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**FINAL PROJECT REPORT**

for

**The First Phase of**

**COOPERATIVE AGREEMENT NO 520-0357-A-00-4169-00**

**Assistance to Develop and Test Strategies to Expand the Family Planning Project**

Submitted by

**The Population Council/Guatemala**

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## SUMMARY

This report summarizes operations research and technical assistance projects conducted in Guatemala between September 1994 and mid-1997 with funding from INOPAL II and III and the Cooperative Agreement with USAID/G-CAP. Fourteen projects were supported during that time. The principal aim of these projects was to test strategies to increase and improve integral health services for the women of the Guatemala highlands.

Key findings are discussed in this report, and a full report is available from the Population Council for each project. Some of the most important findings, findings that often cut across several individual studies, are presented following the summaries of each study. The Population Council is confident that the lessons learned in these studies will prove invaluable to new donor agencies that are coming to Guatemala to provide support for implementation of the Peace Accords, and to government and NGOs as they attempt to expand coverage of basic health services for women and children and improve their quality.

The final section of this report summarizes the principal non-research activities undertaken by the Population Council in Guatemala since 1994. These include four Mayan Fellowships that helped train four promising and talented Mayan professional in operations research and reproductive health and provided them a practicum, and development and support for the Technical Working Group in Reproductive Health Research which offers professionals in the field a forum for sharing research findings and experiences. The final section also focuses on APROFAM, the principal provider of birth spacing services in the country and an important force for improvement of reproductive health services for women for the past thirty years and into the future. Lessons learned in operations research to date is described with implications for future directions that could be explored.

Four Population Council staff members, past and present, should be recognized for their contributions to the research and other activities described in this report. Ana Langer, as Regional Director for Latin America and the Caribbean, has provided direction and support for the country office for the past three years. Ricardo Vernon has been with the INOPAL project developing the ORs in Guatemala and providing technical assistance throughout the time covered by this report. Kjell Enge served as Resident Adviser from 1993 to 1996 and directed most of the research described herein. Dr. Emma Ottolenghi served as Technical Director from 1994 to 1996 and provided training that was crucial for the conduct of these studies and the professional development of the four Mayan Fellows. Our thanks to the four of them.

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## I BACKGROUND

In September 1994 the Population Council was awarded a Cooperative Agreement by USAID/Guatemala-CAP. The end date of the Agreement has since been extended to December 31, 1999. This report covers activities and findings from the first period. The report includes findings from all OR projects funded prior to August 1, 1996, many of which received no-cost extensions into 1997. This report was developed only after all information was available.

The purpose of this Cooperative Agreement is to provide assistance to develop and test strategies to expand family planning and reproductive health service delivery among the rural populations of Guatemala, especially the Mayan population. The Population Council already had an office and two resident advisers on the ground at the beginning of this Agreement. Several OR projects were being designed or implemented with INOPAL II funds, two Mayan Fellows were being trained, and technical assistance was being provided to a variety of institutions. The existing infrastructure and activities provided a firm foundation for programs and research funded under this Agreement.

Under this Cooperative Agreement the Population Council continued the on-going INOPAL II OR projects, initiated eight new ORs funded by the Cooperative Agreement, collaborated in the development and monitoring of 3 new ORs funded under INOPAL III (including one jointly funded OR), extended the Mayan Fellowship program to two additional Fellows (both women), founded the Technical Working Group, and continued and extended technical assistance. At the end of the first period of the Cooperative Agreement, the Population Council was awarded an extension to complete not yet final research, undertake new operations research, continue the Mayan Fellowship program, technical assistance, and coordination of the Technical Working Group, and initiate a new program to strengthen NGOs and their reproductive health programs, based on the lessons learned in the first phase of this Agreement.

This final report summarizes the activities and principal findings of OR projects supported during this first period and key accomplishments in the Mayan Fellowship Program and the Technical Working Group. The final report is being submitted in English (10 copies) and Spanish (20 copies), as required under the "Summary of Important Information on the Requirements of Cooperative Agreement No. 520-0357-A-00-4169-00". Presented with this final report are five copies of all materials developed with support under this Agreement, they are listed in Annex A.

Since an in-depth final report is available separately for each project, only a summary of key results is presented here. In addition, the Population Council has submitted quarterly and annual substantive reports to USAID/G-CAP, annual work plans, and copies of all OR proposals.

## II DURATION, FUNDING SOURCE, OBJECTIVES AND RESULTS

Below is a summary of projects that have been active since September 1, 1994. Some of the projects were on-going at the beginning of the Cooperative Agreement with INOPAL II funds. Others were funded by the Cooperative Agreement, INOPAL III or a combination of the two.

Title and Agency	Duration & Funding Source	Objectives	Findings/Results
<b>APROFAM</b> Injectable Contraceptive Service Delivery Provided by Volunteer Community Promoters	10/1/94 - 2/28/97 Cooperative Agreement	Test the feasibility and acceptability of providing DMPA through community volunteer promoters with back up from APROFAM clinics	DMPA was found to be highly acceptable especially to Mayan women as measured by continuation rates of 90% after 1 year. Mayan women preferred promoters to clinics. Ladin@s were 52/48. Acceptable safety. Few complaints of side effects.
<b>APROFAM</b> Re-engineering the Community Based Distribution Program	1/1/95 - 6/30/97 Cooperative Agreement	<ol style="list-style-type: none"> <li>1 Design and test new MIS</li> <li>2 Test new personnel selection strategies</li> <li>3 Design and test integrated training curriculum</li> <li>4 Test successful promoter strategy</li> <li>5 Test strategies to improve promoter supervision</li> </ol>	<ol style="list-style-type: none"> <li>1 Simplified MIS tested 1st quarter 1997 and revised. In place</li> <li>2 Profile developed and system designed for community participation in selection. Implemented in educator selection but too early to assess results. Some improvement in promoter selection to date</li> <li>3 Three modules developed and tested. Responsive to user demands because include other RH topics, same level of knowledge of FP methods</li> <li>4 Not tested</li> <li>5 Not tested</li> </ol>
<b>APROFAM</b> Baseline Study of RH Beliefs and Attitudes of Males in Four Districts in the Dept. of El Quiche	5/14/94-1/31/95 INOPAL II	Determine level of interest in RH education among men in El Quiche and gather information to plan education strategy	20 focus groups and 192 individual interviews conducted. Results show high level of interest in receiving RH education and recognition of benefits of FP. Low levels of reproductive health knowledge.

<b>APROFAM</b> Designing and Testing Appropriate Health Ed Strategies for Men in Four Districts in the Dept of El Quiche	6/15/95-2/28/97 Cooperative Agreement	Design and test strategies for educating men in El Quiche on RH	Formal groups were unsuccessful Strategies that were active and employed sports and humor were successful in capturing men's attention
<b>Project Concern International &amp; Rxim Tnamet</b> Increasing Knowledge and Skills of RH Service Providers in Two Conservative Indigenous Communities on Lake Atitlan	2/15/94-12/31/94 INOPAL II	Survey community attitudes and RT staff to develop strategies to integrate RH in RH services	Focus groups conducted in community staff interviewed FP protocols developed and staff trained A female physician was hired new methods added CYP increased modestly
<b>PCI and Rxim Tnamet</b> Testing RH Service Delivery Strategies in Two Indigenous Communities on Lake Atitlan	2/15/95-4/15/96 Cooperative Agreement	Test if quality improvements and IEC increase demand for FP	Additional staff training and increases in IEC resulted in moderate increases in FP DMPA accounted for largest part of increase
<b>Population Council</b> Inventory of NGOs and Professionals Working in RH	3/15/94-9/14/94 INOPAL II	Develop an inventory of NGOs working in health in 5 departments	completed
<b>Population Council</b> Inventory of NGOs that work in the Guatemalan Social Sector	11/15/94 2/14/95 Cooperative Agreement	Complete the inventory and database of NGOs working in health at a national level	completed  The Inventory was published in 1996 in two volumes available through the Pop Council
<b>La Asociacion Toto-Integrado (ATI)</b> Testing the Collaboration Between Two NGOs, ATI and APROFAM in the Delivery of FP Services	9/4/95-7/31/96 Cooperative Agreement	Test if collaboration between APROFAM and ATI could improve education and services of former	ATI held group discussions with women to determine knowledge and service needs In initial meetings, APROFAM staff tense, threatened Implementation delayed because of organizational confusion, project ended early because ATI without other funding

