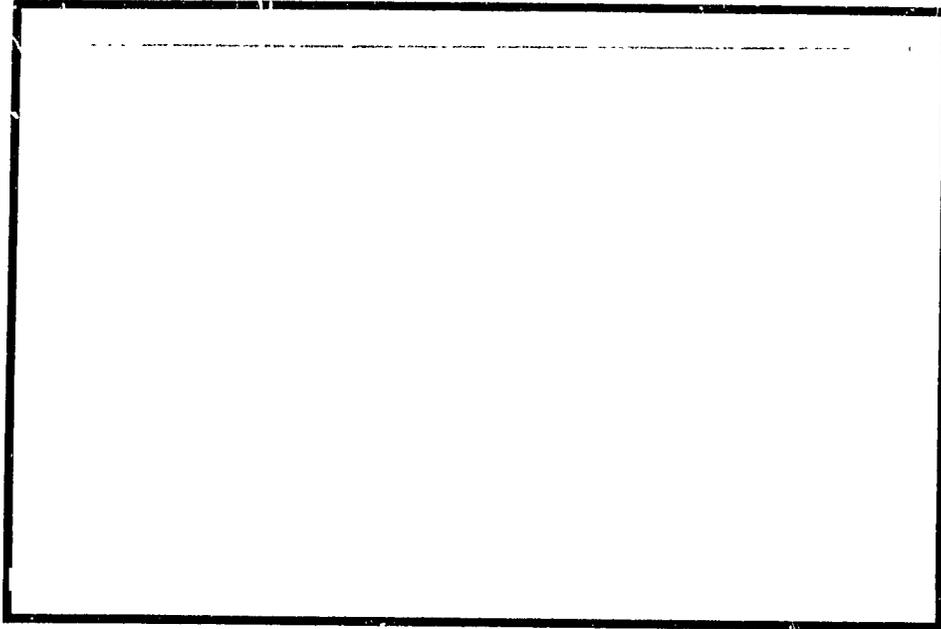


PN-ABK-851
76402



PRITECH

Technologies for Primary Health Care

Management Sciences for Health
1925 North Lynn Street
Suite 400
Arlington, Virginia 22209

PN-ABIS-851

PROPOSED FOLLOW-UP ACTIVITIES FOR
GUATEMALAN ORGANIZATIONS
WORKING WITH TRADITIONAL BIRTH ATTENDANTS

A Report Prepared By PRITECH Consultant:
MELODY A. TROTT, Ph.D.

During The Period:
SEPTEMBER 10-26, 1990

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
U.S. Agency For International Development
CONTRACT NO: AID/DPE-5969-Z-00-7064-00
PROJECT NO: 936-5969

AUTHORIZATION:
AID/S&T/HEA: 8/2/91
ASSGN. NO: HSS 098-GU

TABLE OF CONTENTS

	Executive Summary	
I.	Background	1
II.	Purpose and Methodology	3
III.	Summary of Interview Findings	5
IV.	Proposed Structure for Follow-Up Activities	11
V.	Selection of a Coordinating Committee	16
VI.	Administration of Activities and Funding	19
	Appendix I - Excerpts From Guatemala High Risk Birth Seminar	
	Appendix 2 - List of Contacts	
	Appendix 3 - Draft Interview Schedule	

EXECUTIVE SUMMARY

This consultancy to Guatemala City, Guatemala and Arlington, Virginia provided technical assistance for the design of follow-on activities to the Guatemalan High Risk Birth Seminar held in March, 1990. The scope of work included development of an implementation plan for a proposed national-level technical advisory group (TAG) and the design of activities for the TAG and Guatemalan programs working with traditional birth attendants (TBAs) and with high risk pregnancies and births. Approximately \$18,000 has been provided for these activities by USAID/Guatemala, through a buy-in to the MotherCare Project.

Interviews were conducted with participants of the March, 1990 seminar, as well as other groups interested in high risk birth and TBA programs. These suggested that there is generalized support for the formation of a TAG, but little agreement about its membership, scope of work or specific role vis-a-vis groups which have programs in these areas. Interviews also support conclusions that the national-level planning and policy role anticipated for a TAG in the High Risk Birth Seminar Report is best conceived as a long-term goal. Plans for the immediate future should focus on concrete activities which would both promote information sharing and generate discussion about problems which cross-cut existing programs. This can eventually lead to the program and/or policy role envisioned for a TAG by the Seminar participants.

