PD PE-[illegible]

ISN 65069

GUATEMALA TRIP REPORT:

SECOND SEMINAR/WORKSHOP OF THE ASSOCIATION OF GYNECOLOGY AND OBSTETRICS OF GUATEMALA: "MATERNAL, PERINATAL AND NEONATAL HEALTH -- FUTURE PROJECTIONS"

Prepared by:

Susan Colgate Goldman, CNM, MS, PhD

MotherCare/ACNM Project

November 11 - 16, 1991

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

ACRONYMS

AGOG - Asociacion de Ginecologia y Obstetricia de Guatemala

AID - United States Agency for International Development

APROFAM - Asociacion Guatemalteca Pro-Familiar

HOPE - Project HOPE

IGSS - Instituto Guatemalteco de Seguridad Social

INCAP - Instituto de Nutricion de Centro America y Panama

NGO - Non-Governmental Organization

OPS - Organisacion Panamericana de Salud (PAHO)

MSPAS - Ministerio de Salud Publica y Asistencia Social

MCH - Maternal and Child Health

ORT - Oral Rehydration Therapy

PROAIS - Program of Integrated Health Actions

TBA - Traditional Birth Attendant (comadrona)

UNFPA - United Nations Fund for Population Activities

UNICEF - United Nations International Children's Emergency Fund

ACKNOWLEDGEMENTS

The author would like to thank Drs. Elizabeth and Marc Antonio Bocaletti for their warm hospitality and willing assistance, without which this work would have been so much less enjoyable and more difficult; and Dr. Alfred Bartlett, for generously sharing of his wisdom and experience.

I. EXECUTIVE SUMMARY

ACNM/MotherCare consultant Susan Colgate Goldman CNM, PhD travelled to Guatemala Nov. 11 - 16, 1991 to help AGOG, MSPAS, and MotherCare local consultant Dr. Elizabeth de Bocaletti with planning for the second technical group seminar/workshop on maternal, perinatal and neonatal health. The consultant also worked with MotherCare consultant Dr. Malbio Rolim, and participated in the conference as MotherCare's representative. The conference was exceptionally lively and productive, with frank dialogue between those representing the MSPAS, other governmental agencies, and NGOs.

At the conclusion of the seminar/workshop the participants reached a consensus to form a technical working group on maternal health with seven representative members. The group's mandate includes the following three tasks:

* To seek representation on the Comite Interagencial;

* To establish a national TBA training plan; and

* To organize followup meetings or professional activities in the area of maternal-neonatal health.

The outcome of this seminar/workshop represents an important step forward toward a national policy and eventual program for the reduction of maternal and neonatal mortality. MotherCare should continue to support the efforts of this group. It is a unique forum for communication, and could some day lead to comprehensively planned, concerted actions.

II. PURPOSE OF VISIT

The purposes of this trip were to assist AGOG with planning and preparation for their second national seminar/workshop on maternal, perinatal, and neonatal issues; to represent MotherCare at the meeting; and to help facilitate Guatemalan discussion of maternal and neonatal health issues. A copy of the scope of work is attached in Appendix A.

III. BACKGROUND

Childbearing exposes Guatemalan women to significant risks. The estimated maternal mortality rate is 100 to 144 per 100,000 live births. The estimated infant mortality rate is 73.4 per 1,000 live births. These rates do not reflect the large differences between different ethnic groups, and between urban and rural populations. Mortality is much higher among Indian populations living in isolated areas where access to medical care is minimal or non-existent.

Hospital facilities have the capacity to provide maternity care for only 20% of Guatemalan women. The majority give birth at home assisted by traditional birth attendants (TBAs). TBAs (estimated 20,000 total) attend 60% to 70% of all births, with this percentage rising to over 90% in certain rural highland areas. They also provide the majority of prenatal care, and are the main health care providers for most Guatemalan women. In urban, hospital maternity facilities, deliveries are attended by physicians. There are no professionally trained midwives. A few nurses in rural health centers regularly attend births, but their nursing training has not prepared them for this role. The maternity cases which come to the health centers are often complicated ones which the TBAs cannot handle, so the nurses' capabilities are severely tested.