<b>Universidad del Valle</b> Study of Cognition and Speech Patterns of Urban and Rural Indigenous Community Residents About RH in the Dept of Quetzaltenango	12/1/94-8/31/95  Cooperative Agreement	Investigate communication patterns among Mayan couples in Quetzaltenango to aid in development of IEC programs	307 interviews conducted Findings men & women talk more freely about sex than is generally believed little knowledge of reproductive anatomy, poor social conditions for sexual relations
<b>Population Council and IGSS</b> Integrated Obstetric FP and STD Training for TBAs in Escuintla	7/15/95 4/30 97  Cooperative Agreement	1 Determine if training TBAs in FP and STDs is an effective strategy to increase referrals to IGSS 2 Institutionalize FP in IGSS outpatient services	1 247 TBAs trained supervisor system designed and institutionalized Project unsuccessful in developing system for capturing referral data 2 FP expanded to 9 consultorios DMPA now available as a contraceptive throughout IGSS/Escuintla Provider skills upgraded
<b>Population Council and MSPAS</b> RH Service Delivery in San Marcos and Quetzaltenango	1/1/95 6/30/97  Cooperative Agreement and INOPAL III	1 Develop and test use of an algorithm for systematic delivery of RH services 2 Test whether volunteer community promoters can increase use of health posts through home visits and referrals	1 Algorithm developed 194 providers trained in FP Algorithm increased FP services provided but not other RH services apparently because service providers used it only for FP 2 67 volunteers trained in 3 modules made 1621 home visits 1053 referrals however no evidence of increase in health post services overall Defects short time period, large increase in FP in all areas due to introduction of DMPA but larger in intervention than control
<b>Population Council and MSPAS</b> Cost Analysis of Reproductive Health Services Provided by the Ministry of Health	5/30/96-7/30/97  INOPAL III	Determine the costs of delivering integrated RH services in Xela and San Marcos	Integrated services are less costly and take less provider time in the long run
<b>AGES</b> RH Education in Indigenous Areas Through Bilingual Teachers	2/15/96-3/6/97  INOPAL III	Test a strategy for providing RH health education for indigenous adults using bilingual teachers	3 modules developed 55 teachers were trained and gave at least 1 course Total of 496 courses given for 11,171 students Cost \$2 50 per student Increase of minimum 3 percentage points in FP use by students

### III SUMMARY OF ACTIVITIES AND FINDINGS

#### A APROFAM *Injectable Contraceptive Service Delivery Provided by Volunteer Community Providers*

The purpose of this OR project was to test two service delivery strategies to provide DMPA through APROFAM in four departments. The first strategy was to provide DMPA through the APROFAM clinics where the service was provided by doctors and nurses, and the second using trained community based distributors (CBDs). Data were collected to measure differences in demand, acceptance, and continuation rates for the two strategies, and the principal hypothesis tested was that high quality contraceptive services can be safely offered at the community level and will result in an increase in new contraceptive clients and not simply a change in method mix.

A total of 160 CBDs were trained in how to provide DMPA services, 40 per department. By the end of September promoters were providing services and using the DMPA Manual produced by the project. Within four months, the total number of new DMPA users surpassed 600.

Between June of 1995 and the end of September 1996, a total of 1,192 women received services. Of these 500 were Mayan, and 83% of these women received services in their communities as compared to only a little over half of the ladina clients. In other words, the results of this OR strongly suggest that a community-based strategy is an appropriate way to serve Mayan women with this FP method.

The continuation rate in the use of DMPA was estimated at 90%. Clinic and community continuation rates were not significantly different, nor were the rates between ladinos and Mayans. Sixty-five percent of the women who participated had never used a FP method suggesting that the OR did not simply result in a change of methods, but did, in fact, recruit a significant number of new users. Of the 781 new fp users, 53% were ladinas and 46% Mayans.

Among women interviewed who discontinued the use of DMPA, the principal reasons for discontinuation were side-effects for 60% of the respondents, 7% wanted to become pregnant, and 3% said they had to stop because their husbands were not in agreement. Of the women who stopped using DMPA because of side-effects, half made this decision because of spotting or hemorrhaging. One-third of those who discontinued did so after the first injection, and the rest after the second.

The results show that APROFAM can provide injectable services through trained community personnel.

## **B**     ***APROFAM Re-engineering the Community-Based Distribution Program***

The purpose of this OR was to design and test strategies to improve APROFAM's CBD Program now renamed the Rural Development Program. It was implemented in three phases. In the first phase, existing information was compiled and analyzed. In the second, a diagnostic field survey was conducted, which provided a basis for the design of strategies to be implemented. In the third phase five strategies were to be tested: selection of personnel, training, supervision, a new MIS system, and the key successful promoter. New strategies for supervision and the key successful promoter were not implemented.

The diagnostic phases developed profiles of the active CBDs and a profile of the ideal CBD from the point of view of Mayan women in the highlands. While active and ideal CBD profiles were largely the same on a national level (except for the issue of language), in Mayan areas CBDs tend to be men in a much larger proportion.

A new training strategy was developed that trained educators and CBDs in a wider range of reproductive health topics. Although the new training did not result in a greater level of family planning knowledge, it had a large statistically significant effect on sales by some categories of CBDs, especially rural, Mayan female CBDs when compared with a control group that did not receive the training. Sales were also found to have a significant association with home visits and sales of antihelminths, iron supplements and acetaminophen.

Sales were analyzed to see how many CBDs fell in the least productive categories since a reduction in force was contemplated. A total of 1591 CBDs were found to have sold 4 CYPs or less in a year, they accounted for over a third of the CBDs but only 4.6% of sales. These CBDs are disproportionately Mayan, but more men than women.

A new methodology for selection of promoters and educators that involved increased community participation was developed and tested. Emphasis was to be given to recruiting couples to facilitate education of the couple, not just the woman. Two additional criteria for selection were established: the post should be open/active a large proportion of the time, and posts should be established in communities with a minimum of 500 inhabitants (to have at least 50 couples to work with).

The process of selecting new educators and CBDs was redesigned to increase community input. The following steps were initially tested:

- the position was advertised
- the database of applicants was reviewed
- five candidates were preselected
- an employment application was completed by each
- cvs were sent to the central level
- three candidates were selected

- the three underwent a field test
- the best candidate was offered the position

The process as described above took longer than necessary, so steps 3-8 were compressed into one day and the full selection now takes place at the local level. However, the selection is made by more than just the supervisor, input is given also from the central level.

A new MIS was developed that succeeded in reducing the amount of paperwork for the CBDs, the educators and the field directors. The CBD now completes an easy-to-understand one-page form that registers sales (of contraceptives and other basic medicines), referrals, IEC activities, and new fp users by ethnicity. The educators' paperwork was also cut to one page and the field director's report was cut from three pages to one. As mentioned earlier, these service statistics are combined in a database with information on the individual promoter. The forms were designed to be easily aggregated by hand, as well as easily input into the database at the central level. The system began to be field tested in January 1997, adjustments were made after the first quarter, and the final version was in place at the end of the OR.

