

ACTIVITY CLOSE-OUT REPORT

COOPERATIVE AGREEMENTS WITH JOHN SNOW RESEARCH AND TRAINING INSTITUTE, INC. (JSI R&T) AND AMERICARES FOUNDATION, INC. UNDER THE NGO NETWORKS PROJECT (*PRO REDES SALUD*)

Agreement No. 520-A-00-01-00090-00 (JSI R&T)
Agreement No. 520-A-00-02-00220-00 (AmeriCares)

I. Activity Summary:

Date of Award: The JSI agreement was signed on September 21, 2001 (first round of funding) and the AmeriCares agreement on September 23, 2002 (second round). The AmeriCares agreement was implemented mainly through a sub-agreement with JSI.

Completion Date: September 30, 2004

Implementing Agencies: John Snow Research and Training Institute Inc. (JSI) and AmeriCares Foundation Inc., in coordination with the Ministry of Health (MOH), University Research Corporation (URC)/*Calidad en Salud* and APROFAM.

Total Amount Authorized: \$6,896,751 (JSI) and \$3,189,000 (AmeriCares)

Total Amount Obligated: \$10,085,751

Total Amount Expended: \$9,798,041.51

Counterpart Contribution: \$2,456,063.00 (27% of total program amount) for JSI
N/A for the AmeriCares agreement

II. Activity Description:

Strategic Objective Linkages: The purpose of the *Pro Redes Salud* project was to contribute to the successful achievement of USAID/Guatemala Strategic Objective (SO) No. 3 “Better Health for Women and Children” and Intermediate Result (IR) 1, “More Rural Families Use Quality MCH Services and Better Household Practices” and IR 2, “Public Health Programs are Well Managed.”

Activity Objective: The essence of the strategy adopted by SO3 was to turn the traditional top down development approach around to involve directly the beneficiaries of public health programs in project design, implementation, monitoring and evaluation. The history of neglect and ill treatment by the health sector had made the Mayan population in particular distrustful and suspicious of health services and health care providers. In order to broaden coverage beyond the reach of the public sector and APROFAM, local non-government organizations (NGOs) were identified as key to improving access to reproductive and child health (RCH) services and strengthening the MOH Integrated Health Care System (SIAS), particularly in rural areas of the seven departments of the Western Highlands region, covering the eight MOH priority health areas. For conceptual and practical purposes, *Pro Redes Salud* was divided into 2 major components:

(1) Network and NGO grants for the extension of primary care to high risk communities: Activities were aimed directly at the expansion of primary care coverage to high risk rural Mayan populations, not only through geographical expansion into communities where no services were available, but also by expanding the service package being offered. This expansion aimed at including as many of the priority RCH services as possible and the new

Integrated Management of Childhood Illnesses (IMCI) strategy protocols with a strong community-based maternal child health/nutrition prevention component (AINM-C). A service delivery model was to be designed by *Pro Redes* in coordination with the MOH and be pilot tested under this project, including innovations in the national Extension of Coverage model (PEC NGO).

(2) Strengthening of networks and NGOs: This component was aimed at further strengthening the capacities of NGOs previously supported by Population Council, PCI and SIAS programs, to provide quality RCH services, to manage their programs effectively and to ensure their sustainability. Also, the project called for *Pro Redes* to channel its support through new networks of NGOs to achieve greater coverage and reduce the management burden and, if possible, the formation of an umbrella “RCH Network” that would represent all of the NGO members.

III. Counterpart Contribution:

By September 30, 2004, JSI had incurred \$2,456,063 in counterpart outlays against the \$2,298,983 counterpart commitment for the entire period of the agreement.

IV. Major Activity Accomplishments:

Pro Redes expanded geographic coverage through 18 grantee NGOs and eight networks to 317,000 persons in rural areas where no RCH services were previously available; a 23.4% increase in RCH coverage in the seven highland departments. Project efforts have resulted in the incorporation of new services, expansion of services or use of new protocols among an estimated 95% or more of the 116 NGOs working in community health in the seven highland departments.

The project strategy for assisting NGOs and communities to continue providing RCH services involved ensuring the following for every 1,000 inhabitants: a fully supplied and equipped community center; a community member (Facilitador Comunitario or FC) trained and equipped to detect and manage cases; a cadre of eight volunteer community members (Vigilante de la Salud or VS) trained and equipped to weigh children and provide counseling – one for every 20 households; and, a revolving medicine fund to ensure the flow of essential medicines. By the end of the project, *Pro Redes* had established 320 fully equipped and functioning community centers, with 320 trained community members (FCs) attending patients, a cadre of 2,361 volunteers weighing children and providing counseling, as well as 579 traditional midwives.