Despite their primary role in the health care system, TBAs receive little recognition or support and rarely have established relationships within the formal health care system. Isolated projects in different parts of the country have been working with TBAs for many years, however there has been no national TBA program or policies. Health personnel in the field have identified training and referral systems as key problem areas.

A national high risk maternity seminar in March 1990 brought together representatives from international organizations, government and non-government institutions working in maternal and child health in Guatemala. As a result of that seminar, a technical group was formed to facilitate the communication among, and integrate the activities of, those who work in maternal, perinatal and neonatal health in Guatemala.

In April, 1991 MotherCare signed a six months agreement to support activities of AGOG to further the objectives of the technical group by: 1) holding two workshops for people currently working in maternal and neonatal health at policy, service delivery and training levels, and 2) producing and distributing a newsletter to help facilitate exchange of news and technical information among those involved in the field. The first workshop, "Maternal, Perinatal and

Neonatal Health - Research and National Experiences" was held in June, 1991. The first issue of the newsletter appeared in the fall of 1991.

The present report describes the second AGOG workshop "Maternal, Perinatal and Neonatal Health - Future Projections" held in November, 1991 and the consultant's involvement with it.

IV. TRIP ACTIVITIES

Preparation for the Conference The consultant spent 1 1/2 days in Guatemala City assisting Dra. Elizabeth de Bocaletti with planning and preparation for the meeting. The two discussed conference objectives, and how the planned activities would relate to outcomes. They reviewed the list of people invited to the conference (Appendix B), elaborated the discussion guides and conference schedule (Appendix C), and met to discuss these with Lic. Jose Luis Areola, a group dynamics consultant hired as conference facilitator to ensure productive discussions.

Dr. Goldman also met with Dr. Malbio Rolim, (Brazilian ob/gyn consultant invited by MotherCare to present the PROAIS project work) to discuss the content of his presentation.

Drs. Goldman and de Bocaletti also spent another half day in Antigua finalizing details of the conference arrangements (hotel reservations, photographer, secretarial support etc.)

AGOG Conference The AGOG conference entitled "Maternal, Perinatal and Neonatal Health --Future Projections" took place at the Antigua Ramada Hotel in Antigua, Guatemala on November 14 and 15, 1991. It was well attended and enthusiastically received by participants from all parts of the country, including medical and nursing personnel working in governmental and nongovernmental agencies and programs. The residential setting for the conference was a good choice, since it allowed maximum opportunities for networking and collegial discussions among fellow professionals, and because it permitted conferees to continue their riveting plenary discussion until very late Thursday night, when they finally decided to adjourn until the next day because they were exhausted.

Formal presentations by Drs. F ncisco Salazar and Haroldo Medina of the MCH Dept. of MSPAS and Dr. Rolando Figueroa of AGOG welcomed the participants and set the conference activities in the context of the current health situation in the country. Dr. Medina referred to the government's next five year health plan (soon to be released), and Dr. Figueroa reviewed the findings of the

In their third meeting, the small groups discussed different options for coordination of planned activities aimed at reducing maternal and neonatal mortality. In the plenary session which followed, the heated discussions were eventually resolved into a consensus on a concrete plan of action described below.

V. Conclusions

At the close of the conference, the participants were able to reach consensus on a surprisingly detailed plan of action. Most participants clearly felt that maternal-neonatal mortality in Guatemala is a very important and long-overlooked priority problem. Consensus was facilitated by the fact that the Ministry of Public Health (MSPAS), represented at the conference by the person of Dr. Haroldo Medina, appears ready to assume leadership in this area. MSPAS leadership was welcomed by the participants, who recognize that little can be done without at least MSPAS approval.