In recent years the number of promoters has grown with no concomitant growth in sales. There is an interest on the part of management in reducing the number of promoters, with emphasis on the least productive, while improving the quality of recruitment and supervision. However, the effects of a reduction on the strategy to expand and improve services for the Mayan population need to be considered. When the number of CBDs who produce 4 CYPs or less are disaggregated by urban and rural residence and by gender, the following inferences can be made: 55% of rural males, 37% of rural females, 33% of urban males, and 21% of urban females CBDs produced 4 CYPs or less. When the same 1996 sales data are examined by urban/rural residence and ethnicity, additional interpretations can be made. In rural areas, 58.4% of the 535 Mayan CBDs as compared to 35.5% of 1404 ladino CBDs produced four or fewer CYPs during 1996. In comparison, 39.4% of 269 urban Mayans and 19.7% of urban ladinos could be included in this low productivity category. The total number of Mayan CBDs who produce four or less CYPs in both rural and urban areas is 417 or 52% of the 804 Mayan CBDs who were part of the program in 1996. Of these, 244 or 59% were men and 174 or 42% were women. At the same time, 93 Mayan CBDs produced over 10 CYPs and of these 33 produced 15-30 CYPs, 13 produced 30-50 CYPs, 7 produced 50-100, one produced 100-150 and another produced over 200 CYPs. In other words these 93 CBDs or 17% of the total Mayans in rural areas can be considered quite successful family planning distributors. In sum, given the need to expand services to the Mayan population, an assessment should be made whether training can help some, especially women, to improve before decreasing their numbers, but some decreases need to be made.

**C      APROFAM    *Baseline study of Reproductive Health Beliefs and Attitudes of Males in Four Districts in the Dept of El Quiche***

The Population Council and APROFAM, recognizing the need to address the men who are believed to be the decision makers of the family, completed a baseline study during the last half of 1994 in El Quiche to measure interest in learning more about birth spacing and family planning. Twenty focus groups were held and 192 individual interviews were conducted. The focus group results showed that knowledge of family planning was very low, but men expressed a strong interest in learning about birth spacing. While the contraceptive prevalence rate (CPR) is low, the men recognized the health and economic benefits of birth spacing and religion no longer appears to be the barrier it once was. The participants of the in-depth interviews in particular expressed an interest in learning more about birth spacing and family planning. By request of the MOH, other topics, such as vaccinations and maternal and child health were also studied. Based on these results, APROFAM and The Population Council designed an operations research project for four municipalities of El Quiche.

Over three-quarters of the respondents in the individual interviews reported that a couple should space births by 2-3 years. The same proportion (77.6%) said the man decides on the spacing, followed by the couple at 18.8%, according to 1.6% of the respondents, the woman decides. Benefits to spacing were recognized by 84.3% of the respondents, with 15.7% responding there were none. Among those who were not using a fp method, the primary reason (41.0%) was lack of information. Eighty-three percent reported they would like more information on birth spacing. The preferred hours for this education were between 4:00 and 6:00 PM (56.0%), and the preferred places were a school (39.8%), a municipal hall (15.4%), or at home (14.7%).

When asked about what methods were the best, 24.5% of the men responded natural methods. Next was sterilization with 20.3% of the vote. Forty percent responded none.

When questioned about their knowledge and attitudes toward APROFAM, 78.1% reported they knew of the existence of the APROFAM clinic, although only 17.3% of these had used its services. Of these, 25 of 26 men reported they thought the services were good or very good.

## **D**    **APROFAM** *Designing and Testing Appropriate Health Education Strategies for Men in Four Districts in the Dept of El Quiche*

This was the follow-on project to test strategies based on the baseline study described on the previous page. The general objective of this operations research project was to design, implement and evaluate strategies to educate men in rural areas of the department of El Quiche on their own reproductive health and that of their families. The strategies were designed with respect for the local language and culture in order to address the expressed interest of men with a final goal of increasing the spacing of births through the use of family planning methods.

This operations research project was carried out in four municipalities in El Quiche: Chiche, Chinique, Chichicastenango, and San Andres Sajcabaja. The municipalities of Sta Cruz, Patzite, Zacualpa and Joyabaj served as control for the OR. The first strategy tested consisted of organizing meetings of groups of men for health talks.

In terms of educational materials appropriate for use with groups of men in El Quiche, there were none available at APROFAM. Essentially, the project had to design graphic and audio materials on reproductive health, validate the materials, and make sure that men understood the basic content and that it was useful for generating discussion and interest among groups of men. Audio materials in K'iche' on reproductive health were produced to be used in the group meetings and were based on the recorded life histories or incidents in men's lives related to family health, birth spacing, natural and modern family planning methods, and parental responsibilities.

Although interest in some communities was better than expected, in others, getting men to participate in formal group meetings proved to be difficult, even with the support and coordination of local leaders and NGOs. The revised strategy of recreational activities was to find a better means of communication and to increase male participation in meetings. From the very beginning, the informal activities generated greater interest among men, and attendance increased. Many activities involving sports and humor were conducted in public places, such as the market, outside of formal meetings, and they were very well attended.

The OR staff found that one of the best ways to get people to participate was to use portable loudspeakers to announce the recreational activities and to specifically mention reproductive health as an integral part. In communities where formal announcements of meetings had been made, often by community leaders, and no one had attended, the use of loudspeakers quickly resulted in relatively large groups of men coming to participate, groups ranging from 30 to sixty participants were not unusual. The staff found that the recreational activities had to be well planned with clear educational objectives and messages, otherwise, they could easily be just recreational.

During October and November, 1996, an evaluation of the OR was carried out in the four experimental and four control municipalities. The survey instrument was designed to measure knowledge of reproductive health and family planning, contraceptive prevalence, use of APROFAM services, both at the clinic and in the community, and the effects of the strategies tested to involve men in reproductive health activities.

Although the experimental and control respondents were essentially identical in terms of the number of children, stillbirths and pregnancies, there were marked social and economic differences between the two groups. In brief, they were not comparable populations.

The most important finding was that the contraceptive prevalence was significantly higher among men in the experimental group (27%) than the control (22%), of whom half of the family planning users were using rhythm/Billings and half, modern methods. The next most popular methods were tubal ligations, vasectomies, pills and injectables. For women in both groups tubal ligation was number one, followed by rhythm, injectables, pills and LAM.

This OR project sought to develop and test strategies for educating rural Mayan men in El Quiche in reproductive health. However, the project was of too short a duration to expect large scale changes. Its principal achievement was that it succeeded in demonstrating successful ways to capture men's attention and involve them in educational activities in a participatory manner. Nonetheless, the data from the survey demonstrated a measurable difference in contraceptive prevalence. The differences in contraceptive prevalence as reported by male respondents were significant between the experimental and control municipalities. Since the populations were not highly comparable, the results are subject to discussion.

**E PROJECT CONCERN INTERNATIONAL AND RXIIN TNAMET *Increasing Knowledge and Skills of Reproductive Health Service Providers in Two Conservative Indigenous Communities on Lake Atitlan***

In November of 1993, a rapid epidemiological survey of 384 mothers with children under 24 months of age showed that 84 percent of mothers with at least one child under two years of age did not want another child within the next two years, yet only 6.6 percent were using a contraceptive method. Furthermore, 41 (11%) women were pregnant at the time of the survey, and of these 24 women were mothers of children aged 18 months or less, two of the mothers had children under 5 months of age. Although, 92% of the respondents were breast-feeding at the time of the survey, only 36% of the mothers with infants aged 6 months or less were doing so exclusively. As a result, PCI proposed to implement new interventions to improve knowledge of family planning and access to services for community members by upgrading the technical knowledge and skills of providers at all levels and expanding the number of family planning methods offered. The method mix was expanded to include LAM, fertility awareness based methods and injectables.

