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# **GUATEMALA TRIP REPORT**

**INCAP Quetzaltenango Maternal  
and  
Neonatal Health Project**

**February 15-28, 1992**

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Women's Health Advisor  
MotherCare/John Snow, Inc.**

Report Prepared for the  
Agency for International Development  
Contract #DPE-5966-Z-00-8083-00  
Project #936-5966

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### *Supporting Information in MotherCare:*

- 1. Draft TBA Training Manual
- 2. Workshop Handouts

## ACRONYMS

ACNM	American College of Nurse Midwives
AID	Agency for International Development
CLAP	Latin American Center for Perinatology
INCAP	Nutrition Institute for Central America and Panama
JSI	John Snow, Inc.
MCH	Maternal and Child Health
MOH	Ministry of Health
PI	Principal Investigator
ROCAP	AID Regional Office for Central America and Panama
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development

## **ACKNOWLEDGEMENTS**

The author would like to express her sincere appreciation to Dr. Barbara Schieber, Dr. Junio Robles, Dr. Carlos Gonzales and Dr. Luis Roberto Santamaria and Staff of INCAP at Xela, Dr. Raul Najarro, Dr. Mario Mejia, Lic. Clara Luz Barrios and MotherCare consultant Ms Kathy Searle for their support, inspiration and admirably hard work to make the Workshop for TBA trainers such a success. The help of Sandy Collier, ROCAP/USAID and Jayne Lyons, USAID is gratefully acknowledged.

## I. EXECUTIVE SUMMARY

### A. Content of the Report.

The overall goal of this consultancy was for MotherCare's newly-appointed Women's Health Advisor, Dr. Barbara E. Kwast, to become acquainted with the Quetzaltenango project as she will become the principal technical advisor to the service component of the project. MotherCare, USAID and Dr. Barbara Schieber, Principal Investigator of the Project agreed that the TBA trainers' training would be an important juncture in the project timetable to this visit, as it marks the preparation for implementation of the key project interventions in the community.

*The specific objectives were:*

- ◆ to attend the training of the TBA's trainers' Workshop planned for February 17-21, 1992;
- ◆ to review the Quetzaltenango evaluation scheme;
- ◆ to discuss areas of focus for data analysis and writing with Dr. Barbara Schieber; and
- ◆ to monitor progress of the project.

Activities and content relative to these objectives are described in the report.

### B. Key Findings.

1. The Workshop for TBA trainers was conducted in Solola and facilitated by Dr. Barbara Schieber and her team of physicians, the consultant obstetrician/gynecologist and neonatologist to the project and Ms. Kathy Searle, a specialist in non-formal adult education. The participants were professional and auxiliary nurses working in health centers and health posts in the project area, area health nurses from other areas and the nurse trainer from project Hope. Both the educational and theoretical content of the Workshop generated useful discussions and very creative development of teaching methods and materials.

2. TBA training materials which were developed prior to and during the Workshop will be further developed and tested during the actual TBA training by the facilitators and trainers.

3. The inadequate exposure to knowledge and practical application of obstetrics by nurses is of real concern to all involved in this project and beyond, not least to the nurses who are the trainers of TBAs.

4. The timetable and logistics for the training of 400 TBAs were discussed. The training will take place between 16 March and 1 May 1992. The training manual which was revised during the trainers' Workshop, will be printed after the TBA training to include all corrections.

5. Overall, this project is progressing with a six-months delay which was caused by the cholera outbreak in August 1992. The project staff is very committed to produce high quality data and their application to the project is impressive. The last round of the Vital Events Reporting System (VERS) will be finished in August 1993, which puts considerable pressure on data cleaning, entry and analysis capability at the end of the project.

### C. Key Recommendations

1. A midwifery consultancy is requested as soon as possible for one month by both project staff and AID, Guatemala and welcomed by INCAP, to strengthen the labor ward management in Quetzaltenango hospital. The writer recommends that this request be given serious consideration.

2. The INCAP Director, Dr. Hernan Delgado and Dr. Barbara Schieber requested technical assistance for writing up completed studies for publication. Dissemination of results, methodologies and survey instruments are being requested by other Central American countries, in particular Nicaragua and Honduras.

A complete list of studies, both pre-MotherCare and MotherCare (Appendix J) will serve to identify consultants who should proceed with this work as soon as possible together with Dr. Barbara Schieber and MotherCare. Completed work will become part of the final report of the Quetzaltenango project.

3. The budget should be revised according to changes in the workplan.

4. The project needs to receive regular technical assistance during the implementation and evaluation phase.

5. Possibility of translation of WHO Partograph Manuals should be explored with PAHO and USAID as soon as possible.

6. Provision of equipment for the neonatology unit in Quetzaltenango as foreseen in the revised budget should be considered.

## II. BACKGROUND

### A. The MotherCare/INCAP Quetzaltenango Maternal and Neonatal Health Project.

The MotherCare/INCAP Quetzaltenango Maternal and Neonatal Health Project aims to reduce maternal and neonatal mortality rates using a case management approach which relies on early identification and referral by TBAs and improved institutional management. Guatemala has a nurse training program which allocates three months to obstetric nursing. Nurse-midwifery training was discontinued twenty years ago.

TBAs are the major midwifery care providers and about 65-75% of women give birth at home, of which 60%-70% are attended by TBAs. Guatemala has a long tradition of training TBAs since the 1950's. In spite of these efforts, little impact on maternal and perinatal mortality has been recorded. The major reasons are isolation of the TBA and poor contact with the formal health care system.

The project to date (pre-MotherCare and MotherCare) has undertaken diagnostic hospital and community studies which have, among others, formed the basis for formulation of guidelines and norms for management of normal and abnormal obstetric and neonatal conditions. Training of neonatal district health teams has taken place in March 1991. (Report summaries: Raul Najarro, Roberto Sosa, Pamela Putney/Diana Beck, 1991 and Guatemala Trip Report #6, Beck/Putney March 1991). A TBA training manual and support materials were prepared by Ms. Susan Colgate Goldman (see Trip Report Susan Colgate Goldman, July 25 - August 24, 1991), together with the PI. Unfortunately, only one nurse was available at that time due to the cholera epidemic in August 1991.

The project is at the juncture of the key community intervention. This consists of the preparatory part of training 10 TBA trainers, review and finalization of the TBA training manual and materials, and the actual training of 400 TBAs.

