecsa, Chimaltenango. July

1990.

-
Family Planning, Mother-Child Health, and Interpersonal Relations Following-Up. July 1990.

-
Course on Family Planning Advising. May 1989.

-
Immunization of Children and Mothers. 1988.

-
Diarrheic Syndrome, Panajachel. 1987.

-
Course on Family Planning and Contraceptive Methodology. 1986.

-
Breast-feeding (Beliefs and Practices in Guatemala). 1984.

-
Health Promoters Trainers. December 1983.

-
Basic Course on Family Planning. 1982.

-
Meeting of Promoters about Medicinal Plants, San Lucas Tolimán. 1979.

-
First Aid Course. March 1979.

-
Nutrition in Mother and Child. October 1978.

-
Course on Mayan Languages in Huehuetenango. January-July 1976.

EXPERIENCE AND POSITIONS HELD

-
Trainer of Community Services. From 1991 to date.

-

Member of Technical Team for Community Program. From 1990 to 1991.

-

President of Zuhuykak Project. From 1985 to 1987.

-

Member of Widows' Project, Zuhuykak Project. From 1984 to 1985.

-

Person in charge of Programs carried out in Children's Clinics. From 1980 to 1991.

-

Assistant, Children's Clinic. From 1979 to 1980.

-

Participant in Meeting of Undernourished Children's Mothers. From 1978 to 1979.

-

Elaboration of Radio Spots on Coordinated Health by the Santiaguito Clinic. From 1976 to 1977.

-

Organization of Youth Groups in the Catholic Church in 1976.

JOB DESCRIPTIONS

P O S I T I O N : PREVENTATIVE PROGRAM COORDINATOR

DUTIES AND RESPONSIBILITIES

- 1 . -
Be an integral part of PCI Technical Team to participate in program planning, administration and evaluation.
- 2 . -
Supervise, coordinate and develop community personnel work.
- 3 . -
Coordinate community programs overseeing that standards set forth for each program are being followed and that these provide good service to the community.
- 4 . -
Together with Community Programs Assistant and Health Center Nurse, establish a training, supervision system for traditional midwives (TBA's).
- 5 . -
Together with trainers and persons in charge of nutritional centers, define tasks for Mothers and Fathers Committees, establish the training, supervision and evaluation system and a report system using drawings.
- 6 . -
Provide training to and supervise midwives and Fathers and Mothers Committees.
- 7 . -
Develop, validate and evaluate all educational material adapted to the community and a working manual for training personnel.
- 8 . -
Evaluate and monitor programs continuously.
- 9 . -
Submit monthly reports on the following activities: ORT distribution, vaccines administration.
- 1 0 . -
Participate in developing a Detailed Plan for Implementation of the Child Survival Program, Annual Reports and Questionnaires.

5

- | | | | |
|--|---|---|---|
| 1 | 1 | . | - |
| Together with persons in charge of programs, review and improve statistical data records. | | | |
| 1 | 2 | . | - |
| Compile statistical data for mid-term and final evaluation of funded projects. | | | |
| 1 | 3 | . | - |
| Collaborate with directors of other programs so as to improve their work. | | | |
| 1 | 4 | . | - |
| Maintain the coordination in the planning and execution of activities in Child Survival Programs with MOH at the Sololá Center. | | | |
| 1 | 5 | . | - |
| Coordinate the Mother-Child Program from World SHARE making sure that it offers a good community service. | | | |
| 1 | 6 | . | - |
| Coordinate and participate an anthropological studies of programs for the community welfare. | | | |
| 1 | 7 | . | - |
| Participate in health projects together with the Municipal Health Committee. | | | |
| 1 | 8 | . | - |
| Planning and Monitoring of the Immunization Program in the rural area together with PCI's Curative Program Director. | | | |

52

**LETICIA TOJ DE MENDEZ
RESUME**

GENERAL DATA

D A T E O F B I R T H :
July 23, 1963
P L A C E O F B I R T H :
Patzicía, Chimaltenango
A D D R E S S :
Santiago Atitlán, Sololá
P R O F E S S I O N :
Registered Nurse
I D C A R D :
Order No. C-3; Register No. 10192

EDUCATION

R E G I S T E R E D N U R S E :
"Escuela de Enfermeras de Occidente", Quetzaltenango. 1982-1984.

S E N I O R H I G H S C H O O L :
Rafael Landivar Institute,
Guatemala. 1980-1981.

J U N I O R H I G H S C H O O L :
June 3 Institute, Patzicía. 1977-1979.

COURSES ATTENDED

-
Workshop on Base Study and Focal Groups PCI-SHARE. Asecsa, Chimaltenango. April 1992.

-
Workshop on Base Studies Methodologies PCI-Johns Hopkins University. Santiago Atitlán. 1991.

-
Breast-feeding Course, Santiago Atitlán. 1991.

-
Workshop on Educational Materials, Asecsa, chimaltenango. 1991.

