



END-OF-THE -YEAR REPORT

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## Better Health for Women and Children

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Calidad en Salud

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## Acronyms

APROFAM	Asociación Pro Bienestar de la Familia de Guatemala
APROSAM	Asociación Pro Salud Municipal
AQV	anticoncepción quirúrgica voluntaria, voluntary sterilization
ARI	acute respiratory infections
ATR	Asesor Técnico Regional, Regional Technical Consultant for family planning
BCC	behavior change communication
BFHI	Baby Friendly Hospital Initiative
CBT	computer-based training
CHW	community health worker
CONAPLAM	Comisión Nacional de Promoción de Lactancia Materna
CTU	contraceptive technology update
FA	Facilitadora de Area, Area Facilitator employed by <i>Calidad en Salud</i> to support area activities
FC	Facilitadora Comunitaria, local Community Facilitador
FI	Facilitadora Institucional, Institutional Facilitador employed by MSPAS
F-IEC/PC	Facilitadora para Información, Educación y Comunicación/Participación Comunitaria, Facilitator for IEC and Community Participation
FP	family planning
GATHER	Greet, Ask, Tell, Help, Explain, Return
GTI – IEC	Grupo Técnico Interinstitucional – Información, Educación y Comunicación, Inter-institutional Technical IEC Group information, education and communication
HACYA	Habilitación, Adjudicación, Certificación y Acreditación de Prestadoras y Administradoras de Servicios de Salud
HR	human resources
IEC	information, education and communication
ISA	Inspector de Saneamiento Ambiental
IGSS	Instituto Guatemalteco de Seguridad Social, Guatemalan Social Security Institute

IMCI	Integrated Management of Childhood Illnesses, AIEPI in Spanish
IPC/C	interpersonal communication/counseling
IUD	intra-uterine device
LAM	Lactational Amenorrhea Method
MA	Medico Ambulatorio, ambulatory or community outreach physician
MCH	maternal and child health
MNH	Maternal and Neo-Natal Health
MSPAS	Ministerio de Salud Publica y Asistencia Social, Ministry of Public Health and Social Assistance
NGO	non-governmental organization
ORS	oral rehydration salt
PAHO	Pan American Health Organization
PCI	Project Concern International
PMSS	Programa de Mejoramiento de los Servicios de Salud
POA	plan operativo anual, annual operational plan
PSS	prestadoras de servicios de salud
PVO	private voluntary organization
QA	quality assurance
QM	quality management
RHT	Rural Health Technician ( <i>Tecnico de Salud Rural</i> )
SAS	Sistema de Apoyo a la Salud
SIAF –SAG	Sistema Integral de Atención Financiera – Sistema Administrativo Gerencial
SIAS	Sistema Integral de Atención en Salud
SIGPRO	Sistema Gerencial de Programas
SIGSA	Sistema de Información Gerencial en Salud
SIMNA	Salud Integral Materna, Niñez y Adolescente
SS	Sala Situational, data collection system used at local level to determine health needs and plan

TBA	traditional birth attendant, midwives
TIPs	trial of improved practices
TOT	training of trainers
UNICEF	Fondo de las Naciones Unidas para la Infancia
USAID	United States Agency for International Development
VS	voluntary sterilization

## 1. EXECUTIVE SUMMARY

The *Calidad en Salud* program has developed, in close collaboration with both the Guatemala Ministry of Health (MSPAS) and Social Security Institute (IGSS), specific actions focused on creating conditions to improve the health of women and children. Project activities have revolved primarily around: 1) increasing access to and improving the quality of family planning services, and 2) achieving national-level consensus for the implementation of the Integrated Management of Childhood Illness (IMCI). This end-of-year report highlights the contributions and results of those activities undertaken or supported by *Calidad en Salud* during the year 2000.

A description of the status of key USAID/Guatemala monitoring indicators is highlighted below followed by a summary of key MSPAS and IGSS results specifically related to each of the five Result Packages under *Calidad en Salud*.

### 1.1. Description of key monitoring indicators

#### Integrated Child Health (Percentage of the year 2000 target)

See Annexes A and B for monitoring plan indicators and results.<sup>1</sup> SIGSA data reported in this report are through December 2000. The data show that the immunization targets for BCG, DPT and Polio were exceeded. The measles target was basically met at 89.3% (0.7% below the target). BCG coverage is higher at 99.4% since families are required to provide the immunization card at the time of birth registration.

Table 1: Immunization coverage among children under age 1<sup>2</sup>

	Target	Achieved
BCG	90%	99.4%
DPT3	90%	96.6%
Polio 3	90%	96.8%
Measles	90%	89.3%

Other indicators such as exclusive breastfeeding, use of ORS and treatment of pneumonia are not available from SIGSA data.<sup>3</sup>

#### Family Planning (Number of CYPs and new acceptors)

Family planning data are presented for both MSPAS and IGSS through December 2000. The overall CYP target for both was achieved at 122.0%. Both MSPAS (168,519) and IGSS (100,958) exceeded their targets at 132.1% and 107.7% respectively.

Table 2: CYPs provided by the MSPAS and IGSS (including AQV)

	Target	Achieved	Percentage
Total	221,327	269,477	122.0%
MSPAS	127,557	168,519	132.1%
IGSS	93,770	100,958	107.7%

Data for new users show that overall 191% of the target was exceeded, and IGSS more than doubled its new acceptor target. Some 127,507 new acceptors were served by MSPAS and IGSS.

Table 3: New family planning users provided by the MSPAS and IGSS (including AQV):

<sup>1</sup> Indicators for DHS, JSI logistics and other surveys that are currently unavailable are not included in the following discussion.

<sup>2</sup> Immunization data are from the SIGSA reporting system.

<sup>3</sup> These indicators can only be calculated with DHS data.

	Target	Achieved	Percentage
Total	66,617	127,507	191.4%
MSPAS	57,000	107,407	188.4%
IGSS	9,617	20,100	209.0%

The reasons for increased use of family planning methods requires further analysis but several facts are: 1) demand for contraceptives is increasing, and 2) access to services and methods has improved. New and continuing users are demanding Depo Provera (a three month injectable method) and pills from public sector and NGO providers. With increased service access and IEC during 2001, the demand for Depo Provera is expected to substantially increase. The sharp increase in family planning use among IGSS clients is also due to increased post-partum and factory-based services.

Table 4 shows changes in CYPs for the MSPAS and IGSS by method between the years 1999 and 2000. The improvement of CYPs in the MSPAS is due to a large increase in Depo Provera use (+26,434) followed by AQV (+15,109) and IUD (+9,149). In IGSS, the improvement in CYPs is related largely to AQV (+28,527) followed by Depo Provera (+8,767).

Table 4: Number of CYPs by contraceptive method for years 1999 and 2000, MSPAS and IGSS

Method	MSPAS 1999	MSPAS 2000	Difference	% Change
Depo Provera	19,602	46,036	26,434	134.9%
Condom	9,171	11,861	2,690	29.3%
IUD	6,461	15,610	9,149	141.6%
Norplant	NA	NA	NA	NA
Oral	11,128	16,164	5,036	45.3%
AQV	63,739	78,848	15,109	23.7%
Total	110,101	168,519	58,418	53.1%
Method	IGSS 1999	IGSS 2000	Difference	% Change
Depo Provera	16,121	24,888	8,767	54.4%
Condom	3,242	4,422	1,180	36.4%
IUD	12,138	8,697	-3,441	-28.3%
Norplant	NA	5,537	NA	NA
Oral	2,121	2,817	696	32.8%
AQV	26,532	55,059	28,527	107.5%
Total	60,154	101,420	41,266	68.6%

Table 5 shows changes in new acceptors for the MSPAS and IGSS by method between the years 1999 and 2000. The improvement in new acceptors in the MSPAS is due to a very large increase in Depo Provera acceptance (+28,434) followed by orals (+15,607). In IGSS, the improvement in new acceptors is related largely to Depo Provera use (+4,669), followed by AQV (+2,547).

Table 5: Number of new acceptors by contraceptive method for years 1999 and 2000, MSPAS and IGSS

Method	MSPAS 1999	MSPAS 2000	Difference	% Change
Depo Provera	21,806	50,240	28,434	130.4
Condom	11,501	16,624	5,123	44.5
IUD	1,270	2,095	825	65.0

Norplant	NA	NA	NA	NA
Oral	15,801	31,408	15,607	98.8
AQV	5,691	7,040	1,349	23.7
Total	56,078	107,407	47,036	83.9
Method	IGSS 1999	IGSS 2000	Difference	% Change
Depo Provera	3,761	8,430	4,669	124.1
Condom	625	1,850	1,225	196.0
IUD	1,647	2,485	838	50.9
Norplant	NA	1,582	NA	NA
Oral	341	837	496	145.5
AQV	2,369	4,916	2,547	107.5
Total	8,743	20,100	11,357	129.9

Based on projections using Spectrum,<sup>4</sup> CYPs and new users in the MSPAS are expected to increase by 30% and 20% respectively in 2001. For this to occur, NGOs contracted under SIAS are also expected to play an important role in service provision.

Table 6: Projected number of CYPs and new acceptors for the year 2001, MSPAS

	Achieved 1,999	Achieved 2,000	2,001	% Change
CYP	121,483	168,519	219,075	30.0%
New Users	56,078	107,407	128,888	20.0%

Other monitoring and evaluation plan indicators under USAID/Guatemala's Better Health for Women and Children Project are highlighted below. These indicators are described in the monitoring and evaluation plans of the MSPAS and IGSS strategic plans, and outlined in annexes A and B.

### Result 2: Improve household health practices

FP IEC activities with the Department of Health Promotion and Education, the Social Communication Unit and the Inter-institutional Technical IEC Group (GTI-IEC): 6 activities in support of reproductive health were coordinated with the MSPAS (e.g. reproductive health logo contest).<sup>5</sup> The reproductive health logo contest was conducted by the MSPAS, IGSS, partner NGOs, MHN and *Calidad en Salud* and involved the production of nine newspaper publications, 3 radio spots aired over 1000 times, 2000 posters, 4000 leaflets and two cloth posters.

FP IEC materials produced in collaboration with the Department of Health Promotion and Education, the Social Communication Unit and the Inter-institutional Technical IEC Group (GTI-IEC): reproduction of existing Population Council family planning materials, including 1000 flipcharts, and 2000 manuals for training and improved service delivery.

IMCI-related IEC activities developed with the Department of Health Promotion and Education, the Social Communication Unit and the Inter-institutional Technical IEC Group (GTI-IEC): Orientation workshop on IMCI-IEC for members of GTI-IEC; 2 training workshops in Trials in Improved Practices (TIPs) for feeding children under two years of age; ten radio spots on vaccination; 2000 brochures and 1 vinyl poster for promotion of the national initiative "Municipalities Promoting Health and Peace".

### Result 3: MCH and NGOs are better managed

<sup>4</sup> A software application developed by TGI and the Policy Projects to forecast contraceptive use and commodity needs.

<sup>5</sup> The target was 4 activities for the year 2000.

The indicator of contraceptive method stockouts will not be available until the end of January 2001 when the *Unidad de Monitoreo de Medicamentos* of the MSPAS and Deliver/JSI completes its logistics study.

#### **Result 4: Community participation and empowerment**

MCH home visits by community agents: The primary indicator for Result 4 is "home visits conducted by community health agents (health promoters, traditional birth attendants, etc.) related to the promotion of MCH services". This indicator will be measured by the next DHS. In order to achieve this goal, 237 traditional birth attendants (TBA) were trained in postpartum FP counseling (also related to Result 2). Home visits by community agents will begin in 2001.

Greater community participation and decision-making empowerment related to MSPAS MCH programs: Activities in 2 pilot municipalities were launched using problem solving methodology; local health plans were developed in both municipalities including FP, IMCI, and MNH interventions/activities.

#### **Result 5: Increased use of MCH services by IGSS**

The following table presents indicators, targets, and achievements from the IGSS Monitoring and Evaluation Plan. Unlike the MSPAS monitoring plan, a larger number of indicators related to training, outreach activities, and logistics are included for both family planning and child health services.

Family Planning: As noted above, FP targets for new acceptors and CYP were exceeded with 209% (20,100) and 108% (101,420) respectively, owing to new post-partum and factory-based services. FP service provision was expanded to 100 community agents, 7 clinics and 3 hospitals (including the training center). FP norms were approved. A FP training program and center for clinical methods was established. Providers in hospitals and clinics, as well as community agents, received FP training (covering technical norms and counseling). Extension of FP services by IGSS to spouses of affiliates has not yet been approved.

IMCI: Efforts aimed at IMCI are underway with the approval of norms and design of training materials and center. The production of basic IMCI materials has also started. Data regarding breastfeeding, immunization, use of ORS, and treatment of pneumonia are still not available from IGSS service data.<sup>6</sup> Community agents have not been trained in IMCI. A proposal for establishing an IEC unit in the IGSS was presented, and negotiations are still underway.

Table 7: Monitoring indicators for Result, IGSS

Indicator	Target	Achieved
<b>Family Planning</b>		
CYP	93,770	101,420 (108%)
New acceptors	9,617	20,100 (209%)
Development and approval of family planning norms	100%	100%
Design of family planning training program	100%	100%
Design and implementation of Hospital de Ginecología y Obstetricia as FP training center	100%	100%
Approval of training center in Mazatenango	100%	100%
Training and implementation of FP in 3 hospitals	100%	100%
Training and implementation of FP services in 8 factory clinics and 7 IGSS clinics	100%	100%
Percent of community agents that promote FP and primary health care through home visits	100%	100%
Percent of facilities (hospitals and clinics) without stockouts of	75%	ND

<sup>6</sup> These data will be collected using SAS in clinics and contracted factory services during 2001.

Indicator	Target	Achieved
basic drugs and contraceptive methods		
Percent of beneficiaries <sup>7</sup> using FP services	ND	ND
Percent of hospitals that serve beneficiaries	ND	ND
<b>IMCI</b>		
Percent of services implementing IMCI	18%	0%
Formulation and approval of IMCI norms	100%	100%
Design of IMCI training program	100%	75%
Design of IMCI training center	100%	75%
Training and implementation of IMCI with 60 community agents	100%	0%
Production and distribution of basic IMCI materials	100%	25%
Percent of children under 6 months with exclusive breastfeeding	70%*	ND
Percent of children with diarrhea treated with ORS	95%*	ND
Percent of pneumonia cases treated by health providers	95%*	ND
Percent of children aged under age with complete immunization	95%*	ND
Percent of community agents that promote IMCI services through home visits	100%	0%
Create IEC unit	100%	50%

\*These targets are for the end-of-project in 2003.

## 1.2. Summary of key MSPAS and IGSS results

In addition to the key monitoring indicators highlighted above, many other important MSPAS and IGSS results were directly supported by *Calidad en Salud* in the year 2000.

### Result 1: Use of Maternal Child Health Services

#### Family Planning

- Officialization and launching of the National Reproductive Health Program (including family planning) and production of an official document
- MSPAS approved the family planning guidelines developed with support from JHPIEGO
- Establishment of National FP Team (MSPAS, *Calidad en Salud*, *Unidad Ejecutora* headed by Dr. Julio García Colindres)
- MSPAS Human Resource department approved FP training plan and materials
- One training center implemented in *Hospital de Gineco Obstetricia* (IGSS) and two other hospitals approved for FP training
- Trained TOT in hospitals, and district centers in nine areas (162 physicians, 175 professional nurses, and 136 auxiliary nurses)
- Trained providers in FP provision and counseling in priority areas (17 physicians, 123 auxiliary nurses)<sup>8</sup>

#### IMCI

- Officialization and launching of the National IMCI Program
- Updated technical norms for IMCI

<sup>7</sup> This refers to spouses of IGSS affiliates.

<sup>8</sup> A complete description of numbers trained by content and type of personnel is provided in Annex F.