A technical working group on maternal-neonatal mortality was formed of the following seven members:

Dr. Haroldo Medina (MCH Dept. of MSPAS)
Dr. Napoleon Diaz (IGSS)
Dr. Barbara Schieber (INCAP)
Dr. Roberto Santiso (APROFAM)
Dr. Julio Luis Pozuelos (AGOG)
Dr. Gerardo Cabrera (Fundacion Perinatal de Guatemala)
???? (a representative of an NGO)

Dr. Medina is in charge of organizing the group's next meeting (sometime in early December) and developing a workplan for it that will be consistent with MSPAS policies and programs. The group is charged with three specific tasks:

* Seeking representation on the Ministry's Comite Interagencial to give the problem of maternal-neonatal mortality visibility and consideration in national health planning circles;

* Establishing a national TBA training plan. To accomplish this task, the conference participants suggested formation of a subcommittee which would include Elizabeth de Bocaletti, Cristina Lopez & Susana Lemus from the MCH Department of MSPAS, representatives of the MSPAS Human Resources Department (i.e. Nursing School Directors, etc.), and UNICEF. The subcommittee's job will be to develop a draft TBA training plan for consideration by the Ministry and the group.

first AGOG seminar/workshop held in June 1991. Dr. Susan Goldman welcomed the participants on behalf of MotherCare, and offered an international perspective on maternal health problems and MotherCare's response. Dr. Norberto Martinez of PAHO also gave an international perspective, focussing on Guatemala's situation within the Central American context. Dr. Barbara Schieber of INCAP presented different models of health service organization involving greater degrees of delegation of authority to nurses and midwives in other countries.

Dr. Jose Malbio Rolim gave a lively and detailed presentation of the PROAIS project in Fortaleza, Brazil, and discussed the evolution of the role of TBAs within the Brazilian maternity care system. The Brazilian model broadened the horizons of the Guatemalans, although some felt that the Brazilian health care system and economy are so much more advanced than their own as to make parallels unrealistic. An interesting discussion ensued. Dr. Rolim later said that he felt that he also had learned a lot from the other participants at the conference, and from his visit to Quetzaltenego. He was particularly interested in the continuous data collection system there which makes ongoing project evaluation possible.

Although the formal presentations were all stimulating and well received, the highlights of the seminar were the inter-institutional discussion groups and the plenary discussion sessions which followed them. Under the able guidance of the facilitator, Lic. Jose Luis Areola, these discussions proved extremely fruitful. The participants divided themselves into small groups, each containing representatives of many different organizations, for the sequence of three group discussions. In their first session, they identified what they thought was needed to reduce maternal, perinatal, and neonatal mortality in Guatemala, and assigned priorities to the problems they identified. This was followed by a plenary session in which a rapporteur from each small group reported its conclusions to the assembled conferees for general discussion towards a consensus. Lic. Areola was very helpful as a neutral person chairing the sometimes heated debate in the plenary sessions.

In their second meeting, the small group discussions detailed institutional activity plans designed to solve the priority problems they had identified. In the plenary session which followed, the participants compared the activities proposed by the different groups, noting differences and similarities. They expressed a strongly felt need for inter-institutional coordination of activities, and looked to MSPAS representatives for leadership.

* Organizing followup meetings or other professional activities in the area of maternal-neonatal mortality.

VI. Recommendations

MotherCare should continue providing support to Guatemalan efforts to develop national planning to reduce maternal and neonatal mortality. The technical working group formed at the conclusion of this meeting should definitely be supported. Its creation represents real progress in the direction of concerted, coordinated, concrete activities. It is just as well not to have AGOG in the leadership role, although they have certainly done an excellent job. At this point however, supporting the technical working group is preferable because it encompasses a much wider representation, including MSPAS. Support should be provided without pushing any one particular agenda. Appropriate initiatives will arise from the Guatemalans themselves. This is a very capable group of people.

If possible, any future conferences should also be held in a residential setting since this facilitates optimal communication. Smoking should not be permitted in the meeting rooms. A list of all participants' names, addresses, jobs and organizations represented should be distributed to all participants at the end of the meeting. (I believe that Elizabeth de Bocaletti is taking care of this).

