

**PRINCIPLES, OBJECTIVE AND
OPERATIONALIZATION OF THE
USAID/G-CAP MATERNAL-CHILD
HEALTH RESULTS PACKAGES**

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ACRONYMS

ARI	Acute Respiratory Infections
ASECSA	Asociación de Servicios Comunitarios
BASICS	Basic Support for Institutionalizing Child Survival
CAP	Country Activity Plan
CDD	Control of Diarrheal Disease
CHC	Community Health Committees
CHW	Community Health Worker
CMR	Child Mortality Rate
CP	Community Participation
EPI	Expanded Program on Immunizations
HIS	Health Information System
ICM	Integrated Case Management
INCAP	Nutrition Institute of Central America and Panama
IMR	Infant Mortality Rate
KAP	Knowledge, Attitudes and Practices
MIS	Management Information System
MOH	Ministry of Health
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PBT	Preceding Birth Technique
PVO	Private Voluntary Organization
QA	Quality Assurance
SCM	Standard Case Management
TAG	Technical Advisory Group
TBA	Traditional Birth Attendant
TQM	Total Quality Management
USAID	United States Agency for International Development
USAID/G-CAP	United States Agency for International Development, Guatemala-Central American Program
USG	United States Government

PARTICIPANTS

This document is a participatory document. It does not represent only one individual, or even one institution (although it is a USAID/G-CAP document). It is the product of months of effort by many committed individuals in the USAID/G-CAP, the Ministry of Health, the PVO community, and other interested agencies. Inspiration, notes, documents, and what seemed endless discussion helped to shape this document. It is the product of the vision and the process of re-engineering at USAID/G-CAP. It seeks to shift the paradigm of health care in Guatemala by stating in clear terms what it considers needs to be urgently done to reach the under-served.

I. INTRODUCTION

The purpose of this document is to provide the reader with a readily comprehensible summary of USAID's strategic approach to improving the health of mothers and children in Guatemala. It is aimed at USAID's partners in this enterprise to aid them in developing proposals for USAID support, at USAID's colleagues in the donor community to assist them in understanding how one of the donors will be focusing assistance, and at the health division's support offices within USAID. It is a companion piece to the USAID Family Health strategic document.

II. BACKGROUND

Re-engineering

The USAID/Guatemala-Central American Program (G-CAP) Health Office was one of eight USAID programs or missions worldwide serving as "re-engineering" laboratories. The concept of "re-engineering" has been taken from the business community where it has been applied particularly to assist businesses to redesign internal procedures with client needs and productivity as priorities. Within USAID/G-CAP, it has focussed on the Mission's client, the Guatemalan mother and young child, and on streamlining the mechanisms by which USAID provides financial and other support to its partners.

The USAID re-engineering process involved a collaborative effort with wide participation of USAID/G-CAP's many partners, including the public sector health institutions (MOH and IGSS), international NGOs, local NGOs, multilateral health institutions, and private technical assistance firms. The intensive phase of the process lasted about six months and resulted in the USAID/G-CAP Strategic Plan for Improving the Health of Guatemalan Women and Children.

USAID MCH Strategy

The strategic objective of the Mission is to improve the health of Guatemalan women and children, especially those living in rural Mayan communities. This will be achieved principally by improved reproductive health and improved child health. The Mission has identified measures by which each of these will be evaluated. To achieve these results, the Mission has identified three principal lines of action: improved service delivery at the household, community and health facility level; sound program management; and improved environment for reproductive and child health. To better understand the mechanisms for each of these, the Mission and its partners have also developed pathways which describe the decisions that have to be made at the level of the household, the community and health facilities to either maintain or recover health. This can be analyzed in greater detail by referring to the Mission document.

Brief Summary of Current Child and Maternal Health Status

The Maternal and Child Health Survey (known by its Spanish initials of ENSMI), indicated an annual population growth rate of 3.3 percent, one of the highest in Latin America. Sixty-five percent of the population live in small rural communities, although in the departments with large Mayan populations, this can be as high as 80 percent (World Bank).

The average Guatemalan life expectancy of 62 years is the lowest in Central America (World Bank). Infant mortality rates vary widely, but the 1987 Maternal and Child Health Survey, ENSMI, estimated infant mortality in the 1982 - 1987 period to be 73.4/1000 live births and the child mortality (1-4 years) rate for the same period at 39.2/1000 children in that age group. The Ministry's own estimate of infant mortality is 54/1000 live births. If one assumes the rate of reduction of infant mortality for the 1975-1985 decade, which was 20 percent, has continued at the same rate for the 1985-1995 period, the current rate (1995) would be 58/1000 live births.

However, given the decline in the economic condition of the country, especially among the poorest population, that may not be a valid assumption. As in other places in the world, the IMR and CMR are higher in rural than in urban populations.

The infant mortality rate in Guatemala is the fourth worst in the hemisphere behind Haiti, Bolivia and Peru. With the exception of Haiti, Guatemala has made less progress in reducing infant mortality during the last 15 to 20 years than all other low and middle income countries in the region (La Forgia / Couttolenc). Guatemala only declined 23 percent compared to the average range of 30 to 60 percent.

According to PAHO, the principal causes of infant mortality in 1992 were: perinatal causes-28 percent; pneumonia-19 percent; and diarrheal disease-17 percent. Child mortality was attributed 28 percent to diarrheal disease, 22 percent to pneumonia, 20 percent to measles, and eight percent to malnutrition.