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Focus groups and in-depth interviews showed that in spite of PCI's community acceptance and delivery of culturally appropriate maternal-child preventive services using nearly all Mayan providers, the reproductive health component has had little impact on the use of family planning methods of any kind. At the same time, there was low productivity of the community-based distributors (CBDs) and the clinic has not been able to meet this fragile demand. The cause was suspected to be a lack of appropriate procedures, training, identification and tracking of potential FP users, and a functional referral system.

It was determined that clinic staff knowledge of family planning methods was based on outdated information which was impeding service delivery and possibly contributing to a high level of suspicion and fear surrounding FP use in the community. In addition, numerous staff members were found to harbor conservative views on service delivery. Tests showed lowest levels of knowledge in methods where staff had received no training as well as in methods that were not being offered before the project was initiated. In particular, there was a lack of accurate knowledge about DMPA.

Family planning protocols were developed for the Tzutujil-speaking population served by Rxiiin Tnamet for the following methods: LAM, NFP, barrier methods, injectables (DMPA), IUD, combined oral contraceptives and counseling for voluntary

surgical contraception (VSC) Rxim Tnamet personnel and volunteers were trained extensively in the use of family planning protocols. In addition to the formal training given to clinic personnel and staff, volunteers continued to be a large part of the validation process, giving their input on culturally appropriate language and usage with regard to the community-level protocols.

After the completion of training, post-tests showed that all staff had an acceptable knowledge of oral contraceptives, condoms and IUDs, although some knowledge gaps remained to be addressed in the follow-on project. These included duration and effectiveness of the IUD, appropriateness of IUD use in post-partum, breast-feeding women, and how best to explain IUD mechanism of action to a potential user.

The implementation of the MIS to collect and summarize community service delivery data was completed, and the MIS at the clinic was completed as part of the follow-on project. The trends showed that the number of FP users and CYPs steadily increased during the project, but this first phase consisted primarily of both clinic and community staff training, and family planning service promotion was part of the follow-on OR. Nevertheless, the indicators measured by the MIS show definite increases.

**F PCI and RXIIN TNAMET *Testing Reproductive Health Service Delivery Strategies in Two Indigenous Communities on Lake Atitlan***

This was a follow-on project to the one described above

Whereas the initial OR project improved quality and access to services for a very conservative Mayan population, the follow-on OR project, measured the impact of the initial project's improved technical skills and wider method choice, created educational messages, and developed interpersonal promotional activities. The specific messages and activities were created using the results of the qualitative studies conducted during the initial project. The qualitative focus groups and in-depth interviews underscored the desire and need expressed by both men and women to know more about child spacing by having home visits by persons who were knowledgeable on the subject regardless of the gender of the message-bearer. A preference for natural methods was also expressed that may be attributed, in part, to widespread fears of modern methods and their perception that to use them only causes a variety of health ill-effects.

The follow-on OR project measured the impact of the interventions designed to increase quality and accessibility of services designed under the initial OR. The project was aimed toward not only the continuation of training and management activities already under way, but also the active promotion of reproductive health services in the community and to patients who come to the clinic. Talks were to be given to all mothers with children under the age of one and mothers with two or more children visiting the clinic for any type of consultation, to pregnant and post partum women, and to couples in their home, these activities were supplemented by simple IEC materials designed and validated in the field for the prevailing level of literacy.

Over the two-year period of this OR the reproductive health services provided by Rxiiin Tnamet resulted in a six fold increase in the number of CYPs, a total of 18 CYPs were distributed during the first quarter of 1994, and during the first two months of 1996, the total had increased to 78. The increase was the greatest for methods distributed by the clinic, due most certainly to the introduction of DepoProvera. With a constant number of voluntary community distributors, the number of CYPs went from 17 for the first quarter of 1994 to 21 for the first two months of 1996, or 30 when projected for the first quarter of 1996. Since DepoProvera was introduced in 1994 and was only available at the clinic, a number of FP users switched from community distributed methods to the clinic. By the end of the OR, there were 188 women using the injectable contraceptive. Twenty-two of these users had switched from another method, and of these 18 had been receiving pills or condoms from community volunteers.

A qualitative evaluation carried out in March 1996, examined the activities and skills of the providers including physicians, nurses, community supervisors, educators, and community volunteers in terms of the provision of FP methods, information given to clients,

technical competence interpersonal relations procedures for continuity and patient follow-up, and the mix of services provided. The availability of FP methods was found to be adequate in both the clinic and the community, furthermore, LAM was the method most frequently promoted to clients who came to the clinic for prenatal care and during visits to the community by supervisors. Nevertheless, DepoProvera was offered at other times, possibly less formally and was noted to be the method in highest demand.

The level of technical competence was quite varied and was probably better at the community level than the clinic. The protocols were always available, but the actual use of the protocol was found to be greater by community personnel than at the clinic. Both community supervisors and volunteers used the protocols as a teaching aid while making home visits. The most important knowledge gap for all personnel is on the steps that should be taken to give complete information about FP methods. The interpersonal relations between project staff and clients was found to be very good. The weakest area was how to motivate clients to ask questions and to provide positive reinforcement to patients who perform procedures correctly. The relations between clinic and community personnel was found to be somewhat tense, and the same was found to be the case among community personnel as well, one reason may be the lack of any kind of incentive for voluntary community workers.

RXIII Tnamet has a manual data collection system that is used to record all necessary service delivery information. However, it is not certain if this information is always used for administrative and technical decision-making. The computerized MIS has not been implemented to function as planned.

With one exception, all personnel are Mayans and most can speak Tzutujil, and most are from the local communities where they work, these individuals are identified with both the community and RXIII Tnamet.

A number of the supervisory staff and community volunteers practice family planning, identifying them with their work and giving them greater credibility with the local population and potential clients. The program is constantly carrying out investigations and making innovations to improve service delivery, project personnel have demonstrated creativity and flexibility in carrying out all activities.

Female promoters had a clear advantage over their male counterparts when it came to making home visits and created a more comfortable and confidential atmosphere when speaking with potential clients. The home visits made by male supervisors generally took place in corridors and outside patios. Making home visits to offer FP and RH services appears to be a more effective strategy than waiting for potential users to seek services at the clinic or the homes of community volunteers. The volunteers who make the most home visits and the clinic personnel who make more community visits have the largest number of users with the best continuation rates.

**G      POPULATION COUNCIL    *Inventory of NGOs and Professionals Working in RH***

This technical assistance project designed a database and collected information about NGOs working in health in the principal linguistic areas of the country—El Quiché, Huehuetenango, Quetzaltenango, Totonicapán, and Alta Verapaz. The purpose of the database was to facilitate identification of NGOs that donor agencies could work with to support the development of Guatemala, and the improvement and extension of health services.

At the end of this project, USAID and the Population Council saw a need to expand the listing prior to dissemination of the database, and a follow-on project was developed.

**H      POPULATION COUNCIL    *Inventory of NGOs that work in the Guatemala Social Sector***

This technical assistance project extended the collection and organization of information on NGOs working in the health sector and women in development to a national level. A dissemination workshop was conducted during the life of the project. In October 1996 the Inventory was published in two volumes with separate funds.