MotherCare should support any efforts to evaluate ongoing or past Guatemalan projects involved with TBA training and continue to support dissemination of information in this field. In future, if another consultant is to be invited to present work with TBAs or professional midwives in another country, many Guatemalans expressed interest in hearing about the African experience. This could be very useful, since some of them are unfamiliar with the central role midwives and TBAs play there.

VII. Update on INCAP Quetzaltenango TBA Project

The TBA manual produced in August has been translated into Spanish. Illustrations and visual aids for use in the TBA training have not yet been produced. However, Drs. Goldman and Bocaletti met with the INCAP artist Juan Carlos Camey to review and discuss progress on visual aids being developed for use in Santa Maria Sacatepequez. This work is coming along nicely; the illustrations are almost ready. Many of these pictures could be easily adapted for use in Quetzaltenango. Others need to be developed from scratch, since the two programs do not teach exactly the same content.

Now that the cholera threat appears to have been controlled by concerted Ministry of Health effort, TBA training is returning to high priority. Dr. Schieber inquired if Dr. Goldman could be available to help write training of trainers materials, since her own busy travel, administration and research schedules make it extremely difficult to find the time.

Dr. Schieber shared her grave concern about further disruption of the research design of her project. The previous trip report submitted by this consultant reported imminent startup of Project HOPE TBA training activity in several key villages in Totonicapan, the control group area for the INCAP/Quetzaltenango demonstration project. AID/Guatemala has now awarded funding to another NGO (a Seventh Day Adventist group) to undertake a TBA training initiative in the rest of the villages of Totonicapan. This will eliminate the remaining villages which comprised the reduced control group for the INCAP project. The timing of this decision is extremely unfortunate, since the project has already worked very hard to collect reliable baseline data in the control area. Dr. Schieber will meet with the AID health officer to discuss the problem, however she is demoralized by this blow to the project's careful design. If alternative areas must be considered as controls, she fears that the validity of the project's results will be questionable.

APPENDIX A:

SCOPE OF WORK

SCOPE OF WORK

BACKGROUND

In March, 1990 a national high risk seminar was held in Guatemala, bringing together representatives from international organizations, government institutions and non-governmental institutions working in the maternal-child health field. As a result of the seminar, a proposal was developed to create a technical group to facilitate the communication among, and integrate the activities of, the organizations that work in maternal, perinatal and neonatal health in Guatemala.

In April, 1991 MotherCare began a six-month subcontract with the Obstetrics and Gynecology Association of Guatemala to further the objectives of the technical group. The project is geared towards exchanging experiences with different organizations that work with traditional birth attendants and provide services to mothers and neonates through: 1) the organization of two workshops whose participants come from organizations that are currently working in maternal and neonatal health at policy, service delivery and training levels; and 2) the production and distribution of a newsletter with relevant and timely topics of interest.

In June 1991, the first workshop, "Maternal, Perinatal and Neonatal Health - Research and National Experiences" was held in Antigua, Guatemala. Both government and non-governmental organizations participated in this workshop- the first of its kind in Guatemala- to evaluate the present maternal health situation in the country. The second and final workshop under the MotherCare Subcontract will bring the participating organizations together again to discuss program and policy developments in Guatemala, and to prepare a plan of action for future policy initiations and joint efforts. Presentations and discussions will draw from the vast experiences of the organizations, from local experts and from an international consultant. The workshop is scheduled from November 14-15, 1991.

SPECIFIC ACTIVITIES

The consultant will carry out the following activities during this consultancy:

1. Act as MotherCare's official representative at the workshop.

2. Prepare and present a brief welcoming statement that includes MotherCare's goals and a description of the project's activities in Guatemala and other parts of the World. MotherCare will provide background materials for this task.

3. Work with Dr. Jose M. Rolim, MotherCare's consultant, on his presentation for the opening workshop session to assure that it addresses the issues that are relevant in the Guatemalan context.

4. Work with the ObGyn Association and the MOH and MotherCare's local consultant, Dr. Elizabeth Bocaletti, to finalize plans for the workshop.