Given these findings, it is recommended that activities in 1991 should be directed to the following:

- strengthening the relationships among groups already working in these areas;

- recruiting a larger constituency of individuals and organizations which are involved in improved maternal and

child health through better management of high risk birth at the community level;

-development of realistic and politically sensitive strategies for participation in a national TBA or high risk birth program administered through the Ministry of Health.

The mechanism suggested for organizing such efforts is a loose federation which could include all groups or individuals interested in the use of TBAs or in high risk pregnancy and birth. Membership should be extended widely and include as many organizations and points of view as possible. The focus of such a group should be on sharing information, building technical relationships and discussing common problems which face programs of this type. An emphasis should also be placed on maintaining sufficient informality to encourage open discussion of difficult issues.

This report outlines a suggested organizational model for 1991 meetings and offers a number of sample topics which could be discussed. It is recommended that the management of such activities be done by a coordinating committee selected by USAID/Guatemala or the MotherCare Project, and that this committee have only limited policy functions. A list of proposed members for this committee is included. It is also suggested that administration of funds for activities should be done by the Guatemalan Obstetrics and Gynecological Society.

I. BACKGROUND

Since the mid 1980s Guatemala has made substantial progress in lowering maternal and infant and mortality rates. Nevertheless, the country still ranks among the highest in the hemisphere in these areas, with maternal mortality estimated at something over 300/100,000 live births and infant mortality estimated at 73/1000 live births (and as high as 120/1000 in the highlands). Of these, the Guatemalan Ministry of Health (MOH) estimates that as high as 86% of maternal deaths are due to direct obstetrical causes. Other research suggests that close to 50% of all infant mortality is actually neonatal mortality, primarily caused by asphyxia, birth trauma, low birth weight, sepsis, respiratory infections and tetanus. (Smith and Putney, 1989.)

In Guatemala, at least 60 % of all births are attended by Traditional Birth Attendants (TBAs), although in some rural areas this figure rises to 70%-80%, and can go as high as 90%. Further, the MOH estimates that its capacity to attend births will remain at 20% for the foreseeable future. In this situation, improved TBA management of pregnancy, delivery and neonatal and maternal care is the most important strategy for improving survival of mothers and neonates.

In 1989, USAID/Guatemala began a series of activities targeted at reducing the country's high rates of maternal and neonatal morbidity and mortality. These activities were designed to provide background and information on conditions currently surrounding home delivery and pre- and post-natal care, and had the ultimate goal of providing a strategy and implementation mechanisms for a Mission-supported project on Safe Motherhood, to commence in 1992.

As one of these efforts, a report on "The Training and Practice of Traditional Birth Attendants" was commissioned

through the AID/Washington Project "Technologies in Primary Health Care" (PRITECH) in 1989. This work was carried out by Dr. Barry Smith, a public health physician and Ms. Pamela Putney, a certified nurse midwife. USAID/Guatemala also provided financing for three small research studies on maternal and neonatal mortality and on TBA training to improve referral of high risk mothers. These studies are being carried out in Santa María de Jesús and Quetzaltenango, Guatemala, through the Instituto de Nutrición de Centro América y Panamá (INCAP).

Based on recommendations of the 1989 Smith and Putney Report, a national seminar for Guatemalan groups working with TBAs was held in Guatemala City in March, 1990. This seminar, which focused on high risk births, resulted in two major products. The first of these was a recommendation for the formation of a Technical Advisory Group (TAG) of specialists in this area. The second was a series of program recommendations for TBA training and high risk birth management, which were sent to the MOH. Excerpts from the seminar report on qualifications and role of the TAG, and the recommendations to the MOH, are attached to this report as Appendix 1.

Following this seminar, USAID/Guatemala provided funding for support of possible TAG activities in 1990-1991. Approximately \$38,000 was transferred for this purpose to the MotherCare Project, and these funds are currently available for programming. (MotherCare is providing major support to an INCAP research activity involving TBAs in Quetzaltenango, Guatemala.) Based on the findings and recommendations of this report,

II. PURPOSE AND METHODOLOGY

A. Purpose of Consultancy

The purpose of this consultancy in Guatemala City, Guatemala and Arlington, Virginia was to provide technical assistance to USAID/Guatemala, INCAP and the MotherCare Project for designing the implementation plan for a national-level TAG that was recommended by the High Risk Birth Strategy Seminar held in March, 1990. The assignment included the identification of activities which would allow this group to provide successful leadership and high quality technical assistance to programs working with TBAs and to improve systems for the identification and referral of high risk pregnancies.