- Inter-agency coordination with PAHO, USAID, and UNICEF. (A GTI-IEC sub-group on IMCI has been formed involving the MSPAS, PAHO and NGOs)
- Established IMCI Technical Team
- Established intra-ministerial IMCI team representing child health programs and support services
- Clinical level training modules were developed based on the newly adapted norms
- Technical Team members and *Calidad en Salud* staff received training in clinical and community IMCI
- Presented a draft operational plan that includes training, supervision, logistics, and IEC components
- Central *Calidad en Salud* staff and area facilitators provided ongoing support for increasing immunization coverage
- Technical assistance provided for the development of feeding guides and their integration into the IMCI counseling module
- Baby Friendly Hospital Initiative (BFHI) was reactivated in 8 health areas and 12 hospitals

### **Result 2: Improve household health practices**

- Formation of the *Grupo Tecnico Interinstitucional* (GTI-IEC) with participation of MSPAS, partner NGOs, USAID projects and IGSS
- Development of a communication strategy for the family planning component of the National Reproductive Health Program in collaboration with members of the GTI-IEC FP subgroup
- Collection and inventory (by *Calidad en Salud*) of existing family planning materials, review and initiation of field testing by GTI-IEC FM subgroup
- Collection and inventory (by *Calidad en Salud*) of IMCI materials, for review and field testing in 2001 by GTI-IEC IMCI subgroup
- Draft IMCI-IEC strategy developed for presentation to GTI-IEC IMCI subgroup in 2001
- Design of an instrument and initiation of an inventory of local mass media in priority departments
- Design and execution of a local mass media communication program (for radio) to promote immunization in Sololá and Totonicapán
- Design of generic mass media immunization messages based on key behaviors that will be adapted to promote immunization in other areas and for use in the national IMCI program
- Design of monitoring instrument and execution of two evaluations of communication components of department-level immunization activities (*jornadas*) conducted in March and July
- Organization and execution (in collaboration with MSPAS) of a logo/slogan contest for the new National Reproductive Health Program
- Support to TBA training in postpartum FP counseling in Totonicapan, design and pretest of home visiting material for postpartum visit
- Adaptation and reproduction of existing Population Council family planning materials (manual and flipchart) for service providers

### **Result 3: MCH and NGOs are better managed<sup>9</sup>**

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<sup>9</sup> Result 3 includes support for both the MSPAS and IGSS. For example, SAS and supervision-facilitation interventions will be used by both the MSPAS and IGSS.

## Monitoring

- Development of a computer-based *Sistema de Apoyo en Salud* (SAS) information system for NGOs and MSPAS Health Areas, plus a computer-based training (CBT) multimedia<sup>10</sup>
- MSPAS approved SAS in NGOs and area offices to manage SIAS contracts and certify NGOs
- Supported SIAS-PMSS in the extension of coverage (development of SAS and testing in two areas)
- IGSS support for SAS in clinical and factory-based contracted services
- Agreement reached with *Unidad Ejecutora* regarding the use of SAS to manage counterpart funds at area and central levels
- Inventory of computing infrastructure and equipment in area and district health offices
- Certification of SAS for use by NGO and MSPAS offices (district, area and central)<sup>11</sup>
- Presentation of SAS to over 200 MSPAS and IGSS managers, technical staff and NGOs
- Donor supported projects and NGOs will also use SAS (e.g. Project Concern International, Project PRAQ/UE in Santa Rosa, FUNRURAL/ANACAFE, PAPS/GTZ and JHPIEGO)

## Logistics

- Redesigned SIGSA forms (SIGSA 3, 4, 6, and balance and requisition forms)
- Supported TOT in logistics management for 33 participants from 4 different organizations (MSPAS, IGSS, MNH, and PCI)<sup>12</sup>
- Revised technical drug management norms for hospitals, health centers and posts
- Inventory of contraceptive methods to determine year 2001 procurements and check of logistic forms (for timeliness and completion)
- Assessment of availability of supplies, basic drugs, and equipment in 2 area offices, plus centers and posts

## Planning

- Assessment and redesign of *Sala Situacional* approach for identifying and addressing local health needs<sup>13</sup>
- Supported Strategic Planning Unit and central MCH programs to develop operational plans for 2001
- Directed programming of counterpart funds to include FP and IMCI in priority areas

## Supervision

- IGSS adopted facilitative-supervision approach for managers; training of managers is planned for February 2001. The approach is based on AVSC facilitative supervision model combined with input from other partners (JHPIEGO and URC)
- Sensitization of central level personnel to the need to review and redesign the supervision system
- Agreement on one district level supervision system (involving facilitation and learning) among IMCI, FP and MNH Project

## Result 4: Community participation and empowerment

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<sup>10</sup> The CBT is an alpha version.

<sup>11</sup> Certification of SAS was provided by a third party informatic group.

<sup>12</sup> Training was provided by the Delivery Project, JSI.

<sup>13</sup> The *sala situacional* was redesigned, but further simplification is needed.

- Establishment of an Inter-institutional Community Participation Technical Group (GTI-IEC)
- Training of central-level MSPAS staff in problem solving methodology based on adult learning theory
- Formation of two pro-health committees in the pilot municipalities and local plans developed related to FP, IMCI, and MNH
- Two pilot municipalities implementing components of the community participation process/strategy. Results of these pilots are used to inform the community organization strategy in 44 *municipios* during 2001
- Development of formal linkages between local governments, community group and the health delivery system and building of commitment to the promotion of MCH in the two pilot municipalities
- Replication of the community organization process/strategy and problem solving methodology by the MSPAS in other municipalities throughout the country (in 28 municipalities in non-*Calidad en Salud* priority areas)
- Training of 237 traditional birth attendants in postpartum FP counseling and improved home visits in coordination with IEC component
- Orientation training in family planning for municipal health committees
- Training of Community Facilitator in Chimaltenango in the development and adaptation of the *Sala Situacional* to the local level

#### **Result 5: Increased use of MCH services by IGSS**

##### **Family Planning**

- Signed *Carta de Entendimiento* between IGSS and USAID-*Calidad en Salud*
- Approved FP norms
- Establishment of FP Technical Team in IGSS
- Community-based FP program opened with some 100 community agents trained and providing FP services in Suchitepéquez and Escuintla
- Training for 171 IGSS operational staff in provision of FP services
- Contracted company clinics included FP service provision
- *Hospital de Gineco Obstetricia* from IGSS functioning as a training center in FP for IGSS and MSPAS personnel
- Approval for the design and implementation of two training centers in FP. Mazatenango Hospital in the south west and Hospital Dr. *Juan José Arévalo Bermejo* in Guatemala City as support for *Hospital de Gineco Obstetricia*

##### **IMCI**

- Approval of IMCI and formation of technical teams
- Trained technical team members from programs and other *Direcciones* in IMCI prior to adapting norms
- IMCI norms revised and pending approval
- Operational plan developed and presented to IGSS for approval
- Training on introduction of IMCI to operational staff (17) from the 3 levels of attention in Suchitepequez

- AIEPI materials in MSPAS and IGSS: Proceedings, Register Forms, 7 Modules for training, videos, Photograph Manuals, AIEPI posters, Counseling reminders

### **IEC/BCC**

- Participation of IGSS in GTI-IEC and training of eight health educators in the IEC process
- Analysis of IEC capability of IGSS at the central offices and at the *Hospital de Gineco Obstetricia*
- Inventory of IEC materials related to FP and IMCI available in IGSS to facilitate design of new materials
- Development of a proposal for an IEC department at the central level and agreements reached regarding general IEC norms
- Analysis of IGSS immunization communication activities by eight health educators was conducted where major problems were identified and an IEC plan of action was developed
- Design of an infant immunization card (for mothers to keep)
- Development of a draft manual of key small group content related to FP and IMCI/child health for use by IGSS Educators
- Central technical IEC group was formed including the MCH Department, Social Workers, Epidemiology Department, and the Security and Hygiene Department, to assess and improve implementation of IEC activities

### **Support systems (monitoring, supervision, and quality management)**

- Approval of SAS for ambulatory and contracted health services
- Facilitative supervision approach adopted by IGSS

### **Administration**

- Contracting of key personnel to operationalize *Calidad en Salud*
- Development of software for tracking activity costs of *Calidad en Salud*
- Purchase of equipment for Health Areas, the *Unidad Ejecutora* and the central office of *Calidad en Salud*
- Administrative and financial support for the *Unidad Ejecutora* (e.g. computer equipment, office supplies, UE organizational document, administrative/financial staff person, and ongoing program planning and monitoring)
- Approval by USAID for contracting RHTs, F-IEC/PCs and AQV physician
- Approval of physical space for Area Facilitators and F-IEC/PCs in Area Health offices

Annex F presents a complete summary of persons trained by training content, organization, and type of personnel.

## **2. MSPAS RESULTS AND PLANS**

MSPAS results include Result 1: increased use of MCH services, Result 2: household behavior change, Result 3: improved management support services, and Result 4: community empowerment and participation. Results are presented for three services: family planning, IMCI and prevention of cervical cancer. Result 5 which covers IGSS is presented in Section 3. Each section includes a brief discussion of objectives and strategy followed by a more detailed presentation of monitoring results and related key activities and products (e.g. technical assistance, dissemination, IEC materials, training materials, numbers trained and workshops).

### **2.1. Result 1: Increased Use of Maternal Child Health Services Provided by the MSPAS and Associated NGOs**

- Community Health Agents Provide Quality Care
- Health Facilities Provide Quality Maternal Child Health Services
- Innovative Approaches for Improving the Quality and Coverage of Maternal Child Health Services are Adopted

#### **2.1.1. Family Planning Results**

The objectives of FP are to increase access, quality, demand and use of services in all service levels (hospitals, clinics, community) and NGOs. A systematic strategy is used to ensure competent providers provide quality services. This strategy includes the officialization of the reproductive health program, revision of norms, development of training materials, training of providers and community workers, and providing critical support services such as logistics, monitoring and supervision. The year 2000 was important for family planning in Guatemala: launching of the reproductive health program and establishment of a National Technical Team, orientation of area staff in 11 areas, TOT in 9 areas, training of providers at all three levels (22 districts), standardization of AQP norms in 7 hospitals, creation of a clinical training center with IGSS, and the production of support materials for trainers and providers.

## Family Planning

- Officialization and launching of the National Reproductive Health Program (including family planning) and production of an official document
- MSPAS approved the family planning guidelines developed with support from JHPIEGO
- Establishment of National FP Team (MSPAS, *Calidad en Salud, Unidad Ejecutora* headed by Dr. Julio García Colindres)
- MSPAS Human Resource department approved FP training plan and materials
- One training center implemented in *Hospital de Gineco Obstetricia* (IGSS) and two other hospitals approved for FP training
- Trained TOT in hospitals, and district centers in nine areas (162 physicians, 175 professional nurses, and 136 auxiliary nurses)
- Trained providers in FP provision and counseling in priority areas (17 physicians, 123 auxiliary nurses)<sup>14</sup>

## Monitoring results

The targets for CYP and new acceptors were exceeded by 132.2% and 188.4% respectively. As noted previously this increase is related to both increased demand (especially for hormonal methods) and improvements in access to services.

Table 8: Numbers of CYP and new acceptors, MSPAS

Method	Target 2000	Achievement	
CYPs	127,507	168,519	132.2%
New family planning users	57,000	107,407	188.4%

Table 9 provides number of CYP by method for year 1999 and 2000. The majority of the CYP increase is accounted for by Depo Provera (+26,434) followed by AQV (+15,109) and IUD (+9,149).

Table 9: Number of CYPs by contraceptive method for years 1999 and 2000, MSPAS

Method	MSPAS 1999	MSPAS 2000	Difference	% Change
Depo Provera	19,602	46,036	26,434	134.9%
Condom	9,171	11,861	2,690	29.3%
IUD	6,461	15,610	9,149	141.6%
Norplant	NA	NA	NA	NA
Oral	11,128	16,164	5,036	45.3%
AQV	63,739	78,848	15,109	23.7%
Total	110,101	168,519	58,418	53.1%

Table 10 shows number of new acceptors by method for years 1999 and 2000. Again the dramatic increase in new acceptors is related to a doubling of Depo Provera users (130.4%), followed by oral methods (98.8%). Hence a

<sup>14</sup> A complete description of numbers trained by content and type of personnel is provided in Annex F.

large increase in the use of hormonal methods is also expected for the year 2001. During 2001, CYPs are projected to increase by 30% and new acceptors by 20%.

Table 10: Number of new acceptors by contraceptive method by years 1999 and 2000, MSPAS

Method	MSPAS 1999	MSPAS 2000	Difference	% Change
Depo Provera	21,806	50,240	28,434	130.4
Condom	11,501	16,624	5,123	44.5
IUD	1,270	2,095	825	65.0
Norplant	NA	NA	NA	NA
Oral	15,801	31,408	15,607	98.8
AQV	5,691	7,040	1,349	23.7
Total	56,078	107,407	47,036	83.9

### Officialization of Reproductive Health and Family Planning

A Ministerial Agreement concerning the National Reproductive Health Program was reached and the formal approval of Reproductive Health Guidelines was achieved.

The official Reproductive Health document was developed, approved and printed in collaboration with the Reproductive Health Department. The document was presented at the official launching of the new Reproductive Health program on January 8, 2001.

### Organization

A major effort was made by *Calidad en Salud* during 2000 to work within the MSPAS, build relations with key departments, establish technical teams, develop joint plans and strategies, and strengthen management capability. As a result, both FP and IMCI have intraministerial teams that will guarantee sustainability of these efforts, plus ties to key external agencies and donors. Representatives were named by each Department within the MSPAS to participate in the Family Planning Technical Team, which held its first meeting during September under the leadership of Dr. Marcelo Nuñez, Director of Strategic Planning for the MSPAS. Dr. Julio Garcia Colindres was appointed to head the new RH Department and oversee the *Unidad Ejecutora*.

The commitment of the MSPAS to institutionalizing FP at the national level is illustrated by participation of MSPAS departments in the Family Planning Technical Team (position and function within the team):

### Family Planning Technical Team

Team Function	Organizational Position
Coordinate planning for the Reproductive Health Program	Head of the Secretariat on Strategic Planning for the MSPAS
Coordinate the MSPAS/ <i>Calidad en Salud</i> technical working group on reproductive health	Coordinator of the National Reproductive Health for MSPAS
Coordinate activities relevant to program components	Area Coordinator for Women and Adolescents MSPAS
Liaison with the Department of Human Resources	Advisor for the Departamento de Recursos Humanos for the MSPAS
Liaison with the Secretariat of Strategic Planning	Advisor for the Secretariat on Strategic Planning for the MSPAS

Liaison with the PMSS of the MSPAS	Advisor to the PMSS of the MSPAS
Technical assistance, supervision and project implementation	Advisor to the Unidad Ejecutora of the MSPAS
Coordinate training activities in family planning voluntary surgical sterilization (VSC)	Training Director - <i>Calidad en Salud</i>
Coordinate training and supervisory activities in family planning	Training Assistant - <i>Calidad en Salud</i>
Coordinate on a national basis the VSC programs for the MSPAS	National Technical Advisor

Members of the technical team include key MSPAS departments (e.g. Strategic Planning and Human Resources), as well as *Calidad en Salud*.

### Norms and guidelines

On September 18, 2000, the Reproductive Health guidelines, developed with the technical support of JHPIEGO, were formally approved and presented. *Calidad en Salud* is assisting in the production and responsible for the national-level dissemination of these guidelines through FP training activities. The guidelines define quality norms and provide a means for communicating FP norms to providers throughout Guatemala. Quality of services will be measured by comparing actual compliance with the procedures in the guidelines.

A review of hospital AQV norms was initiated in coordination with representatives of AVSC in Guatemala. The findings were presented to hospital directors in a meeting sponsored by AVSC. Final approval of the AQV norms is pending. Based on the new AQV norms, training manuals were drafted (for facilitators and trainees). These are ready for editing, final production and dissemination.

In conjunction with IGSS, norms of all family planning methods were reviewed and approved in 2000.

### Training in family planning

Table 11 shows the number of trainees by content area and type of personnel. Some 234 physicians, 251 professional nurses and 264 auxiliary nurses received FP orientation or training. Much of the FP training in 2000 focused on TOT (at the district level among professional nurses and physicians) whereas provider training occurred largely among auxiliary nurses (located in health posts). The primary objective in 2000 was to prepare FP trainers for replication during 2001. Annex F presents training results (numbers trained) during 2000, including family planning training.