At this point, the agenda and materials for the workshop will have already been prepared, therefore the MotherCare Representative's function will be primarily to walk through the agenda with the local coordinators, to help them anticipate and take measures to prevent possible problems, to assure that transitions between topics and group work are smooth, and that the workshops stated objectives are reflected in the content.

5. Assist the local consultant with the production of the workshop report.

PRODUCT

The consultant will submit a trip report according to MotherCare guidelines.

APPENDIX B:

LIST OF PEOPLE INVITED TO THE CONFERENCE

LISTA DE PARTICIPANTES PROPUESTOS PARA SEMINARIO-TALLER II

"SALUD MATERNA, PERINATAL Y NEONATAL"
PROYECCIONES FUTURAS

NOMBRE	INSTITUCION
1. Dr. Francisco Salazar	Jefe Materno Infantil, MSPAS
2. Dr. Haroldo Medina	Materno Infantil, MSPAS
3. Lic. Susana Lemus	Materno Infantil, MSPAS
4. Enf. Cristina López	Materno Infantil, MSPAS
5. Enf. Mirna de Méndez	Distrito San Juan Sac., MSPAS
6. Enf. Rutilia López	Distrito de Alotenango, MSPAS
7. Enf. Lazli Orozco	Jefatura de Area Sacatep., MSPAS
8. Enf. Clara Luz Barrios	Jefatura de Area Quetzalt. MSPAS
9. Dr. Arturo Valdez	Jefe Depto. Atención Personas, MSPAS
10. Dr. Octavio Morán	MSPAS
11. Dra. Malvina de León	MSPAS
12. Dr. Napoleón Diaz	Jefe de Materno Infantil, IGSS
13. Dr. Enrique Chávez	Univ. de San Carlos de Guatemala
14. Dr. Carlos Andrade	Universidad Francisco Marroquin
15. Dr. Roberto Santiso	APROFAM
16. Dr. Carlos Contreras	APROFAM
17. Dr. Oscar Liendo	UNICEF
18. Dr. Francisco Zambroni	OPS
19. Dra. Lily de Dubois	OPS
20. Dr. Norberto Martinez	OPS
21. Dr. Mario Garcia	Planificación Familiar
22. Dr. Juan José Arroyo	Planificación Familiar
23. Dr. Rolando Figueroa	Asoc. Ginecologia y Obstetricia
24. Dr. Juan Roberto Castro	Asoc. Ginecologia y Obstetricia
25. Dr. Julio Luis Pozuelos	Asoc. Ginecologia y Obstetricia
26. Dr. Edwin Papadópolo	Asoc. Ginecologia y Obstetricia
27. Dr. Salvador López	Asoc. Ginecologia y Obstetricia
28. Dr. Luis R. Chavarria	Asoc. Ginecologia y Obstetricia
29. Dr. Werner Comparini	Asoc. Ginecologia y Obstetricia
30. Dr. Antonio Meza Cuadra	UNFPA/ATP
31. Dr. Francisco Pineda	INCAP
32. Dr. Carlos Samayoa	INCAP
33. Dra. Teresa González C.	INCAP
34. Dra. Barbara Schieber	INCAP
35. Dr. Alfred Bartlett	INCAP
36. Dr. Junio Robles	INCAP
37. Dra. Elizabeth de Bocaletti	INCAP
38. Dr. Erick Boy	INCAP

NOMBRE	INSTITUCION
39. Srita. Lynn Gorton	AID
40. Sra. Jane Lyons	AID
41. Dr. Baudilio López	AID
42. Dr. Rolando Castañeda	Asociación Pediátrica
43. Dr. Rolando Cerezo	Asoc. Perinatal de Guatemala
44. Dr. Gerardo Cabrera	Fundación Perinatal de Guatemala
45. Dr. Bernardo Granados	Presidente Asoc. Jefes de Area
46. Dr. Eberto de León	Jefe Depto. Obstet., Hosp. Quetz.
47. Dr. Victor Manuel Rodas	Jefe Depto. Pediat., Hosp. Quetz.
48. Dr. Fernando Marroquin	Jefe Depto. Obstet., Hosp. Sacat.
49. Dr. Miguel Angel Soto	Jefe Depto. Pediat., Hosp. Sacat.
50. Dr. Antonio Bocaletti	Depto. Salud Materna, Servicios Médicos de Sacatepéquez
51. Enf. Telma Galindo	Directora Escuela de Enfermeria
52. Lic. Dolores Santizo	Escuela Enfermeria Auxiliar
53. Sra. Haydeé Salazar	Escuela Enfermeria General
54. Lic. Silma C. de Méndez	Jefe Depto. Enfermeria Nacional
55. Dr. Noé Orellana	Proyecto HOPE
56. Dra. Angélica Biscul	Proyecto CONCEM