There is practically no reliable nationwide epidemiological data. The formal public health care system is estimated to cover no more than one-third of the population. The National Statistics Institute has calculated that private sector providers cover a slightly higher proportion of illness episodes than the public sector.

III. PRINCIPLES OF THE USAID/G-CAP STRATEGY

USAID's assistance will be governed by certain principles or working hypotheses. These will be used to evaluate proposals and activities presented by partners for financing. They will serve as USAID's compass in its efforts over the next ten years. They will be used to evaluate USAID's efforts and those of its clients. The principles are classed according to three categories: humanistic (philosophical) principles, strategic principles and management principles.

Humanistic Principles

Principle: Community Participation

Fundamental to all new activities should be the involvement of communities in as many levels of project development, implementation and evaluation as is possible. Community participation, as well as client-orientation, gender focus, and cultural appropriateness of health services are all interrelated and should act synergistically in making services more accessible, appropriate, and responsive to the high risk groups.

Strategies

1. Give community participation proper funding and staff over the long term.

Whatever is the final form of USAID assistance, it will need to hire or contract an institution, individual or group of individuals to help steer the community participation process. Community participation should not be left to individuals who are engaged in other priorities, rather the individual or group should have as its main task the structuring, networking, development, training, and monitoring and evaluation of community participation schemes. Part of this monitoring would be to assess the costs, both direct and indirect, of engaging the community and of providing services through community health volunteers. For many years, the cost-effectiveness of community participation has been taken as a given, it behooves the mission to document whether such assumption is true or not. A strong long-term commitment (at least 10 years) needs to be made to the organizations, individuals and communities involved in community participation projects. USAID should be willing to accept that the fruits of community participation are only produced in the long term.

2. Initiate a policy discussion on community participation.

Clearly identify the goal, objectives and strategies of community participation. Clarify what community participation can do and cannot do. Also be clear as to who stands to lose and who stands to gain as community participation is brought in. As a product of this discussion, a strategy for bringing on board the three most important audiences of community participation will need to emerge: 1) the community itself; 2) health workers and other development workers; and 3) central level planners and policy makers. Community participation cannot be an orphan child promoted by USAID; the GOG needs to acknowledge, promote and, if possible, legislate who, when, where and how the individual and the community participate. All actors that in the past have promoted or curtailed community participation must be brought into a national dialog.

3. Confirm or dispel conventional wisdom about community participation.

The mission should document the country's experience involving community participation and seek ways to share them with partner groups so that they are implemented. Also, gender-based perceptions of health needs and care-seeking need to be collected, analyzed and included in any training, supervision or monitoring activities.

4. Help develop the tools, methods and materials needed for community participation.

USAID should become heavily involved in developing tools that will help the partner agencies in their quest for community participation. Tools on how to work with community leaders, how to prioritize needs, how to evaluate the extent of community participation, etc., need to be developed. Of special interest will be the need for materials that will help partners to deal with the cynicism and suspicion surrounding community participation in Guatemala.

5. Initiate activities in a limited number of areas and encourage as much networking as possible between the partners and communities.

Given that the history of community participation in Guatemala is full of instances of misuse and abuse, the projects should begin slowly and small. Networking between those partners favored by USAID and those that did not receive aid during the difficult years (late '70s and early '80s) should be encouraged. There is considerable experience accumulated from those years. USAID should consider providing funding for at least one national community participation conference or at least a conference for highland or Maya organizations annually. USAID should assure that local community participation experiences are fed back and linked clearly with departmental, regional and national actors involved in community participation.

6. Institutionalize community participation training and encourage study tours abroad.

Although considerable experience can be found in Guatemala of examples of community participation, USAID should encourage visits and training on community participation in other countries. The best way to learn community participation is by doing it or seeing it done. Sending those partners who wish to get involved in community participation to other countries can expand local experience and bring new technologies. There are many excellent examples of community participation in countries in the region (e.g., Mexico, Colombia and Costa Rica). A course exclusively designed for encouraging community participation in Maya communities should be a top priority for the USAID. Just as diarrheal disease or ARI training is a *sine qua non* part of health providers training, so should be community participation training. Together with the exploration of community participation methods goes the use of appropriate communication methods with the community. Preference should be given to those projects that use or encourage the use of community theaters, sociodramas, storytelling, or any other method that is culturally appropriate.

7. Analyze community participation in clearly defined behavioral terms.

Just as complex individual health behaviors can be broken down into small components, the group behaviors involved in community participation can also be broken down into a framework that permits analysis. Partners should understand, document and experiment with behavioral models of community participation that go beyond the traditional. Included in these models should be clear objectives and indicators for monitoring and evaluating community participation.

8. Socialization of information so that the community is aware of health needs and status of health services.

Among the tools mentioned in #4 above should be a methodology for bi-directional communication between the community and service providers. It is emphasized separately because of its importance. Communication with the community should not be simply the dumping of incomprehensible information on an unsuspecting audience. If USAID is serious about changing the community from an “object” to a “subject,” then the channels, code and information exchange and analysis evaluation method will need to be developed. Health data rarely is understood by communities in the same terms as those used by health professionals. Stories, graphics, analysis groups, and other innovative exchanges will need to be developed.