Specifically, the assignment was to:

- (1.) review the status of the high risk births TAG;
- (2.) recommend appropriate support for the TAG and define mechanisms for providing funding to it;
- (3.) with the TAG, define its scope of work for the next twelve months; and;
- (4.) present the workplan to AID/Washington and MotherCare Personnel.

For the most part, these tasks related to the formation of the TAG proved to be too specific for the current stage of development of an organization concerned with high risk birth. Local groups were not ready to move forward with the identification of TAG members, nor was there much agreement about actual responsibilities or activities for the next year. The consultant did, however, make substantial progress in defining

barriers which currently impede the formation of a TAG among the major organizations concerned with TBAs, and identified a strategy which will lead to greater cohesion in the future.

B. Methodology

The conclusions and recommendations of this report are based on an analysis of information obtained from a series of interviews. One set was held with representatives of all organizations which participated in the Guatemala High Risk Birth Seminar. Additional interviews were held with individuals and organizations suggested by Jayne Lyons of USAID/Guatemala, Dr. Alfred Bartlett, INCAP/ROCAP Technical Advisor and Dr. Barbara Scheiber, Principal Investigator of INCAP's large High Risk Birth/TBA research project in Quetzaltenango, Guatemala.

Interviews were conducted using an informal schedule developed to guide discussions and insure consistency of coverage. Interviews generally began with a brief description of the purpose of this consultancy and a review of the proposed activities and qualifications of the TAG. Most of those interviewed were also given a copy of the recommendations which seminar participants developed for the MOH. Discussions were allowed to range widely but in every interview the respondent's opinions were sought about the purpose and use of the TAG. Interviewees were also encouraged to contact me again if they had further thoughts about these topics, and several did.

The list of the individuals and organizations that were interviewed, together with a copy of the original interview questions, are included in Appendix 2. It should be noted that, with the exception of the Director of the Rural Health Program of the School of Medicine at Francisco Marroquin University, it was not possible to interview representatives of the other

professional schools which train health care personnel who interface with TBAs (e.g. School of Medicine, San Carlos University, professional nursing schools and programs which train pharmacists). It is probable that had interviews been obtained with representatives from these institutions, the conclusions and recommendations of this report would not have changed. However, these organizations should be included in future activities which are focused on high risk birth or the use of TBAs.

In addition to the personal interviews, field visits were also made to San Juan Saquetepequez and Esquintla, Guatemala. While these programs of the Universidad Francisco Marroquin and the Instituto Guatemalteco de Seguro Social (IGSS), respectively, have no direct bearing on the content of this report, they provided much insight into the complexity of working with TBAs and the high interest which programs have in sharing information.

III. SUMMARY OF INTERVIEW FINDINGS

Interviews conducted in the course of this assignment suggested that there is generalized support for the formation of a TAG, but little agreement about its membership, scope of work or specific role vis-a-vis groups working in the area of high risk birth or with TBAs. Interviews also support conclusions that the national-level planning and policy role anticipated for a TAG in the High Risk Birth Seminar Report is best conceived as a long-term goal. Plans for the immediate future should focus on concrete activities which would both promote information sharing and generate discussion about problems which cross-cut existing programs. This can eventually lead to the program and/or policy role envisioned for a TAG by the March, 1990 High Risk Birth Seminar.

A. USAID/Guatemala and INCAP

In early interviews, it was clear that there were some differences between the views of INCAP and USAID/Guatemala about the role and activities of the proposed TAG. At INCAP, Drs. Barbara Scheiber and Alfred Bartlett tended to see the TAG's composition and responsibilities as closely related to those outlined in the March, 1990 Seminar Report. They, like the Report, saw this group as playing a significant technical and policy role in a national-level TBA program directed to better management of home delivery and high risk birth. On the other hand, Jayne Lyon had a much more circumscribed view of the TAG's function and potential activities. Based on the limited funds available, she felt that one or two activities on narrowly-defined topics were all that was possible in the coming year. In this context, the role of a TAG was seen to be the selection and management of these events.

These different perceptions posed some initial confusion about priority activities, a workplan and future funding for a TAG. Interviews with seminar participants, however, have suggested that both views are feasible if TAG development is seen as a long-term goal.

B. Interviews with Other Organizations

Most of the organizational representatives interviewed were energetic, dedicated professionals who are strongly motivated by the belief that improved programs with TBAs are a direct path to reduced maternal and neonatal mortality in Guatemala. They are interested in knowing more about other activities and projects which are working with TBAs and are willing to share their experiences. At least theoretically, they would also like to collaborate with other programs, and feel that these efforts could lead to a single national-level TBA program.