APPENDIX C:

CONFERENCE MATERIALS (INTRODUCTION, OBJECTIVES, DISCUSSION GUIDES, AND SCHEDULE)

MINISTERIO DE SALUD PUBLICA Y
ASISTENCIA SOCIAL
ASOCIACION DE GINECOLOGIA Y OBSTETRICIA
DE GUATEMALA

II SEMINARIO TALLER

SALUD MATERNA, PERINATAL Y NEONATAL
PROYECCIONES FUTURAS

ANTIGUA GUATEMALA
14 Y 15 DE NOVIEMBRE DE 1991

INTRODUCCION

Durante el mes de junio del presente año, se llevó a cabo en la ciudad de Antigua Guatemala, el I Seminario Taller sobre Salud Materna, Perinatal y Neonatal, con la finalidad de dar a conocer los estudios más recientes y otras experiencias que se vienen desarrollando en el país, a instituciones nacionales que realizan alguna actividad en estas áreas.

Dando seguimiento al mencionado taller y con el objeto de identificar estrategias potenciales y actividades de coordinación interinstitucional que apoyen la reducción de la mortalidad materna, perinatal y neonatal, el Ministerio de Salud Pública y Asistencia Social, a través del Departamento Materno Infantil y la Asociacion de Ginecología y Obstetricia de Guatemala, con patrocinio de USAID a través del Proyecto MotherCare, han organizado el presente Seminario Taller, el cual pretende establecer mecanismos futuros que integren en alguna forma las actividades que diferentes instituciones realizan en estas áreas.

Durante el I Seminario Taller se tuvo la oportunidad de explorar a profundidad la problemática de la mortalidad materna, perinatal y neonatal, en la cual diferentes expositores coincidieron en tasas de mortalidad sumamente elevadas para estos grupos.

Durante estas discusiones, se identificaron los problemas más relacionados con esta mortalidad, dentro de ellos deficien-cias en: capacitación a personal de salud y comadronas, infraes-tructura y coordinación institucional deficiente, mal sistema gerencial, otros factores condicionantes como poca implementación de otros programas, no reconocimiento del rol de la comadrona, uso inadecuado de recursos e inadecuada comunicación social; proponiéndose para cada uno de estos, acciones que dieran respuesta a estos problemas.

Sin embargo, este listado de problemas identificados incluye todo un sistema que no parece estar sujeto de cambio a corto ni mediano plazo. Por lo que será un reto para el presente Semi-nario Taller identificar los problemas de mayor importancia y que se consideren como prioritarios en el planteamiento de estrate-gias concretas y factibles para la reducción de la mortalidad ma-terna, perinatal y neonatal de Guatemala.

OBJETIVOS DEL II SEMINARIO TALLER
"SALUD MATERNA, PERINATAL Y NEONATAL: PROYECCIONES FUTURAS"

A. OBJETIVO GENERAL

Identificar actividades potenciales para la reducción de la mortalidad perinatal, neonatal y materna que puedan ser apoyadas o adoptadas por instituciones que realizan actualmente actividades en estas áreas.

B. OBJETIVOS ESPECIFICOS

1. Establecer relaciones entre instituciones nacionales que realizan actividades en salud perinatal, neonatal, y materna que permitan enriquecer las actividades futu-ras de cada una.