Principle: Transition to a Mayan focus

Despite the lip-service paid to the need to make services culturally accessible to the Maya, few agencies or organizations have taken this to heart. In general, NGOs have been more successful at listening to the Maya. Anecdotes of public health providers not speaking the local language, treating Maya Indians poorly and generally not caring about local culture are frequent. Many Guatemalans believe that, by occupying the same geographical space (i.e., Guatemala) as the Maya, they are automatically sensitive to Maya Indian needs. Although in some cases this might be true, in the majority of cases it is not. During the preparation of this document, many Guatemalans insisted that making services culturally appropriate was not needed; they insisted that Guatemala was one nation and that all citizens are treated the same. Nothing can be further from the truth. If anything, Guatemala is many “countries,” and generally the Maya have received the short end of resources for 500 years. However, it would be morally improper or even counterproductive to force “cultural appropriateness” of care on an unreceptive public sector. Rather, a long-term strategy that begins at the most peripheral level—where cultural appropriateness is more important anyway—should be the proper course. The diversity and beauty of Guatemala should be “interiorized.” Cultural appropriateness should be a policy, a strategy and an activity with the ultimate goal of making services more culturally appropriate for the Maya.

1. Conduct cross-cultural sensitivity training in all USAID-funded health and developmental projects.

All partners supported by USAID should demonstrate the cultural appropriateness of services, training, educational materials, etc. Hand in hand with this are those partners initiating activities in Maya areas. Sensitivity training of all partner staff will be conducted by individuals of Maya origin. In those situations where the partner is working with public authorities, training will include the local providers.

2. Help develop Mayan human and institutional resources.

USAID needs to put its resources where the critical need is. It is obvious from all data that the rural highland Maya are the worst off of all subpopulations in Guatemala. At least 50 percent of USAID resources should be targeted to Maya individuals and institutions that are serving the rural Maya. This targeting has great importance to the overall strategy since it can assure a certain measure of sustainability.

3. Integrate Maya models of disease prevention, identification and treatment into all health interventions.

Partners should be able to assure and demonstrate a thorough understanding of the cultural implications of all interventions on Maya culture. Although an approximation to the Maya world view will be made by working with Maya institutions, partners, no matter how small, should receive adequate training in ethnographic research and in the development of appropriate materials and interventions for the Maya. Clear understanding of how the Maya perceive disease and the Maya decision-making process to seek preventive and curative care should be demonstrated or incorporated by all partners.

4. Link non-governmental organizations (NGOs) with the public sector.

As has been noted in other parts of this document, a partnership between NGOs (at the community level), and the public sector (in health services) can and should be forged. A number of NGOs have been successful in doing this over the last few years. New projects should build on that experience and strengthen links between NGOs and the MOH. No matter how well intended, partners will tend to disappear once funding from USAID ends. One way to ensure sustainability is to make sure that the enthusiasm, capacity and innovation of the NGOs rubs off on the public sector. From the writers' perspective, many times the lack of motivation and creativity in the public sector are the results of never having seen first hand how to do things differently. The NGO-public sector link can be a bi-directional learning experience.

Principle: Client focus

All USAID-financed projects need to shift their orientation toward the client. In most cases the client will be the individual and the community in which the individual lives. Projects need to develop mechanisms for eliciting and listening to client needs, and patterning their services so that they are available and accessible at the right place, at the right time, in the right quantity, and

the right price. The Guatemalan Maya woman should receive courteous service, in her own language, at a time she can come, in an accessible place, and at a cost she can afford. It is obvious that a client focus is closely linked at various levels with community participation, gender focus and total quality management.

1. Develop mechanisms for collecting, analyzing and feeding back service and client information.

A USAID-funded project should not be afraid of using private sector methodologies in the monitoring and evaluation of the quality of care and client satisfaction. To the extent possible, monitoring and evaluation activities (e.g., baseline surveys) should contain client satisfaction questions. Also, budgetary items for doing focus group discussions and in-depth interviews should be encouraged in all partners. As previously mentioned in community participation, information regarding health status and client satisfaction should be shared with community leaders, opinion leaders and the community. All clients should be encouraged to give their opinion on how service might be improved. Creativity is essential.

2. Develop a standardized total quality management (TQM) protocol.

Together with client satisfaction, surveys should be the assessment of the quality of care. In Guatemala, the MOH has developed a number of guidelines and protocols that, if complied with, assure quality care—at least by current international standards. All USAID-funded projects should standardize care protocols with those promoted by the MOH, and compliance monitoring should be a daily occurrence. Also, TQM should give managers avenues for the study and resolution of breakdowns in standards of care. There should not be a contradiction between the need for quality and the cost of assuring such quality. For example, supervision of difficult to reach areas should be weighed against the costs (both human and material) of such supervision. Obviously, the methods and indicators of assuring quality of service will vary between rural and urban, between Mayan and non-Maya services, and between types of facilities.

3. Encourage a “culture” of quality.

It has been said that “it takes just one individual to destroy what 100 have carefully constructed.” A culture of quality should be cultivated and nurtured in all projects. USAID should evaluate projects based on their ability to ensure that quality care is promoted at every level of the service delivery structure. Public and private sector projects can develop incentive mechanisms to encourage health workers to always be attentive to care. The institution of a National Health Award given by either the President or the Minister of Health to the most outstanding health worker in each health area is an example of a strong incentive. Visits by important individuals (e.g., the Minister, the Director General, Senators, etc.) can be strong moral incentives to health workers. At the health area level, partnerships between NGOs, the MOH and the private sector can produce either prizes or recognition by the local community for service beyond the call of duty.