## **I LA ASOCIACION TOTO-INTEGRADO (ATI) *Testing the Collaboration Between Two NGOs, ATI and APROFAM, in the Delivery of FP Services***

In view of the limited experience that most development projects have had with traditional and popular medicine in Guatemala, the Asociacion Toto-Integrado (ATI) believed that the Mayan view concerning family planning should be studied using an approach and methodology taking into account the sociocultural characteristics of the K'iche' speakers in Totonicapan. Consequently, the hypothesis of this OR was that through an understanding of women's perceptions and the kinds of family planning services they would like to receive, ATI would be able to recruit women to actively participate in the design of appropriate services and train local APROFAM personnel in delivering services that would be acceptable to the local population. This hypothesis was to be tested in three phases: collection of information from individual women and organized groups on the type of services they would prefer, use of the collected information to design and implement a service delivery system, and monitoring of the delivery of services.

Since APROFAM was making a major effort to reach the Mayan population, it was anticipated that the strategies to be tested would contribute to APROFAM's short- and long-term goals. APROFAM agreed to participate fully in the proposed activities. If the service delivery model developed in cooperation with ATI was successful, APROFAM agreed to incorporate this approach into its rural strategy in Mayan areas.

All the goals of the OR were not reached because of difficulties recruiting the three discussion groups, the meetings did not commence on a regular basis until the beginning of November, 1995, and the topics of reproductive health and family planning became a regular part of the discussions in January 1996. Another important problem was the lack of a clear definition of the relationship and role of APROFAM personnel in Totonicapan.

Once contact was formalized with APROFAM, only four meetings were held with the CBDs working in the study communities. The first meeting was confrontational, and the CBDs felt threatened by the ATI activities in their communities. Subsequent meetings on LAM, STDs, and a role play on how to offer FP services were quite successful. With more time and additional meetings, ATI would most probably have been successful in establishing a good working relationship with the APROFAM CBDs.

The data from the discussion groups also showed that APROFAM has a negative image in the study communities and that the CBDs are primarily viewed as contraceptive salespersons. The results also indicate that women are very reluctant to visit the CBDs, most of whom are men, and feel that these individuals do not meet their criteria for FP service providers. The major contribution made by this OR was the detailed information on women's health problems, perceptions of reproduction, family planning, and their desire to receive services according to their own perceived needs.

**J UNIVERSIDAD DEL VALLE** *Study of Cognition and Speech Patterns of Urban and Rural Indigenous Community Residents About Reproductive Health in the Dept of Quetzaltenango*

This diagnostic study was conducted to understand the communication patterns around sexuality of the indigenous Mam-speaking population of Quetzaltenango. The specific objectives were:

- to identify the cognitive structure of speech about sex and reproduction,
- analyze the local language used to describe sex and reproduction,
- study how language and terminology are used in conversation and reproduction, and
- examine how a conceptual framework and the nature of conversation about sex and reproduction could be used to promote reproductive health interventions and service delivery.

The methodology consisted of a multi-method field study using qualitative and quantitative techniques to obtain cognitive information about aspects of behavior related to sexuality and reproduction, basically seven group discussions and 307 individual interviews.

The principal findings of the study were the following:

1. Contrary to general belief, men and women speak freely about sexuality when the topic is treated seriously and vulgar language is avoided.
2. Both men and women demonstrate a considerable lack of knowledge of anatomy and psychology related to sexuality. Their ignorance is not limited to the internal and external organs, but also to the mother-child relation during pregnancy, the fertility cycle, and conception. Men and women relate conception to the frequency of sexual relations, not with the time of the menstrual cycle.
3. Men and women have erroneous ideas about each other's sexuality. Women tend to exaggerate male sexual desire, behavior and frequency of relations. Men exaggerate women's desire but also believe women are very much controlled by society.
4. The Mam have a "culture of sexual poverty." The sexual act is frequently performed in poor material and social conditions and with little imagination, and it usually brings little satisfaction to the woman. Sex is carried out in very crowded places, almost always without lights and in a bed shared with several children. Women's heavy clothing prevents complete contact with her body, and men provide little in the way of foreplay or affection. Many women are dissatisfied with the low frequency and poor quality of sexual relations.
5. Urbanization generally has a positive but limited effect on knowledge of sexuality and understanding of the other sex.

## K POPULATION COUNCIL and IGSS *Integrated obstetric, FP and STD Training for TBAs*

In Guatemala, traditional birth attendants are the only or the preferred, source of assistance during delivery for 77% of births nationwide. The proportion is even higher in rural areas. The MOH estimates that about 12,000 TBAs have had some training at some time by either ministry personnel or an NGO. Most have no opportunities for continued training, and their supervision has been *ad hoc*—sporadic and often abandoned after the training program ends.

The research objectives of this OR were to design, test and evaluate a new integrated training strategy that includes FP and STDs for training TBAs, determine if training a group of TBAs in integrating FP and STD education/services with their present practices, previously limited to obstetrics, is an effective strategy to expand referral for these services, and institutionalize the availability of quality family planning services in IGSS outpatient facilities.

A curriculum was developed that, in contrast to the previous didactic techniques that IGSS used in training TBAs, called for training the trainers in use of participatory adult education techniques that displayed respect for the work of the TBA. Another innovative aspect tested was systematized follow-up of the content of training. A total of 30 trainers were trained, and 254 TBAs were trained using the curriculum.

Four supervisory guides were developed. The first covered birth spacing methods. The second covered prenatal problems, the method of lactational amenorrhea (LAM), and genital ulcers. The third covered complications during delivery, the cervical mucus method, and burning during urination. The fourth covered post-partum complications, hormonal family planning methods, and vaginal discharge. During monitoring the nurses documented the TBAs' practices and measured retention of knowledge using the guides. The guides presented a series of questions that were asked of the TBA, the nurse used a checklist to determine correct/incorrect answers. In general, knowledge retention was at acceptable levels for OB and family planning. Retention of knowledge was highest for family planning methods, and lowest for STDs. The highest knowledge retention was for LAM at 85.1%. All (100%) of the TBAs cited correctly the three conditions necessary to practice LAM effectively, and 85% answered correctly under what conditions a change to another method should be recommended. TBAs received an average score of 82.1% for the cervical mucus method. They experienced difficulties remembering whether wet or dry days were fertile or infertile, although they generally remembered how to distinguish one from the other. The TBAs experienced greatest difficulties in remembering information on hormonal methods. There was confusion about precautions/contraindications to the Copper-T and the pill. Danger signs and side effects of the two methods presented some of the greatest challenges.

Evaluation of the objective was severely hampered by poor data from the IGSS system and non-systematic application of the data collection instruments designed for this project. We have indications that the TBAs are referring for family planning, they are not referring for STD treatment, and the quality of their OB diagnoses, as measured by the degree to which they coincide with the diagnoses of the physicians, is high.

A comparison of Couple Years of Protection provided in 1995 with the first half of 1996 demonstrates the expanded family planning services being provided through the IGSS system in Escuintla. An important secondary effect of this project was the approval of DMPA as a contraceptive to be provided in the IGSS system in Escuintla, whereas previously it had been provided only for treatment of cancer and endometriosis. Previously it was allowed only at the level of the regional hospital, while now it is provided in the doctors' offices in the department.

This OR demonstrated the value of systematic supervision of TBAs, using a standardized tool. Problems are identified and resolved quickly, and supervisors can assure that key knowledge and skills are assessed. This can be especially important in health care services that experience high rates of turnover that can harm continuity. Since this is the case in essentially all public sector health services in Guatemala, this lesson should be widely applicable. This OR also demonstrated the value of putting evaluation tools in the hands of the local people. Because the nurses made systematic evaluations of the TBAs' knowledge, she could also take immediate corrective action.