Despite their common interests, however, these programs collectively do not form a natural group and they approach the problems associated with contact, training, management and referral of TBAs from many different perspectives. The High Risk Birth Seminar helped to minimize these differences by encouraging an open, largely non-critical review of program models and current research being carried out in the country. Nevertheless, the initial enthusiasm it generated had largely dissipated by the time of the current interviews, and it was clear there are very strong institutional and program constraints on both the open exchange of knowledge (which could lead to more critical reviews of existing projects) or real collaborative work (which would imply changes based on program efficacy).

The interviews revealed that, in fact, these programs share little agreement about some basic areas of program structure and content, including how TBA programs should be run, what constitutes high risk for mothers, what are acceptable program goals or what standards should be used for evaluation. Most of those talked to were fairly egocentric about their own models and many noted that, in any case, they were bound by strong institutional parameters which determined implementation strategies and limited their flexibility.

In discussing the TAG and their recommendations for its formation, qualifications and workscope, most interviewees expressed continuing support for it. There was less agreement about the focus of its activities. Some felt that smaller TBA efforts might benefit from the experience of larger ones and that the TAG might help promote that exchange. None, however, felt that their own program needed or would be willing to accept external review or technical assistance from the TAG. In the course of the interviews, it became clear that seminar participants really viewed the activities of the TAG as primarily

(and in some cases, only) focused on the TBA programs of the MOH.

This orientation of the TAG and, in a larger sense, the desire to influence MOH programs and policies, is probably the strongest common bond between groups working in this area. There was a consensus that the Ministry is the biggest and most important player in extending acceptance of the TBA as a legitimate, even critical, component of the health care system. In fact, interview questions directed to the MOH and its long-term role in TBA programs usually drew the most complex, thoughtful answers.

The ability of outside groups to influence the Ministry was viewed with some pessimism, but most felt that they had an obligation to try. Some individuals saw the recommendations developed during the High Risk Seminar as a step in this direction, but a majority viewed it as a personally rewarding, but somewhat empty, exercise which was probably ignored by the MOH. More cogently, the TAG was generally cast as a group which they hoped would have enough stature and influence to "force" the MOH into effecting some much-needed planning and policy changes regarding the use of TBAs.

While there was much agreement on the need to change both the Ministry's attitude toward TBAs and activities with them, there was less consensus on how changes might be effected. Some of those interviewed simply believed that their own program offered the best model, and assumed that it would be adopted by the Ministry if it were better understood. Their strategy for doing this was education of MOH personnel. Others felt that donors determined the direction of MOH programs, and that some effort should be made to determine the "best" donor model, probably through external evaluations of ongoing programs. Once the best model was identified, it was assumed that donors could press for adoption by virtue of their financial influence. A

third group felt that the TAG, composed of "experts" already working with TBAs in Guatemala, could determine which model or combination of models worked most effectively. They could then assist or pressure the government to implement their recommendations.

These strategies, and the interviews as a whole, highlight several common features of groups currently working with TBAs:

(1.) Most generally, they are anxious to share information and to continue a dialogue about their mutual activities but, at least for the present, they are not ready for more rigorous collaboration. This is particularly true if it involves review or evaluation of their own program.

(2.) Influencing the MOH to develop an effective national-level program is probably their most important concern, although there is no consensus as to how this might be done. Their tendency to see external intervention, either through donor pressure or a TAG, reflects the helplessness which most feel with regard to the MOH. In this context, the recommendations developed during the High Risk Birth Seminar were probably formulated less as real program inputs, than as mechanisms to express discontent with the current MOH activities.

(3.) In spite of their motivation, most of these groups are politically naive and do not understand the effect which they might have on MOH policy if they were better organized and shared concrete, common goals. Recommendations for the formation of a TAG was a step toward this, but was premature and probably misdirected. The TAG, despite its broad mandate and proposed technical competence, was less seen as an advisory body to the constellation of organizations working with TBAs than as a mechanism to bring pressure on

the MOH. The Ministry's rejection of both the program recommendations and the TAG (discussed below) is not surprising, although it has accelerated the frustration which these groups already feel.

C. Interviews With the Ministry of Health

Only two interviews were held with MOH personnel, and these were almost entirely limited to the recommendations which were sent to the Division of Maternal and Child Health following the High Risk Birth Seminar. Both interviews highlighted the Ministry's resistance to what they perceive as interference, and underscored the need for better organization and strategies if groups working with TBAs wish to promote a better national program.