### III. PURPOSE OF THE VISIT

The purpose of the visit by Barbara E. Kwast, MotherCare's Women's Health Advisor, was to work with Dr. Barbara Schieber, INCAP Principal Investigator and INCAP Quetzaltenango staff to:

1. Attend the TBA trainers' Workshop;
2. Review the Quetzaltenango evaluation scheme;
3. Discuss areas of focus for data analysis and writing of project results; and
4. Monitor progress of the project.

All of the above were completed except for a detailed review of the Quetzaltenango evaluation scheme. Discussion of the progress of the project lead to the decision that an in-depth review at this time was not needed as a detailed evaluation framework is already available. Very few indicators may not be available for final evaluation due to circumstances beyond the project's control, e.g., delay caused by the cholera outbreak in August 1991. For example: there is a possibility that the institution of a referral and counter-referral system with the appropriate forms between the TBAs, health centers and the hospital may not be feasible.

#### IV. TRIP ACTIVITIES

##### A. The TBA Trainers' Workshop.

The TBA trainers' Workshop was held in Atilán International Country Club at Solola, Solola Department from 16-22 February 1992. (For Workshop Schedule, see Appendix C.)

##### 1. *Objectives:*

- 1.1 To teach and enable participants to apply innovative and effective teaching methodologies (dramatization, stories and role-play).
- 1.2 To create understanding of the principles of adult learning and for the participants to use appropriate language in the training of non-literate participants.
- 1.3 To review in a participatory manner obstetrics and peri-/neonatology relative to the major maternal and neonatal complications leading to maternal and perinatal deaths and morbidity.
- 1.4 To review the TBA training manual and supportive training materials.
- 1.5 To prepare lesson plans and visual aids for TBA training.

##### 2. *Participants:*

There were 19 participants. Eleven participants (six professional nurses and five auxiliary nurses) were the actual designated TBA trainers. Other participants included Area Health Nurses from areas other than Quetzaltenango; the nurse of the MOH in charge of TBA training; the nurse responsible for TBA training of Project Hope.

The reasons for having these people from other areas in this course were two-fold. First, because the teaching methodology and the content of adult non-formal education was an innovation in Guatemala. Second, because the emphasis to focus the teaching of prevention and management of the major maternal and perinatal complications in the TBA training could influence re-direction of TBA training in other areas of Guatemala. (Participants are listed in Appendix D.)

### 3. *Methodology and Content.*

The principal Workshop trainers were: Dr. Barbara Schieber, Ms. Kathy Searle, a specialist in non-formal education of adults, Dr. Mario Mejia, Dr. Raul Najarro, Dr. Junio Robles, Dr. Carlos Gonzales, and Dr. Luis Roberto Santamarina. The writer contributed with two practical teaching sessions on complicated delivery and third stage management (normal and abnormal). Mrs. Sandy Collier of ROCAP attended for two days and her input was much appreciated by facilitators and participants. The methodology used was entirely participatory: informal lectures with excellent teaching materials and re-enforced with puppet plays (Drs. Junio, Carlos and Luis Roberto), role-playing, dramatization and group presentations followed by discussions.

The great majority of participants had been involved in TBA training for many years. On the first evening, the nurses were asked to describe briefly the successes and constraints they had experienced with TBAs regarding their knowledge, attitude and practice. This was an important event as the nurses could express difficulties they experience with management, logistics, supplies and training (see Appendix E). These constraints were grouped into three categories as follows:

- i) Factors this course was assigned to address;
- ii) Environmental factors; and
- iii) Characteristics of trainers and trainees.

At the end of the Workshop, these constraints were again addressed and related to the educational content and experience of the Workshop to help the participants recognize whether some of these are either within, bordering on, or outside their sphere of influence. For a summary of changes in participants' approach after the course, see Appendix F. The content of the Workshop was very comprehensive, and could easily have taken up two weeks. Participants were very motivated and energy levels were high. Groups worked at night to prepare demonstrations and materials as the content could not be covered in the structured Workshop schedule. A mid-week evaluation by the participants led to modification of the presentations.

Pre-and post-tests were administered covering questions on education, obstetric and peri-/neonatal complications and management (see Appendix H). Even though this assessment is largely artificial, the pre-test result for obstetrics and perinatology showed a mean of 48.5% and the post-test 76.5%. For the knowledge on education methodology, percentages were 34.8 and 60.6, respectively. The relatively low pre-test mark for obstetrics and perinatology is of concern, particularly as these nurses had received exactly the same theoretical course content in March 1991 during the district health team training. Knowledge that is not used in the practical setting will sink away and that will remain a dilemma for nurses who are

not midwives but TBA trainers and do not get clinical midwifery experience. Only two of the eleven trainers in the project visit the community and work with TBAs in the field.

The Workshop educational methodology and proceedings will be described in greater detail by the consultant Ms. Kathy Searle.

The Workshop was a success and achieved its objectives, even though the pace at which these had to be achieved was strenuous. The nurses had an enormous amount of theoretical knowledge to absorb. At the same time, they had to internalize the teaching process and relate this to new teaching methodologies. Should such a workshop be organized in the future, it should incorporate time to actually work with TBAs during the trainers' training and to test out materials with TBAs during the workshop.

4. *Follow-up Activities.*

- 4.1 Training materials will be further adapted and finalized during the actual TBA training.
- 4.2 The revised training manual will be printed after the TBA training.
- 4.3 Three of the 11 trainers of the five implementation districts will have two days of clinical practice in the Quetzaltenango hospital (28 and 29 February 1992). The other eight trainers received the clinical training in July, 1991.
- 4.4 Meetings will be held with the medical officers of the health centers where TBA training will take place. It will put strain on the health centers to release the nurses for TBA training for six consecutive weeks as they are also responsible for the administration of the health centers.

B. Activities in Quetzaltenango.

1. *Monitor Progress of the Project.*

- 1.1 A timetable for training of 400 TBAs was made with Dr. Barbara Schieber (see Appendix E). Training sessions will be of one week duration. In order to achieve retrospective data collection by August 1993 over a one-year implementation period, the TBA training must be completed by the end of April 1992. The training plan could be

disturbed because of a national vaccination campaign scheduled to take place in April/May. The nurses have to participate in the campaign, and would therefore not be available for the TBA training. The first two training periods will be supervised by Project staff. Staff will visit trainers during subsequent training periods. Monthly follow-up visits by TBAs to five health centers, are still to be worked out. Logistically large numbers are impractical, but nurses may not be available one day a week for smaller groups.