From 2003-2004, the MOH implemented an operations research activity to compare the innovative service delivery model designed by *Pro Redes* (AEC NGO) with the national Extension of Coverage model (PEC NGO) and the model of service delivery through health posts implemented by MOH with assistance from URC/*Calidad en Salud* (AEC PS). In mid-2004, the MOH informed *Pro Redes* of its interest in including some of the key project innovations in the national Extension of Coverage program. These innovations had been transferred to the MOH by the end of the project. They included: changes in the organizational structure of the program and personnel roles to a model similar to that of *Pro Redes*, as detailed in the previous paragraph; the change in the role of the FC to provide direct patient care based on the protocols of the IMCI program with a strong community-

based, maternal child health/nutrition prevention component; supervision of the FCs by nurses; the community-based information system including the forms and electronic database; the checklist and methodology for supportive supervision of community personnel; the checklist to ensure the quality of community centers; the modified training modules for training the FCs in AIEPI and AINM-C in an integrated manner that included practice in health centers and hospitals; and, the use of the new distance training modules for refresher training and training of new personnel.

In June 2004, the MOH agreed to assume coverage of those communities covered by *Pro Redes* when project funding ended. The NGO selection process was implemented in July, with *Pro Redes* staff acting as observers. A total of 29 priority health districts were included in the MOH selection process. In 22 of these, NGOs were selected that were either *Pro Redes* grantees or NGO members of *Pro Redes* supported networks strengthened by the project.

V. Progress towards achievement of initial objective and results:

Activities under the JSI agreement were focused on achieving nine objectives, while the Amiceres agreement only covered five of these objectives (numbers 1, 4, 6, 7 and 9).

1. Strengthen NGOs: 27 networks and 111 NGOs, including all the NGOs working in community health in the highlands, benefited from activities to strengthen network and NGO capacities to provide quality RCH services; manage programs more effectively; and, improve sustainability.
2. Create new NGO networks: Since the project began, a total of 31 new networks have been formed (13 formal, 18 informal at the local level) and 94 NGOs have been incorporated into the 13 new formal networks.
3. Encourage the creation of one or more NGO umbrella networks: An umbrella network, the *Asociación Nacional de Redes de ONGs en Salud en Guatemala* (ASOREDES), has been formed, made up of seven NGO networks and an estimated 150 NGO members. This is the first NGO network federation in Latin America, i.e., a third tier entity consisting entirely of networks. ASOREDES took an active role on the national stage as an advocacy body in the health sector in the lead-up to the general elections in 2003.
4. Expand geographic and service coverage through NGO networks: The project expanded geographic coverage by 23.4% to 317,000 persons in rural areas with no previous service coverage. Ninety-two percent (35) of the 38 priority municipal districts in the seven highland departments were covered by NGOs; and all of these 25 NGOs working in the 35 priority districts received technical strengthening and/or funding from the project. *Pro Redes* expanded the services provided by the NGOs to include integrated maternal child health; integrated reproductive health; and additional services, such as detection, case management and referral of febrile illnesses (malaria and dengue) and ear and throat infections. Reference has been made in Section IV to the innovations in focus of care, organizational structure and roles.
5. Promote NGO-NGO training and technical assistance: Whole networks have been assisted to develop training and TA skills, form training teams, and then train their NGO network members, as well as other networks and NGOs.
6. Incorporate family planning and IMCI protocols into NGO service delivery: Family planning and community IMCI protocols were integrated into service delivery through 18

grantee NGOs and 52 NGOs funded by SIAS, as well as the other NGO members of the eight grantee networks. All the NGOs working in the seven highland departments were included.

7. Strengthen MOH-NGO coordination: *Pro Redes*, MOH and URC/*Calidad en Salud* worked closely together on community volunteer (VS) training in AINM-C; the operations research activity comparing two variations in the national primary care service delivery model; the technology transfer to improve the quality of MOH training under PEC; coordination with the National Program on Reproductive Health; and the training of NGOs on national norms for prevention of cervical cancer.
8. Design and implement an MOH-NGO collaboration model: The project provided support to the official national MOH-NGO collaboration models - the *Consejos de Salud* - at departmental and municipal levels in all eight MOH health areas.
9. Assist NGOs to sustain their reproductive and child health (RCH) services: This objective was aimed at improving sustainability on two levels: (a) ensuring the sustainability of NGO RCH services at the community level; and (b) improving network institutional sustainability once the project ended. The revolving medicine funds were an important element in ensuring the sustainability of NGO RCH services at the community level. The funds were managed by the networks, and by July 2004 the original seed funds had increased on average by 166%. The medicines were sold at PROAM (government medicine procurement entity) replacement cost plus 35%, as stipulated for rural areas in PROAM guidelines. By the end of the project, the networks had been assisted in developing sustainability strategies and plans, including health-oriented revenue generating activities for which seed funding was provided. These included commercial projects in natural medicine, clinical laboratories, and document centers with internet access. Also, the networks were assisted in converting the revolving medicine funds into *botiquines comunales* (rural pharmacies) or *ventas sociales* (pharmacies) linked to PROAM. This allowed them to continue to provide their NGOs with basic RCH medicines without additional outside funding, while also providing income for the network.