## **L POPULATION COUNCIL and MSPAS *Reproductive Health Service Delivery in San Marcos and Quetzaltenango***

The main objectives of this project were a) to test the use of a job aid (an algorithm) to help MOH service providers to screen their clients' reproductive health needs, offer the required services and thus, increase the volume of services provided, and b) to test the use of job aids (segmentation forms) to help health volunteers to segment the population according to reproductive health needs to give them basic messages to help them identify their need for services, and to refer them to services in health posts

A survey of missed opportunities for the delivery of reproductive health services found that these were few in the case of services that the MOH has traditionally emphasized (such as prenatal care and vaccination) but large in the case of family planning 35% of all women of reproductive age visiting health centers were married, not pregnant, did not want a pregnancy and were not using a method, and 24% of all women said they would like to use a method

The algorithm seems to have been used *asystematically* in health centers and to have been perceived by health providers as a tool to promote family planning For this reason, those who used it tended to adopt it for promoting family planning and not the other reproductive health services

In the last nine months of 1996, the health outlets that used the algorithm had 124% more new family planning than in 1995, compared with an increase of 21% in control group outlets In terms of couple years of protection (CYP), control group outlets decreased their number by 64%, while experimental group outlets increased it by 41% Partly, these large increases were due to the introduction of injectables during the project period The differences observed in the case of other reproductive health services (prenatal care, post-natal care and well baby care) were not as consistent as those observed for family planning

These results showed that there is a need to teach service providers to screen their clients' need for reproductive health care, and that the job aid tested is useful to achieve this objective Areas of improvement could include an adaptation of the algorithm so that providers perceive it as a reproductive health rather than a family planning tool, as well as the introduction of training and supervision strategies to strengthen the commitment of program managers to the reproductive health program

The results also showed that the segmentation forms could be used to recruit health volunteers to provide basic messages and refer users to health posts The data suggests that health posts using the forms had a larger increase in the number of new family planning clients than those that did not use them but that this was not true in the case of other reproductive health services Given the weak community outreach program in Guatemala, this strategy should be extended through the MOH system It should also be expanded so that new services can be incorporated in the segmentation forms

**M POPULATION COUNCIL and MSPAS *Cost Analysis of Reproductive Health Services Provided by the Ministry of Health***

A study of the costs of delivering integrated services. This study was added on to the study of the algorithm in Quetzaltenango and San Marcos. Systematic observations were made of 533 consultations in health centers to determine costs. Costs were determined using the accounting books of the Jefaturas de Area and observational data of personnel time, supplies and materials used in each consult. In sum, the study determined that providing one service in each consult results in significantly higher costs than determining all the patient's needs and satisfying them in one visit.

The two most expensive services provided were postnatal care and family planning. These are also the two services provided least often. The cost of providing family planning services when provided with the first service requested, however, is relatively low, as is the cost of providing information about birth spacing within a regular consult. For example, the cost of informing a mother about family planning in a prenatal visit increased the cost Q0 16.

The study concluded:

- Integrated consults can help reduce costs of reproductive health services,
- Integration of reproductive health services can produce a significant savings in the cost of consults and the number of consults required in each health center or post, and
- Provision of integrated services can result in better levels of reproductive health in the population.

The authors of the report recommended:

- Development of mechanisms to increase the number of services provided in each consult and
- Use of work tools, such as the algorithm to help systematize reproductive health service delivery.

## N AGES *Reproductive Health Education in Indigenous Areas Through Bilingual Teachers*

The Mayan population, which represents 40% of the total population, is the most under-served in terms of all kinds of health care. Access to reproductive health services and information is very limited. Although several institutions are currently trying to develop models for providing culturally acceptable reproductive health services to the indigenous population, so far only modest results have been obtained. In large part, this has been a consequence of the inability of institutions to incorporate in their programs Mayan staff who can conduct activities in a Mayan language, who live in the indigenous communities and who have the required teaching and learning skills.

In this project, AGES designed and tested a strategy for providing reproductive health education to indigenous audiences in Guatemala. The strategy consisted in using teachers of the National Bilingual Education Program (PRONEBI) to teach reproductive health courses in indigenous communities. Briefly described, as part of the strategy:

- a) AGES developed three 10-hour courses or "modules" that PRONEBI teachers could teach in their communities: birth spacing, pregnancy, birth and gender, and mother and baby care,
- b) PRONEBI teachers in the departments of Chimaltenango, Quetzaltenango and San Marcos were invited to participate in the Reproductive Health Education System. To participate on the system, teachers had to pass a written examination based on a list of readings, and attend a 12-hour training course for each module. Once the teacher passed the exam and attended the training course, (s)he was considered to be "certified" to teach the module,
- c) Certified teachers assembled groups and taught the courses in their communities. At the end of the course, they were paid 125 quetzales (about US \$ 22) for each 10-hour reproductive health course taught in indigenous communities in the local indigenous language.

A total of 55 teachers completed the full process of examination, training and giving at least one course. A total of 496 courses for 11 171 students were taught in a seven month period. No major negative incidents were reported. The students reported liking the course. The contraceptive prevalence rate of married participants increased by at least three percentage points after the course (equivalent to an increase of 18% in use of all methods, and of 40% in the use of modern methods). Sixty five percent of those not married or in union not yet using methods said they expected to use a family planning method in the near future. The cost per course was US \$56.40, and per student US \$2.50.

#### **IV LESSONS LEARNED IN DELIVERING REPRODUCTIVE HEALTH SERVICES IN THE GUATEMALA HIGHLANDS**

The Population Council has supported Operations Research projects in both the public and private sector and with a wide variety of institutions, some based in the capital and others in the highlands. The ORs have been concerned with various research questions but all have been focused on how to provide education and/or services to the populations with least access to modern health care. From these studies have emerged some key findings described below.

- 1 Integrated health services cost less in the long run and cover more of the clients' needs than offering vertical services. The model of providing certain services on certain days is both detrimental to meeting the health care needs of the population and more costly. These were demonstrated in the Quetzaltenango, San Marcos studies. A systematic approach to discovering all of the patient's needs and provision of all the services in the same consult could help the MSPAS extend coverage of services and reduce costs.
- 2 The rural Mayan population of today is interested in receiving education about reproductive health, even in cases where they are slower to translate the education into modern reproductive behavior. The key to success is to provide the education in culturally acceptable ways. For example, education through well-trained and motivated bilingual teachers was successful despite previous failures by AGES. ATI demonstrated through interviews with women in Totonicapan that women are uninterested when their well-known desire to receive family planning counseling from another woman was ignored. And the APROFAM CBD study demonstrated that sales by Mayan women who have received broadbased health training results in a higher level of sales. Men in El Quiche participated enthusiastically in health education programs when they were delivered through locally popular recreational activities, rather than didactic meetings. The key is to provide education and services in a culturally appropriate way.
- 3 Home visits are a neglected educational strategy in Guatemala. Nevertheless, when home visits are made even to a limited extent, they are associated with a statistically significant increase in sales of family planning methods. Generally home visits are welcomed both men and women in the El Quiche OR survey reported that they would like to receive information in home visits from almost anyone. One word of caution however a family planning user should be asked if she would like follow-up visits in her home because many particularly Mayan women, do not (probably because the husband does not know she is practicing a method).
- 4 The demand for Depo Provera in Guatemala is quite high and needs to be taken into account by any new service delivery programs. Depo can be safely provided by volunteer community workers who are very well trained and supervised, as

demonstrated in the OR study with APROFAM, or by clinical personnel. New programs need to take into account the high demand when determining an appropriate mix of services and training needs and when making projections of supplies.