- 1.2 Timetable for the Vital Events Reporting Systems (VERS) (Appendix I). This was discussed at length with Drs. Schieber and Robles. At present the first round of data collection is still in progress. This covers the period from July 1990 - June 1990 and January 1991 - April 1991. Unfortunately, data collection was interrupted between August and October 1991 because of the cholera epidemic. While it is not strictly necessary to collect data retrospectively over the period from January 1991 - April 1991, it has been decided to do this work because the field staff is employed full-time and cannot be diverted to other duties.

Data collection is progressing well--five doctors are available to achieve five clusters = 500 households = 5,000 population per week. It follows that it takes a *minimum* of eight weeks to complete 80 clusters.

As the whole data collection is based on retrospective design, data over the last four months of the implementation period will be collected from June - August 1993. Hopefully, questionnaire processing in Quetzaltenango will be up to date by August 1993 (now six months behind since September 1991 because of the cholera epidemic) so that computer entry and analysis, which takes place entirely in INCAP, Guatemala City, can proceed relatively quickly. However, for the final data collection round to be finished on time employment of extra staff is required.

Final report writing will not be completed before the end of 1993.

We compared all 57 questions of the full VERS form completed by the interviewers to the summary questionnaire of 35 questions which is completed by Dr. Junio Robles and used as quality assurance and validation.

The following information is not transferred and therefore not entered in INCAP, Guatemala:

1. Age;
2. Parity;
3. Frequency of prenatal visits;
4. Method of cutting the umbilical cord of newborn; and
5. Information on breastfeeding.

The reasons for this decision are that these variables are not related to the immediate objectives of the study, and that these data could be entered later.

## 2. *Areas of Focus for Data Analysis and Report Writing.*

A list was drawn up with Dr. Schieber of pre-MotherCare and MotherCare diagnostic and surveillance studies (see Appendix J).

It is clear that those studies, which are analyzed, need to be written up and results disseminated. Dr. Carmen Rodrigues worked with Dr. Schieber in Guatemala and she has done the computer analysis for the following studies:

1. The Community Peri-/neonatal Case Control Study;
2. The Community KAP of Parents and TBAs Relative to Risk Factors;
3. The Maternal Mortality Case Control Study.

Further consultant input should be explored to get the methodologies and findings into publishable form.

Whether MotherCare can provide consultant support for the pre-MotherCare hospital diagnostic studies needs to be discussed. Technical assistance is required with analysis and report writing of the data from the surveillance system (VERS) and the follow-up of the health staff in health centers and health posts.

## 3. *Visit to the Quetzaltenango Hospital.*

Dr. Mario Mejia took Dr. Schieber and me around in the obstetric and neonatal unit of the hospital. It is obvious that the staff is working under considerable constraints due to lack of space and inadequate equipment for the neonatal unit.

Dr. Mejia emphasized the problems of receiving asphyxiated babies from the labor ward. Proper labor management seems to be problematic when left almost entirely in the hands of Ob/Gyn residents and medical students, particularly at night. A sample partograph designed by CLAP is displayed on the wall, but individual

women do not have a partograph for the management of labor. The partograph of CLAP is experienced as too complicated by the staff. There is an excellent opportunity to introduce the WHO partograph if the documents could be translated into Spanish. Labor ward management could be improved if a professional consultant midwife-educator could work with the staff for one month.

4. *Visit of WHO and PAHO Team.*

A WHO team from External Coordination in Geneva and PAHO in Washington came to visit the project on 24 February 1992. It was obvious from discussions between Dr. Schieber and the WHO team that the dilemma facing the obstetric services in rural Guatemala is the absence of a link between the TBA and the hospital, because there is neither a professional nurse-midwife in the health center, nor are the health centers set up to do maternity work.

5. *Other Activities.*

5.1 The writer was given the opportunity to teach the doctors of the project about breech delivery, normal and abnormal third stage management.

5.2 A visit to a traditional birth attendant 15 km outside Quetzaltenango was arranged to gain an insight into her practice. We were impressed by her openness and explanation about women's attitudes and traditional practices.

C. Activities in Guatemala City.

1. *Visit to Antigua.*

On February 27, the writer was taken by INCAP to Antigua to visit Dr. Elizabeth Bocaletti. Dr. Bocaletti worked with Dr. A. Bartlett in Santa Maria de Jesus about 15 km from Antigua in a project aimed at reducing perinatal mortality through intensified TBA training and supervision in case management.

The interesting thing is that TBAs give intramuscular oxytocin to speed up labor. This is usually requested by the woman and also bought by her or her family from the pharmacy. In the writer's opinion, here is a great opportunity to turn a harmful practice into a positive practice. Could oxytocin be encouraged for use in postpartum hemorrhage and the harmful practice during labor be converted into a life-saving measure? This was discussed with Dr. Raul Najarro, consultant

obstetrician/gynecologist to the project and the nurse in charge of TBA training at the MOH. This had not been thought of before and could be considered even though an effort is being made to take the sale of oxytocin out of the open market.

2. *Meeting with Jayne Lyons, Sandy Callier, USAID.*

On February 27, Msses. Lyons, Callier, Searle, Kwast and Dr. Schieber met for a debriefing. Impressions of the Workshop achievements were discussed.

The importance of providing a consultant midwifery educator was reiterated. Apparently the need for such a person for one month has been discussed previously. It would be of utmost value to have a midwife educator work for one month in the Quetzaltenango labor ward. Ms. Lyons requested exploring further whether this could be paid for from central funds.

3. *Meeting with Dr. H. Delgado, Director, INCAP.*

A courtesy call was made to Dr. Delgado and project progress was discussed. Dr. Delgado emphasized the importance of getting methodologies and study results written up and disseminated, as other countries in Central America would like to start similar projects, particularly Nicaragua and Honduras.

## **V. RECOMMENDATIONS AND FOLLOW-UP ACTIONS REQUIRED.**

1. A midwifery consultancy is requested as soon as possible for one month by both project staff and AID, Guatemala and welcomed by INCAP, to strengthen the labor ward management in Quetzaltenango hospital. The writer recommends that this request be given serious consideration.

2. The INCAP Director, Dr. Hernan Delgado and Dr. Barbara Schieber requested technical assistance for writing up completed studies for publication. Dissemination of results, methodologies and survey instruments are being requested by other Central American countries, in particular Nicaragua and Honduras.