Table 11: Numbers of family planning trainees by training content and type of personnel

Content area	Physician	Prof. Nurse	Aux. Nurse	Social Worker	RHT	ISA	Manager	Auditor	Statistician	Others	Total
Orientation workshop in FP for area technical team	55	40	5	5	6	2	2	5	3	20	143
TOT training in technical norms, counseling and service provision	162	175	136	8	0	0	0	0	0	18	499
Direct training on FP technical norms, counseling	17	0	123	11	6	0	0	0	0	10	167

and service provision											
Total	234	215	264	24	12	2	2	5	3	48	809

A detailed training plan for 2001 covering FP facilitators, providers and community workers, plus training of other IEC, support services, and community participation staff is provided in Annex D.

Calidad en Salud staffing: Contracting of FP training staff for *Calidad en Salud*, Training of Trainers (TOT) of providers for all methods began nationally in 2000.

Needs assessment: A training needs assessment was conducted and also a review of existing documents, protocols, sample frameworks, instruments for the collection of information and data in the seven priority health areas of the program. Training needs were presented to the MSPAS. Results of the needs assessment were used to program FP activities, and design training strategies and materials.

Resources: Information from USAID cooperating agencies regarding reproductive health training materials, experience and geographic areas was compiled and presented to USAID. This information is now available to any interested organization in an electronic format.

Material: Training curricula and related support materials on FP were presented to the MSPAS in order to obtain approval for their utilization with MSPAS personnel at the central level, hospitals, health areas, health centers, and health posts.<sup>15</sup> The curricula and materials were approved by the Human Resource Department of MSPAS.

Project staffing: Approval for adding 7 Rural Health Technicians (RHT) and 7 F-IEC/PC was given by USAID. RHT candidates have been interviewed and selections will be made in January 2001. An agreement was also reached with USAID and the MSPAS to add another 7 F-IEC/PC, supported by counterpart funds.

Orientation workshops: Training began with orientations of area technical teams to inform them about *Calidad en Salud* and FP activities. The workshops focused on quality management of family planning, the *Calidad en Salud* program, the *Convenio* and levels of services to be involved, FP training materials, norms and updated techniques. This was done in 11 areas, the 7 priority areas plus Suchitepequez, Guatemala, Retalhuleu and Zacapa. Some 143 participated, 129 providers and 14 administrators. Among the providers, 35% were physicians (55) and 31% nurses (40).

Training-of-trainers (TOT): The orientation workshops were followed by TOT in FP provision and counseling for district physicians and nurses, and selected hospital staff in 9 areas. Trainers received training in methodologies covering counseling, contraceptive methods. The core group of facilitators consists of *Calidad en Salud*'s FA in the 7 priority areas. FA will continue to receive ongoing support from central *Calidad en Salud* consultants. Each TOT lasted 3 days and was based on participative adult education methods.

Training of providers: The trainers, in turn, trained providers in 22 districts of Chimaltenango and Huehuetenango. Training content included norms, counseling and provision of contraceptive services. Using participative training methods, a total of 167 providers (17 physicians, 123 auxiliary nurses, 11 social workers, 6 RHT and 10 other personnel). Replication of training by district training in the remaining areas of Guatemala is programmed for 2001.<sup>16</sup>

<sup>15</sup> Training materials were originally developed by the Population Council. New materials will be produced in 2001.

<sup>16</sup> Training to 2001 was deferred because of staff vacations during the last of November and December.

Hospital based training: Hospital training began with the selection of trainers who will, in turn, train ambulatory and maternity staff. IGSS began with training in AQV and IUD insertion for MSPAS staff. Facilitator and trainee manuals for AQV are undergoing final editing.

Training centers: In conjunction with IGSS, a training center was established at the IGSS *Hospital de Gineco Obstetricia* in Guatemala City with standards for providing both AQV and IUD. As noted in Section 5, The *Hospital de Gineco Obstetricia* of IGSS was assessed and is in the process of upgrading to become a center of training excellence<sup>17</sup>. Facilitator and trainee manuals were developed and based on newly updated norms. Due to auditing problems, the final allocation of equipment and manuals (organization and functions) and formal training of facilitators has been delayed. During the period of training, some 14 have been trained in AQV and IUD (from 6 hospitals in Chimaltenango, Huehuetenango, Solola, Quiche, Retalhuleu, and Suchitepequez, 8 physicians and 6 nurses). Because of the large number to be trained, other training centers are planned in Escuintla and *Hospital Juan Jose Arevalo* in IGSS. Also a post-partum FP training center is planned for *Hospital Roosevelt* in Guatemala City. The proposed post-partum center will require a substantial upgrading of services (staffing of new providers, training, improved data collection, revision of hospital norms, reorganization of service delivery and so forth).

Annex F provides numbers of trainees by content and type of provider or community worker.

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<sup>17</sup> To receive certification as a training center of excellence, the center must have established norms, equipment, organization of services, and manuals.

### 2.1.2. Child health: IMCI Results

The objective of IMCI is to address under age 5 childhood illnesses through an integrated case management at the clinical level coupled with health curative and prevention activities at the community level. Specific objectives are: exclusive breastfeeding among children aged 0-6 months, complete immunization before age 2, use of Oral Rehydration Therapy (ORT) for diarrhea, treatment of pneumonia, and improved overall nutrition. The IMCI strategy has been developed in collaboration among the MSPAS (child health programs, SIMNA, UE), PAHO, UNICEF, *Calidad en Salud* and other PVO's, projects and agencies supporting child health in Guatemala. The IMCI program has been officialized, launched nationally, and the Minister has assigned an IMCI Technical Team. An intraministerial team includes all related support and operational departments. Norms have been revised, a clinical training manual has been developed, and an operational plan is being prepared. The IMCI strategy includes two major components: clinical and community levels.

#### **IMCI results**

- Officialization and launching of the National IMCI Program
- Updated technical norms for IMCI
- Inter-agency coordination with PAHO, USAID, and UNICEF. (A GTI-IEC sub-group on IMCI has been formed involving the MSPAS, PAHO and NGOs)
- Established IMCI Technical Team
- Established intra-ministerial IMCI team representing child health programs and support services
- Clinical level training modules were developed based on the newly adapted norms
- Technical Team members and *Calidad en Salud* staff received training in clinical and community IMCI
- Presented a draft operational plan that includes training, supervision, logistics, and IEC components
- Central *Calidad en Salud* staff and area facilitators provided ongoing support for increasing immunization coverage
- Technical assistance in the development of feeding guides and their integration into the IMCI counseling module
- Baby Friendly Hospital Initiative (BFHI) was reactivated in 8 health areas and 12 hospitals

#### **Clinical IMCI (institutional)**

The clinical component focuses on the provision of child services according to the four basic IMCI steps (evaluation, classification, treatment and counseling), as well as required support services such as training, logistics, supervision, and monitoring. For example, the training group has designed methods and materials to ensure and improve compliance with norms (technical and counseling). The logistic group is charged with ensuring the timely availability of drugs and equipment. Clinical counseling and IPC are supported by the IEC/BCC component of *Calidad en Salud*, in order to improve caregiver knowledge and behavior.

#### **Community IMCI**

Community IMCI complements clinical IMCI, focusing on both with clinical activities of community health workers and the preventive and home-based care components. A major strategy of community IMCI involves the integration of IEC and community participation activities. A sub-team is focusing specifically on community IMCI

to develop IEC and community participation strategies, as well as determine how current child health programs can be integrated at all levels. Community level providers include both clinicians (community outreach physician and nurses), and other community workers (RHT, FI, FC, *vigilantes*, etc.). Community level IMCI will also be supported by F-IEC/PC who, in turn, will mentor and develop a cadre of facilitative supervisors. The objectives of community IMCI are shared with Results 2 and 4: identification of risk (or danger signs) and appropriate referral to a clinical setting timely care-seeking for child by caregivers, and compliance with home-based treatment. Community IMCI forms the foundation of child health care that includes community health centers, health posts, district health centers, and hospitals (i.e. the health network) and is integrated into other health processes such as family planning and MNH.

## Monitoring Results

See Annexes A and B for monitoring plan indicators and results.<sup>18</sup> SIGSA data reported in this report are through December 2000. The data show that the immunization targets for BCG, DPT and Polio were exceeded. The measles target was basically met at 89.3% (0.7% below the target). BCG coverage is higher and receives special attention since families are required to provide the immunization prior to registration of the birth.

Table 12: Immunization coverage among children under age 1<sup>19</sup>

	Target	Achieved
BCG	90%	99.4%
DPT3	90%	96.6%
Polio 3	90%	96.8%
Measles	90%	89.3%

Other indicators such as exclusive breastfeeding, use of ORS and treatment of pneumonia are not available from SIGSA data.<sup>20</sup>

## Officialization

Similar to our efforts in FP, *Calidad en Salud* has worked closely with the MSPAS to provide sustainable institutional counterparts. Through the formation of working technical teams, national IMCI objectives and strategies were developed and approved. IMCI is now the “glue” that integrates a variety of child health programs covering nutrition, diarrhea, malaria, IRA and immunization. *Calidad en Salud* played in critical role in bringing together the resources of PAHO, UNICEF and other USAID supported projects and PVOs, plus consolidating MSPAS departments into an intraministerial team. *Calidad en Salud* has maintained a systems perspective in the development of IMCI efforts to avoid over-reliance on provider training and include support services in the national strategy. *Calidad en Salud* has also advocated a balanced approach with the MSPAS to ensure that both clinical and community IMCI are integrated within the national effort. Finally *Calidad en Salud* is working with MNH to assure that all MCH activities are integrated.

*Calidad en Salud* and PAHO/WHO, within the National Technical IMCI team, actively participated in the negotiations for the adoption of a national IMCI strategy that was officially approved by the Ministry of Health during the third week of August. An agreement was signed by each of the directors of the relevant MSPAS programs to support and participate in the execution of the national IMCI strategy. The Minister officially launched IMCI with a *Pronunciamiento Ministerial de Adopcion de AIEPI* on December 5, 2000.

## Organization

The Minister of Health named Dr. Danilo Rodriguez as the National Coordinator for the IMCI strategy. A national IMCI Technical Team was formally launched.<sup>21</sup> This group includes Dr. Danilo Rodríguez (MSPAS), Dr. Enrique

<sup>18</sup> Indicators for DHS, JSI logistics and other surveys that are currently unavailable are not included in the following discussion.

<sup>19</sup> Immunization data are from the SIGSA reporting system.

<sup>20</sup> These indicators can only be calculated with DHS data.

Molina (MSPAS), Dra. Maira Sandoval (SIMNA), Dra. Ruth Elena de Arango, Dr. Carlos Quan and Dra. Angelica Bixcul (*Calidad en Salud*), Dra. Patricia Ruiz and Dra. Carmen Valenzuela (PAHO/WHO), Licda. Nicté Ramírez (UNICEF). An intraministerial technical team was formed to include child health programs, logistics, supervision, health education and promotion (IEC), training and human resources, SIGSA, and epidemiology. The National IMCI Technical Team reached consensus on the need to adapt training and other IMCI materials, as well as provide national-level strategy.

Two work groups have been formed to facilitate adoption of the IMCI strategy: the National Technical Advisory Team on IMCI and the Intraministerial IMCI Working Group which will be responsible for adapting and implementing the IMCI strategy. The National Technical Advisory Team is composed of the National Coordinator, Technical Coordinator, heads of key departments and technical advisors from *Calidad en Salud*, PAHO, UNICEF and the Red Cross.

### National Technical Advisory Team

Team function	Organizational position
Coordinate all efforts for the implementation of the IMCI strategy in the country	National Coordinator of IMCI and Director of the Department of Regulación de los Programas de Atención a las Personas del MSPAS
Coordinate technical and operational level implementation of IMCI	Technical Coordinator for the Department of Regulación de los Programas de Atención a las Personas del MSPAS
Coordinate with other sectors the implementation of IMCI within Reproductive Health Programs	Head of the National Reproductive Health Program for the MSPAS
Technical support for the implementation of IMCI	Area Coordinator for <i>Atención Integral a la Niñez</i> SIMNA/MSPAS
Implementation of the IMCI strategy in the seven designated areas in the project agreement	Technical Advisor on IMCI/ Consultant for the Central Office on IMCI implementation
Technical assistance to MSPAS and coordination with USAID	Technical Advisor on maternal and child health for <i>Calidad en Salud</i>
Technical assistance on the implementation of IMCI	Consultant and technical advisor on IMCI for <i>Calidad en Salud</i>
Technical assistance in training, materials production, and all facets of implementation at the community level	Coordinator of Community Participation for <i>Calidad en Salud</i>
Technical assistance and coordination with the OPS/OMS	Key Liaison on IMCI for OPS/OMS
Technical assistance on adapting IMCI strategy for national implementation	Consultant and technical advisor on IMCI for OPS/OMS
Technical assistance and coordination with UNICEF	Official on Health and Nutrition for UNICEF

The Intraministerial Working Group is largely composed of key support services and child health programs in the MSPAS that are necessary for successful IMCI implementation (e.g. norms, planning, monitoring and human resources).

### Intraministerial Working Group on IMCI

Team Function	Organizational Position
Political support	Office of the Minister of Public Health and Vice Minister
Central office for planning and implementation	Strategic Planning

<sup>21</sup> Organization of the IMCI Technical Team will be confirmed through a formal MSPAS agreement (*acuerdo ministerial*).

Team Function	Organizational Position
of the IMCI strategy for the country. Coordination with the Plan Nacional de Salud and with other international donors	
Program planning and evaluation with respect to child survival and the integration of IMCI to the information system	Information system for health SIGSA
Financial and Administrative Management	
Allocation of funds and budgeting	Finance Department
	Department of Regulación y Control de Medicamentos
Central office for the implementation of the IMCI strategy	Department of Regulación de los Programas de Atención a las Personas del MSPAS
Adaptation of program norms and guidelines so as to integrate IMCI; technical recommendations for program assessment and integration in materials, training, service provision, and monitoring	National Program on Immunizations and Control of Acute Respiratory Illnesses National Program of Food and Water-borne Illnesses Vector Control Program Program on Food Security and Nutrition SIMNA- National Program on Reproductive Health
Design of materials and methodology in training	Department of Recursos Humanos y Capacitación
Dirección General del SIAS	
Adapt and integrate the objectives of IMCI to the components of program planning and supervision	Department of Desarrollo de los Servicios de Salud
Adapt and integrate the objectives of IMCI to the components of Health Education and Promotion	Department of Promoción y Educación para la Salud
Monitoring of indicators and use of information for disease surveillance and decision-making	Epidemiology Department
Incorporate the methodology of integrated care to the patient and coordination between program components and levels of care	Service levels I, II y III
Standardization and allocation of medicines to services levels so as to ensure adequate supplies	Pharmaceutical Department
Coordinate the overall implementation of pediatric service level programs	Direcciones de Area de Salud

Inter-Agency Coordination: Coordination of start-up efforts with PAHO/WHO, SIMNA/UE and UNICEF has proven critical to the success of *Calidad en Salud*'s leadership role in launching IMCI nationally. Coordination with WHO, UNICEF and BASICS has provided important access to technical assistance, materials, and best practices of other countries adapting and implementing IMCI (both clinical and community components). The organization of the IMCI effort has been successful and led to important alliances and resources. Limitations encountered in the organization process are described at the end of this section.

### **Norms, guidelines and indicators**

A series of intraministerial workshops were launched (September and November) to begin the process of local adaptation of generic IMCI materials based on national norms of the various MSPAS programs (involved in the adaptation and execution of the national IMCI strategy). Based on national childcare norms, adapted IMCI algorithms were designed and used to develop training modules.

Working with SIGSA and Epidemiology, an initial list of indicators for monitoring IMCI was developed and will be included in the current adaptation of SIGSA forms. These indicators cover both clinical and community level IMCI.

**Effect:** % exclusive breastfeeding under 6 months, % of children between 12 to 23 months with complete immunization, % of children under age 5 with diarrhea that receive ORS, % of children with pneumonia that receive proper treatment.

**Provider performance:** % of providers that comply with 4 clinical norms for evaluation, classification, treatment and counseling.

**Mother or caregiver:** % of mothers that remember counseling and comply (regarding use of drugs, liquids, food, follow up and immunizations).

**Provider knowledge:** % of providers with required knowledge regarding norms.

**Facilities:** % of facilities with minimal IMCI equipment, % of facilities with required drugs, norms and guides.

**Communication:** % of mothers/caregivers that use services as a result of health messages received, % of facilities that have materials for counseling, registering clients, videos, etc., % of facilities that provide ongoing communication to the community.