4. Support community involvement in the assessment of services.

As mentioned in #1 above, mechanisms for involving the community in the vigilance of services should be developed. Beyond simply communicating their needs, an aggressive agenda of community surveillance of care should also be encouraged. Slowly, the community should learn that quality services are not a gift but a right. Groups such as community health committees (CHC) can be trained in methods of quality assurance and in identifying proper channels for submission of recommendations and grievances.

5. Encourage the participation of non-traditional service providers.

In certain situations, non-traditional providers may be the most appropriate. Access at night or on weekends has been one of the most difficult problems to solve. Common sense tells us that the solution is to enable community-based providers. Yet few organizations have experimented beyond community health workers (CHWs). USAID should not be afraid to experiment with providers such as “yerberos,” pharmacists, healers, “hueseros,” or others as the community recommends. Community health workers should go beyond being “the voice” of the NGO or the MOH in preventive health campaigns. The CHW can and should be rehabilitated as a curative force in the community. Policy changes for this transformation should be encouraged by USAID. The Traditional Birth Attendant (TBA) is another important community worker who could be used to deliver basic health services.

Principle: Gender focus

The gender focus in health care and development activities should not be allowed to be just a fad. If USAID/G-CAP is serious about reaching the rural and urban Maya, then an assessment of what is required to reach the poor, uneducated and culturally-oppressed Maya woman should be done in the health sector. For the Maya woman it is not sufficient that a clinic be opened next to her home. A few meters walk can be thousands of kilometers long if she does not understand when and why she has to go.

1. Actively seek women’s organizations as partners.

Guatemala has a number of women’s organizations such as widows’ groups and co-ops, which can be invaluable partners in furthering gender-focused health care delivery. The USAID should have its main partner aggressively look for such organizations throughout the country. Special processes should be developed to shepherd small women’s groups to become viable and sustainable providers of health care.

2. Help nurture a stronger role for women as health promoters.

It is a strange contradiction of the current delivery of health care by the community that most health promoters are men while social and cultural norms preclude them from interacting with

women. There is little cultural space for a man visiting a woman in her home to deliver child survival services or, much worse, reproductive health. To the extent possible, USAID should favor projects that actively involve women as health promoters. If social or cultural norms are difficult to circumvent, then modifications on the type of activities women are asked to do should be considered. To encourage the participation of women, changes on prerequisites to their participation will need to be made (i.e., literacy, level of schooling). A solution to the above problems should come about through discussions with the communities.

3. All partners should receive mandatory training on gender issues.

Gender issues can seem deceptively simple. Gender biases are so ingrained into the psyche of individuals—male and female—that it requires special sensitivity to identify and deal with them. Both male and female partners should receive training on gender issues.

4. Gender-related issues should be part of regular monitoring and evaluating activities.

All health and management information systems developed under USAID sponsorship will include the breakdown, analysis and reporting of gender issues. Reports to USAID will contain a chapter on how the partner is dealing with internal and external gender issues. Clear guidelines for solving gender problems should also be part of this process. In addition, recent literature has begun to clarify gender-based indicators that could be used in monitoring and evaluation schemes.

5. Give preference to partners that show a balanced participation of women in directorship management and implementing positions.

A pre-requisite for USAID funding should be that a partner demonstrates—or at least commits to—a balanced participation of women in decision-making positions. If not enough qualified women are found to promote to higher level positions, than the partner needs to develop an internal training program to accelerate the development of women as managers and directors. When possible, this approach should include public sector providers.

Strategic Principles

Principle: Learning process

The USAID mission should shift the paradigm of project development and implementation toward a context where partners are not afraid to experiment with new and creative approaches to delivery of services. This experimentation should be taken as a learning process, part of a continuum that, notch by notch, gets the USAID mission, the partners and the clients closer to an ideal of care. To be able to advance in the continuum of care, this new project development paradigm will demand careful documentation and dissemination of results. And within this documentation, a redefinition of what constitutes success (as measured by processes and

indicators) and what constitutes “failure” will need to occur. In fact, even so called “failures” should be carefully scrutinized for lessons learned. A culture of creativity should be created among all partners.

Strategies

1. Design guidelines for the preparation of creative proposals by the partners.

USAID will design, through its principal partner, clear guidelines that encourage creative approaches for working with the target populations. In fact, a creative measurement will be made as a component of the ranking of all proposals submitted to the mission. The partners will be encouraged to take non-traditional avenues; in some cases, creativity training or exposure to other non-health sectors (so as to promote new and different ideas), will be undertaken with partners.

2. Demand that projects build on previous experiences.

Proposals coming to the Mission for funding should show a thorough understanding of prior projects in the technical and geographical region where the project is being proposed. A bibliography should be clearly identifiable at the end of each proposal. Continuity of staff in impact areas should be demanded by USAID of all partners. If a partner has high staff rotation, it is possible that its institutional memory will be lost with it.

3. Develop standardized methodologies for monitoring and evaluation of projects.

The umbrella organization should help develop standardized methods for project monitoring and evaluation. The participating NGOs could also participate in developing standardized evaluation methodologies. As with USAID, indicators should be client- and impact-focused. Such methods will need to include innovative methods for looking at the quality of services (e.g., facility reviews), at process analysis (e.g., surveillance of mortality), and impact (e.g., infant mortality using preceding birth technique, PBT). The umbrella organization should offer annual training to all partners and MOH facilities participating in USAID-funded projects.