The recommendations sent to the Director of the MCH Division have been summarily ignored. Nevertheless, they did generate a certain amount of anger, since they were interpreted as a criticism of current MOH activities and policies. The Director questioned the right of AID or other donors to participate in such discussions at a public forum, particularly when only MOH technical (and, by implication, low-level) staff were present. He also rejected the utility of the proposed TAG to the Ministry program with TBAs. He viewed this group (probably correctly) as having political interests, and he expressed that there was no need for the TAG's technical assistance to the MCH Division. He was, in short, hostile to both the process and the results of the High Risk Birth Seminar and rejected a role for this group in MOH programs.

The November, 1990 elections in Guatemala will probably generate sweeping personnel changes within the MOH leadership, including the position of Director of Maternal and Child Health.

This will provide a new opportunity for a more successful relationship with the MOH, particularly if policy-level, as well as technical personnel, are included in future discussions of the use of TBAs.

IV. PROPOSED STRUCTURE FOR FOLLOW-ON ACTIVITIES.

Based on the interviews, the immediate formation of a TAG does not seem to be the most appropriate next step. Rather, attention should be given to:

- strengthening the relationships among groups already working in this area;

- recruiting a larger constituency of individuals and organizations/groups which, if not working directly with TBAs, are sensitive to improved maternal and child health through better management of high risk birth at the community level (e.g. the Colegio Medico, the Pediatric Society, neonatologists, etc.,);

- development of reality-based, politically-sensitive assistance strategies for participation in a national TBA or high risk birth program administered through the Ministry of Health.

These goals are best met by simple, open-ended approaches which will provide a forum for the exchange of information and discussion of common problems, and which will begin to generate the cohesiveness essential for the effective discussion of a national program. Such an approach will also avoid the ambivalence and negative reactions which currently accompany discussions of program reviews, evaluations and selection of "best" program models.

The most effective mechanism for organizing such efforts is probably a loose federation. This could include all groups or individuals interested in the use of TBAs or in high risk pregnancy and birth and would allow incorporation of all points of view about these topics. The focus of such a group should be on sharing information, building technical relationships and discussing common problems which face programs of this type. An emphasis should also be placed on maintaining sufficient informality to encourage open, non-pejorative and, if possible, non-political discussion.

The main advantages of this open structure are that it would help to minimize institutional competitiveness, and would provide a mechanism for recruitment of others with interests in, but no direct connection with TBA programs (e.g, neonatologists, hospital directors, members of professional schools, etc.). It will also draw potential opponents into a discussion of problems. Finally, it will begin the process of welding this group into a political force which may, in the future, have substantial influence in a national program directed at high risk birth.

Management mechanisms for such an organization are essential, but should be selected with care. Interviews showed clearly that there was much ambivalence, and even resistance to, actually naming members of a TAG, because those chosen could have some measure of influence over other groups and programs. Support for the concept of the TAG did not translate into willingness to elect and be bound by decisions of such a group.

There was agreement, however, about the need for some type of central coordinating committee which could organize and manage proposed activities. Such a committee was seen as having limited functions, primarily in the areas of administration (especially for funding) and selection of meeting themes. Most interviewees

felt that such a group should not have strong directive or policy-making responsibilities, and that it should not be charged with providing technical assistance.

A. Structure of Follow-On Activities

Activities for a group of this type could be organized in a number of ways, as long as they are based on the exploration of a theme or topic which would interest a substantial portion of the group. The need to familiarize members with others programs, and the long-term goal of influencing or generating national policy, also have implications for organizing these activities. These needs, and the relatively limited funding available for the first year of activity, suggest a simple format of two, or possibly three one-day meetings to be held during 1991. The topics to be discussed should be selected to avoid confrontation between ongoing programs, as well as for their interest to the majority of members (See discussion of suggested topics, below). These might be chosen by the coordinating committee suggested above, but possible themes should be widely discussed with the general membership, AID/Guatemala and the MotherCare Project.

The suggested model for such meetings is one which has been used successfully at the regional level in Central America by the Secretariado de Integración Económica de Central América (SIECA) and the Instituto de Nutrición de Centro América y Panamá (INCAP). It is specifically designed to reduce inter-institutional competitiveness, promote the general sharing of information and produce consensual material which can be used more widely for education. This model involves:

1. Development of a background paper which synthesizes the views or activities of participating organizations. In the case of TBA-oriented groups, this work could be done by a

paid consultant, identified by the coordinating committee and contracted by the administrative organization.