## Training

**Materials:** Clinical level training modules (classification, evaluation, treatment and counseling) were developed based on the newly adapted norms. A training program was developed for a seven-day IMCI training course in combination with permanent in-service coaching. The training methodology is based on prior research conducted by the Population Council in Guatemala. Other training materials to be used include IMCI videos and photo games. An agreement with the training human resources *Dirección* has not yet been reached, but it should be forthcoming<sup>22</sup>.

*Calidad en Salud* has adapted the “*Manual de Evaluación Integrada de Servicios de Salud para la Planificación de IMCI*” and presented it to MSPAS. This manual is used for post-training follow-up and includes providers performance, interviews with mothers and providers, evaluation of the facility (materials and supplies). *Calidad en Salud* expects that many of these items will be incorporated into a permanent supervision-facilitation approach at the district level.

**Preparatory staff training:** Technical Team members and *Calidad en Salud* staff received training in IMCI its officialization. For example, members of the National IMCI Technical Team (specifically ARI, diarrhea, vector control, food security and immunization) were trained in IMCI prior to adapting norms. Members from other support services were later trained. An analysis and global orientation in IMCI was conducted with *Calidad en Salud*'s Area Facilitators to ensure coordination of activities at the local level. A general presentation of IMCI was given to technical team members of the MSPAS's *Unidad Ejecutora*. The IMCI Technical Team sent one staff member to Argentina for an IMCI management-training course. Input from this visit has informed the proposed supervision-facilitation approach envisioned by *Calidad en Salud*.

**External conferences and trips:** In collaboration with PAHO/WHO, 2 MSPAS and *Calidad en Salud* staff members participated in an IMCI IEC workshop in Nicaragua. By invitation, another *Calidad en Salud* member traveled to Geneva and met with IMCI group at WHO to discuss nutritional issues, and obtain new materials.

A detailed IMCI training plan for the year 2001 is provided in Annex D.

## Support systems for IMCI

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<sup>22</sup> The methodology was tested with 2 NGO with a population of approximately 40,000 located in Totonicapan, Quetzaltenango and Solola.

The following are specific support systems results and activities related to IMCI and child health services.

**Planning:** A draft operational plan for the implementation of IMCI was produced by *Calidad en Salud* and the MSPAS which includes training, supervision, logistics and IEC components. The plan for community IMCI is not finished.<sup>23</sup> Unlike many other countries that have only focused on training in clinical IMCI, *Calidad en Salud* understands the importance of a systemic approach to both clinical and community IMCI, and the involvement of core support systems. Planning for IMCI activities in the 7 priority areas was completed in December to ensure access by areas to regular MSPAS and counterpart funds. Each of the 7 areas has specific funds to support training and other follow-on activities.

**Monitoring:** Basic clinical indicators were proposed for monitoring IMCI-child health results and activities.

**Logistics:** Logistics staff in the *Unidad Ejecutora* is working with the MSPAS *Unidad de Monitoreo de Medicamentos* to train staff and support logistics information system. Some of the areas will inventory required IMCI equipment and revise the regular budget to ensure availability when IMCI is implemented.

### 2.1.3. Child health: Support of Existing National Programs

Consensus was reached concerning continued support to vertical programs related to integrated child health while the national IMCI strategy is being developed and approved. A well-planned transition is required in order to avoid sudden declines in important child health interventions. As a result, national programs identified priorities in order to contribute to the achievement of the desired child health-related indicators. This process was coordinated with PAHO/WHO and UNICEF.

With the start up of IMCI at the clinical and community levels, more effort will be directed to integrated activities at the community level. *Calidad en Salud* will continue to support critical national programs addressing nutrition and immunization but the focus will move toward more integrated approaches, particularly involving IEC and community participation.

#### **Support for the Immunization Program**

Central staff and Area Facilitators (7 areas) provided ongoing support for increasing immunization coverage. For the first time, area MSPAS personnel, NGOs, and the immunization program are jointly planning activities with the support of *Calidad en Salud* and PAHO. For example, a planning and analysis workshop on immunization coverage was conducted in Sololá using a problem solving methodology with service providers to adjust plans to raise vaccination coverage. This was the first time that NGO service providers were involved in the evaluation and planning process. As a result of the workshop, an inter-institutional group including MSPAS area health personnel, NGO service providers, the head of the National Immunization Program and PAHO/WHO developed a strategic immunization intervention plan. This activity underscores the need to work in teams when planning future IMCI activities.

Other support for the Immunization program include:

Quiche: A situational analysis/strategic-planning workshop on immunization was conducted with the health area technical teams from Totonicapan and Quiche, focused on increasing vaccination coverage.

Totonicapan: The Health Director in Totonicapan requested and received support from *Calidad en Salud* for the development of a performance incentive program (*diplomas de incentivos*) for health workers, as a strategy for increasing the local district's immunization coverage.

#### **Support for the Food Security and Nutrition Program**

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<sup>23</sup> The strategy and plan for community IMCI will be finished in February 2000.

Improving nutrition is a critical element in the strategy for improving the health of children under age 5. In Guatemala, 46% of the children under age 5 are malnourished resulting in high levels of morbidity and mortality. The development of feeding guides is necessary for 1) improving exclusive breastfeeding during the first six months, 2) increasing supplementary feeding after six months of age, 3) achieving better feeding practices during the second year when mal nutrition often occurs, 4) preventing micronutrient deficiencies (iron and vitamin A), and 5) reducing the mortality associated with nutrition and other illnesses. The feeding guides for population under two years constitute a technical input into the national IMCI strategy.

*Calidad en Salud* is providing technical assistance in the development of feeding guides (*Guías Alimentarias*) for the under-two age children (in collaboration with IEC). These feeding guides have been integrated into the IMCI (step 4) counseling module.

Related to the World Nutrition Day, a National Network for Communication and Education was created to support breastfeeding and child-feeding best practices. With the participation of the Vice Minister, 17 *areas de salud* participated.

In the seven priority areas plus Ixcan area, *Calidad en Salud* is coordinating with Food Security and Nutrition Program, SIMNA, CONAPLAM and UNICEF in the reactivation of the Baby Friendly Hospital Initiative as a strategy to increase the indicator for exclusive breastfeeding during the first six months of life. During 3 workshops, 26 institutions (8 area directors of health, 12 hospitals, 2 type A health centers, 3 community maternity centers and 1 maternal care home) developed workplans for 2001. The workplans of each institution entail 10 steps and reflect national norms. The norms include the following: 1) establish norms, communicate the norms, and develop training activities for staff; 2) provide support, counseling and education to mothers; 3) promote immediate and exclusive breastfeeding, and 4) comply with the national law regarding commercialization of substitutes for breast milk.

During 2000, *Calidad en Salud* provided technical support in initiating the development of a strategic plan for micronutrients (iron and vitamin A), primarily with INCAP and UNICEF. Special emphasis is being placed on follow-up activities and the development of indicators. The objective of the proposed strategy is to prevent and treat deficiencies of both micronutrients through the IMCI approach to: early diagnosis and treatment of illnesses; the promotion of optimal household-level behaviors related to infant feeding (exclusive breastfeeding until six months of age and the timely introduction of appropriate complementary foods); and the direct support of the MSPAS Program of Food Security and Nutrition. Megadoses of Vitamin A are recommended for children less than five years of age, as well as the consumption of certain foods fortified with Vitamin A and iron. An inter-institutional effort exists at this time, supported primarily by UNICEF, but in collaboration with INCAP, PAHO and USAID, to provide technical and financial assistance to the MSPAS. *Calidad en Salud* is closely coordinating efforts with UNICEF and INCAP technical staff to strengthen the MSPAS Program of Food Security and Nutrition's ability to provide a leadership role in the execution of the proposed strategy.

#### 2.1.4. Prevention of Cervical-Uterine Cancer Results

In the original strategic plan, a pilot study was envisioned to field test a visual approach for early detection of cervical cancer. The design focused on increasing the coverage, access and quality of preventive actions related to the early detection and control of cervical-uterine cancer. The proposal was presented to the MSPAS authorities of the *Unidad Ejecutora* of SIMNA and approved. Dr. Carlos Morales from the *Unidad Ejecutora* was designated as the counterpart for this component. Because of many startup activities during the last quarter of 2000, pilot activities were not started. Moreover, *Calidad en Salud* is considering the possibility of dropping support for this activity, given the large scale of activities underway in family planning and IMCI. The Population Council is interested in this type of pilot study. *Calidad en Salud* plans to follow up with the USAID-Guatemala mission regarding our support and the possibility of the Population Council implementing this activity.

### 2.1.5. Limitations

Counterpart funding: The amount of counterpart funds available to support/complement *Calidad en Salud* related activities was less than originally planned (reduced from approximately six to one million *Quetzales*). Moreover, counterpart funds arrived late (in September) and could not be spent after November. Thus the amount of funds was substantially less, and the spending period was approximately two months.

Reproductive Health-Family planning:

- Low contraceptive supplies and stockouts, lack of FP trainers and facilities, vacations of health staff also hampered our ability to meet family planning demands.
- Due to auditing problems in IGSS, the final allocation of equipment and manuals (organization and functions) and formal training of facilitators has been delayed.

Child Health –IMCI and support of existing programs: Some of the limitations faced by the technical team include:

- Functional roles of Technical Team counterparts were not respected.
- Sub-teams were not initially formed to design support sub-systems, training, supervision, logistics, etc. Gradually the salience of support systems for IMCI is gaining appreciation.
- Communication from the Technical Team regarding ongoing activities of the various departments in the MSPAS and outside agencies was limited.
- Child health programs had only a limited vision of the IMCI “integrated” process since they were unable to revise all the training modules (only evaluation and classification). Hence child health programs have not been fully integrated into the IMCI adaptation and strategy development process.
- An agreement regarding the IMCI training methodology has still not been reached with the Human Resources Dirección and training department. This was caused by the limited participation of Human Resources in the Technical Team from the beginning.
- Change of authorities and counterpart staff in MSPAS and IGSS. Given staff rotation, it has become difficult to maintain team participation and inertia.
- Accurate data regarding the health status of children under age 5 are difficult to obtain. The team must rely largely on SIGSA data that do not provide accurate measures of the at-risk population. For example, accurate measures of lactational amenorrhea, treatment for pneumonia and immunization are difficult to obtain from SIGSA service data.

Aside from the foregoing limitation, a major facilitating factor has been MSPAS and IGSS leadership support for both national family planning and IMCI services.

## **2.2. Result 2: Household Health Practices that Favor Improved Child Survival and Reproductive Health are Adopted**

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| <ul style="list-style-type: none"><li>• Improved Capacity of the MSPAS and its Partner NGOs to Design and Evaluate Behavior Change Strategies.</li><li>• Behavior Change Interventions to Improve Household Health Practices are Carried Out</li></ul> |
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During the first year of *Calidad en Salud*, Result 2 focused on identifying and initiating a range of integrated strategies and activities to achieve its two distinct but inter-related sub-results: 1) improved capacity of the MOH

and its partner NGOs to design, execute and evaluate behavior change strategies, and 2) the execution of behavior change interventions to improve household health practices.

Specifically, Result 2 corresponds with the behavior change communication (BCC) component of the project, frequently referred to as information, education and communication (IEC). In general terms, this component has been working toward developing and launching an integrated IEC/BCC approach related to: 1) communicating newly developed or updated standards and norms related to maternal and child health (family planning [FP], integrated management of childhood illnesses [IMCI], and maternal neonatal health [MNH]); 2) strengthening the interpersonal communication and counseling (IPC/C) skills (small group and individual) of health care providers at all levels of the system; 3) increasing the demand for maternal and child health care services, especially FP, IMCI and MNH services; 4) supporting individuals and communities in the adoption of positive health-related household practices; and 5) stimulating active community participation in health care delivery as well as the promotion of positive household and community-level behavior change. (See Result 4.)

In response to sub-result 1, *Calidad en Salud's* IEC/BCC team has taken on a technical leadership and mentoring role in the organization and execution of strategic planning, research, training and other activities with the Inter-institutional IEC Technical Group (GTI-IEC), initially focusing on family planning-IEC, but later expanding to address IMCI-IEC as well. Since the launching of the GTI-IEC early in the year, *Calidad en Salud* has facilitated the active participation of three corresponding central-level IEC/BCC and community participation counterpart units or departments within the Ministry of Health – the Department of Promotion and Health Education (under MSPAS/SIAS), the Social Communication Unit (under the Minister of Health), and SIMNA (with the *Unidad Ejecutora*). Partner NGOs, including the Population Council, APROFAM, CARE, HOPE, SHARE, other USAID-supported projects (specifically JHPIEGO's MNH Project), and IGSS have also been actively engaged. To date, *Calidad en Salud* has employed a “training on the job approach” to capacity building while engaging members of the GTI-IEC in: 1) the benchmarking of best practices in IEC; 2) collection and analysis of existing information about health-related behaviors of individuals, families and communities, and factors that influence those behaviors; 3) analysis of audiences, communication channels and media (mass, community and interpersonal); 4) the design of strategic communication plans; 5) the development and testing of messages, educational materials and job-aids; and 6) the monitoring and evaluation of communication-related materials and activities. Decentralized area and district-level MOH personnel who are responsible for health promotion and/or community participation in the seven priority departments of the country have also been involved in a number of communication activities organized by *Calidad en Salud*. To further support the decentralization of IEC/BCC activities, especially at the community level, *Calidad en Salud* began recruiting and training IEC/Community Participation Facilitators (F-IEC/PC) for each of the seven priority departments, and the MSPAS has committed to recruiting an additional seven using counterpart funds.

To achieve the communication of FP and MCH-related standards and norms, improve service provider communication and counseling skills, increase the demand for quality health care services, and optimize clinical, community and household-level health care practices, *Calidad en Salud's* integrated IEC/BCC approach is focusing on increasing relevant health-related knowledge, the intention to adopt new behaviors, and the actual adoption of behaviors by health care providers, health care users, mothers and caregivers, as well as other members of the community. Under sub-result 2, *Calidad en Salud* has prioritized a number of key service delivery, family planning, and IMCI-related behaviors, including, but not limited to, the following: 1) increased cultural sensitivity and improved communication skills on the part of service providers; 2) delayed initiation of sexual relations and the first pregnancy; 3) appropriate child spacing and/or the avoidance of unwanted pregnancies; 4) prevention of common childhood illnesses through improved household behaviors (including nutrition and personal hygiene); 5) adoption of optimal breastfeeding practices, including exclusive breastfeeding during the first six months of life, and the timely introduction of appropriate complementary foods; 6) appropriate treatment of illnesses in the home (including adherence to antibiotic regimens); and 7) recognition of health-related danger signs and timely response (referral to and/or self seeking of services outside of the home, especially integrated MOH services).

Under *Calidad en Salud's* integrated IEC/BCC approach, six macro communication strategies (or tactics) have been identified and are reflected in the family planning component of the National Reproductive Health IEC Strategic Plan (see Annex G), as well as the draft IMCI-IEC Strategic Plan, both developed during the first year of the project by the GTI-IEC with the technical support of *Calidad's* IEC/BCC team. Strategies include:

**Improved technical knowledge, cultural sensitivity and Interpersonal communication / counseling (IPC/C skills of health care providers** working in health centers and hospitals (physicians, nurses, social workers), and community health agents working in health posts and community health centers (outreach or ambulatory physicians, auxiliary nurses, institutional facilitators and community facilitators) through training and the development of related job aids;

**Improved IPC/C and home visiting skills of traditional health agents** (health promoters [*vigilantes*] and traditional birth attendants[TBAs]) through training and the development of related job aids;

**Development and monitoring of general IEC activities and materials** for the promotion/diffusion of FP and MCH health messages through diverse channels and media (print, local mass media [radio, auto-speakers, megaphones], traditional community media and interpersonal);

**Development and monitoring of specific IEC campaigns** for the promotion of health-related issues or events such as regular immunization weeks or the new National Reproductive Health Program;

**Design of community-level health promotion activities and supporting IEC-products** for use by local groups such as mother-to-mother support, school-related and other child-to-child programs; and

**Active engagement of communities in improving health**, including local leaders, health committees and other neighborhood organizations. *Calidad en Salud* is currently working with several pilot communities in promoting key behaviors and increasing the demand for quality MCH services, including FP, IMCI, and MNH. The strategy includes the analysis of local MCH-related health data (*Sala Situacional*), the identification and prioritization of community health problems, the identification and execution of solutions, and the monitoring of outcomes using community organization and problem solving methodologies. (See detailed discussion under Result 4.)