A complete list of studies, both pre-MotherCare and MotherCare (Appendix J) will serve to identify consultants who should proceed with this work as soon as possible together with Dr. Barbara Schieber and MotherCare. Completed work will become part of the final report of the Quetzaltenango project.

3. The budget should be revised according to changes in the workplan.

4. The project needs to receive regular technical assistance during the implementation and evaluation phase.

5. Possibility of translation of WHO Partograph Manuals should be explored with PAHO and USAID as soon as possible.

6. Provision of equipment for the neonatology unit in Quetzaltenango as foreseen in the revised budget should be considered.

## **APPENDIX A**

## **LIST OF CONTACTS**

### ***USAID/GUATEMALA***

Jayne Lyons, Population Officer  
Sandra Callier, ROCAP Health and Nutrition Advisor

### ***INCAP***

Dr. Hernan Delgado, Director, INCAP  
Dr. Barbara Schieber, Quetzaltenango Maternal and Neonatal Project PI  
Dr. Elizabeth Bocaletti, Co-Investigator, Santa Maria de Jesus Project  
Dr. Junio Robles, Assistant Coordinator, Quetzaltenango Maternal and Neonatal Health Project  
Dr. Mario Mejia, INCAP/MotherCare Consultant, Chief of Ob/Gyn Residency Program, San Juan de Dios Hospital, Guatemala  
Physicians working as Interviewers in Quetzaltenango Project

### ***QUETZALTENANGO HEALTH AREA***

Lic. Clara Luz Barrios, Jefedura de Area in Nursing

### ***QUETZALTENANGO HOSPITAL***

Director, Quetzaltenango Hospital  
Dr. Victor Rodas, Chief of Pediatrics  
Dr. Mario Mejia, Chief of Neonatology  
Staff of Department of Obstetrics and Gynecology and Neonatal Care Unit

### ***PROJECT HOPE***

Dr. Noe Orellano, Director, Project Hope, Quetzaltenango  
Ms.. Alicia Ruano de la Cruz, Nurse, Project Hope, Quetzaltenango

## **APPENDIX B**

## TRAVEL SCHEDULE

Dr. B. E. Kwast

Saturday, 15 February 1992	1:55 pm 9:30 pm	Departure Washington, DC Arrival Guatemala City
Sunday, 16 February	9:30 am 1:00 pm 3:30 pm 5:00 pm	Departure Guatemala City Arrival Quetzaltenango Departure Quetzaltenango Arrival Solola
Sunday, 16 February - Saturday, 22 February	Solola:	TBA trainers' workshop
Sunday, 23 February		Return to Quetzaltenango
Monday, 24 February	am: pm:	Xela office Visit to TBA Visit of WHO team
Tuesday, 25 February	am: pm:	Visit to Quetzaltenango Hospital, Xela office Xela office
Wednesday, 26 February	am: pm:	Xela office Departure to Guatemala City
Thursday, 27 February	7:30 am 4:00 pm	Departure to Antigua and Santa Maria de Jesus Return to Guatemala City; courtesy call to AID
Friday, 28 February	9:30 am 1:55 pm 9:30 pm	Courtesy call to Dr. H. Delgado, INCAP Departure Guatemala City Arrival Washington, DC

## **APPENDIX C**

**PROGRAMA DEL CURSO**  
**"CAPACITACION A CAPACITADORES DE  
COMADRONAS"**

**Sede: Atitlán International Country Club**  
**Fecha del Evento: 18 - 22 de febrero 1992**

**Organizadores: Jefatura de Area de Quetzaltenango  
Instituto de Nutrición de Centro América  
y Panamá INCAP.**

**Financiado por: Mother Care Project, John Snow Inc.**

## DOCENTES DEL CURSO

Lic. Katarina Searle	Educación no formal para adultos MED
Dr. Raúl Najarro	Gineco-Obstetra, Embarazo de Alto Riesgo
Dr. Mario Mejía	Pediatra Neonatólogo
Dr. Bárbara Schieber	MD, MA
Dr. Junio Robles	MD, MA
Dr. Carlos Gonzales	MD
Dr. Roberto Santamarina	MD

DOMINGO 16-02-92

15:00

SALIDA DE QUETZALTENANGO

16:30

ACOMODARNOS EN EL "COUNTRY CLUB" EN SOLOLA

17:00 - 17:30

CAFE

17:30 - 20:00

INTRODUCCION AL CURSO DE CAPACITACION

- BIENVENIDA

- PRESENTACIONES

- EXPECTATIVAS SOBRE EL CURSO

- PROPOSITO DEL CURSO, METAS, CALENDARIO Y  
PROPUESTA DE ACTIVIDADES

- GENERACION DE NORMAS PARA CONVIVIR Y TRABAJAR

- FORMACION DE COMITES

- PRETEST

- DISTRIBUCION DE MATERIAL

- INTRODUCCION AL MANUAL DE CAPACITACION

20:00

CENA

TAREA PARA EL LUNES: LEER CAPITULO SOBRE EDUCACION PARA  
ADULTOS, (PAG. 3 - 8.)

GRAN CONCURSO: "CREACION DE LA MUÑECA BEBE MAS BONITA"

HABRA PREMIO!

LUNES 17-02-92

08:00 - 9:00

BIENVENIDA: DR. RAUL CHINCHILLA, JEFE DE  
AREA DE SALUD DE QUETZALTENANGO

INAUGURACION DEL CURSO: DR. RAFAEL CARRANZA  
JEFE DE REGION VI DE SALUD

09:00 - 10:30

TEMA: EDUCACION PARTICIPATIVA DE ADULTOS

- INTRODUCCION
- QUE ENTENDEMOS POR EDUCACION?
- MODELOS ALTERNATIVOS DE EDUCACION
- COMO APRENDEN LOS ADULTOS?
- CARACTERISTICAS DEL EDUCANDO ADULTO

10:30 - 11:00

CAFE

11:00 - 13:00

CONTINUACION DEL TEMA EDUCACION PARTICIPATIVA  
DE ADULTOS

13:00 - 14:30

ALMUERZO

14:30 - 16:30

EL EDUCANDO ANALFABETA

- ESTILOS DE APRENDIZAJE ENSEÑANZA
- EL PAPEL DEL EDUCADOR
- RECURSOS EDUCATIVOS APROPIADOS PARA LA  
EDUCACION PARTICIPATIVA

16:30 - 17:00

CAFE

17:00 - 18:30

EVALUACION DE LA SESION

18:30 - 19:30

CENA

19:30

ACTIVIDAD OPCIONAL  
ELABORACION DE MATERIAL DE APOYO:  
"ARMANDO UNA CAJA DE PARTO"