4. Create a documentation center and an institutional memory.

In Guatemala, there is not a central depository of health and development knowledge and experience. As one of its first tasks, the USAID will fund a “Centro de Documentación” of health experience in Guatemala. The center should be managed by a Guatemalan or Guatemalan-based institution (e.g., Universidad de San Carlos, INCAP), and funded for at least three years. The institution should make the commitment of making the center accessible to all partners and researchers, and should also institutionalize it at the end of the funding period. To the extent possible, the center should be computerized and permit access from outside individuals, partners and research agencies.

5. Look for partners in non-traditional sectors.

As has been mentioned above in relation with gender issues, USAID should look for partners that have not traditionally worked in health, but that offer the promise of reaching new audiences. Groups such as agricultural co-ops, peasant organizations, and widows groups should be encouraged to apply for USAID funding. If those organizations do not meet USAID's criteria for finance and administration, then training in those areas should be offered.

Principle: Prioritization

USAID recognizes that its resources are limited. Therefore, it will prioritize its efforts to enable a maximum effect from its investment. USAID will use the above humanistic principles as the criteria to choose between various alternatives. In addition, USAID will give particular attention to those activities which improve the quality and/or coverage of services, demonstrate private-public cooperation, and empower local organizations and encourage community participation.

Strategies

1. USAID will establish and make known criteria for prioritizing the financing of proposals and will develop and publish a rating scale.

USAID, with the assistance of its partners, will establish clear priorities for its development assistance financing. The prioritization process will reflect the three major results packages and the principles set forth in this document. USAID will develop a rating system which is as transparent and participative as possible. This same system may be adapted as an evaluation tool to measure the performance of partners.

2. USAID will establish a common format for proposal presentation.

As part of the process of transparency and to facilitate prioritization, USAID will develop a common proposal presentation format. This format will have as its fundamental elements the following:

- Description of the USAID results package at which it is directed.
- Description of the problem that it seeks to address in terms of the extent and importance to maternal and child health of that problem.
- Description of the solution proposed to the problem in terms of cost and feasibility of the solution and in terms of developmental questions that it seeks to answer, and how it will contribute to the learning process.
- Description of the application of the USAID principles in the solution.
- Geographic area
- Population groups targeted

- Other entities participating in the project
 - How will the community participate?
3. USAID will establish a balance between creative development activities and the implementation of proven technologies at the national level.

This is discussed below.

Principle: Teamwork

USAID sees itself and its partners as a team and will continue to respect that concept in the design, implementation and evaluation of USAID-financed activities. To the extent possible, USAID officers, the umbrella organization, and all partners will have clear lines of communication to voice problems, grievances and solutions. Also, partners must be aware of what, where and how each of them is planning to work. A synergistic teamwork relationship should be carefully managed. This will be somewhat difficult given that in one way or another some NGOs will be in competition with each other.

Strategies

1. USAID will form a technical advisory group (TAG) that will be responsible for advising the health, nutrition and population office on the selection, monitoring and evaluation of USAID supported activities.

The TAG is a continuation and formalization of the process initiated with the development of the USAID Family Health Strategy. The TAG will advise USAID on the development, implementation, and monitoring and evaluation of its strategy. The TAG will be one of the learning centers for reflecting upon and learning from the USAID experience. The TAG will be a sounding board and a creator of ideas for testing. It will represent all of USAID's partners, to the extent possible. The TAG will meet at regular intervals or more often if needed. The TAG will also permit and encourage horizontal communication between partners (see also page 16).

2. USAID will encourage donor coordination.

As part of the teamwork process, USAID will encourage the Ministry of Health to establish regular opportunities for it to collectively meet with donors. USAID will share its strategy with donors and will encourage the horizontal interchange of information. Furthermore, USAID will experiment with having donors participate in its technical advisory group (see page 16).

3. USAID will look for the teamwork application in the activities which it chooses to finance.

Teamwork is inherent in community participation, the learning process, empowerment, and public-private partnerships. Therefore, organizations will be preferred if they have a commitment to teamwork and project proposals that specifically demonstrate how teamwork will be used.

Management Principles

Principle: Empowerment

USAID-funded activities will contribute to providing clients with the capacities and opportunities to participate decisively in their own development. Empowerment is closely linked to sustainability and has two principal components—capacities and opportunities. One of the principal challenges facing organizations working at the community level is the absence of capacities that facilitate participation within both individuals and community organizations. These are capacities for analysis, expression, evaluation, organization, as well as attitudes of self-confidence and self-reliance. At the same time, there is a dearth of opportunities for participation without which there cannot be empowerment. This calls for the development of community structures which provide the opportunities and resources that permit participation. These structures are local organizations, rural pharmacies, development committees, rural banks, etc. As discussed under gender and community participation, indicators for quantifying, monitoring and evaluating empowerment need to be developed by the NGOs.

Strategies:

1. USAID will encourage the establishment of an umbrella organization that can provide the financial and technical support to NGOs that work with communities and community organizations.

This is discussed under community participation above.