#### **Improve household health practices**

- Formation of the *Grupo Tecnico Interinstitucional* (GTI-IEC) with participation of MSPAS, partner NGOs, USAID projects and IGSS
- Development of a communication strategy for the family planning component of the National Reproductive Health Program in collaboration with members of the GTI-IEC FP subgroup
- Collection and inventory (by *Calidad en Salud*) of existing family planning materials, review and initiation of field testing by GTI-IEC FP subgroup
- Collection and inventory (by *Calidad en Salud*) of IMCI materials, for review and field testing in 2001 by GTI-IEC IMCI subgroup
- Draft IMCI-IEC strategy developed for presentation to GTI-IEC IMCI subgroup in 2001
- Design of an instrument and initiation of an inventory of local mass media in priority departments
- Design and execution of a local mass media communication program (for radio) to promote immunization in Sololá and Totonicapán
- Design of generic mass media immunization messages based on key behaviors that will be adapted to promote immunization in other areas and for use in the national IMCI program
- Design of monitoring instrument and execution of two evaluations of communication components of department-level immunization activities (*jornadas*) conducted in March and July
- Organization and execution (in collaboration with MSPAS) of a logo/slogan context for the new National Reproductive Health Program
- Support to TBA training in postpartum FP counseling in Totonicapán, design and pretest of home

visiting material for postpartum visit

- Adaptation and reproduction of existing Population Council family planning materials (manual and flipchart) for service providers

### 2.2.1. Monitoring Results

FP IEC activities with the Department of Health Promotion and Education, the Social Communication Unit and the Inter-institutional Technical IEC Group (GTI-IEC): 6 activities in support of reproductive health coordinated with the MSPAS (e.g. reproductive health logo contest) for 166% of the target. The reproductive health logo contest was conducted by the MSPAS, IGSS, partner NGOs, MHN and *Calidad en Salud* and involved the production of nine newspaper publications, 3 radio spots aired over 1000 times, 2000 posters, 4000 leaflets and two banners.

FP IEC materials produced in collaboration with the Department of Health Promotion and Education, the Social Communication Unit and the Inter-institutional Technical IEC Group (GTI-IEC): reproduction of existing Population Council family planning materials, including 1000 flipcharts and 2000 manuals for training and improved service delivery.

IMCI-related IEC activities developed with the Department of Health Promotion and Education, the Social Communication Unit and the Inter-institutional Technical IEC Group (GTI-IEC): collection and inventory of existing IMCI-related IEC materials; orientation workshop on IMCI-IEC for members of GTI-IEC; 2 training workshops in Trials in Improved Practices (TIPs) for feeding children under two years of age; ten radio spots on vaccination; 2000 brochures and 1 vinyl poster for promotion of the national initiative “Municipalities Promoting Health and Peace.”

### 2.2.2. General IEC/BCC Accomplishments

The general accomplishments of *Calidad en Salud's* integrated IEC/BCC approach under Result 2 can be clustered primarily under the capacity building strategies outlined for sub-result 1.

#### **Establishment of Inter-institutional Technical Group for IEC (GTI-IEC) and central-level capacity building**

Among the more important results for the year 2000 was the establishment of the Inter-institutional Technical Group for IEC (GTI-IEC) with participation of the MSPAS (Department of Health Promotion and Education, Social Communication Unit, and *UE/SIMNA*), partner NGOs, USAID-supported projects, IGSS and USAID. While participating in the development of a FP strategic communication plan and regular monthly meetings, members of the GTI-IEC were trained in: factors influencing behavior change (according to various theories on behavior change); the stages of behavior change; the process of strategic communication planning (including analysis, design, development, pretesting and production of materials); and implementation, monitoring and evaluation. Specific training was provided for the field-testing of existing family planning materials, with members of the GTI-IEC participating in the design of methodologies and instruments.

Under a USAID contract with Development Associates to improve NGO IEC/BCC capabilities, a number of family planning-related organizations began coordinating efforts in 1999. *Calidad en Salud's* current IEC/BCC advisor provided technical assistance to this group, and was later asked by USAID to continue her technical leadership role under the *Calidad en Salud* mandate. Early in 2000, as part of the *Calidad en Salud* workplan, representatives from the MSPAS (Department of Promotion and Health Education, Social Communication Unit and *SIMNA/UE*), and IGSS were invited to participate. The re-organized/expanded GTI-IEC began holding monthly meetings in April, and in July 2000, *Calidad en Salud* organized a strategic planning seminar and workshop for the GTI-IEC that led to the development of the family planning component of the National Reproductive Health IEC Strategy. With technical assistance from *Calidad en Salud*, different sub-committees of the GTI-IEC have worked to finalize the FP IEC strategy, and began field-testing existing FP materials that will be adapted, based on results, and reproduced in 2001. In September, the GTI-IEC was officially recognized by the MSPAS, and the Department of Promotion and

Health Education was charged with the political leadership of the GTI-IEC. *Calidad en Salud*'s IEC/BCC team was asked to continue to provide technical assistance and financial support for key activities.

The table below presents major MSPAS official counterparts and other members of the GTI-IEC FP sub-group:

Level	Staff /function
MSPAS – Central	Chief, Public Relations and Social Communication Unit Chief, Department of Promotion and Health Education Chief, Unit of Educational Communication Chief, Unit of Community Mobilization Health Promotion Advisor <i>Unidad Ejecutora</i> Department of Human Resources
MSPAS Health Area	Coordinator of Health Promotion Team
Major NGOs	APROFAM-IEC CARE- IEC CELSAM HOPE-IEC PCI-IEC Population Council-IEC SHARE-IEC
IGSS	Educators and Social Workers IEC/BCC Consultant
USAID-funded project	Calidad en Salud MNH

In December, the GTI-IEC invited a number of additional NGOs working in maternal-and-child care to participate in training and the development of the communication plan for the National IMCI Program. Training in the IMCI strategy, with an emphasis on key messages for mothers and caretakers of infants and young children, is scheduled for January 17-19, 2001.

The table below presents major MSPAS official counterparts and other members of the GTI-IEC IMCI sub-group:

Level	Staff/ Function
MSPAS – Central	Chief, Public Relations and Social Communication Unit Chief, Department of Promotion and Health Education Health Promotion Advisor, <i>Unidad Ejecutora</i> Chief, National Food Security and Nutrition Program*
MSPAS Health Areas	Coordinators of Health Promotion Teams
NGOs	Alianza para el Desarrollo Juvenil Comunitario – ADEJUC- Save the Children Fund, Guatemala* American Red Cross* APROFAM CARE Catholic Relief Services (CRS)* HOPE PCI Population Council Save the Children Fund, US* SHARE World Vision*

Level	Staff/ Function
IGSS	Maternal and Child Department Epidemiology Department Public Relations Unit Social Work Department
USAID funded projects	Calidad en Salud MNH

\*Institutions/NGOs not participating in the GTI-IEC FP sub-group, but are participating in the GTI-IEC IMCI sub-group.

### Health Area IEC capability development and technical assistance

During the first year of *Calidad en Salud*, an agreement was reached with USAID on hiring seven IEC/Community Participation Facilitators (F-IEC/PC), to be placed in each of the USAID priority departments. During 2000 two facilitators were hired and began working in the department of Totonicapan. (One was later transferred to Quetzaltenango after the final agreement was reached with USAID). Both IEC/Community Participation Facilitators are working as trainers and mentors for community health personnel, especially in mass media for immunization, IPC/C in FP, community participation and problem solving. They have conducted channel and media research, field-tested existing FP materials, and introduced IMCI and FP in the TBA and community health worker trainings in Momostenango, Totonicapan. (See below, and also Result 4.) Plans are underway for hiring five other facilitators under *Calidad en Salud* to cover the rest of the priority departments, as well as another seven facilitators using counterpart funds.

One-day training sessions in behavior change communication have taken place with the health area promotion teams of several health areas (Chimaltenango, Sololá, Totonicapan and San Marcos). The first training sessions have concentrated on defining the IEC-related mission, objectives, roles and responsibilities of the health area promotion teams. In Chimaltenango one session dealt with pretesting of IEC materials since this team was interested in participating in pretesting FP materials. (See discussion below.) In Sololá and Totonicapan a communication plan for promoting immunization was the focus of two training sessions and a workshop, respectively. Other sessions intend to strengthen the teams' ability to design, test, execute and monitor communication activities contained in the FP and IMCI strategic communication plans developed by the GTI-IEC.

“We are confident that training and this practical exercise will improve the Health Promotion Team’s capacity to design, test, and produce IEC materials,” expressed the Area Facilitator in Chimaltenango

Together with the area health promotion team of Totonicapan, and following an area radio survey conducted by the two *Calidad en Salud* F-IEC/PCs, a meeting was held during October with 55 owners or representatives of small local radios in this department who committed themselves to support health initiatives through the radio, particularly in reproductive health and infant/child health. A similar inventory and advocacy approach will be adapted and used with local radio owner/representatives in the other priority areas, beginning in 2001.

“We need training on radio production and manual with specific health messages”, requested small radio owner in Totonicapan during an advocacy breakfast held with representatives of 55 small local radio stations.

A more comprehensive survey for identifying multiple channels and media for communication at the local level was also developed. This survey was piloted in the area of Quiché and data is presently being entered for computer analysis. This survey instrument will be adapted and used in other priority areas during 2001.

In Sololá, radio spots promoting key immunization behaviors were developed in Spanish and three local languages (*K'iché*, *Cachiquel* and *Tzutuhil*). Forty-six cassettes were given to health center and health posts for use with loud speakers and cassette players. Parallel live radio programs on immunization, diarrhea and acute respiratory illness were developed with a community prevention focus.

Local language radio spots on immunization were also developed in Totonicapán and cassette copies were presented to 26 local radio stations (50% of those identified in the radio survey), with a commitment that they would be aired during the month of December. The evaluation of the actual coverage and impact of these spots has been incorporated into the Annual Operating Plan for 2001. The generic mass media messages on immunization developed in both Sololá and Totonicapán will be adapted for use in the other priority areas, and the key immunization-related behaviors identified through this process will be incorporated into the national IMCI-IEC strategic plan.

### 2.2.3. Specific Family Planning IEC Results

#### **Communication Strategy for Reproductive Health/Family Planning**

During the first year of *Calidad en Salud*, the Inter-institutional Technical Group for IEC devoted most of its work to family planning. The first major accomplishment of the GTI-IEC was the development of the family planning component of the National Communication Strategy for Reproductive Health during a workshop in July. Key audiences were identified, and consensus was reached concerning both an implementation and monitoring plan. (See Annex G: *Resumen de la Estrategia de Comunicación de Salud Reproductiva / Planificación Familiar*). The GTI-IEC then launched a national reproductive health logo and slogan contests during the fall, culminating in December, and also initiated the pretesting of existing FP materials, both fundamental steps in the implementation of the strategy. Training of institutional and community health personnel in FP IPC and counseling, also outlined in the strategy, was initiated and will continue throughout 2001. The development of job aids for health providers at different levels, counseling materials and IEC materials for distribution to clients, all identified in the strategy, will begin in 2001. In the mean time, clinical guides and flipcharts developed by the Population Council are being reproduced for distribution. (See discussion below.)

#### **National reproductive health logo and slogan contest**

One of the first steps outlined in the FP communication strategy was a contest to stimulate the design/selection of a national logo and slogan to identify the new Reproductive Health Program. The GTI-IEC developed and carried out the media plan for the contest, with *Calidad en Salud* providing technical assistance and financial support. Three hundred and sixty five entries were received, among which five were selected as finalists and presented to the Minister of Health, who selected the final version. Both logo and slogan - your health, your decision, our future (*tu salud, tu decisión, nuestro futuro*), appeared in the official document outlining the new Program and winners of the contest were awarded prizes during the official launching of National Reproductive Health Program on January 8, 2001. A mass media campaign to position the Program will be developed by the Social Communication Unit of the MSPAS with the technical assistance and support of *Calidad en Salud*.

#### **Training in FP communication strategies and counseling**

Members of the *Unidad Ejecutora*, Area and IEC/CP Facilitators have received a general orientation on the IEC/BCC component of *Calidad en Salud*. The Area Facilitators have also received an orientation on the FP communication strategy, while the F-IEC/PCs actually participated in the workshop where the strategy was developed.

In collaboration with the training component, a draft module was developed for the Training-of-Trainers (TOT) in family planning counseling carried out in October. Participants in the TOT included Health Area Facilitators and F-IEC/PCs, as well as members of the *Unidad Ejecutora*. These trainers have started conducting training of institutional health personnel. F-IEC/CP Facilitators will conduct training of community health personnel. The FP

counseling module is presently being revised by *Calidad en Salud*'s training and IEC/BCC teams prior to final production. Companion participant modules will be produced.

As requested by USAID and the POLICY project, *Calidad en Salud*'s IEC Advisor led a one-day workshop to identify key behaviors to eliminate institutional/medical barriers to family planning, and to design a related IEC material. Key behaviors were identified and a poster on correct IPC using the GATHER anagram for quality counseling and an accompanying self-assessment form for health personnel were drafted. The poster and form were pre-tested by *Calidad en Salud* and POLICY and were produced and distributed to key central-level health personnel and area health services.

With the support of the *Calidad en Salud*'s local IEC/CP Facilitators, the area of Totonicapan has included a half-day session on conducting a postpartum visit in the training curriculum of traditional midwives (TBAs). This session integrates key messages on FP, IMCI and MNH such as: immediate and exclusive breastfeeding; the promotion of the Lactational Amenorrhea Method (LAM) as a postpartum family planning option; danger signs in the postpartum mother and neonate; vaccination with polio and BCG for the baby under two months; adequate feeding practices for the lactating mother, as well as the importance of male involvement and support during the postpartum. The GTI-IEC with technical assistance from *Calidad en Salud* has designed the first of a series of ring booklets (a small booklet 4.5 x 5.5 in, made of cardboard, with rings for easily turning pages) with key messages written on one side and corresponding pictures on the other). The first booklet is to be used as a reminder for midwives and other community health personnel and to show to women and relatives during the home visits that midwives customarily carry out during the postpartum period. The booklet is currently being pre-tested by two large NGO-members of the GTI-IEC (SHARE, PCI, and their local associated NGOs), the MNH Project and *Calidad en Salud*. Booklets to be developed in 2001 will focus on home visits and small group discussion for mothers/caretakers of children 2-6 mos, 6-9 mos, 9-12 mos, 12-24 mos. FP, MNH and IMCI messages will be integrated.

### **Survey activities and inventory of existing materials**

Area and local F-IEC/PCs conducted a survey of IEC materials and activities related to family planning. The survey found that less than 20% of selected service sites conducted regular IEC activities and had educational FP materials and equipment. Family planning counseling of adolescents, couples and men is almost non-existent. Furthermore, the more distant and smaller sites (health posts in rural villages) had considerably fewer materials and resources than those located closer to the area's capital.

The collection and inventory of IEC materials related to family planning, for group talks and individual client counseling, was conducted by *Calidad en Salud* during the first quarter of the year. Key representatives of the MSPAS (Social Communication Unit, Department of Promotion and Health Education, SIMNA, Development of Human Resources, and the newly appointed Director of the National Reproductive Health Program) reviewed the inventory of IEC materials and decided that the new Reproductive Health Program should either develop its own and/or adapt existing materials to the Guatemalan context. As a first step in producing or adapting materials appropriate for use under the new Reproductive Health Program, the need to field test existing materials and determine audience preference was identified.