MARTES 18-02-92

08:00 - 09:00	CONTENIDO TECNICO TRABAJO DE PARTO DE PARTO NORMAL Y ANORMAL
09:00 - 10:30	MALPRESENTACION
10:30 - 11:00	CAFE
11:00 - 12:00	COMO PREPARAR UNA CLASE
12:00 - 13:00	PREPARAR PLAN DE CLASE SOBRE: TRABAJO DE PARTO NORMAL Y ANORMAL Y MALPRESENTACION
13:00 - 14:30	ALMUERZO
14:30 - 16:00	CONTINUA PREPARACION DEL PLAN DE CLASE Y ELABORACION DE MATERIAL DIDACTICO
16:00 - 16:30	CAFE
16:30 - 17:15	PRESENTACION DE LA CLASE POR LOS PARTICIPANTES DEL GRUPO No. 1
17:15 - 17:45	DISCUSION SOBRE LA PRESENTACION
17:45 - 18:30	PRESENTACION DE LA CLASE POR LOS PARTICIPANTES DEL GRUPO No. 2
18:30 - 19:00	DISCUSION SOBRE LA PRESENTACION
19:00 - 20:00	CENA

MIERCOLES 19-02-92

08:00 - 09:30	CONTENIDOS TECNICOS HEMORRAGIA POST-PARTO
09:30 - 10:30	INFECCION POST-PARTO
10:30 - 11:00	CAFE
11:00 - 13:00	PREPARAR PLAN DE CLASE SOBRE HEMORRAGIA POST-PARTO, INFECCION POST-PARTO Y ELABORACION DE MATERIAL DIDACTICO
13:00 - 14:30	ALMUERZO
14:30 - 15:00	CONTINUA LA ELABORACION DE MATERIAL DIDACTICO
15:00 - 15:45	PRESENTACION DE LA CLASE POR LOS PARTICIPANTES DEL GRUPO No. 1
15:45 - 16:15	DISCUSION SOBRE LA PRESENTACION
16:15 - 16:30	CAFE
16:30 - 17:15	PRESENTACION DE LA CLASE POR LOS PARTICIPANTES DEL GRUPO No. 2
17:15 - 17:45	DISCUSION SOBRE LA PRESENTACION
17:45 - 18:00	DESCANSO
18:00 - 19:00	CONTENIDO TECNICO PRE-ECLAMPSIA, ECLAMPSIA
19:00 - 20:00	CENA
20:00	SALIDA A PANAJACHEL

JUEVES 20-02-92

08:00 - 09:00	CONTENIDO TECNICO HEMORRAGIA EN EL EMBARAZO
09:00 - 10:00	RUPTURA PREMATURA DE MEMBRANAS
10:00 - 11:00	CONTRÓL PRENATAL
11:00 - 11:30	CAFE
11:30 - 13:00	PREPARACION DE PLAN DE CLASE Y MATERIAL DIDACTICO SOBRE HEMORRAGIA, RUPTURA PREMATURA DE MEMBRANAS, CONTROL PRENATAL Y PRE-ECLAMPSIA/ ECLAMPSIA
13:00 - 14:30	ALMUERZO
14:30 - 15:00	CONTINUACION DE PREPARACION DE PLANES DE CLASE Y DE MATERIAL DIDACTICO
15:00 - 15:45	PRESENTACION DE LA CLASE POR PARTICIPANTES DEL GRUPO No. 1
15:45 - 16:15	DISCUSION SOBRE LA PRESENTACION
16:15 - 16:30	CAFE
16:30 - 17:15	PRESENTACION DE LA CLASE POR PARTICIPANTES DEL GRUPO No. 2
17:15 - 17:45	DISCUSION SOBRE LA PRESENTACION
17:45 - 18:15	DESCANSO
18:15 - 19:15	CONTENIDO TECNICO PREMATUREZ, BAJO PESO AL NACER
19:15 - 20:15	CENA

VIERNES 21-02-92

08:00 - 09:00	CONTENIDO TECNICO ASFIXIA NEONATAL
09:00 - 10:30	PREPARACION DEL PLAN DE CLASE Y MATERIAL DIDACTICO SOBRE PREMATUREZ, BAJO PESO AL NACER Y ASFIXIA
10:30 - 11:00	CAFE
11:00 - 11:45	PRESENTACION DE LA CLASE POR PARTICIPANTES DEL GRUPO No. 1
11:45 - 12:15	DISCUSION DE LA PRPRESENTACION
12:15 - 13:00	PRESENTACION DE LA CLASE POR PARTICIPANTES DEL GRUPO No. 2
13:00 - 13:30	DISCUSION DE LA PRESENTACION
13:30 - 15:00	ALMUERZO
15:00 - 16:00	CONTENIDO TECNICO SEPSIS NEONATAL
16:00 - 17:30	PREPARACION DEL PLAN DE CLASE Y MATERIAL DIDACTICO SOBRE SEPSIS NEONATAL
17:30 - 18:00	CAFE
18:00 - 18:45	PRESENTACION DE LA CLASE
18:45 - 19:15	DISCUSION DE LA CLASE
19:15 - 20:15	CENA

**SABADO 22-02-92**

<b>08:00 - 09:30</b>	<b>POST-TEST</b>
<b>09:30 - 11:00</b>	<b>EVALUACION DEL CURSO</b>
<b>11:00 - 11:15</b>	<b>CLAUSURA DEL CURSO</b>
<b>11:15 - 12:00</b>	<b>EMPACAR MALETAS</b>
<b>12:00 - 13:00</b>	<b>ALMUERZO</b>

**MUCHAS GRACIAS POR SU ASISTENCIA**

## METAS

### PARA EL CURSO DE CAPACITACION DE CAPACITADORES DE COMADRONAS

1. LA APLICACION DE METODOLOGIAS EDUCATIVAS APROPIADAS PARA ADULTOS EN LOS CURSOS DE CAPACITACION A COMADRONAS.
2. LA TRANSFERENCIA, TECNICAMENTE CORRECTA, DEL MANEJO DE LAS MAYORES COMPLICACIONES OBSTETRICAS Y NEONATALES DE LAS ENFERMERAS HACIA LAS COMADRONAS.
3. LA PLANIFICACION E IMPLEMENTACION DE SESIONES DE CAPACITACION PARA COMADRONAS Y LA ELABORACION DE MATERIAL DIDACTICO DE APOYO.
4. LA FAMILIARIZACION DE LAS ENFERMERAS CON EL MANUAL DE CAPACITACION PARA COMADRONAS.