VI. Performance indicators used and an assessment of their relative usefulness for performance management and reporting.

Pro Redes Salud was expected to contribute to the achievement of many of the results outlined in the Health SO Performance Management Plan (PMP) and report on data relevant to many of the performance indicators listed therein. The following indicators were included in the Monitoring and Evaluation (M&E) plans for this activity: IR1: Couple Years of Protection and New Family Planning Users. In addition, *Pro Redes Salud* gathered, analyzed and reported valuable data on child health and nutrition, maternal and reproductive health, community-based response to health needs, and efforts to strengthen the NGOs providing RCH services. *Pro Redes Salud* produced strong data that were useful to USAID and to the government of Guatemala in gauging the impact of community-based, integrated maternal child health delivery models.

VII. A summary of lessons learned from the activity that might be relevant to programming, design and implementation of similar activities, including those relating to replicability and sustainability.

- It is important that projects involve the MOH Areas and Districts in the identification of high risk, uncovered areas for placement of NGO projects. This not only gives the MOH ownership and interest in the project, but also improves the chances that NGOs are placed where it is most necessary.
- NGOs appreciate the opportunity to learn new approaches, new technical areas, and the use of new IEC and training materials and expect to have clear guidelines from the donor and the MOH on what needs to be done. However, the NGOs should be included in technical teams when new materials and strategies are being developed by the donors and the MOH, in discussions regarding decentralization, and in issues related to the supply of medicines.
- The successful provision of health care by the NGOs depends on it being systematized. Community members with a fourth grade education can provide direct patient care if they base their actions on the *hojas de registro* and protocols, under the supervision of medical professionals. This means that basic RCH care can now be available to remote rural communities 24 hours a day, in contrast to the once-a-month visit of a doctor provided to rural communities under the MOH model of SIAS-PEC. Also, a checklist containing standardized criteria for the establishment of community centers has been established that improves their quality and allows for systematized care.
- NGOs establish themselves into informal and formal networks when the organizations feel they have something in common. However, NGO members do not always initially have a clear idea of the benefits they can get from their network, nor does the network always have a clear idea of the benefits it can provide to the members. It gets even more complicated when there is a third level, a network of networks or federation. Sustainability, especially the financial aspects of sustainability, is an important topic, and one that is often unclear to NGOs and networks. This situation can be improved by the process of analysis of needs and funding of strengthening activities, the search for additional sources of funding or revenue generating projects, and learning from the experiences of successful networks elsewhere.
- Learning new approaches and the use of new materials takes time and cannot be hurried, if it is to be done well. Training must be based on adult learning techniques and include sufficient time for hands-on practice in the area hospitals and health centers, as well as in the community centers that are already using the AIEPI AINM-C strategy. The real learning occurs during daily practice, following training. Community centers are located in remote rural areas, making access difficult. It is vital, however, that they continue to receive supportive supervision by NGO technical staff.
- It is important to ensure that, following training, participants have all the equipment and supplies necessary to implement their task. In the community center this includes the AIEPI AINM-C protocols, *cuaderno de vigilante*, hanging scales, IEC materials, medical supplies, contraceptives, and the necessary forms and paperwork. A lack of any of these affects quality of care.

VIII. Sources of information:

- Cooperative Agreements Nos. 520-A-00-01-00090-00 dated September 21, 2001, and 520-A-00-02-00220-00 dated September 23, 2002, and subsequent amendments.
- Final JSI and AmeriCares activity reports dated September 23, 2004.
- USAID/Guatemala Annual Health Portfolio Reports and financial management reports.

IX. List of key contacts involved in activity design and implementation:

USAID/Guatemala: Mary Ann Anderson (Health SOT Leader); Isabel Stout (CTO)
John Snow: Elizabeth Burleigh (Project Director/NGO Development Spec.)
Osmin Reina (Child Health Specialist/Technical Coordinator)
Felipe Lopez (Reproductive Health Specialist/Tech. Coordinator)
Kena Saenz (IEC/Behavior Change Specialist/Tech. Coordinator)
AmeriCares: Celina de Sola

Clearance Sheet for the Activity Close-out Report on the *Pro Redes Salud* project:

Prepared by: Michael Alban In draft 10/19/04

Clearances:

Isabel Stout, CTO: _____
Lucia Salazar, PDM _____
Ramiro Morales, FMO _____
Mary Ann Anderson, SOT Leader
and C/OH&E _____

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Isabel Stout
Lucia Salazar 11/7/2005
Ramiro Morales 11/10/2005
M.A. Anderson 11/10/2005