- 5 Working with the public sector has difficulties not encountered, or encountered less often in the NGOs. Personnel have an extremely high turn-over rate, and since inductory training/orientation is virtually unknown, benefits of previous activities are often lost in a short time unless there is continuous training and monitoring. The concept of accountability is lost within the personnel practices, resulting in health posts that are closed a large proportion of the time because the auxiliary does not show up for work, physicians who work in the health center one hour daily then go to their private practices and others.
- 6 Although the public sector services are to a large extent vertical, family planning services need to be delivered in an integrated approach. "Salud integral de la mujer" seems to be the best terminology to use, at least at the current time, in preference to family planning, integrated health of the woman, reproductive health, or even birth spacing.

## **V TECHNICAL ASSISTANCE AND SPECIAL ACTIVITIES**

### **A MAYAN FELLOWSHIPS**

Four Mayan Fellows participated in the Population Council Program. Below are their names, dates of their Fellowships, and principal research activities.

1 Jose Venancio Alvarado Cacao, May 1994 - May 1996. Jose Venancio was the first of the Fellows to complete his Fellowship and undertake a responsible position using many of the skills he learned in the Council. While with the Council, he conducted his practicum first in the field collecting data on NGOs for the development of the Inventory of NGOs. From there he went to the Verapaces where he worked on the design of an OR proposal with CARE, that was never approved because of differences between CARE and the Population Council. Then Jose Venancio participated in the 1995 ENSMI as a supervisor of interviewers, in this capacity he was given a nickname of the "star supervisor" for the quality of his work. He is currently employed by SHARE and continues his excellent work in the field.

2 Reina Lopez August 22, 1994 to May 31, 1997. In 1994, Reina Lopez began work with Dr. Emma Ottolenghi, then Technical director of the Population Council/Guatemala, on a pilot project with migrants. She conducted a needs assessment and designed a proposal. Together they gave classes in family planning, ORS, ARI immunizations, and other reproductive health topics. However, the proposal was not approved by USAID/G-CAP, so Reina's practicum switched to APROFAM.

In June and July 1995 the CBD re-engineering proposal was being developed. In August she began to work first on the field diagnostic. She assisted in the validation of the questionnaires, selection of interviewers, and their training. She began the field work as a supervisor of one team of interviewers and expanded her responsibility to supervision of a dozen interviewers. She coded data and analyzed responses to the open questions.

In the next phase of the OR, she began by monitoring the selection of new and old promoters. She participated in preparation of the curriculum, methodologies, material and bibliography for the new training strategy. She participated in the training of educators, her particular areas of responsibility being natural family planning, interculturality, community participation and social mobilization, and the development of sociodramas on confidentiality and privacy. She also assisted in development of training that related family planning to gender, and training in self-esteem.

In August 1996 Reina was assigned responsibility for everything related to materials within the CBD team, including materials for training and the Promoters manual. Since Reina did not have experience in materials development the team contracted with an experienced consultant. But by late September when the first review took place, it was obvious that the consultant was not working out, so Reina took the reins and the consultant was let go. Starting from the beginning, Reina led the effort to develop a modified and updated promoters manual - one for ladino and the other for Mayan populations.

In January-February 1997, Reina participated in the final field survey. In March she participated in the planning and implementation of a workshop to share lessons learned with NGOs and present the NGO strengthening program. In May the manuals were published.

3 Ventura Salanic, June 12, 1995 - March 31, 1997. Ventura Salanic served as Principal Investigator for the Men's project in El Quiche implemented by APROFAM. He supervised a project staff of three and designed and tested strategies for involving men in reproductive health education activities. He served as one of two supervisors of interviewers during the survey conducted October to December 1996 and participated in interviewer training. He was principal presenter in two dissemination workshops. In March 1997, he also participated in the planning and implementation of a workshop to share lessons learned with NGOs and present the NGO strengthening program. He also served as a technical reviewer of proposals submitted for funding under the NGO strengthening program.

4 Manuela Mendez de Navichoc, March 1, 1995 to May 31, 1997. Manuela Mendez participated in three research projects: first with PCI/RTM Tnamet and later with the APROFAM's Injectables and CBD programs. In RT she gained experience in assessing and modifying a promoters manual and providing training and technical assistance on its use, training supervisors to make home visits and give talks to groups, working with TBAs to motivate them to refer for family planning, conducting focus group discussions, conducting exit interviews at the RT clinic, and coding and entering survey data. In Aprofam, where she

began in April 1996, she first worked with the Injectables project. She designed a questionnaire to be used with users and non-users, validated the questions and conducted the interviews in Solola and Chimaltenango. She also input data into a database. Later she worked in the CBD project where she participated in training promoters and educators in gender focus, monitoring and supervision, selection of promoters, pneumonia, and how to prepare ORS. She conducted a survey among promoters who had not attended the training course to determine reasons for non-attendance, and she supervised interviewers in the final survey of promoters and users. She presented recommendations in the final dissemination workshop for the OR project. Finally she participated in planning and conducting the workshop to present the new NGO Strengthening program, and she participated as a technical reviewer of the proposals presented by NGOs.

Prior to undertaking their individual research activities, the Fellows participated in educational and training activities organized by the Council staff. They learned family planning in depth. They participated in congresses, learned to use the computer, particularly wordprocessing, they took courses in writing and grammar, and they were trained in conducting focus groups, training methodologies, and proposal development.

## **B THE TECHNICAL WORKING GROUP**

The Technical Working Group was founded in 1995 by representatives of organizations working in research in Reproductive Health. The purpose of the group was to coordinate activities, share information on research results and advances in the field, and serve as a consultative and technical resource for the nation. The group meets periodically, and the Population Council has provided meeting space and handled logistics since its inception.

The first meeting was held July 19, 1995 in the Council's offices. From that date to the end of June 1997, 17 meetings were attended by representatives of 21 institutions. Minutes in Spanish are available in the Council. The table below presents the acronym or abbreviation, name and representative(s) of the participating institutions.

<b>ACRONYM</b>	<b>NAME OF INSTITUTION</b>	<b>REPRESENTATIVE</b>
FAC CCMM USAC	Facultad de Ciencia Medicas Universidad de San Carlos de Guatemala	Dr. Hector Emilio Soto
JICA	Japanese International Cooperation Agency	Sr. Shinji Nishiyama
USAID	U.S. Agency for International Development	Licda. Mary McInerney
	European Union	Dr. Jorge Luis Berger
UNDP	United Nations Development Program	Licda. Reyna de Contreras

UNFPA	U N Fund for Population Assistance	Dr Sergio de Leon Dr Gustavo Valdez
UNICEF	U N International Children s Education Fund	Licda Niche Ramirez, Dra Albina de Villagran
PAHO	Pan American Health Organization Guatemala	Dr Gustavo Bergonzolli
CARE		Licda Clara Aurora Garcia
DGSS-MSPAS	Direccion General de Servicios de Salud Ministerio de Salud Publica y Asistencia Social	Dr Enrique Molina
UNIS-DGSS	Unidad de Investigacion en Salud Direccion General de Servicios de Salud	Dr Rafael Haussler
DMI-DGSS	Programa Nacional Materno Infantil Direccion General de Servicios de Salud	Dr Ernesto Velasquez, Licda Martha Monzon
USR - MSPAS	Unidad de Salud Reproductiva Direccion General de Servicios de Salud	Dr Carlos Rivas
CIESAR	Centro de Investigacion Epidemiologica en Salud Reproductiva y Familiar	Dr Edgar Kestler
CONCYT	Consejo Nacional de Ciencia y Tecnologia	Lic Salvador Urquizu
CONAPLAM	Comision Nacional de Promocion de la Lactancia Materna	Dra Ruth Elena de Arango
APROFAM	Asociacion Pro Bienestar de la Familia de Guatemala	Dr Francisco Mendez Dr Edwin Montufar
MOTHERCARE	the MotherCare Project	Dra Elizabeth de Bocaletti
SEGEPLAN	Secretaria Tecnica del Gabinete Social	Licda Carolina Moreno, Dra Karyn Slowing
DIGI	Direccion General de Investigacion, Universidad de San Carlos de Guatemala	Dr Sergio Aguilar