## OBJETIVOS EDUCACIONALES

DESPUES DEL CURSO LOS PARTICIPANTES PODRAN:

1. Describir características que distingan al educando adulto del alumno niño.
2. Describir elementos que caractericen el aprendizaje adulto.
3. Describir bases y actividades pertinentes a una metodología participativa de educación para adultos.
4. Describir el papel del Educador de adultos (acciones y actitudes específicas)
5. Diseñar un plan de clase que implemente una metodología participativa y experimental.
6. Planificar, construir y utilizar material de apoyo apropiado para los temas a enseñar y que promueva un aprendizaje participativo y experimental.

## CURSO PARA CAPACITADORAS

### OBJETIVOS GENERALES

Al finalizar el curso, las capacitadoras deberán:

Aplicar los principios del aprendizaje para adultos en la capacitación de comadronas

Crear planes para las lecciones y seleccionar los métodos de enseñanza apropiados para la capacitación de comadronas

Utilizar las ayudas audiovisuales de forma apropiada para la capacitación de personas analfabetas

Crear materiales de enseñanza apropiados o adaptar los ya existentes para que llenen las necesidades específicas de las comadronas a capacitar

Planificar, organizar y desarrollar los cursos de capacitación en sus comunidades

Utilizar las guías descritas en el manual de capacitación para comadronas

Transmitir a las comadronas la esencia del contenido técnico sobre los siguientes temas:

Atención prenatal

Hemorragias durante el embarazo

Hinchazón durante el embarazo

Ruptura prematura de membranas

Trabajo de parto Normal y anormal

Recien nacidos "pequeñitos"

Malpresentaciones

Asfixia en el Recien nacido

Hemorragia post-parto

Infección post-parto

Infección neonatal

Identificar y mantener registros sobre las comadronas en su comunidad

Proporcionar supervisión continua (educación, evaluación y apoyo) a las comadronas en su comunidad

Cuando sea necesario, ayudar a las comadronas en su comunidad a llevar sus registros

Integrar a las comadronas al sistema de referencias en su comunidad

## **APPENDIX D**

**LISTADO DE PARTICIPANTES CURSO  
CAPACITACION A CAPACITADORES DE COMADRONAS**

<b>NOMBRE</b>	<b>PROFESION</b>	<b>INSTITUCION</b>
1. CLARA LUZ BARRIOS CH.	LICDA. EN ENFERMERIA	JEFATURA AREA QUETZALTENANGO
2. NINFA B. OROZCO M.	ENFERMERA PROFESIONAL	JEFATURA AREA SAN MARCOS
3. MARTA JULIA DIAZ	ENFERMERA PROFESIONAL	JEFATURA AREA RETALHULEU
4. GREGORIA B. JUAREZ S.	ENFERMERA PROFESIONAL	JEFATURA AREA SUCHITEPEQUEZ
5. SANDRA PATRICIA ESTRADA	ENFERMERA PROFESIONAL	ESCUELA NAC. DE ENFERMERIA XELA
6. ALICIA RUANO DE LA CRUZ	LICDA. EN ENFERMERIA	PROYECTO HOPE
7. MARIA O. CAJAS MARIN	ENFERMERA PROFESIONAL	DISTRITO SALUD SN MARTIN SAC.
8. TELMA VIOLETA GONZALEZ	AUXILIAR, ENFERMERIA	CENTRO DE SALUD SN MARTIN SAC.
9. BERNA LETICIA BARRIOS	ENFERMERA PROFESIONAL	DISTRITO SALUD SN JUAN OSTUNC.
10. MILAGRO ELIZABET MOLINA	AUXILIAR, ENFERMERIA	CENTRO DE SALUD SN JUAN OSTUNC.
11. OSCAR GUILLERMO MENDEZ	AUXILIAR, ENFERMERIA	PUESTO DE SALUD VICTORIA OSTUNC.
12. MAURILIA ARACELY SILVA	ENFERMERA PROFESIONAL	DISTRITO SALUD SN CARLOS SIJA
13. ABIMAEEL PAZ PIZABAJ	AUXILIAR, ENFERMERIA	PUESTO DE SALUD CHIQUIVAL, SIJA
14. JULIA FUENTES DE RUIZ	ENFERMERA PROFESIONAL	CENTRO DE SALUD PALESTINA
15. ANGELINA RAMOS	AUXILIAR, ENFERMERIA	PUESTO DE SALUD CABRICAN
16. CRISTINA LOPEZ DE TURRIZ	ENFERMERA PROFESIONAL	DEPTO. MATERNO INFANTIL DGSS
17. DULCELINA E. DE BARRIOS	AUXILIAR, ENFERMERIA	PUESTO DE SALUD EL EDEN P.



## **APPENDIX E**

**SUMMARY:** Difficulties we have commonly encountered in our work training TBAs.

I. Factors this course was designed to address

1. Illiteracy/level of formal schooling;
2. Mutual inaccessibility (rejection of TBAs by health personnel, especially in the hospitals);
3. Lack of financial and logistical support;
4. Lack of ability to handle educational techniques, dynamic and participatory educational strategies (broad content areas and little time to cover them);
5. Follow-up;
6. Apathy and lack of stimulus;
7. Slow changes in the teaching-learning process, low impact on conduct [of TBAs].

II. Environmental factors

A. Limitations in the health system

1. Physical inaccessibility
2. Lack of supervision
3. Lack of financial and logistical resources (also #I)
4. Lack of stimulus (also #I)
5. Professional jealousy in area teams

B. Characteristics of learners and/or educators

1. Age
2. Language barrier
3. Cultural patterns, customs, cultural and socioeconomic inaccessibility
4. Religion
5. Illiteracy/level of formal schooling (also in #I)

**SUMMARY:** Successes achieved in our educational work with TBAs

- ◆ Better communication;
- ◆ Change of attitude/acceptance (on the part of both TBAs and Public Health personnel);
- ◆ We gained the confidence and affection of this important community group (i.e., TBAs);
- ◆ The TBAs have "come nearer" to the health services;
- ◆ Referral of high-risk pregnancies (and other cases) to health services
- ◆ Improved attention to births;
- ◆ Wider maternal/infant coverage;
- ◆ Active participation of TBAs in various programs;
- ◆ Participation of TBAs in meetings/workshops;
- ◆ Increase in number of TBAs who have received training;
- ◆ Penetration into communities which were "difficult" before;
- ◆ The satisfaction of Public Health personnel in seeing lower maternal/infant mortality.