### **Field testing of existing materials and audience preference**

The GTI-IEC is presently carrying out the field-testing of selected existing IEC materials related to family planning, particularly those from APROFAM, the Population Council, AVSC and Development Associates' Family Planning and Health Project/Dominican Republic. (A PRIME/El Salvador adapted version of a health promoter manual from the Dominican Republic is also being pretested.) Questions concerning Mayan and non-Mayan (ladino) versions of the materials are being addressed for the first time. Both the methodology and instruments for field-testing were defined by the GTI-IEC, with technical assistance from *Calidad en Salud*. To date, the main sources of FP materials in Guatemala have been APROFAM (with mostly ladino, but some Mayan versions) and the Population Council (with only a Mayan versions of all materials). AVSC has supplied a limited number of materials for IGSS and, to a lesser extent, for the MSPAS. Given their successful adaptation in El Salvador and other Central American

countries, the complementary set of family planning and reproductive health materials from the Dominican Republic was also included. Four groups of materials are presently being tested by different GTI-IEC sub-groups: brochures on all family planning methods, brochures on individual methods (beginning with oral contraceptives), flip charts, and job aids for health workers (guides and counseling manuals).

Given that time did not allow for the adaptation and production of new materials during 2000, a decision was made by *Calidad en Salud* to reproduce and distribute existing materials from the Population Council (which had been recently designed and tested for the Mayan population), including 2000 manuals for clinic personnel and 1000 flip charts for health centers and health posts.

#### 2.2.4. Specific IMCI-Related IEC Results

The main IMCI-related results focus on the establishment of a GTI-IEC sub-group for IMCI and technical assistance to existing maternal and child health (MCH) programs, specifically the National Immunization Program and the National Food Security and Nutrition Program. Existing IMCI and other child health-related materials were collected and an inventory was completed during the first quarter of 2000. Within this framework of supporting existing programs, mass media plans for increasing infant and child vaccination/immunization coverage were drafted in Sololá and Totonicapán. As described above, radio spots were produced and aired in both areas. Feeding recommendations that proved to be more easily adopted by mothers/caretaker were developed following a methodology called Trials in Improved Practices (TIPs), and are being included as feeding recommendations for children under two years in the National Food Security and Nutrition Program and also in the IMCI counseling module currently being developed.

##### **Establishment of a GTI-IEC sub-group for IMCI**

In December, the GTI-IEC expanded its original focus to include IMCI, and invited a number of additional organizations that provide maternal and child health services to participate in a one-day orientation/planning meeting on IEC-related IMCI. Representatives of the MOH, *Calidad en Salud*, and PAHO presented an overview of the IMCI strategy and existing related educational materials and job aids (mainly from BASICS developed several years ago, and by other local organizations including Project Hope and the Population Council), available for counseling mothers and caretakers in clinics and home visits (group talks and individual counseling). A three-day training course on IMCI for the GTI-IEC is scheduled for January 17-19, 2001, and a three-day IMCI-IEC strategic planning workshop is scheduled for early February. As part of the strategy, existing IMCI materials will be field tested, adapted/modified based on results, produced and distributed.

##### **IMCI-related mass media and campaigns**

Plans for the promotion of vaccination in the areas of Sololá and Totonicapán to increase vaccination/immunization coverage, especially under age one, were developed. As described earlier, radio spots were designed, pre-tested and produced together with the area health promotion teams. The spots were aired during the July vaccination campaign in Totonicapán and during the third quarter of the year in Sololá. Although there was no monitoring in Sololá, health personnel attributed the increase in vaccination coverage of under-ones to improved promotion through local radios.

Two rounds of monitoring (through exit interviews) of IEC materials and activities during Vaccination Campaigns 1 (March) and 3 (July) were conducted with support from the F-IEC/CPs in the area of Totonicapán. Results of these monitoring exercises were presented to the Health Area and discussed with the area coordinator of health promotion. Observations and the first exit interview survey showed low levels of IEC/counseling activities occurring in vaccination posts. Less than half (45%) of 130 mothers/ caretakers interviewed could remember having received a vaccination-related message. During the second round of monitoring using the same exit-interview instrument, a larger percentage of mothers/caretakers could remember receiving a vaccination-related message, especially one regarding the reaction to the DPT vaccine and the recommendation of taking pills provided at the post to prevent it (60%). Fear of the reaction was an important barrier identified in an analysis workshop carried out in May 24-26

and how to avoid the reaction was a message included in most of the radio spots developed. Mothers also spontaneously repeated several of the radio messages, which were also played on megaphones.

### **IMCI-related materials development**

Together with the Food Security and Nutrition Program of the MOH, two workshops on Trials of Improved Practices (TIPs) on infant and child complementary feeding<sup>24</sup> were carried out to test current recommendations for the feasibility of their being adopted by mothers and caretakers of young children. Sixteen social workers from 16 areas participated (including Chimaltenango, Totonicapan, San Marcos and Quiche) in the process, which involved an initial training workshop held in August, subsequent fieldwork, and a second workshop for data analysis held in September. Feeding recommendations that proved to be more easily adopted by mothers/caretaker are being included as feeding recommendations for children less than two years old in the National Food Security and Nutrition Program and in the national IMCI strategy.

Work meetings were also held during October and November with five members of the Food Security and Nutrition Program to adapt the IMCI counseling module for mothers and caretakers. Besides the inclusion of complementary feeding recommendations tested with the TIPs methodology, the adaptation of the module included the following innovative elements:

- Counseling for the healthy child
- An algorithmic approach to counseling
- Consideration of the determinants of behavior and the steps to behavior change in counseling
- Use of the acronym GATHER (used traditionally only in family planning programs) to summarize key steps in counseling
- Use of TIPs as a tool in training health providers, especially those at the community level conducting household visits

As mentioned, a draft poster with the acronym GATHER (ACCEDA in Spanish) has been designed to remind health providers of the key steps to good counseling both in family planning, neonatal and child health and is currently being pre-tested with institutional and community health providers. Pre-testing is being conducted by IEC/CP Facilitators through focus groups with institutional and community health providers using a discussion guide. Other materials to be produced include a series of booklets for mothers/caretakers with children of different group ages: 0-2 mos, 2-6 mos, 6-9 mos, 9-12 mos and 12-24 mos, counseling training manuals, one or two videos on ICP/C in the community and/or clinic setting, audio materials, recall leaflets, and a complementary feeding recipe booklet.

#### **2.2.5. Limitations of IEC**

One limitation has been the lack of integration/coordination between the different departments/units involved in IEC and other aspects of health communication in the MSPAS. While the Social Communication Unit is charged with mass media communication (radio, newspaper and television), the Department of Promotion and Health Education is responsible for interpersonal communication and community mobilization within the strategy of “Municipalities Promoting Health and Peace.”

The Social Communication Unit devotes considerable time to public relations and image building of the Minister of Health, and consequently has limited time for strategic planning for health communication/campaigns.

The Department of Promotion and Health Education has limited personnel and budget and is focusing, to a large extent on the development and execution of the Municipalities’ strategy, which is a very labor-intensive and long-term process. (See Result 4.)

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<sup>24</sup> Complementary feeding should start at 6 months of age as a complement to breast milk.

Lack of understanding by the MSPAS of IEC/BCC and strategic communication planning has affected the ministry's participation in key strategic design exercises. Given the fact that IEC materials are generally the most tangible and visible part of any project, there has been strong pressure to produce materials (brochures, flipcharts, videos, etc.) without sufficient consideration of analysis issues (audience, behavior, and communication), strategic design (including the creative strategy), and the multiple steps involved in developing and testing each material.

The rigorous IEC/BCC message and materials development process advocated by *Calidad en Salud* requires time to execute critical steps. Few materials were produced this year, and consequently, materials produced by other organizations were reprinted for ICP/C training.

In addition, the collaborative and consensus-building process characteristic of the GTI-IEC work, though valuable, has had serious impact on the time required to obtain tangible results.

### 2.3. Result 3: MCH Programs and its Partner NGOs are Better Managed

- Management Systems Improvements are Implemented to Increase Effectiveness of MCH Service Delivery
- Improved Program Planning, Monitoring, and Evaluation through the Use of Quality Data

Support system activities are directed toward strengthening the administrative, supervisory, financial, planning, monitoring, and quality management services that support field-level family planning and IMCI efforts. *Calidad en Salud* realizes that definition of norms and training alone are not sufficient to ensure compliance with technical and communication standards. Well-managed support services are needed to provide drugs, supplies and contraceptive methods, information for planning and decision-making, facilitation and supervision of providers and facilities, financial resources and plans, and staffing. Because of *Calidad en Salud*'s quality-systems approach to health management, Result 3 strategies constitute a central component of our overall strategy for increasing demand and use of MCH services.

#### Support Systems results

##### Monitoring

- Development of a computer-based *Sistema de Apoyo a la Salud* (SAS) information system for NGOs and MSPAS Health Areas, plus a computer-based training (CBT) multimedia<sup>25</sup>
- MSPAS approved SAS in NGOs and area offices to manage SIAS contracts and certify NGOs
- Supported SIAS-PMSS in the extension of coverage (development of SAS and testing in two areas)
- IGSS support for SAS in clinical and factory-based contracted services
- Agreement reached with *Unidad Ejecutora* regarding the use of SAS to manage counterpart funds at area and central levels
- Inventory of computing infrastructure and equipment in area and district health offices
- Certification of SAS for use by NGO and MSPAS offices (district, area and central)<sup>26</sup>
- Presentation of SAS to over 200 MSPAS and IGSS managers, technical staff and NGOs
- Donor supported projects and NGOs will also use SAS (e.g. Project Concern International, Project PRAQ/UE in Santa Rosa, FUNRURAL/ANACAFE, PAPS/GTZ and JHPIEGO)

##### Logistics

<sup>25</sup> The CBT is an alpha version.

<sup>26</sup> Certification of SAS was provided by a third party informatic group.

- Redesigned SIGSA forms (SIGSA 3, 4, 6, and balance and requisition forms)
- Supported TOT in logistics management for 33 participants from 4 different organizations (MSPAS, IGSS, and PCI)<sup>27</sup>
- Revised technical drug management norms for hospitals, health centers and posts
- Inventory of contraceptive methods to determine year 2001 procurements and check of logistic forms (for timelines and completion)
- Assessment of availability of supplies, basic drugs, and equipment in 2 area offices, plus centers and posts

#### **Planning**

- Assessment and redesign of *Sala Situacional* approach for identifying and addressing local health needs<sup>28</sup>
- Supported Strategic Planning Unit and central MCH programs to develop operational plans for 2001
- Directed programming of counterpart funds to include FP and IMCI in priority areas

#### **Supervision**

- IGSS adopted facilitative-supervision approach for managers; training of managers is planned for February 2001. Their approach is based on AVSC facilitative supervision model combined with input from other partners (JHPIEGO and URC)
- Sensitization of central level personnel to the need to review and redesign the supervision system
- Agreement on one district level supervision system (involving facilitation and learning) among IMCI, FP and MNH Project

### 2.3.1. Logistics Results

*Calidad en Salud* is working close with the *Unidad Ejecutora*, the Deliver Project (JSI), the *Unidad de Monitoreo de Medicamentos* and USAID-Guatemala to improve logistics management capabilities and information systems (forms, flow and software) at all levels to ensure effective use of supplies, medicines and contraceptive methods.

#### **Survey of medicines, equipment and supplies**

The Quality Assurance Project completed a study in June describing the status of equipment, medicines and other materials used for MCH services by the MSPAS (in health centers and posts located in the western part of Guatemala). The study showed critical stockouts in basic medicines (e.g. 11% for *acetaminofen*, 82% for *ampicilina*, 60% for *multivitaminas*, 13% for *trimetropin sulfametoxazol*; stockouts of medical-surgical supplies 11% surgical gloves, 84% disposable syringes; stocks of surgical equipment 50% (16) facilities lack equipment)<sup>29</sup>. *Calidad en Salud* reviewed these results with the *Unidad de Monitoreo de Medicamentos*. Study results served as a basis for defining new drug management technical norms (e.g. rational drug use, drug control, availability, security, warehousing and information).

<sup>27</sup> Training was provided by the Delivery Project, JSI.

<sup>28</sup> The *sala situacional* was redesigned, but further simplification is needed.

<sup>29</sup> Report: "Situación del Suministro de equipo, medicamentos e insumos para la provisión de atenciones materno infantiles en centros y puestos de salud del occidente del país". Proyecto Garantía de Calidad/GSD. Junio 2000. The study was implemented in the areas of Sololá and Totonicapán.

## **Training**

An “Introduction to Logistics Workshop and TOT” was attended by 33 participants including the Finance Manager of the Ministry of Health, personnel from Guatemala, Escuintla and Antigua Health Areas, *Unidad de Monitoreo de Medicamentos*, PROAM, *Calidad en Salud*, and *Unidad Ejecutora/SIMNA*. Staff from the *Unidad Ejecutora* and *Unidad de Monitoreo de Medicamentos* was trained as trainers to replicate logistics management skills at the area and district levels.

Twenty persons from the area office in Quiche were also trained in the use of drug management norms-including warehousing and self evaluation of local warehousing conditions during October.

## **Norms**

Technical drug management norms for hospitals, health centers and posts were revised with the *Unidad de Monitoreo de Medicamentos*, the *Unidad Ejecutora*, and the Deliver Project.

## **Monitoring**

SIGSA 3 and 4 forms for measuring the actual demand for contraceptive methods, stock inventory and ordering were developed, validated and submitted to SIGSA for approval. New forms included a worksheet as well as a balance sheet that measures actual demand. These forms will permit the measurement of demand for medicines and improve adequate requisitions by the area and district levels of the MSPAS.

The SAS software application also includes a module for logistics management of drugs, supplies and equipment. This will allow managers to identify min/max measures, expiration dates, stockouts and available supplies that can be transferred. It will also allow a comprehensive management (time and stocks) of the entire supply chain, from the central warehouses to NGOs and centers/posts.

In preparation for year 2001, a physical inventory of contraceptive methods was implemented for the entire country (using a sample of areas) to provide information regarding current stocks, determine year 2001 procurement levels, and check logistics forms for timelines and completion.

### **2.3.2. Monitoring and Information System Results**

In an effort to improve the monitoring system of the MSPAS and provide accurate and timely data for planning and decision making, *Calidad en Salud* developed a software system to be used by NGOs, district offices/centers and central level managers. Assessments were also made of the SIGSA information system and the *Sala Situacional*.

#### **Surveys of information needs, current systems, and equipment**

An Information Needs Assessment determined information needs of health personnel as well as how effectively SIGSA forms effectively capture and compile community level data.<sup>30</sup> The needs assessment was conducted in the areas of Quetzaltenango and Quiche. The findings include: identification of information flows for each health program (from health post to clinics, types a and b), and analysis of staff time used to complete administrative forms and registers (approximately 35% of their time). This assessment also provided information to redesign SIGSA 3 and 4.

The current *Sala Situacional* approach is being improved in order that communities and municipalities have correct and timely data for health care problem solving, planning and resource allocation. An evaluation of the *Sala*

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<sup>30</sup> The SIGSA data flow was tracked to determine if data entered at the community level are transferred to higher district, area and central levels (or dropped out).

*Situacional* was conducted in a sample of health posts, health centers, and area directors' offices in 9 areas.<sup>31</sup> The purpose of the evaluation was to understand *Sala Situacional* processes associated with the collection, analysis and use of data, and, in turn, redesign a new *Sala Situacional* that is appropriate for community and higher-level use. Field collection is now complete, and the information is being analyzed. The new design will include a new training module and improved data and planning forms.

*Calidad en Salud* is also supporting areas and district health offices with computer equipment and software. In an effort to best allocate resources and coordinate support efforts with other donor agencies, an inventory was made of computer equipment in the seven priority areas (at the NGO, district and area levels). Data include: infrastructure (type of construction, roof, floor, windows, electricity, security), skill level of staff in computer use, and availability of computer equipment.

### **Redesign of SIGSA forms**

*Calidad en Salud* participated in the review and redesign of SIGSA data collection and compilation forms. This included determining information flow at levels I and II, and identifying information needs. SIGSA 3 and 5 were redesigned to meet information needs: 1) SIGSA 3 at health post and center levels was designed to measure use of drugs, 2) SIGSA 5 was redesigned to include data regarding child and prenatal immunization, 3) SIGSA 6 was improved to include FP (type of service and quantity of contraceptives provided).

### **Training**

Area Facilitators were trained in the development of standards/norms, indicators, and prioritization of problems. They were also trained in using the SAS software modules.<sup>32</sup> Facilitators will support the training and follow-up of SAS use among NGOs, plus area and district offices.