2. A presentation by an expert in the topic area under discussion. SIECA and INCAP usually have a state-of-the-art lecture, delivered by someone external to the organizations involved, but recognized in the field. The same format would probably work quite well for this group. USAID/Guatemala should explore the identity of such experts through one of AID's centrally-funded technical contracts. PRITECH, particularly, has been a consistent supporter of activities related to the use of TBAs in Guatemala, has a worldwide network of technical experts, and would be an excellent resource for this expertise.

3. Working Groups to discuss different aspects of the problem or topic, followed by presentation of results to the larger body. This segment of a meeting should be used to develop some consensus on recommended actions or strategies.

4. Recommendations summarized in a brief policy paper. The preparation of such a publication could be contracted, with the coordinating committee (and Guatemalan technical resources available to them) being responsible for oversight and approval.

Adoption of this or a similar format would serve to familiarize meeting participants with other program views through the background paper. This paper, prepared before the meeting would also help to short-circuit some of the organizational posturing which often occurs at meetings of this type. In addition, such a structure would allow non-program specific discussion of a problem and allow the development of conclusions and/or recommendations which most of the participants could support. This will help to cement their common interests and

produce a product which can be shared with a larger professional community.

B. Topics for Possible Discussion:

Many topics were suggested as important for group discussion. Decisions about the topics for meetings, however, should be chosen with a number of considerations in mind. These include (A.) general interest to all of the organizations which might participate, (B.) the feasibility of reaching conclusions and recommendations (C.) manageability within a one-day meeting structure and (D.) the educational benefits for groups external to direct TBA programming or high risk births but who influence policy or operations of these programs (e.g. physicians, administrators, health policy makers, etc.).

Interviews also indicated that there are some topics which should be avoided, even though there is agreement that they are important concerns to all groups. Generally speaking, these topics are those which demand strong institutional investment and for which there is little option for change, at least in the short run. Training systems are a good example.

Training of TBAs is a major aspect of most programs and a continuing interest for all groups interviewed. Discussion of different training strategies, however, leads directly to defense of ones' own program. It is not an open topic which permits the free exchange of views. Rather, it tends to generate conflicts, harden technical positions and reinforce institutional loyalties. In short, this kind of discussion would be extremely destructive to a group in the formative stages. Topics like training are better avoided until there is more knowledge and acceptance of other points of view.

In the short run, the topics which have the greatest interest but would cause the least conflict are problem areas which cut across all programs and for which there is no particular institutional commitment. These might include:

- education of the medical community about the need for and constructive use of the TBA;

- curriculum review for professional schools (medical, nursing, auxiliary and pharmacist training, with suggestions for restructuring to include information on high risk mothers and interaction with the TBA;

- strengthening referral systems;

- use of contraindicated drugs and procedures.

The overall point in the selection of possible topics is that they reinforce technical cooperation, address problems which do not threaten institutional loyalties, provide direction for collective actions, and contribute to the long-term goal of creating a technical and political action group which will have some future impact on TBA and high-risk birth programs.

V. SELECTION OF A COORDINATING COMMITTEE

The interviews presented two options for the selection of a management body to coordinate activities (A.) nomination of technical experts without reference to their institutions (which was proposed in the High Risk Birth Seminar for selection of the TAG) or the selection of representatives of institutions. With two exceptions, however, none of those interviewed were willing

to express an opinion about who should be on such a committee or how it should be selected.

The conclusion drawn from the interviews is that it is impossible to remove this selection from political concerns. Strong opinions clearly existed about selection of the TAG, although they were not verbalized. There was less concern about selection of members of a coordinating committee, providing its functions are limited, and a few heads of programs were even named as possible candidates. The issue of leadership, however, was clearly sensitive, and will continue to be so, since any group selected, regardless of stated function, will have some heightened influence by virtue of its control of funds.

The object, then, becomes the selection of such a management body in the least disruptive way possible. The recommendation of this report is that the simplest coordinating committee be adopted, and that its functions be both limited and widely publicized. Members should be selected in the least disruptive way possible, which is probably invitational appointment by the MotherCare Project in its capacity as the agency responsible for funding. If individuals of sufficient stature agree to serve, and if they themselves stress their coordinating, rather than leadership functions, dissatisfaction should be minimalized.