2. USAID will evaluate proposals from NGOs and MOH Districts with regard to empowerment.

In the project proposal evaluation process, the degree to which proposals lead to empowerment of women, community organizations or agencies working closely with communities will be assessed and factored in. Empowerment as discussed above is the combination of capacity-building and opportunity for utilization of those capacities in making and implementing decisions.

Principle: Transparency and accountability

USAID will assign resources to those partners who demonstrate an ability to achieve results. This process will be open to partners (transparent). USAID will require its partners to agree to measurable results and document the achievement of these results.

Strategies

1. USAID will clearly establish its objectives, priorities and method of decision-making with regard to its health and population resources.

The concept of transparency is embodied in the discussion of prioritization as discussed above. The TAG can and should be the Mission's principle vehicle for operationalizing the concept of transparency. The Health Office should establish with Mission management and the contracting and legal officers the degree of participation that current USG procurement regulations permit. Within the parameters of the guidance obtained, the Health Office should formalize the participation of its partners in the decision-making process. The most significant moments for such participation are those of choosing between alternative proposals and the evaluation of projects underway or completed. If regulations do not permit involvement in the decision-making process, the Mission should clearly and carefully document the decision-making process and share it with the partners. The decisions should, as discussed above, be made on clear and objective guidelines.

2. USAID will openly share successes and lessons learned and standardize evaluation processes and criteria so that competing projects can be measured on a level playing field.

Evaluation is a continuation of the above strategy and a part of the learning process. Evaluation should have at least two goals: to learn and to make decisions about the assignment of resources. It is essential to USAID and its partners that the lessons from each organization's efforts to improve the health of mothers and children be an opportunity for learning. This can occur efficiently and effectively to the extent that partners are involved in the learning process in the formulation of questions to be answered, in the creation of the means of answering the questions, in the analysis of the results, and in the conclusions to be drawn therefrom. To assure fairness in the evaluation process, USAID and its partners should develop certain measures that are uniform among even dissimilar projects. These might be measures of participation, empowerment, women's involvement, sustainability, and cost/person affected. Careful weighting of various elements would have to be developed and agreed upon by the partners and the methodology continuously tested and improved.

3. USAID will develop indicators for each partner and a system of monitoring those indicators.

As part of the accountability process, each USAID partner that receives financing will negotiate with USAID clearly established and measurable results to be obtained under the financing. It is understood that, given the relatively short time frame for which financing can be committed, impact results may not be measurable. Nevertheless, how the results expected under the financing will lead to the eventual impact on maternal and child mortality should be clearly set forth. To the extent possible, factors should be identified that are beyond the control of the partner but could influence the achievement of results. Continued financing should depend on the achievement of the negotiated results.

Principle: Encouragement of public-private partnerships

USAID recognizes that the private sector is often very successful in community-level activities but lacks coverage and infrastructure, while the public sector enjoys great coverage and infrastructure but lacks community projection. USAID will encourage a collaborative arrangement that maximizes the strengths of each sector and minimizes their weaknesses. USAID also recognizes that there are conceptual, administrative and legal obstacles, and that these need to be confronted as part of the management and policy packages.

Strategies

1. Establishment of an umbrella organization.

As discussed above, USAID will encourage the establishment of an umbrella organization which is capable of dealing with USAID's demands yet flexible enough to deal with the administrative needs of many NGOs. The umbrella organization will encourage NGOs and the MOH to form alliances at the area and district levels which can then seek funding through the umbrella organization. These alliances will try to maximize the strengths of each partner. In general, funding will be provided through the NGO in order to avoid the legal and bureaucratic entanglements characteristic of the public sector.

2. Conduct policy dialogue at the political level.

Although the Ministry of Health has acknowledged the role of NGOs, it has never developed policies which encourage NGOs and NGO/MOH coordination and cooperation and has left them out of its planning process at all levels. USAID will work at the highest levels of the Ministry of Health to assure the development of policies conducive to NGO participation in the health sector. These policies will include the formation of health councils at the area level with representation of the NGOs in the zone, the involvement of NGOs in the planning process, the development of joint proposals for the solution of specific discrete problems, and permission and mechanisms to jointly manage funds. To the extent possible, NGOs will be encouraged to work with the GOG to clarify and support policies that encourage and facilitate their work in the country.

3. Evaluate current MOH/NGO joint enterprises.

As part of the process of encouraging joint MOH/NGO efforts, USAID will try to collect and evaluate the experience of such enterprises to date. The CARE/MOH, the PCI-Sololá and the HOPE/Totonicapan experiences offer examples which should be studied to understand why they have been successful. Other examples should be identified and similarly examined.

Principle: Sustainability

USAID will strive to assure that the efforts that it finances will contribute to ongoing processes which will thrive once external financing is removed. The concept of sustainability is related to the concept of investment as a donor's expectation is that the funds which it provides will generate on-going and long-term results. At the community level, it is the development of human and institutional capacity (and therefore related to empowerment) and the linkage of that capacity to public and private resources which can provide the needed inputs for sustaining activities.

Strategies:

1. Public-private partnerships

See discussion above.

2. USAID should develop clear definitions of sustainability.

There is a lot of talk about sustainability but very widely differing ideas of what it means. The USAID Health Office should develop guidelines with its partners regarding sustainability, what it means, how it is achieved, and how it can be recognized.

IV. GLOBAL STRATEGIES

There are several specific strategies which appear repeatedly in the previous discussion of principles. These form certain global strategies which will be implemented by USAID and will influence and affect the specific strategies mentioned in the following section.