Thirteen presentations have been made at the 17 meetings The list is below

- 1/19/96 "The 1995 DHS" by Edgar Hidalgo  
5/17/96 "Activities of the Consejo Nacional de Ciencia y Tecnologia" by Santiago Urquizu  
6/21/96 "Woman Silence and Word" by Linda Asturias and Idalma Mejia  
7/25/96 "Strategies in Maternal and Perinatal Health" by Elena Hurtado and Elizabeth de Bocaletti  
8/30/96 "Infant Mortality by Specific Weight at Birth in the Metropolitan area, 1993" by Jose Fernando Ortiz  
9/21/96 "Invasive Cervical Cancer in the Republic of Guatemala" by Jose Fernando

	Ortiz
11/8/96	"Knowledge and Practices of Lactation Prevalence and Lost Opportunities in the Suburban Areas of Zones 6, 11, and Pamplona" by Carlos Mayorga
12/6/96	"Preliminary Data on Effectiveness of TBAs in Including Family Planning in Their OB Work" by Carlos Mayorga
1/17/97	"Delivery of Injectables by Volunteer Personnel in the Rural Areas of Guatemala" by Edwin Montufar
2/20/97	Interpretations of the meaning of Reproductive Health - conclusions from various meetings by Edgar Hidalgo, and Preliminary results of the "Cost Analysis of Delivering Integrated Reproductive Health Services" by Carlos Brambila
4/4/97	"The Economic Impact of Mortality in Guatemala, 1993" by Jose Fernando Ortiz
5/15/97	"The Reproductive Health Program of the IGSS" by Carlo Bonatto

Four working groups were formed around specific topics. Group I developed a draft letter of understanding, which was approved by the group on July 25, 1996. It relates to the commitment of the participating institutions. Group II's topic was evaluation of research. The group developed a document with the conceptual framework for research in reproductive health, discussion in the larger group is pending. Group III on MCH indicators is developing a list of indicators in conjunction with the national program. Group IV, the most active of the lot, has developed several technical documents for the Secretaria Técnica del Gabinete Social to aid its efforts at developing consensus on a national level for the formulation of policy.

## **C APROFAM LESSONS LEARNED AND FUTURE DIRECTIONS**

From the three Operations Research projects APROFAM implemented with PC support, many valuable lessons were learned. In El Quiché, we learned the value of using humor and sports to attract men to educational activities. We also learned that men are more interested in the economic benefits of spacing their children than in the health benefits, in contrast to women's interests.

In the Depo OR, APROFAM developed and tested the training of promoters to supply Depo Provera in their community posts and learned that this is a safe, acceptable, and effective way to provide this method. We also learned that there is a portion of the population that prefers to go to the clinic and a proportion that prefers the promoter, the preferred providers for these 2 groups are not necessarily interchangeable.

In the CBD OR, we learned yet again that we have to select women or couples to serve as promoters in Mayan communities, this lesson is a repeat of the 1982 OR with Tulane University but it has not been fully implemented. A new selection and training paradigm were developed and tested. They proved to be highly successful in increasing sales among rural, Mayan women promoters. While the training is too expensive to be replicated exactly

as it was tested the curriculum can be adapted for less expensive, individual training. The selection criteria and methodology need to be implemented more consistently. A new MIS system was developed that provides a wealth of information for decision making.

While some lessons have been institutionalized it will be important for APROFAM to take the lessons learned in these ORs and determine how they can be applied systematically and widely.

Other new initiatives that APROFAM should consider for the future are suggested below.

1. Mini-satellite clinics, week-end clinics, and the "promotor exitoso clave"  
CBD Promotor exitoso clave mini-clinics week-end clinics clinics  
|-----|-----|-----|-----|  
There is a continuum of types of service delivery systems that could be developed and tested with clinics at one end of the spectrum and CBD at the other. What will continue to be important is to identify women service providers who speak the Mayan language of the community, provide a variety of reproductive health services that are important to women and keep prices reasonable.
2. Increase home visits and educational activities, especially by promoters. The promoters are a virtually untapped wealth of potential educators. When properly selected they have wide contacts within the community and enjoy the community's trust. Promoters have often expressed their interest in providing more community education/promotion, but they lack something - perhaps training in communication techniques supervised practice, materials, stimulation/direction from their supervisor. APROFAM should attempt to find out how to tap into this resource better, perhaps starting with a qualitative study of the educational practices and techniques of the most successful promoters who serve the rural, Mayan population. The small number of Educator home visits had a statistically significant effect on sales, and home visits should be expanded.
3. Because of the need to reach a level of self-sufficiency in the urban, clinic programs, women from neighboring rural areas as well as urban women, are often financially unable to obtain sterilization services. APROFAM should test some strategies for integrating the 2 needs. For example APROFAM could test whether this is a possible fund-raising topic both domestically and internationally. Or a schedule of monthly payments could be tested.
4. APROFAM should take better advantage of the opportunities for collaboration. There are private/NGO clinics and networks of clinics that operate without family planning methods. APROFAM could expand fp services through this type of collaboration. For example, AnaCafe has a network of clinics in rural areas and depends on

APROFAM to supply methods. This has been done in some areas on an ad hoc basis but not systematically.

- 5 Clinic referrals by promoters have fallen dramatically in recent years. This may reflect, in part, more accurate reporting in the absence of "metas" or disinformation on the part of clinics that want to retain the CYPs for their own services alone. However, it is certain that the relationship between clinics and the community personnel is not optimal. This situation is prevalent in most programs to some degree. However, the organization and the communities would benefit by an effort to improve the situation.
- 6 APROFAM should consider private fundraising locally and internationally.
- 7 Many of the Rural Program's personnel have expressed their frustration with dealing with users who initiate practice of family planning when they are well advanced in age and parity. The only attempts to educate youths have been directed to an urban population. APROFAM should consider a long-term educational effort, perhaps in the form of an OR, directed to rural youth, including/especially out-of-school youth.

## ANNEXES

### Materials Produced

- Folleto IGSS/Consejo de Poblacion sobre "Perdida de Embarazos"
- La Salud del Niño Menor de Un Año (con referencia)
- La Salud de la Mujer (con referencia)
- La Salud de la Mujer Embarazada (con referencia)
- Algoritmo para la Oferta Sistemática
- Guia para la Oferta de Servicios de Salud Reproductiva
  - ◆ Nivel de la Comunidad
  - ◆ Nivel Clínico
  - ◆ Nivel de la Supervisora
- Como Ofrecer Servicios de Alta Calidad  
Manual de Capacitacion de DepoProvera
- Inventario de ONGs - Volumen I y II
- Láminas Educativas de Metodos para el Espaciamiento de Embarazos
- Promoters Manual - APROFAM (2 versions)
- Panfleto Prevenir Embarazos Seguidos es Proteger su Salud y la de sus Hijos
- Algoritmo - lamina