Based on the work done for the preparation of this report, suggestions for membership on the coordinating committee are indicated below. The list includes two representatives each from the public and private sector and the major international donors. These recommendations are made based on institutional, as well as personality considerations, and a specific attempt has been made to select individuals known for their collaborative style. In addition, most of those suggested were mentioned at least once as possible committee members during the interviews. They are:

- UNICEF - Marian de Figueroa, Guatemala Country Representative;
- Instituto Guatemalteco de Seguro Social - Dr. Pedro Avendano, Director of Medical Services;
- MOH - Director of the MCH Division (to be named following national elections and possible new appointments in the MOH);
- OB/GYN Society - Dr. Fernando Figueroa, President Elect
- INCAP - Dr. Carlos Samayoa, Coordinator of Maternal and Child Health Activities;
- One other private sector group (hospital/university/professional organization/PVO)

It is also suggested that representatives of USAID/Guatemala (Jayne Lyons) and AID/ROCAP (Dr. Alfred Bartlett) attend these meetings in an advisory capacity, and that Guatemalan professionals working in high risk birth and use of TBAs be included as technical resources when appropriate.

Responsibilities of such a group would be to meet as necessary for planning and execution of two or three general meetings in 1991. This would include the selection of topics, dates and meeting agendas, as well as oversight of an administrative mechanism (e.g. a local subcontractor) which will execute these activities. These decisions would be based on discussions and consultations with the professional community working in the area of high risk birth or with TBAs, and would be subject to approval by the MotherCare Project, which will provide the funding. It is proposed that members of the committee be compensated for their participation, although the nature of this compensation (e.g. a small budget for their meetings) will have to be explored further with USAID/Guatemala.

VI. ADMINISTRATION OF ACTIVITIES AND FUNDING

The successful execution of a national-level meeting will demand a level of infrastructure and experience far beyond those of a coordinating committee. Therefore, based on suggestions by USAID/Guatemala (and positive comments by several other organizations), it is recommended that a local group be subcontracted by the MotherCare Project to actually organize activities and manage the expenditure of funds. Such a subcontract would be generally overseen by a coordinating committee, with assistance and approval of MotherCare.

The Guatemalan group recommended for such a subcontract is the Association of Obstetrics and Gynecology of Guatemala. This is based on several factors. The in-coming president of the Association, Dr. Fernando Figueroa, is particularly interested in high-risk birth and TBA programs. His enthusiasm will be a positive factor in educating the membership of this organization about these areas. The participation and support of this group will also help to increase the stature of a new organization in the professional medical community. On a practical level, the Association has experience in the management of large technical and professional meetings, and they have an a bank account in the United States. Finally, Dr. Figueroa is anxious to assume this responsibility and will probably work very hard at insuring the success of activities which occur during his year as President.

As funding is only available for one year of activities, the administrative role of this Association would be expected to end at the close of 1991, when Dr. Figueroa will also complete his presidency. Should additional funding become available for continuing activities, however, it is recommended that more permanent mechanisms to handle these functions within the new organization be considered. If this institutionalization is not

yet feasible, subcontracting with another group should be explored.

APPENDIX 1

**Excerpts from Guatemala High Risk Birth
Seminar Report**

B. Follow-up Meetings

On March 20 the first follow-up meeting was held at UNICEF. That meeting was chaired by Dr. Carlos Andrade of the Francisco Morroquin University and attended by representatives of UNICEF, the MOH, APROFAM, AID, and PRITECH. It succeeded in developing a draft set of recommendations for presentation by the group to the Ministry of Health. A second meeting was held at UNICEF on March 23 and reviewed and revised the draft report. More significantly, a plan of action was decided upon by the group. That plan determined that, as a first step, a completed set of recommendations should be sent to the MOH at the policy-making level. (See Annex B for the final set of recommendations.) The recommendations suggest that the MOH and donors establish a Technical Advisory Group to monitor, advise, and carry forward the process of designing and implementing a national TBA program. Important considerations regarding that TAG are included below.

IV. SIGNIFICANT ISSUES

A. Composition of the Technical Advisory Group

The consultants recommend that the TAG be composed of persons with the following qualifications:

Epidemiologist/Perinatologist
Specialist in Innovative Training Technologies
Anthropologist/Community Participation Expert
Physician (Obstetrician) with TBA Practice Experience
Health Systems Specialist
Nurse-Midwife with TBA Experience
Ministry of Health Representative/s
Others with Relevant Experience

The group should be limited to no more than ten persons.

The consultants recommend the following as the scope of work for the group:

TAG SCOPE OF WORK

- Design the overall TBA program and search for funding.
- Provide on-going coordination, assistance, evaluation and communication in all TBA activities country-wide.
- Promote recognition and appreciation of the TBA as the most important link into the community for reducing maternal/infant mortality.