Other support provided to improve the quality of data collected and its use include:

- Analysis of the discrepancy between AQV data collected at the central level versus data existing in the registers and forms of AQV service delivery centers. The findings indicate a substantial under-registration of AQV clients in area level data (i.e. hospitals in some areas are not reporting AQV procedures to SIGSA).
- Review and revision of key IMCI and maternal health indicators proposed by the technical teams representing IMCI and MNH.
- Monthly and quarterly collection, presentation and dissemination of key indicators from the *Calidad en Salud* monitoring and evaluation plan.

**Sistema de Apoyo a la Salud:** The SAS has been developed with support from both the QAP and *Calidad en Salud* projects. SAS is an integrated (balanced) software application to improve the planning and management of four basic components: service production, finance, logistics and human resources. SAS was initially designed to improve the management and control of NGOs contracted by the MSPAS to increase coverage. Thus users include NGOs, as well as area and central managers in the MSPAS and PMSS. An accompanying computer-based-training (CBT) application is also under development to improve SAS learning and competency, and reduce the cost of training SAS users throughout Guatemala.

*Calidad en Salud* has completed the following activities:

- Development of the software (with 4 management modules).
- Testing of the application in two field settings (8 NGOs and Area office San Marcos, and Alta Verapaz).

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<sup>31</sup> The assessment included all of Guatemala, not just the 7 priority project areas. The extended coverage of the assessment caused a delay in the presentation of results and redesign.

<sup>32</sup> The modules include service production, finance, logistics and human resource management.

- Validation of the software by a third-party software company (Infosgroup).
- Communication of the merits of SAS to a wide audience of MSPAS and IGSS managers and technical staff, NGOs/PVOs, PMSS/IDB staff, USAID, SIMNA/*Unidad Ejecutora* (e.g. *Director del Programa SIAS, Director del Regulación y Control, Director de Recursos Humanos, Director del Planificación Estratégica, Gerente Administrativo Financiero, y Directores de Programas de Salud*, etc.). Approximately 200 decision makers and technical staff have viewed SAS presentations. The response to SAS has been very positive.
- SAS was evaluated for compatibility with the new NGO health service certification requirements (referred to as “*HACYA para certificación de prestadoras y administradoras de servicios de salud*”). NGOs are now certified as a condition for receiving contracts with the SIAS coverage extension program. SAS is compatible with HACYA and will be used to measure NGO certification standards, as well as monitor NGOs that must move from conditional to full certification.
- Compatibility between SAS and SIAF-SAG/SIGEPRO of the Finance Ministry information system was verified. The latter is limited to financial control at the area level, whereas the former collects financial data from lower administrative levels such as NGOs.
- Initial discussions with SIGSA/MSPAS regarding their role in supporting SAS at all levels.
- Development and testing of an alpha version computer-based-training (CBT) application for SAS.

The following activities are pending and will be completed during 2001. The first priority is to expand SAS among NGOs and area offices, as well as establish a central level SAS management office (in the MSPAS or PMSS). This will require coordination with directors of areas, districts and NGOs and the selection, and the selection of personnel to be trained and supported. Training will begin with NGOs in San Marcos, El Quiché, Quezaltenango and key personnel in area offices. Currently, some 78 NGO and area MSPAS staff have been trained in the use of SAS.

A number of other PVO and donor organizations had expressed interest in using SAS with NGOs they support and manage: Project Concern International, Project PRAQ/UE in Santa Rosa, FUNRURAL/ANACAFE, PAPS/GTZ and JHPIEGO.

SAS will be used by NGOs outside of the 7 priority areas and supported by the PMSS. For example, NGOs in Alta Verapaz received training, installation of the software, and are using the application. Some 88 NGOs are expected to use SAS throughout Guatemala, serving 3.4 million inhabitants.

The *Instituto Guatemalteco de Seguridad Social* (IGSS) expressed interest in using SAS to manage health services in out-patient clinics and contracted services. *Calidad en Salud* has completed an assessment of the IGSS information system and developed a proposal to improve it. Central-level IGSS managers approved the proposal, and implementation of SAS is a high priority. Thus, SAS will be implemented as a pilot in Villa Nueva and Suchitepequez before expanding.

### 2.3.3. Human Resources

Because of the severe human resource management needs of the MSPAS and IGSS, a human resource model was included in the SAS application. The objective is to provide timely and accurate information on all levels of staff to ensure that human resource planning and training become more effective and efficient. In developing the SAS human resource module, an assessment of the human resource information needs was completed.<sup>33</sup> The module is appropriate for NGOs, center/post providers, community workers, and area level support staff.<sup>34</sup>

<sup>33</sup> A new human resource form has been developed to track the entry, education, skill improvement, function, and geographic location of MSPAS staff.

<sup>34</sup> Although the software could be used with hospital staff, other human resource software for hospital staff exist in Guatemala and should be reviewed before applying SAS in a large hospital setting.

#### 2.3.4. Finance (control and efficiency)

The financial module of SAS was designed for use by contracted NGOs under the SIAS extended coverage program. SAS provides for financial tracking of NGOs and specific contracts (an NGO may have several contracts covering various jurisdictions). Supply and drug procurements can be monitored at the district, area and central levels. Moreover, efficiency measures comparing the use of funds and resources to service delivery outputs can be calculated. Managers can track specific budget items, costs and procurement sources (vendors).

With the implementation of SAS in area and district offices, managers will also be able to monitor local procurement procedures.

SAS has also been selected for use by the *Unidad Ejecutora* to monitor the execution of counterpart funds, at the area and central levels. *Calidad en Salud* area facilitators will support this effort in area MSPAS offices.

#### 2.3.5. Supervision-Facilitation Results

*Calidad en Salud* is working with the MSPAS, IGSS and the MNH project to improve supervisory facilitation, coaching and ongoing learning. The notion is to develop a single supervisory system to support providers in family planning, IMCI and MNH services. *Calidad en Salud* realizes that without supervision and direct support of providers (particularly in the case of IMCI) the results of training alone are limited. Supervision-facilitation and learning will provide critical support and learning for newly trained providers of FP, IMCI and MNH. The role of the supervisor includes support for ongoing learning, compliance with technical and counseling norms, IEC, drug and supply logistics, and data use for planning and decision-making. The initial focus is not at the central level but at the district level, and the relationship between the district health center (professional nurse) and the health post (auxiliary nurse). The role of the area MSPAS office then is to facilitate and control the district health center nurse. During the initial phase, on on-the-job learning will be emphasized.

The development of the supervision facilitation approach is still at an early stage. *Calidad en Salud* has coordinated with the inter-institutional IMCI Technical Team to design a supervision-facilitation approach aimed at the district and health post levels. This approach was presented at the IGSS IMCI orientation and training in la Unidad de Suchitepequez. *Calidad en Salud* partners (including URC, JHPIEGO, and AVSC) have used this type of facilitation and learning approach in other countries to address ongoing learning and follow-up that is required with a new program and staff training. *Calidad en Salud* is also proposing to begin with this type of supervision facilitation approach in IGSS. AVSC will provide a consultant to adapt and test a “*supervision facilitante*” approach in February 2001.

#### 2.3.6. Planning and Decentralization

Working with MSPAS/*Unidad Ejecutora* and MNH, *Calidad en Salud* staff (central and area levels) developed operational family planning and IMCI plans for the 7 priority areas:

- Supported central MCH programs develop operational plans for 2001, under the direction of the strategic planning unit
- Worked closely with the UE to program counterpart funds in order to ensure funding for FP and IMCI activities in priority areas
- Presented recommendations to areas regarding programming of funds to improve warehousing, refrigeration and maintenance, flooring, cabinets, etc.)

A proposal was submitted to the Strategic Planning Department for redesigning the annual planning cycle, in order to track results (not just activities as is currently the case). *Calidad en Salud* is still waiting for a response from the Strategic Planning Department. It is unlikely that *Calidad en Salud* will be able to implement a redesign of the planning cycle given other priority areas of work.

An assessment of the *Sala Situacional* identified problems and underscored the need for a redesign. The objective of the redesign is to have a practical tool that can be used for local decision making and planning (eg. *Municipios Saludables* supported by SIAS and *Asociaciones Pro Salud Municipales* –APROSAM- supported by the MSPAS decentralization unit).

### 2.3.7. Limitations affecting Support Systems

The following is a review of limitations that affected the implementation of *Calidad en Salud* strategic plans:

- Delay in the incorporation of the responsible person for monitoring and evaluation until six months after the initiation of the project. The high turnover of MSPAS personnel, primarily the component counterpart Program Directors: *Dirección General de Control y Regulación de la Salud, en el Programa de Mejoramiento de Servicios de Salud y Directores de áreas de Salud*.
- Approval for using SAS (e.g. to support certification of NGOs) was delayed.
- Delay in the approval of the SIGSA forms until December; the postponement of trainings planned for logistical administration related to SIGSA 3 and 4; balance and registration sheets, important products to be taken into account in the training.
- The initial rejection by the Director of the *Unidad de monitoreo, vigilancia y control de medicamentos* of external assistance.
- The design of a methodological guide for training in *Sala Situacionales* was delayed given the request to include in the final report of the evaluation of the *Sala Situacional* the results of the evaluation of its functionality in all of the country and not just in 9 health areas.
- Solutions to these limitations include: improvements in the processes of communication with counterparts, the reinitiation of processes of presentation of the *Calidad en Salud*/IGSS strategic plan (Contract 520-0428), coordination and programming of activities with anticipation.
- These limitations occurred in IGSS before the change of authorities and component counterparts.

In summary, many of the limitations are related to MSPAS and IGSS staff turnover and the slow approval of norms, training materials, software, and other products. Decisions and approval often require long periods of “*socialización*” or discussion with various levels of the health bureaucracy.

## 2.4. Result 4: Greater Community Participation and Empowerment

- |   |
|---|
| <ul style="list-style-type: none"><li>• Community Members Actively Participate in Decision-making Concerning MCH Programs</li><li>• Greater Community Control Over Factors that Determine Health Status</li></ul> |
|---|

During the first year of *Calidad en Salud*, a strategy was developed and a series of activities were launched under Result 4 related to two specific sub-results: 1) increased participation of community members in decision-making concerning MCH programs, and 2) increased community control over factors that determine health status. Activities were designed to empower communities in the seven priority areas and to increase their role in health promotion and service delivery.

*Calidad en Salud* developed an inter institutional community participation strategy, methodologies and tools, as well as establishing relationships, and trained project and MSPAS counterparts. The groundwork was laid during 2000 to engage members of pilot communities in leadership roles related to health care services, and to reinforce specific FP, IMCI and MNH-related behaviors change at the household level. Sub-strategies to support this component include: 1) the identification of key institutional and community personnel, as well as organized groups (women, men, adolescents, religious leaders, and teachers) through an inventory of key community actors; 2) the participation of these key actors and other community members in the analysis of local health data and identification of actions to

improve health; 3) the initiation of educational and training activities in family planning, IMCI and maternal-neonatal health based on the needs assessment; and 4) the encouragement of improved household behaviors related to prevention and treatment of illness and increased demand for quality health care services through the design of specific IEC/BCC interventions. (See related discussion under Result 2.)

During the first stage of the process, community organization and problem solving methodology adapted for the local context (see description below), were developed for use in Guatemala by the *Calidad en Salud* team. Tools were designed and are being tested to help leaders, local health teams and other community members join together to help analyze local health data (*Sala Situacional* data and information related to the reduction of maternal and child mortality), as well as identify and prioritize health-related problems based on that data. The second stage of the process was also launched, including the design and execution of specific activities to address the problems that were identified. To date, two pilot communities have been actively involved in decision-making processes and are now being challenged to assume greater responsibility for improving the health of their own communities: Río Blanco, San Marcos ( 9 communities totaling 6,000 inhabitants, without a health center or extension of coverage); and, Momostenango, Totonicapan (23 communities and a population of 110,000, with a district health center and extension of coverage). *Salas situacionales* and other sources of data were used in community self-diagnosis/analysis and the subsequent design of health actions.

The community organization and problem solving methodology introduced by *Calidad en Salud* includes four distinct steps:

- **Identification and promotion of community agents:** Inventory, orientation and motivation of community health agents and other key community actors (including health personnel, political leaders, community organization leaders, religious leaders, and other influential members of the community); organization and/or strengthening of the community or municipal health committee; participation/support for planning with local counterparts (rural health technician (RHT) and/or SIAS medical coordinator); and the organization of local coordination meetings with the ambulatory physician and institutional facilitator in SIAS communities.
- **Execution of local needs assessment:** Review/design of appropriate standards for the community-level *Sala Situacional*; presentation of the *Sala Situacional* and other baseline health-related data to the members of the local health committee; facilitation of group analysis and interpretation of data by community members; facilitation of the identification and prioritization of major health needs/problems (development of a list of between 1 and 3 priority health problems identified during the analysis using a group process where prioritization is established based on the frequency, gravity, and resources required to solve the problem).
- **Identification of solutions and the development of local plans:** Analysis of the major health problem(s) identified during the needs assessment, with further prioritization of IMCI and family planning-related problems (using the “problem tree” tool); identification of the range of possible solutions and the establishment of clear objectives (using “objective tree” tool); development of local action plans to address the problem(s), including activities, resources, time frame, responsible persons for each activity, and expected products.
- **Implementation, monitoring and evaluation:** Review/design of instruments to monitor and evaluate the implementation of the local action plan, including a list of indicators; launching of activities outlined in the plan; monitoring and periodic evaluation of activities by the community or municipal health committee; adjustment to plan as necessary.

Preliminary results have been achieved through close coordination with national counterparts, including the Social Mobilization Unit of the Department of Promotion and Health Education/MSPAS, UE/SIMNA, and the Secretary of Decentralization. A close collaboration has also been achieved with the social mobilization team of the JHPIEGO Maternal Neonatal Health Project. This inter-institutional approach has helped to avoid duplication of efforts and the creation of parallel activities. The long-term sustainability of the approach has been further enhanced by *Calidad en Salud*'s commitment to support the Peace Accords and to coordinate efforts with the national initiative known as Municipalities Promoting Health and Peace (Municipios Promotores de la Salud y la Paz), adopted early

in 2000 by the MSPAS, with technical support from PAHO. This initiative, which encourages the decentralization of health promotion, has been introduced in 42 selected municipalities throughout the country (approximately two per department) based on specific criteria, including high levels of maternal and child morbidity and mortality, and high levels of unsatisfied basic needs (letrines, environmental conservation, potable water and housing). Additional priority municipalities have been identified, and an expansion of activities is slated for 2001.

### **Community Participation results**

- Establishment of an informal Inter-institutional Community Participation Technical Group (GTI-PC)
- Training of central-level MSPAS staff in problem solving methodology based on adult learning theory
- Formation of two pro-health committees in the pilot municipalities and local plans developed related to FP, IMCI and MNH
- Two pilot municipalities implementing components of the community participation process/strategy
- Development of formal linkages between local governments, community group and the health delivery system and building of commitment to the promotion of MCH in the two pilot municipalities
- Replication of the community organization process/strategy and problem solving methodology by the MSPAS in other municipalities throughout the country (in 28 municipalities in non-*Calidad en Salud* priority areas)
- Training of 237 traditional birth attendants in postpartum FP counseling and improved home visits
- Orientation training in family planning for municipal health committees
- Training of Community Facilitator in Chimaltenango in the development and adaptation of *the sala situacional* to the local level

#### **2.4.1. Monitoring Results**

Home visits conducted by community health agents (health promoters and traditional birth attendants) related to the promotion of health services and family planning: 237 traditional birth attendants (TBA) were trained in postpartum FP counseling (regarding home visits, specific data will be documented by DHS) in coordination with the IEC result. Home visits by TBAs will begin in 2001.

Greater community participation and decision-making empowerment related to MSPAS MCH programs: activities in 2 pilot municipalities were launched using problem solving methodology; local health plans were developed in both municipalities including FP, IMCI and MNH interventions/activities.

#### **2.4.2. Results for the Year 2000**

##### **Organization**

Ministry of Health counterparts for the community participation component were formally designated early in the year and began participating in May in an inter-institutional technical team, along with representatives of *Calidad en Salud* and the Maternal Neonatal Health Project. During the third quarter of 2000, members of this team collaborated in the design and execution of a joint strategic plan.

