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BASICS
TRIP REPORT

Converting the BASICS Country Activity Plan Into an Action Plan in Guatemala

BASICS is a USAID-Financed Project Administered by
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CONVERTING THE BASICS COUNTRY ACTIVITY PLAN INTO AN ACTION PLAN IN GUATEMALA

Guatemala City, Guatemala

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ACRONYMS

ARI	Acute Respiratory Infection
BASICS	Basic Support for the Institutionalization of Child Survival
CAP	Country Activity Plan
CDD	Control of Diarrheal Diseases
INCAP	Nutrition Institute of Central America and Panama
LAC	Latin America and the Caribbean
LOE	Level of Effort
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-governmental Organization
ORT	Oral Rehydration Therapy
PVO	Private Voluntary Organization
SCM	Standard Case Management
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

I. PURPOSE OF VISIT

The purpose of this visit was to accomplish four things:

- to review, prioritize, and schedule the Guatemala actions under the Guatemala Country Activity Plan (CAP);
- to review, prioritize, and schedule the three additional tasks for which the Mission requested Basic Support for the Institutionalization of Child Survival (BASICS) project assistance subsequent to the CAP;
- to review with BASICS consultant, David McCarthy, progress on the community availability of acute respiratory infections (ARI) drugs study; and
- to review with BASICS consultant, Patricio Barriga, progress on the ARI communications study.

II. BACKGROUND

Country Activity Plan (CAP)

In April and May 1995, a BASICS team prepared a Country Activity Plan(CAP) for Guatemala. At the same time, the United States Agency for International Development (USAID)/Guatemala Mission was, finishing its re-engineering activity in the health office.

The CAP has now been reviewed in both Washington and at the USAID/Guatemala Mission. Field support funds have been designated by the Mission to the BASICS project to support Mission activities, and the re-engineering process has been completed.

Additional Tasks

Subsequent to the CAP, the Mission asked for BASICS assistance in three additional areas:

- development of a series of indicators for monitoring compliance with contractual obligations of a contractor over a one-year period;
- a "stock-taking" of management systems in the public health sector; and
- the development of a series of indicators to track accomplishment of the Mission's strategic plan in health.

Community Drug Availability

The USAID/Guatemala Mission provided funds to BASICS to assist in five activities related to the ARI program. These activities were:

1) development of a tool to assess ARI training needs;

2) assistance in translating the ARI ethnographic studies into communication plans;

3) an analysis of provider standard case management compliance, its barriers, and its facilitators

4) support for a state-of-the-art ARI workshop, and

5) an analysis of the availability of ARI antibiotics through private sector providers at the health post level as an alternative mechanism.

All but the last of these activities have been completed or are near completion. David McCarthy, formerly the BASICS Operations Officer for Latin America, is initiating the community drug availability study.

ARI Communications Plan

Dr. Patricio Barriga is currently in Guatemala on the third of a series of consultancies related to the translation of the ARI ethnographic studies into communications plans.

III. TRIP ACTIVITIES

Dr. Barry Smith, Latin America and the Caribbean (LAC) Regional Technical Advisor for BASICS, and David McCarthy, former BASICS LAC Operations Officer and current consultant, met with USAID/Guatemala Health and Population Office staff — Dr. Patricia O'Connor, Ms. Mary MacInerny, Dr. Jorge Chang, and Dr. Baudilio Lopez — to review the above items. Telephone conversations were held with the INCAP directors regarding the implementation and evaluation components of the cholera/control of diarrheal diseases (CDD) distance education activity.

IV. CONCLUSIONS

A. Prioritizing BASICS Assistance

Priority one: Assistance in developing an implementation strategy and monitoring plan for the achievement of the health strategic objective

Background: USAID/Guatemala has completed its family and community health strategy and, within the context of this strategy, BASICS completed its CAP. The Mission now would like to translate the strategy into an implementation and monitoring plan.

Objective: Develop an action draft plan and a draft monitoring and evaluation plan which places the mission's family and community health strategy into operation.