Technical Advisory Group

USAID will formalize the working group that it established to develop the health strategy as a technical advisory group. The TAG will accompany USAID in the design, implementation and evaluation of its health, population and nutrition program. The TAG manifests the principles of teamwork, donor coordination, transparency, learning and prioritization. This group will assist USAID in the process of prioritization by assisting in the establishment of a rating system to

evaluate proposals. In the interest of transparency, USAID will establish a system that permits the TAG to participate in proposal evaluation, the application of the rating system to them, and the selection of proposals to be awarded.

The TAG will be one of the principal forums for the learning process. Periodically, the activities and projects financed by USAID will be evaluated in the light of the above-mentioned principles to structure the learning process. The hypotheses and concepts being tested will be analyzed, evaluated, and reconceptualized on the basis of that experience. The TAG will be responsible for establishing the principal questions to be addressed and for overseeing the answering of those questions. Other donors will be invited to participate in the learning activities. Also the TAG can help identify and guide a technical agenda for research and development.

Establishment of or support to an Umbrella Organization

USAID will search for or establish an umbrella organization to further strengthen the link between USAID resources and the population. This strategy will assist in operationalizing the principles of participation and in the transition to a Mayan focus, gender focus, empowerment, and public-private cooperation. The umbrella organization will identify groups that work at the community level and assist them in developing proposals that incorporate the principles of participation, client focus, gender focus and Mayan perspective where appropriate. The umbrella organization will also assure that sustainability and empowerment issues are incorporated in the proposals. The umbrella organization will provide technical assistance to the NGOs and the MOH.

The principal technical strengths of the umbrella organization will be community participation and institutional development. The umbrella organization will assist all of USAID's partners in the design, implementation and evaluation of their community participation efforts. The umbrella organization will be a principal depository of the community participation experience. The umbrella organization will also assist in the process of institutional development, drawing on USAID's few successful experiences working with small NGOs, such as the Initiatives Project.

To the extent possible, the umbrella organization should either be staffed with Mayan women or with people who have ample successful experience working with Mayan communities and women's organizations or it should be an organization with those same characteristics.

V. RESULTS PACKAGE STRATEGIES

Below is a discussion of each of the results packages as outlined in USAID/G-CAP's document "Strategy for Community and Family Health." The authors have elaborated somewhat on each of the principal packages. There are three main packages, namely: (1) quality of services, (2) program management; and (3) policies. A schematic of the results packages can be found in the Appendix.

Quality of Services

Household Practices

According to the Mission's Health Strategy, the household is one of the principal loci of decision-making and action both to prevent illness and to restore health. At the household level, therefore, the strategy should concentrate on the fostering actions which accomplish this goal. The USAID strategy proposes three complimentary methodologies for achieving this purpose.

Communication Strategy

USAID has begun to develop a communication strategy in acute respiratory infections. This strategy included: ethnographic research to identify actual knowledge, attitudes and practices; classification of actual behaviors based on the research; development of a list of ideal behaviors based on current knowledge; comparison of actual and ideal behaviors; identification of which are the most important behaviors to reinforce or change; and development and testing of messages to achieve this end. USAID, with its partners, should continue to develop expertise in this methodology through the judicious use of technical assistance. USAID is going to expand the subject matter of its communication strategy for breast feeding and should add diarrheal disease, prenatal care, perinatal care, neonatal care, family planning, and others as experience, priorities and funds permit. Key to this effort will be developing the institutional capacities of USAID's partners to develop and implement communication strategies. From this should come a package of education message and materials addressing a limited number of key health problems. Part of the strategy will be training partners in the use of the materials and in helping non-health community development organizations and adding health education interventions to their on-going programs.

Develop Comprehensive Behavior Change Methodologies

There are a number of philosophies surrounding the question of behavior change. USAID should, in the context of being a learning organization, test various strategies. One strategy successfully tested in other parts of Latin America involves individuals and communities in a process of analyzing their own reality and coming to conclusions about how they would like to change that reality and how they could accomplish this. One way would be to develop a simple participative community health diagnosis and planning methodology for use by and with community members. This methodology should also include tools for monitoring and evaluation progress over time. The details for carrying out such an activity are discussed in detail in the BASICS Country Activity Plan (Strategy 1.1).

Develop Alternative Behavior Change Strategies

Another methodology that could be used to improve the quality of services is the use of incentives, rewards, punishments, and negative reinforcement. This approach identifies very

specific behaviors to either reinforce through positive reinforcement or to eliminate them through negative reinforcement. This approach serves best in situations of highly skilled health workers who feel they are “already doing it right.”

Community

Recognizing that not all health problems can be prevented or managed at the household level and that national resources do not permit professional biomedical health services to be present in all communities, USAID and its partners are compelled to identify those services that can and should be present in every community and to develop or nurture the people and systems needed to assure the availability and quality of these services.

Develop community health services

USAID and its partners should develop and test (or evaluate, strengthen and support) strategies for increasing Guatemalan and especially Mayan families’ access to and use of appropriate preventive and curative health care in their communities. This may include: taking steps to strengthen existing community health promoter programs; enabling groups of health promoters or traditional birth attendants to test new models towards sustainability, such as charging for services drug rotating funds and incentives to improve their long-term viability; and training and providing support for a new type of community health agent (see BASICS Country Action Plan Strategy 2.1).