**Key focuses of the training program:**

- ◆ Participatory adult education methodology and strategies;
- ◆ Technical content: selected high-risk areas;
- ◆ Design of classes on specific content areas (preparation of educational materials and activities);
- ◆ TBA training manual: review and revise.

## **APPENDIX F**

**Based on what I saw and learned in this course:**

**I WILL BE:**

- ◆ A multiplier of all the knowledge;
- ◆ An educator, from now on: doing everything possible to treat the TBAs in a warm, human manner so as to provide an excellent learning experience for them; and as a consequence, improving the attention to maternal/infant care;
- ◆ A health educator for TBAs and promoters, if I don't encounter barriers I cannot resolve;
- ◆ A facilitator and trainer;
- ◆ A little "less bad" in giving classes;
- ◆ A multiplying agent of the knowledge and educational techniques for the team with which I work and for the community health volunteers;
- ◆ A multiplying agent of the adult education process, especially in developing and believing in human potential;
- ◆ A resource in my area for orienting the personnel who train TBAs in order to achieve a change in the impact of learning;
- ◆ A multiplier, trying to form and reinforce the characteristics (as I now understand them) of a good educator;
- ◆ A person who believes in education: an educator;
- ◆ More sure of myself in being able to better serve other people;
- ◆ A multiplying agent of this course for the health personnel and for TBAs;
- ◆ More dynamic, more participatory;
- ◆ A person who tries to transmit knowledge, ideas and experiences to my co-workers and to TBAs so as to effect change.

## **I WILL DO:**

- ◆ Give people with whom I work the opportunity to share in the educational process, make them feel happy and grow more each day;
- ◆ Get my learners to ask for what they really want to learn and not just what I think they should;
- ◆ Help the people in my community to improve their health situation, not by burying the treasure that today I have received;
- ◆ Specific and practical things to achieve a better tomorrow;
- ◆ Make changes in my manner of giving classes to TBAs--make them more active and participatory;
- ◆ Make fundamental changes in [my project's] educational programming, make the learning cycle a reality among my educators and learners;
- ◆ Make the process we have initiated in Quetzaltenango develop, involving the technical team in all the health services and with participation at the community level;
- ◆ Request a similar type of training activity for the trainers in my area and try to maintain a follow-up;
- ◆ Apply a varied, participatory methodology with my students and help them to be good educators, too;
- ◆ Make changes in my community; I will educate and transmit what I have learned;
- ◆ Participatory actions [activities] in order to be able to make myself understood and better facilitate learning;
- ◆ Changes, actions to improve learning and thus improve maternal/infant health;
- ◆ Create trust and confidence among the people with whom I'm going to work. I will put into practice what I have learned here. I will concern myself more with the needs of my community, and I will work better than I have been;
- ◆ Everything possible to train myself and to transmit in a clear, concrete manner knowledge, experiences and ideas, and achieve changes.

## **APPENDIX G**

**CURSO DE CAPACITACION PARA CAPACITADORAS DE COMADRONAS  
RESULTADOS DEL PRE-TEST**

CLAVE	NOMBRE	TOTAL NOTA SOB 78	AREA OBST. SOB 51	AREA NEONA- TAL/27	AREA EDUC. S 100	AREA TECN. S 100
01	MARTA JULIA DIAZ DE R.	28	20	8	32.0	35.89
02	NINFA OROZCO MONZON	33	22	11	40.0	42.31
03	GREGORIA JUAREZ S.	39	26	13	36.5	50.00
04	JOSEFA DE LEON DE R.	39	26	13	23.8	50.00
05	ALICIA RUANO DE LA C.	43	28	15	48.5	55.12
06	CRISTINA LOPEZ DE T.	34	23	11	0.0	43.59
07	S. PATRICIA ESTRADA L.	44	27	17	70.0	56.41
08	CLARA LUZ BARRIOS CH.	41	26	15	46.0	52.56
09	JULIA FUENTES DE RUIZ	44	30	14	35.7	56.41
10	DULCELINA DE BARRIOS	35	23	12	17.85	44.87
11	BERNA BARRIOS	36	24	12	33.0	46.15
12	MILAGRO DE MOLINA	37	22	15	20.4	47.43
13	OSCAR GUILLERMO MENDEZ	32	18	14	25.0	41.02
14	MAURILIA SILVA DE G.	41	25	16	32.0	52.56
15	ABIMAEEL PAZ PISABAJ	43	28	15	55.0	55,12
16	MARIA CRISTINA CAJAS	38	24	14	53.0	48.72
17	THELMA V. GONZALEZ	37	25	12	20.4	47.43
18	ALICIA E. PEREZ GALVEZ	40	28	12	23.8	51.28
19	ANGELINA G. RAMOS	35	22	13	14.0	44.87

PROMEDIO = 34.8

PROMEDIO= 48.51

CURSO DE CAPACITACION PARA CAPACITADORAS DE COMADRONAS  
RESULTADOS DEL POST-TEST

CLAVE	NOMBRE	TOTAL NOTA SOB 78	AREA OBST. SOB 51	AREA NEONA- TAL/27	AREA EDUC. S 100	AREA TECN. S 100
01	MARTA JULIA DIAZ DE R.	68	46	22	62	87.18
02	NINFA OROZCO MONZON	47	31	16	75	60.25
03	GREGORIA JUAREZ S.	61	41	20	57	78.20
04	JOSEFA DE LEON DE R.	64	42	22	64.5	82.05
05	ALICIA RUANO DE LA C.	64	39	25	70.5	82.05
06	CRISTINA LOPEZ DE T.	---	---	---	---	---
07	S. PATRICIA ESTRADA L.	66	46	20	75	84.61
08	CLARA LUZ BARRIOS CH.	62	42	20	59.5	79.49
09	JULIA FUENTES DE RUIZ	54	37	17	50	69.23
10	DULCELINA DE BARRIOS	54	36	18	60.4	69.23
11	BERNA BARRIOS	63	39	24	44	80.76
12	MILAGRO DE MOLINA	64	41	23	36.5	82.05
13	OSCAR GUILLERMO MENDEZ	47	29	18	65.5	60.25
14	MAURILIA SILVA DE G.	78	59	19	81.6	100.00
15	ABIMAEEL PAZ PISABAJ	58	38	20	80	74.36
16	MARIA CRISTINA CAJAS	66	45	21	58	84.61
17	THELMA V. GONZALEZ	54	34	20	64.6	69.23
18	ALICIA E. PEREZ GALVEZ	56	35	21	57	71.79
19	ANGELINA G. RAMOS	48	29	19	29	61.54