Activities: Review the BASICS CAP and Mission strategy

Develop an action plan that specifies what USAID/Guatemala and its partners should accomplish over the next five years to improve child health programs in Guatemala. For individual classes of partners such as the public sector, institutional contractors, international private voluntary organizations (PVOs) and local non-governmental organizations (NGOs), the action plan should clearly outline:

1) what they can be expected to achieve for each results package (and subpackage) within one to two years and within five years;

2) the most appropriate strategies and activities to enhance results; and

3) requirements for technical assistance, training and/or other technical support.

It should also describe the overall technical assistance and training that USAID/Guatemala should provide to ensure achievement of results. And finally, this action plan should include a description of the annual benchmarks (key results) that will indicate progress toward the achievement of the strategic objective.

Based on the above, develop a plan that will allow USAID/Guatemala to monitor and evaluate:

1) implementation of the results packages (and subresults packages) by individual partners and for all partners combined;

2) progress toward or the achievement of results packages (and subresults packages) by individual partners and for all partners combined; and

3) the overall progress toward the accomplishment of the strategic objective.

The plan should:

- define a set of indicators that can be used to evaluate progress toward the accomplishment of the overall strategic objective. The plan should identify sources for each indicator as well as a schedule of data collection;

- establish the baseline and meaningful targets (short and/or medium term) for all indicators for which data are available; and

- define a set of indicators that can be used to monitor the progress toward the achievement of each results package (and subresults package). The Mission wants to be able to monitor individual institutions as well as all institutions combined. The plan should identify the data sources for each indicator as well as a schedule for data collection.

Outputs: 1. Draft action plan

2. Monitoring and evaluation plan

Time Frame: Draft Action Plan: September - October, 1995

Monitoring and Evaluation Plan: October - November, 1995

Level of Effort (LOE): Draft Action Plan:
Barry Smith - three weeks
Technical Division person - three weeks

Monitoring and Evaluation Plan:
Local Hire - three person weeks
Evaluation Specialist - three person weeks
Eckhard Kleinau - one week

Priority two: Evaluation of management decision-making

Objective: Provide the USAID Mission with an assessment of the management decision-making tools which have been provided under the current Mission Child Survival project and constraints to their use.

Background: USAID/Guatemala contracted with the firm Clapp and Mayne to provide technical and managerial assistance to the Mission in the implementation of its child survival project. One key element of the contract was the development of information systems. The contract called for the following activities:

- incorporate software changes which reflect use and needs and will ensure an adequate epidemiological view of the country, as well as the administrative process in the Ministry of Health (MOH) structure;

- design and implement a computerized program for the efficient management of financial and accounting information at all levels of the MOH;

- participate in and support the development of manuals of norms and training for all levels of the MOH with the objective of gaining a better understanding of these information systems;

- train, supervise, and evaluate personnel responsible for the management of the information system at the local level, specifically as it relates to financial and accounting aspects;

- provide technical assistance to the implementing units (MCH, IU, DC) relative to the development and use of other programs that help to obtain information which will meet project objectives;

- support the design, production, transportation, and distribution of forms for registering information at all levels of the MOH. These forms should permit the evaluation of impact, coverage, and costs of all activities implemented to reach project objectives;

- support the development of local surveys following the systematic sampling of communities (technical assistance to be provided by the United Nations Children's Fund (UNICEF)) to obtain complementary information of population groups that do not have direct access to health services;

- review, develop, validate, and implement corresponding software, taking into consideration the work developed by the present contractor, which will permit the filing, consolidation, analysis and interpretation of project information and work related to the National Maternal Child Health Program to facilitate program and management decision-making;

- design and incorporate internal controls for all programs that improve the quality of information and refine the system;

- train personnel designated by the implementing units of the MOH in the use of basic programs for entering and consolidating data and interpreting its results;

- review, design, validate, and implement programs in administrative control, financial management, and accounting with the requisite follow-up to ensure appropriate use by MOH units;

- review, develop, validate, and implement the following programs:

  - inventories (locale of all project-funded resources)
  - immunization (impact, coverage, costs)
  - oral rehydration therapy (ORT) (impact, coverage, cost)
  - rural health promoters and TBAs (including their activities in record keeping)
  - births and deaths entry (consolidation, analysis, and utilization of results locally)

- evaluate the information needs of different users to determine the epidemiological profile in their respective areas of responsibility so they can focus efforts and resources in the highest risk areas. This information may then be taken into consideration for local programming efforts; and

- evaluate training needs of the MOH implementing units regarding the following:

  - improvement of information system sources;
  - management of methodologies and forms for data collection;
  - statistical and epidemiological analysis of information based on high risk;
  - consolidation and presentation of results;
  - incorporation of the results into the decision-making process and local programming;
  - utilization of data collection results in the monitoring, supervising and evaluating processes;
  - operation research methodologies;
  - presentation of a training plan for health area level personnel; and
  - coordination of activities with the computer programmer to revise, improve and/or design forms which will be used at all levels of the MOH.