2. Evaluar experiencias de otros países, que puedan apor-tar información en la formulación de estrategias en el mejoramiento de la salud perinatal, neonatal y materna a nivel nacional.

3. Desarrollar mecanismos de seguimiento a las actividades de coordinación interinstitucional, que apoyen las estrategias identificadas para la reducción de la mortalidad perinatal, neonatal y materna del país.

LISTA DE PROBLEMAS/NECESIDADES IDENTIFICADAS EN EL I SEMINARIO-TALLER

1. Necesidades de capacitación apropiada del personal de Salud: comadronas, enfermeras y médicos.

2. Problema de infraestructura: Higiene (agua, letrina, disposición de basuras, etc), transporte, comunicación, ausencia de servicios de salud, accesibilidad.

3. Coordinación inter-institucional inadecuada

4. Sistema gerencial inadecuado - (sistema de referencias)

5. Factores condicionantes:

   * Falta de valorización a la mujer: baj[illegible] educación
   * Pobreza
   * Malnutrición
   * Anemia
   * Madres solteras
   * Embarazo en adolescentes

6. Rol de la comadrona: poco integrada al sistema de salud

7. Uso de Recursos

8. Comunicación social: Aún no aplicados a los problemas de salud materna.

Defina con detalle el problema prioritario:

* Cuál es el problema:
* Quién está implicado:
* Cuál es la magnitud del problema:
* Dónde ocurre el problema:
* Cuándo ocurre el problema:
* Por qué ocurre el problema:
* Dónde y cuándo empezó:

METODOLOGIA DEL II SEMINARIO TALLER
"SALUD PERINATAL, NEONATAL Y MATERNA: PROYECCIONES FUTURAS"

1. Presentaciones de estudios y perspectivas internacionales en el área de salud perinatal, neonatal y materna, por parte de los invitados especiales.

2. Realización de paneles con exponentes de diferentes instituciones, que realizan actualmente actividades en estas áreas.

3. Grupos de discusión donde puedan ser explorados más detalladamente los problemas objeto de este Seminario Taller.

4. Desarrollo de conclusiones y recomendaciones al final del Seminario Taller, que puedan ser sujetas de seguimiento por los participantes.

GUIA DE TRABAJO No. 1

IDENTIFICACION DE NECESIDADES PARA LA REDUCCION DE LA MORTALIDAD PERINATAL, NEONATAL Y MATERNA

INSTRUCCIONES:

La presente guía tiene como objeto generar discusión dentro de los participantes. Nombre un relator por grupo y anote lo que considere como concluyente de la discusión.

Evalúe las necesidades/problemas identificados en el Primer Seminario Taller:

- Seleccione tres necesidades que el grupo considere prioritarias.

- Defina cada necesidad en detalle e identifique los componentes de cada una.

- Prioritize los componentes de cada necesidad, en el orden en que considera se necesita dar respuesta primero.

GUIA DE TRABAJO No. 2

ACTIVIDADES QUE RESPONDEN A LAS NECESIDADES IDENTIFICADAS

INSTRUCCIONES:

La presente guía tiene como objeto generar discusión dentro de los participantes. Nombre un relator por grupo y anote lo que considere como concluyente de la discusión.

Formule acciones que usted considere dan respueta a dos de las necesidades identificadas por los grupos. Estas acciones deberán ser: específicas, realizables a corto o mediano plazo y sujetas de seguimiento.

Describa cada actividad en detalle, considerando para cada una:

- Obstáculos
- Oportunidades
- Recursos requeridos para su realización

COMPLEMENTO GUIA No. 2

Describa acciones o actividades que den respuesta al problema identificado:

QUE RESULTADOS ESPERA DE ESTAS ACTIVIDADES	QUE ACCIONES NECESITA PARA LLEGAR A ESTOS RESULTADOS	QUIEN PUEDE TOMAR ESTAS ACCIONES	QUIEN DEBE APROBAR ESTAS ACCIONES	COMO PUEDE EVALUAR LOS RESULTADOS

* Que condiciones u oportunidades existentes podrían ayudarle a realizar estas acciones?