- Course on Participative Techniques. Santiago Atitlán. 1989.
- Follow-up Course on Family Planning, Mother-Child Health and Interpersonal Relations. Santiago Atitlán. 1990.
- Seminar-Workshop on Materials Production for the Indigenous Area. Guatemala. 1987.
- Basic Seminar on Transactional Analysis, Siconeurologic Center of Occidente. Quetzaltenango. 1984.
- Perinatalogical Departmental Course. Quetzaltenango. 1983.
- Course on: The Students: Learning difficulties. Quetzaltenango. 1983.

EXPERIENCE AND POSITIONS HELD

- Community Services Coordinator PCI. 1991 to date.
- Community Services Assistant PCI. 1986-1990.
- Teacher of the Nursing Auxiliaries Course PCI. 1988-1990.
- INCAP's Consultant for implementation of Child Survival Programs. 1986-1988.
- Nurses' Head, Santiaguito Clinic PCI. 1985-1986.

PERSONAL PROGRAMA HospitalARIO

NOMBRE:Dra. Manuela L. Hernández González
PUESTO:Asistente del Director Programa Hospitalario

FUNCIONES Y RESPONSABILIDADES:

- 1
Velar por el buen funcionamiento del Hospital y en la ausencia del Director del Servicio Hospitalario ser responsable directamente del Hospital con el apoyo administrativo.
- 2
Supervisar al personal de enfermería.
- 3
Hacer el rol de turnos mensualmente para enfermeras y médicos velando por una distribución igual de tiempo.
- 4
Elaborar las estadísticas para PCI y DGE, mensualmente y conjuntamente con el director de programa Hospitalario, entregándolas en la primera semana de cada mes.
- 5
Velar por la existencia de medicamentos y equipo en las salas de encamamiento, sala de operaciones y emergencia llevando los inventarios respectivamente.
- 6
Atender la farmacia de la clínica Santiaguito en ausencia del encargado y/o director de programa Hospitalario.
- 7
Supervisar las clínicas satélites (Cerro de Oro, San José, Chacaya, San Antonio Chacaya) por lo menos dos (2) veces al mes y dar orientación al personal de la misma en cuanto a uso, cuidado y limpieza del material y medicamentos que estén utilizando, en coordinación con el médico Director.
- 8
Planificar, supervisar y evaluar actividades Hospitalarias en coordinación con el Médico Director una vez al mes.
- 9
Realizar mensualmente el pedido de medicamentos y equipo para abastecer a las diferente clínicas satélites.

1 0 . -
Orientar a E.P.S. de Medicina sobre cualquier duda en el manejo y tratamiento de pacientes.

1 1 . -
Proveer atención médica a la población de Santiago, Atitlán, Sololá, que llegan a consulta a la Clínica Santiaguito.

1 2 . -
Efectuar visitas periódicas a las áreas de expansión con el fin de establecer y replicar los servicios de salud de PCI.

1 3 . -
Llevar a cabo en comunidades rurales actividades que fortalezcan la capacidad local para manejar sus propios proyectos de salud.

1 4 . -
Colaborar con sus superiores en lo que fuera necesarios.

- 56 -

MANUELA LETICIA HERNANDEZ GONZALEZ
RESUME

GENERAL DATA

A G E :
25 years old
A D D R E S S :
6a. calle 1-48, zona 4
Barrio Colombita, Coatepeque
I D C A R D :
Order No. I-9, Register No. 51470
N A T I O N A L I T Y :
Guatemalan
S T A T U S :
Single

EDUCATION

G R A M M A R S C H O O L :
Escuela Nacional para Niñas "Rafael Alvarez Ovalle", Coatepeque. From 1st to 6th Grade.

J U N I O R H I G H S C H O O L :
Colegio Maria Auxiliador, Coatepeque. From 7th to 9th Grade.

S E N I O R H I G H S C H O O L :
Colegio para Señoritas Encarnacion Rosal, Quetzaltenango. From 10th to 12th Grade.
Graduated as: Urban Pre-Primary Teacher.

M E D I C I N E S C H O O L :
"Centro Universitario de Occidente". Graduated with the degree of Doctor in Medicine.
October 1992.

OTHER COURSES

- Active Participation in the National Alphabetization Program, Quetzaltenango. 1983.
- Diploma for participating in the Didactic Pedagogic Workshop for Pre-Primary Education. Quetzaltenango, 1984.
- Attendance Diploma - Short Course on Infectious Diseases. Quetzaltenango. 1989.

51

-
Attendance Diploma - XVII National Congress and I Central American and Panamanian Congress on Surgery. Guatemala. 1989.

-
Attendance Diploma - Reproductive Health Course. APROFAM. Quetzaltenango. 1990.

-
Attendance Diploma - IV Guatemala-Mexico International Medical Short Course. Huehuetenango. 1991.

-
Attendance Diploma - V International Symposium on Pediatrics and Perinatal Problems. Quetzaltenango. 1992.

PROFESSIONAL EXPERIENCE

-
General Hospital of Occidente "San Juan de Dios": Medic-Surgical and Mother and Child Externship.

-
National Hospital "Juan José Ortega", Coatepeque: Elective Practice in Maternity Services.

-
Santiaguito Clinic, Santiago Atitlán: Rural EPS.

-
National Hospital of Huehuetenango: Hospital EPS.

-
National Hospital "Juan José Ortega", Coatepeque: Field work for thesis research.