Plan and conduct a study to determine those types of providers that are most likely to reach women with both preventive and curative health messages, or from whom they are most likely to seek advice and care.

There appears to be clear anthropological evidence that there are social and cultural barriers to women receiving care from men. Nevertheless, most promoters are men because they are usually more literate (a prerequisite for training as a promoter) and more likely to be chosen to leave the community for training. USAID and its partners need to continue the process already initiated to find acceptable alternatives that fully explore gender considerations and attempt to incorporate the realities of those considerations in developing alternatives.

Quality of Services at the Health Facility Level

The major focus of this strategy is on health worker practice, in terms of both interpersonal and case management skills. A corollary strategy is that of trying to “indigenize” health services in indigenous areas of the country.

Use a balanced approach to improve health worker motivation and practice.

This balanced approach refers to the three different methodologies for behavior change discussed under household practices above. It is especially important to find ways to motivate health workers at all levels to provide quality care. This is discussed in greater detail in the BASICS Country Activity Plan, Strategy 3.7.

Improve health worker interpersonal relationship and counseling skills.

USAID should train, motivate and equip formal sector health workers to effectively deliver accurate information about the key behaviors related to preventing maternal and childhood illnesses and to appropriate care-taking for pregnancy or illness. USAID and its partners should also develop test and implement different methodologies for improving the dignified treatment of clients and of health promoters and other community health providers by formal health care workers (BASICS CAP Strategies 3.1 and 3.2.).

Continue to improve formal health sector providers clinical competence in Standard Case Management

USAID and its partners have devoted considerable effort to the improvement of standard case management of both obstetrical problems with the technical assistance of MotherCare and INCAP and of common child health problems with the technical assistance of Clapp and Mayne and others. USAID and its partners should evaluate the effectiveness of this training and should collaborate with other donors, especially with the Pan American Health Organization in improving pre-service training. USAID and its partners should also make efforts to improved management skills of private sector providers, especially those working in pharmacies (see BASICS CAP Strategies 3.4 and 3.5).

Indigenize health services where appropriate

This long-term strategy should include providing support for training of auxiliary nurses, TSRs, nurses, and physicians from Mayan communities; posting trained Mayan health workers and program managers in their home areas; and training of Mayan public health program planners and mangers. (See BASICS CAP Strategy 3.3.)

Management

Some management principles and strategies have been identified under previous sections. For simplicity, only those areas not yet addressed will be described here.

Improve district level management by MOH and NGOs

The strategic centerpiece of USAID's strategy to improve care and expand coverage should be the district level. Under USAID's current bilateral project, area level management has improved considerably. The obvious next step is the district level. District level managers should be able to do many of the tasks demanded on their higher level counterparts. This can be accomplished through the interaction between NGOs and the public sector. NGOs usually have simplified management systems that permit them to be flexible and responsive in addressing community needs.

Information use

Despite many efforts to improve data and information use at the district and community levels, quite a bit of ground remains to be covered. As with the improvement of management capacity, the interaction with NGOs should be very beneficial to the public sector. Because of this, all proposals and partners should be carefully scrutinized by USAID with regard to their MIS/HIS and the use of data for decision-making.

Identification of management capacities

USAID should periodically assess the management and technical capacity of all partners and public sector counterparts with whom the partners interact. To this effect, USAID has already taken steps under Clapp & Mayne, and designed management capacity assessment tools that will be used to evaluate management capacity in some of the health areas of the current bilateral project. Such a tool should be used on a regular basis.

Devolution of responsibility and authority

To the extent possible, USAID should encourage a decentralization of responsibility and authority among its partners and counterparts.

Continue to develop management support systems

USAID should continue to develop the management support systems (i.e., MIS/HIS, logistics, supervision, monitoring) started under its current bilateral project. To the extent possible, USAID should encourage the adoption of these systems by its counterparts in the NGO community.

Develop operations research around the above stated management, strategic and humanistic principles.

The TAG and USAID's partners should develop a long-term strategic agenda for research and development in service provision. An acceptable proportion of USAID funds should be used to further the R&D agenda.

Define and promote sustainability

Already discussed under Sustainability.

Policies

(See Sub-results packages 3.1, 3.2 and 3.3 in USAID/G-CAP Family and Community Health Strategy Document.)

APPENDIX
SCHEMATIC OF RESULTS PACKAGES

Strategic Objective

Results Framework

Improved Health of Guatemalan Women and Children, Especially in Rural Mayan Areas

Result 1
Improved Health Practices and Service Delivery

- Improved Household Practices
- Improved Quality of Care in Communities
- Improved Quality of Care in Facilities

Result 2
Participatory Program Management

Result 3
Policy Environment Conducive to Improving Women's and Children's Health

Results Packages

Result 1.1
Improved Coverage and Access

Result 1.2
Strengthened Information, Education and Communication (IEC) Programs

Result 1.3
Development of Appropriate Human Resources

Result 1.4
Supplies and Equipment Consistently Available

Result 2.1
Partnering Financial and Administrative Systems

Result 2.2
Functioning Monitoring Systems

Result 2.3
Greater Program Sustainability

Result 2.4
Operational Research and Evaluation for Better Decision-Making

Result 3.1
Increased Investment in Women's and Children's Health

Result 3.2
Leadership and Policy Development

Result 3.3
Advocacy for Women's and Children's Health

Results Sub-Packages