* Que obstáculos podrían encontrar estas acciones? Cómo los superaría?

* Que recursos (humanos, materiales, técnicos u otros) necesitaría para estas acciones?

GUIA DE TRABAJO No. 3

MECANISMOS DE COORDINACION EN LAS ACTIVIDADES PLANTEADAS

INSTRUCCIONES:

La presente guía tiene como objeto identificar las acciones de las instituciones participantes que pueden ser coordinadas. Esta guía puede ser resuelta en grupo o individualmente, por institución.

Defina un plan de acción institucional que dé respuesta a dos o tres necesidades específicas que fueron planteadas en las discusiones anteriores.

- Mencione cómo su institución puede contribuir a resolver estas necesidades con los recursos que tiene.

- Mencione qué tipo de asistencia técnica o material podría ayudarle a implementar su plan de acción.

- Mencione qué mecanismo sugiere para coordinar sus actividades en estas áreas con las de otras instituciones.

En la Sesión Plenaria, tendrá la oportunidad de presentar su plan de acción institucional.

II SEMINARIO TALLER

SALUD MATERNA, PERINATAL Y NEONATAL
PROYECCIONES FUTURAS

14 Y 15 DE NOVIEMBRE DE 1991

AGENDA DE TRABAJO

PRIMER DIA

HORA	ACTIVIDAD	RESPONSABLE
8:30- 9:00	Inscripción	AGOG
9:00- 9:15	Inauguración	Dr. Francisco Salazar Jefe Depto. Materno Inf.
9:15- 9:30	Introducción al Seminario Taller	Dr. Haroldo Medina Depto. Materno Infantil
9:30- 9:50	Perspectivas Internacionales I	Dr. Malvio Oliva Colim Dra. Susan Goldman MOTHERCARE
9:50-10:00	Presentación Conclusiones Seminario Taller I	Dr. Rolando Figueroa AGOG
10:00-10:30	Cuidado Materno Obstétrico: Delegacion de Responsabilidades en Paises en Desarrollo	Dra. Bárbara Schieber INCAP
10:30-10:45	R E C E S O	
10:45-11:15	Estrategias y Persect. de los Programas de salud Materna-Perinatal en Centro América. Planes para la Reducción de la Mortalidad Materna	Dr. Norberto [illegible] OPS

CONTINUACION AGENDA PRIMER DIA...

HORA	ACTIVIDAD	RESPONSABLE
11:15-12:15	Grupos de Trabajo Interinstitucionales: Identificación y Priorización de Necesidades en la Redudcción de la Mortalidad Perinatal, Neonatal y Materna.	
12:15-12:30	Presentación y Discusión de Conclusiones por Grupo	
12:30-14:00	A L M U E R Z O	
14:00-15:00	Panel Forum "Perspectivas Institucionales sobre Salud Materna"	MSPAS, IGSS, INCAP, AID, OPS, APROFAM, UNICEF, AGOG.
15:00-16:00	Grupos de Trabajo Interinstitucionales: Actividades que Responden a las Necesidades Identificadas.	
16:00-16:15	R E C E S O	
16:15-17:00	Presentación y Discusión de Conclusiones por Grupo	
17:00-20:00	C E N A	

AGENDA SEGUNDO DIA

HORA	ACTIVIDAD	RESPONSABLE
8:00- 9:00	Estudio Brasileño: Proyecto PROAIS	Dr. Malvio Olivana Rolim Brasil
9:00-10:00	Panel Forum "Manejo de Riesgo Obstétrico a Nivel Comunitario y Perinatal"	Planificacion Familiar, Univ. Francisco Marroq., Asociación Perinatal, UNFPA, INCAP, MSPAS, Fundación Perinatal.
10:00-10:15	R E C E S O	
10:15-11:00	Grupos de Trabajo Institucionales: "Mecanismos de Coordinación en las Actividades Planteadas"	
11:00-12:00	Discusion de Conclusiones	
12:00-12:30	C L A U S U R A	
12:30-14:00	A L M U E R Z O	