Activities:

- Develop, in cooperation with Clapp and Mayne Chief of Party, Dr. Rodrigo Bustamante, a methodology for determining the utilization of information and other management systems established by Clapp and Mayne for the MOH. This methodology should attempt to conduct the equivalent of a verbal autopsy of the decision-making process at the area level of the public health system, especially with regard to decisions affecting basic child survival programs. The evaluation will attempt to discover if additional elements are lacking that affect decisions.

- Meet with Clapp and Mayne Chief of Party to review the study methodology.

- Visit selected areas, and districts, health centers, and health posts to apply the study protocol.

- Analyze results answering the following questions:

  - Were the information and other management systems that were put into place used by the MOH and useful in making management decisions?

  - What information was lacking or not taken into account in the decision-making process? Why?

  - What factors, other than information, were missing in the decision-making process? Why?

  - Is the decision-making process defective? Why?

  - Analyze results and present recommendations.

Outputs: Study protocol

Study results

Time Frame: August - September 1995

LOE: Protocol preparation: three days (B. Smith/E. Kleinau)

Field Work: two weeks (Evaluation specialist)

Analysis and report: one week (Evaluation specialist)

Priority three: Information, education, and communication

Objective: Continue the work initiated under the ARI buy-in with the Nutrition Institute of Central America and Panama (INCAP) and Clapp and Mayne, and extend it to breast feeding and other child survival interventions as financing permits (CAP Strategy 1.2).

Train MOH and other formal sector health workers in the use of these and other education materials to improve their health education communication skills (Strategy 3.1).

Background: See CAP

Activities: As described in CAP

Tentative Outputs: To be determined with Guatemala cluster

Time Frame: To be determined with Guatemala cluster

LOE: To be determined with Guatemala cluster

Priority four: Develop a simple community health diagnosis and planning methodology

Objective: Develop and test a methodology that is simple, effective, and relatively low cost and permits, encourages, and requires community participation in addressing health problems (CAP Strategy 1.1).

Background: See CAP

Activities: As described in CAP

Tentative Outputs: To be determined with Guatemala cluster

Time Frame: To be determined with Guatemala cluster

LOE: To be determined with Guatemala cluster

Priority five: Develop and test strategies for increasing Mayan families' access to and utilization of appropriate preventive and curative health care in their communities

Objective: Develop and test strategies for increasing Mayan families' access to and utilization of appropriate preventive and curative health care in their communities (CAP Strategy 2.1).

Background: See CAP

Activities: As described in CAP

Tentative Outputs: To be determined with Guatemala cluster

Time Frame: To be determined with Guatemala cluster

LOE: To be determined with Guatemala cluster

B. Community Drug Availability Study

David McCarthy and the consultant met with the Mission to discuss the community drug availability study. Mr. McCarthy reported receiving information from both the Mission and Dr. Victor Lara of Clapp and Mayne, which led him to think that it might be necessary to reformulate the drug study. The purpose of the study was to confirm or reject the hypothesis that ARI drugs were available at the community level. The reason for conducting the study was based on the assumption that the public sector drug supply system would fail frequently, making ARI standard case management (SCM) compliance not feasible. Since efforts at SCM revolve around MOH personnel, the effort was to be concentrated at the health post level. Subsequently, different people suggested that it would be preferable to look at drug availability at more peripheral communities or that it would be preferable to coordinate our study with Population Council activities.

Although the methodology could be carried out at more peripheral communities, there would be no statistical significance because of the huge number of communities. There will be statistical significance, however, at the health post level.

It was decided with Mission personnel and Mr. McCarthy to continue with the original study design. Mr. McCarthy will make all of the arrangements and contract local personnel to conduct the study prior to his departure.