PROMEDIO = 60.6

PROMEDIO= 76.49

## **APPENDIX H**

# GUATEMALA

## TBA Training Timetable

	DATE (92)	HC	HC	HC	HC	HC	Trainers No.	Project Staff No.	TBA's Trained No.
1.	2-13 Mar	Preparation: MTSS, Materials, equipment and selection of TBA's.							
2.	16-20 Mar	1st training (Demonstration)					6	4	20
3.	a) 23-28 Mar		2nd training (Demonstration)				5	1	20
	b) 23-28 Mar			2	2	2	6	3	60
4.	30 Mar - 3 Apr	√	√	√	√	√	10 (5x2)	4	100
5.	6-11 Apr	√	√	√	√	√	10-11	21	100
6.	13-18 Apr	<b>EASTER</b>							
7.	20-25 Apr	√	√	√	√	√	10-11		100
<b>TOTAL:</b>									<b>400</b>

## **APPENDIX I**

## GUATEMALA

### Vital Events Reporting System Timetable

<u>ROUND</u>	<u>FIELD WORK</u>	<u>PERIOD OF DATA COLLECTION</u>
1st	finishes Apr-May 92	1 Jul 90 - 30 Jun 91
2nd	1 Jul - 30 Nov 92	1 Jan 92 - 30 Jun 92 Implementation 1 mo.
3rd	1 Jan 93 - 31 May 93	1 Jul 92 - 31 Dec 92 Implementation 6 mos.
4th	1 Jun 93 - Aug 93	1 Jan 93 - 31 Apr 93 Implementation 5 mos.

## APPENDIX J

## GUATEMALA STUDIES

No.	Questionnaire	Subject	Period of Study	Data Entry	Analysis Write-Up	Person
<i>Pre-MotherCare: Diagnostic Studies</i>						
1-7	S1-S7	<u>Health Services (KAP)</u> Health centers and health posts	1988-1989	Completed	Report in Spanish <i>Needs Publication</i>	INCAP
1.	S1	Health Personnel Knowledge of Risk Conditions	"		"	
2.	S2	Health Personnels' Attitude to TBAs	"		"	
3.	S3	Observation of ANC in Health Posts	"		"	
4.	S4	Observation of ANC in Health Centers (No B/P observed)	"		"	
5.	S5	Normal & high-risk neonatal records	"		"	
6.	S6	Evaluation of normal & high risk pregnancy clinical records	"		"	
7.	S7	Evaluation of postnatal checks	"		"	
8-10	C2-C4	<u>Community</u>	1988-1989	Completed	Report in Spanish <i>Needs publication</i>	INCAP and Carmen
8	C2	Mother's KAP on risk factors	"			
9	C3	Father's KAP on risk factors (Father & Mother)			Needs publication	
10	C4	TBA survey			"	By an anthropologist & Dr. B. Schieber

No.	Questionnaire	Subject	Period of Study	Data Entry	Analysis Write-Up	Person
<i>MotherCare-Supported Studies</i>						
1-3	M1-M3	<u>Maternal Mortality Case Control Study at Community</u>	Aug. 90 - Apr. 91	Completed	Report - Needs publication	Carmen/ Barbara Sch. INCAP/ MotherCare
1.	M1	Maternal Mortality Case	Aug. 90 - Apr. 91			
2.	M2	Maternal Mortality Control				
3.	M3	Family Interview				
4-6	R1-R3	<u>Peri/Neonatal mortality case control study</u>				
4.	R1	<u>Community:</u> Peri/neonatal mortality case control study (contains maternal attitude towards neonatal death)	Jan. 90 - Aug. 90	Completed	Needs Publication	Carmen
5.	R2	<u>Hospital:</u> Case control peri/neonatal mortality study (maternal attitude toward death)	Sept. 90 - ongoing* * this study will continue until Oct. 92	Data entry Sept. 90 - Sept. 91	Needs analysis and publication	Carman has data for one year
6.	R3	Referral of obstetric cases to hospital from TBA (mother is interviewed)	Sept. 90 - ongoing to Apr. '93 (incl.)	Data entry Sept. 90 - Sept. 91	Needs analysis	Carmen does <u>not</u> have data
<i>Vital Events Reporting System (VERS) = Surveillance in 80 clusters.</i>						

No.	Questionnaire	Subject	Period of Study	Data Entry	Analysis Write-Up	Person
7.	SV1	<u>Community:</u>	Jul. 90 - Jun. 91	Completed	Completed 500 Cases	INCAP Data to go to Health Area (Project Hope)
	SV1	Pre-Implementation District Health Team Training	Jul. 90 - Jun. 91	Ongoing	Not started	INCAP
	SV1	Pre-Implementation TBA Training	May 91 - Apr. 92	Ongoing	Not started	INCAP
	SV1	Post-Implementation TBA Training	May 92 - Apr 93			INCAP
8.	Not numbered	Evaluation of H. staff knowledge through test (40 questionnaires)	Aug 92 - Apr. 93 (Jul 93?)		Sep. 93 - Jan. 94	INCAP
9-15	D1-D7	Review of statistics and records observations of ANC, PNC Observation of neonate	May 91 - Apr. 93			INCAP
9.	D1	Statistics of ANC, PNC, monthly neonatal complications	May 91 - Apr 93			INCAP
10-12	D2, D3, D4	Observation: ANC and PNC x 2 during rounds 15 records from 25 health centers = 375 records Prenatal histories	Aug. 92 - Apr. 93			INCAP
13	D5	Clinical history PNC = ?375 records? (postnatal clinic)	"			INCAP
14	D6	Observation of neonate x 2 rounds	"			INCAP
15	D7	Clinical history neonate = ? depends on attendance	"			INCAP

No.	Questionnaire	Subject	Period of Study	Data Entry	Analysis Write-Up	Person
16	?	Referral forms by TBAs probably not feasible.				INCAP
<p>Dr. Schieber requests MotherCare to formulate indicators for: D2, D4, D6: Observation questionnaire. D3, D5, D7: History questionnaire.</p>						