B. Constraints/Caveats

The potential constraints/caveats are:

- Turnover in the MOH and new government of Guatemala may well disrupt the process of developing a TBA program. This, however, speaks even more strongly for the development of the TAG. Such a group, not being strictly an MOH dependency, will be able to provide continuity to the process over time.
- Utmost care must be taken in the selection of the TAG. Choices should not be made based on assuring the representation of specific interest groups nor on political affiliation, but rather entirely on technical skills and experience.
- The TAG will need a clear scope of work (see above).
- The TBA program needs to be implemented in a phased approach, with each step built on the previous one and directed simultaneously at the three levels of the health care delivery system (hospital, health center/health post, and TBA/community levels).
- A long term commitment and vision is needed for program impact to be measurable.
- Measures need to be taken to thwart competition and sustain a "built-in" spirit of cooperation and collaboration between groups/individuals working with TBAs.
- It is critical to avoid having a monolithic "there is only way" approach. Innovation and experimentation need to be fostered and encouraged.
- Care needs to be taken to focus on the purpose of TBA activities (i.e., the improvement of maternal/child health), so as to avoid seeing these activities as ends in themselves.

C. Recommended Courses for Action

The following are recommended courses of action for USAID/Guatemala:

1. USAID should notify the MOH of the existence of on-going support for TBA activities through the MotherCare project and other sources, if available.
2. The TAG activities should be funded to insure its effectiveness. It was agreed by all that the TAG participants be paid for their time and that we not depend on volunteers.

3. **USAID should congratulate the MOH for the approach it is taking to TBA activities and continue to encourage and facilitate the process, without taking it over.**
4. **USAID should continue to communicate directly and openly with the TAG and the MOH regarding AID's time frames, expectations, needs and constraints.**
5. **A long term and open-ended approach to the problem of TBA practice and training (to the extent possible) needs to be taken by AID, recognizing that a dynamic and creative process has been set in motion, some of whose final results are at present, not foreseeable.**
6. **Recognizing that the medical community needs to be neutralized, if not won over, the current opportunity provided by Dr. Rolando Figueroa's interest/leadership, as the President of AGOG, should be capitalized upon in the near future to the fullest extent possible.**

APPENDIX 2

List of Contacts

List of Contacts

Roberto Santizo G.
Executive Director
APROFAM

Barbara Shrieber, Principal Investigator
Maternal Health Project, Quetzaltenango
INCAP

Alfred Bartlett, Technical Advisor
USAID/ROCAP and INCAP

Hernan Delgado, Executive Director
INCAP

Jayne Lyon, Health and Population Advisor
USAID/Guatemala

Sandra Callier, Health Advisor
USAID/ROCAP

Carlos Andrade Lara
Director Programa de Salud
Facultad de Medicina
Universidad Francisco Marroquín

Pedro Avendano
Director de Programas Medicos
Instituto Guatemalteco de Seguro Social

Miriam de Figueroa
Director of Guatemalan Programs
UNICEF

Elmer Nunez, Director
Departamento Materno-Infantil
Ministerio de Salud Publico y Asistencia Social
Guatemala

Susana Lemus
Departamento Materno-Infantil
Ministerio de Salud Publico y Asistencia Social
Guatemala

Norberto Martinez
Programas Regionales de Salud Materno-Infantil
PAHO

Rolando Figueroa A.
Presidente
Asociación de Ginecología y Obstetrica de Guatemala

Rebeca Arrivillaga B.
Secretary
Pediatric Society of Guatemala

APPENDIX 3

Draft Interview Schedule

Melody A. Trott

Guatemalan Technical Advisory Group
Draft Interview Questions

1. Are you familiar with (or do you recall) the recommendations of the High Risk Birth Seminar?
 - A. Which are the most important?
 - B. Are they useful for your organization as well as the MOH?
 - C. How should the TAG be formed?
 - D. What are the most important things a TAG would do?
 - E. Would you serve on the TAG?
 - F. Who also/what other organizations should be included?

2. What are priority topics for meetings or activities?
 - A. Training?
 - B. Norms?
 - C. curriculum review?
 - D. Education of physicians and others currently working with TBAs?
 - E. National Policy?

3. What is the best mechanism for approaching these? What types of activities? How many each year?
 - A. Seminars, meetings, or what?
 - B. Position papers?
 - C. SIECA Model of Policy work?

4. To whom should results be disseminated? How?
 - A. Does "national program" imply MOH? How can they best be assisted?
 - B. Or does "national program" simply mean all donors

working together?

C. How do you link actions of the TAG with national policy and programs?

4. How should members of this group be chosen?

A. experts without regard to capabilities or institutional ties?

B. Representatives of institutions working on problem?

5. How should activities be administered? What Group?

6. Is there any way that activities could be continued after AID funding ends?