##### **National Counterparts for the Community Participation Component of *Calidad en Salud***

Team Function	Organizational Position
Social Mobilization	Department of Promotion and Health Education/MSPAS

	Chief of the Social Mobilization Unit
Social Mobilization	Department of Promotion and Health Education/MSPAS Technical Assistant, Social Mobilization Unit
Community Organization	Secretary of Decentralization/ MSPAS Advisor, Community Organization Component
Community Participation	UE/SIMNA Advisor, Community Participation Component
Social Mobilization	Maternal Neonatal Health Project Coordinator of Social Mobilization

### **Community organization –related coordination, planning and training**

A three-day training of 7 central-level staff of the Department of Promotion and Health Education/MSPAS in September focused on the objectives, steps and content of the community-level problem solving methodology proposed by *Calidad en Salud* as the basis for the development of local plans by pilot municipalities. Two orientation trainings were also given by *Calidad en Salud*'s community participation Advisor in October covering the objectives, strategies and proposed actions to be developed under the community participation component of *Calidad*. Participants included the UE/SIMNA counterpart and *Calidad en Salud* Area Facilitators working in Huehuetenango and San Marcos.

In October, a follow-up plan for application of the community participation model using the problem solving methodology was developed in coordination with the Social Mobilization Unit of the Department of Promotion and Health Education/MSPAS.

A three-day regional workshop was held in Quetzaltenango in November, co-facilitated by *Calidad en Salud* and the Department of Promotion and Health Education/MSPAS. The focus of the workshop was the development of abilities and technical skills related to the management of the problem solving methodology and local participative planning. Four central-level staff participated along with nine district physicians, six rural health technicians from the health area, nine municipal representatives, three *Calidad en Salud* area facilitators and two community facilitators. The major product of this workshop was the development of a plan for in-service training and follow-up of municipal-level actions with community participation.

Following an initial inventory of key actors and the formation of a municipal health committee, a two-day workshop was co-facilitated by *Calidad en Salud* district and community personnel in Río Blanco, San Marcos in late November. Twelve community leaders who makeup the municipal committee, and two health post personnel analyzed local *Sala Situacional* data, applying the problem solving methodology. Based on the analysis of local data, and the identification and prioritization of major health issues along with possible solutions, a municipal-level community participation plan was developed, focusing on the training of community personnel in family planning, prenatal care and pneumonia-related danger signs in children under five years of age.

In Momostenengo, Totonicapan, the community participation process began in November with an inventory of key actors, followed by the formation of a municipal health committee and the orientation and motivation of its members. *Calidad en Salud* and the MPSAS worked with the committee on planning a municipal-level workshop, scheduled for January 2001, to develop a local plan based on the analysis of the *Sala Situacional*, and the application of the problem solving methodology. All meetings and workshops in Momostenango are being conducted in the local language, Quiché.

*Calidad en Salud* is also providing support for the overall process of decentralization, in coordination with the Secretary of Decentralization, by strengthening central and community-level facilitators' technical capability, negotiation skills and knowledge concerning the steps in gaining legal status for the municipal pro-health committees that are being formed.

Based on the training that was provided by *Calidad en Salud* to the central-level personnel of the Department of Promotion and Health Education, and the positive reaction by the two pilot municipalities to the participative planning process, the MSPAS has begun to replicate the strategy and problem solving methodology in municipalities in other areas of country including Jutiapa (2), Petén (3), Alta Verapaz (7), Izabal (2), Baja Verapaz (1), Chiquimula (2), Suchitepéquez (2), Zacapa (1), Sacatepéquez (1), Escuintla (2), El Progreso (1), Jalapa (3) and Santa Rosa (1). PAHO and the Guillermo Toriello Foundation are supporting this replication in 28 municipalities.

### **Support for other related activities**

Given that the objectives of the community participation component are closely tied to the objectives of Result 2, the IEC/BCC component of *Calidad en Salud*, activities under Result 4 have been closely coordinated with the IEC/BCC team and GTI-IEC described earlier, including: participation in the development of the national IEC strategy for the family planning component of the new Reproductive Health Program, participation in the development of a communication strategy for IMCI, and the technical review of existing educational materials.

To address health priorities identified through the community participation process, *Calidad en Salud* supported a three-day training of 54 traditional birth attendants (TBAs or *comadronas*) from 3 rural communities in Momostenango, Totonicapán in postpartum family planning counseling and other topics, as part of a training to improve routine postpartum visits. (See discussion under Results 1 and 2 of the training of 237 TBAs.)

In Sololá, twenty-five district-level health personnel were trained by *Calidad en Salud* in September, and began to apply the problem solving methodology in the identification and prioritization of activities related to increasing immunization coverage in 15 of the 19 municipalities in Sololá. The workshop resulted in the development of an area-level plan.

A training plan was developed for the adaptation of the *Sala Situacional* at the community level in the Area of Chimaltenango, also using the problem solving methodology during a two-day (divided) workshop held in October and November. The rural health technicians, ambulatory physicians and institutional facilitators who participated, were also given an orientation on community participation and the process of decentralization.

In November, *Calidad en Salud's* Community Participation Advisor was invited to participate in a seminar/workshop on decentralization of health services, organized by the Secretary of Decentralization, for municipal and community leaders in the Area of Quiché. This participation helped to increase coordination between *Calidad en Salud* and the MSPAS.

### **Product and human resource development**

The most tangible product developed under Result 4 during the first year of *Calidad en Salud* is a defined methodology and tools for community organization and community-level FP and MCH-related problem solving. A traditional quality assurance methodology was adapted to the local context, and a simplified guide was developed, including appropriate tools and exercises based on adult learning principles.

The other major product of the component was the preparation of a cadre of central, municipal and community facilitator to lead the replication and expansion of the MCH-focused community participation model. Following the development of the inter-institutional community participation strategy with technical support by *Calidad en Salud*, seven central-level facilitators, nine municipal-level teams of (two persons), 6 Technicians in Rural Health, 3 *Calidad* area facilitators and 2 *Calidad en Salud* IEC/CP Facilitator were trained in the problem solving methodology in Quetzaltenango. Two pro-health committees were formed and formally linked to the health service delivery system in the municipalities of Rio Blanco, San Marcos and Momostenango, Totonicapán.

At the request of the MSPAS, and in the spirit of collaboration, *Calidad en Salud* also supported the production and printing of two vinyl banners and 5000 brochures to promote the overall *Municipios Promotores de la Salud y la Paz* strategy.

## Expansion of the community organization/problem solving methodology

Based on an analysis of the lessons learned and specific aspects of the work conducted in the two pilot municipalities, *Calidad en Salud* is currently developing a plan to continue to support activities in the initial two pilot communities in Totonicapán and San Marcos, while introducing the community organization/problem solving methodology in at least one pilot municipality in each of the other five priority areas – Chimaltenango, Sololá, Quetzaltenango, Huehuetenango and Quiché. This second phase will be completed during the first six months of 2001. Municipalities will be selected in close collaboration with the MSPAS, prioritizing those communities that are currently participating in the extension of healthcare coverage under SIAS, given the additional human resources that are available for “jump starting” the process. The overall process will be documented, and a workshop will be organized mid-year to highlight lessons learned, analyze successes, identify barriers and stimulate the further rollout of the program. Each pilot municipality will provide a living model for other municipalities within each department to visit and interact with during the early planning process. It is anticipated that by the close of 2003 each of 106 priority municipalities (see chart below) will have been engaged, with technical support from *Calidad en Salud*, in community organization and local problem solving activities related to family planning and IMCI issues. IEC materials and behavior change interventions, developed and tested under Result 2 will be widely available for use by health agents and organizations within these communities for the promotion of positive key behaviors and the generation of demand for quality health services. It is further anticipated that the MSPAS will continue refining and applying the methodology in other non-priority areas throughout the country, thus greatly increasing the overall impact of *Calidad en Salud*'s efforts.

### Seven Priority Areas of *Calidad en Salud*

Departments	No. of Municipalities	Priorities
Chimaltenango	16	16
Sololá	19	19
Totonicapán	8	8
Quetzaltenango	24	24
San Marcos	29	29
Huehuetenango	31	5
Quiché	21	5
Total	148	106

### 3. IGSS RESULTS (RESULT 5: INCREASED USE OF SELECTED MCH SERVICES PROVIDED BY IGSS)

The objectives of Result 5 are to increase the use of maternal child health services at the clinical and communities services levels, as well as improve management support services and ensure organizational commitment. In May, the *Carta de Entendimiento* was signed between USAID/*Calidad en Salud* and IGSS. This agreement outlines main areas of technical support for maternal and child health services. In July the operational plan, describing objectives and strategies over the course of the *Calidad en Salud* program, was approved by IGSS and USAID. Finally in August, the training plan was approved by USAID.

During the last year, a major effort has been made to increase the provision of family planning services by improving staff skills, providing equipment and other supplies, and revising technical norms. IMCI has been approved, technical teams have been organized and staff oriented. A major launching of clinical and community level IMCI is planned for 2001. IGSS has shown its commitment to MCH services through the execution of MCH operational plans in 2000, and increase in staff counterparts for 2001.

Section 4 describes strategies and results for the three sub-results: 1) more families use MCH services, 2) MCH programs are better managed, 3) increased commitment towards women's health.

## Major Results in IGSS

### Family Planning

- Signed *Carta de Entendimiento* between IGSS and USAID-*Calidad en Salud*
- Approved FP norms
- Establishment of FP Technical Team in IGSS
- Community-based FP program opened with some 100 community agents trained and providing FP services in Suchitepéquez and Escuintla
- Training for 171 IGSS operational staff in provision of FP services
- Contracted company clinics included FP service provision
- *Hospital de Gineco Obstetricia* from IGSS functioning as a training center in FP for IGSS and MSPAS personnel
- Approval for the design and implementation of two training centers in FP. Mazatenango Hospital in the south west and Hospital Dr. *Juan José Arévalo Bermejo* in Guatemala City as support for *Hospital de Gineco Obstetricia*

### IMCI

- Approval of IMCI and formation of technical teams
- Trained technical team members from programs and other *Direcciones* in IMCI prior to adapting norms
- IMCI norms revised and pending approval
- Operational plan developed and presented to IGSS for approval
- Training on introduction of IMCI to operational staff (17) from the 3 levels of attention in Suchitepequez
- AIEPI materials in MSPAS and IGSS: Proceedings, Register Forms, 7 Modules for training, videos, Photograph Manuals, AIEPI posters, Counseling reminders

### IEC/BCC

- Participation of IGSS in GTI-IEC and training of eight health educators in the IEC process
- Analysis of IEC capability of IGSS at the central offices and at the *Hospital de Gineco Obstetricia*
- Inventory of IEC materials related to FP and IMCI available in IGSS to facilitate design of new materials
- Development of a proposal for an IEC department at the central level and agreements reached regarding general IEC norms
- Analysis of IGSS immunization communication activities by eight health educators was conducted where major problems were identified and an IEC plan of action was developed
- Design of an infant immunization card (for mothers to keep)
- Development of a draft manual of key small group content related to FP and IMCI/child health for use by IGSS Educators
- Central technical IEC group was formed including the MCH Department, Social Workers, Epidemiology Department, and the Security and Hygiene Department, to assess and improve

implementation of IEC activities

**Support systems (monitoring, supervision, and quality management)**

- Approval of SAS for ambulatory and contracted health services
- Facilitative supervision approach adopted by IGSS for use with managers.

**3.1. Sub-Result 1: More Families use MCH Services**

The IGSS strategy aims to strengthen the competence and performance of family planning and IMCI providers while improving critical inputs such as norms, drugs, contraceptive methods, information, and quality management. During 2000, important family planning results were achieved such as the approval of FP and IMCI norms, the training of community agents in provision and counseling, expansion of FP services to factory-based services, and the formation of a AQV, IUD and Norplant training center for IGSS and the MSPAS staff. Two additional training centers for IGSS and MSPAS will be added in 2001. The process of IMCI was launched through the orientation and initial training of physicians and nurses. IMCI has been approved by IGSS, technical teams have been organized to develop and support its expansion. Both FP and IMCI will entail three service delivery levels: community, clinical and hospital.

A complete summary of IGSS staff trained by *Calidad en Salud* and other USAID agencies is provided in Annex F.

**3.1.1. Family Planning Results**

**Monitoring results**

Improvements in FP use between 1999 and 2000 are related to an expansion of services (post-partum and factory-based) coupled with increased demand among IGSS clients. The target for CYPs was 93,770, the target was met with 101,420 CYPs (108%).

Table 13: CYPs by method, IGSS

Contraceptive Method	Target 2000	Achieved 2000
AQV-female		51,027
AQV-male		4,032
IUD		8,697
Condom		4,422
Orals		2,817
Injections		24,888
Norplant		5,537
Total	93,770	101,420 (108%)

The IGSS target for 2000 was 9,617 new acceptors; the number was exceeded with 20,100 acceptors (209% of the target).

Table 14: New FP acceptors by method, IGSS

Contraceptive Method	Target 2000	Achieved 2000
AQV-female		4,556
AQV-male		360
IUD		2,485
Condom		1,850
Orals		837
Injections (3)		8,430
Norplant		1,582
<b>Total</b>	<b>9,617</b>	<b>20,100 (209%)</b>

Table 15 shows an overall improvement in CYPs of 68% between 1999 and 2000 due to AQV (+28,527 CYPs) followed by Depo Provera (+8,767 CYPs).

Table 15: CYPs by method and year, IGSS

Method	IGSS 1999	IGSS 2000	Difference	% Change
Depo Provera	16,121	24,888	8,767	54.4%
Condom	3,242	4,422	1,180	36.4%
IUD	12,138	8,697	-3,441	-28.3%
Norplant	NA	5,537	NA	NA
Orals	2,121	2,817	696	32.8%
AQV	26,532	55,059	28,527	107.5%
<b>Total</b>	<b>60,154</b>	<b>101,420</b>	<b>41,266</b>	<b>68.6%</b>

Table 16: also shows a very large increase in new acceptors between 1999 and 2000. Much of the increase is due to Depo Provera (+4,669) followed by AQV (+2,547).

Table 16: New acceptors by method and year, IGSS

Method	IGSS 1999	IGSS 2000	Difference	% Change
Depo Provera	3,761	8,430	4,669	124.1
Condom	625	1,850	1,225	196.0
IUD	1,647	2,485	838	50.9
Norplant	NA	1,582	NA	NA
Oral	341	837	496	145.5
AQV	2,369	4,916	2,547	107.5
<b>Total</b>	<b>8,743</b>	<b>20,100</b>	<b>11,357</b>	<b>129.9</b>

Table 17: FP indicators from the monitoring plan, IGSS

Indicator	Target	Achieved
CYP	93,770	101,420 (108%)
New acceptors	9,617	20,100 (209%)
Development and approval of family planning norms	100%	100%
Design of family planning training program	100%	100%
Design and implementation of Hospital de Ginecología y Obstetricia as FP training center	100%	100%
Approval of training center in Mazatenango	100%	100%
Training and implementation of FP in 3 hospitals	100%	100%
Training and implementation of FP services in 8 factory clinics and 7 IGSS clinics	100%	100%
Percent of community agents that promote FP and primary health care through home visits	100%	100%
Percent of facilities (hospitals and clinics) without stockouts of basic drugs and contraceptive methods	75%	ND
Percent of beneficiaries <sup>35</sup> using FP services	ND	ND
Percent of hospitals that serve beneficiaries	ND	ND

### Family Planning:

There was a large increase in new FP acceptors, during 2000. Much of this increase was due to a new post partum clinic in the *Hospital de Gineco Obstetricia* that served some 900 new users per month, plus factory-based FP services. Moreover Norplant was introduced in three IGSS centers.

FP service provision was expanded to 100 community agents, 7 clinics and 3 hospitals (including the training center).<sup>36</sup> FP norms were approved. A FP training program and centers were established. Providers in hospitals and clinics, as well as community agents, received FP training (provision and counseling). Extension of FP services to spouses has not yet been approved.

### Norms and guidelines

Technical teams from IGSS and *Calidad en Salud* developed the "IGSS Family Planning Standards Manual". The manual contains the official standards for the supply, use and follow-up of the beneficiaries of IGSS' family planning services as well as the basic standards for the different kinds of family planning methods, description of their benefits, limitations and precautions related to their use.

A Manual of Procedures for AQV (the Minilap Technique) was developed. This manual is a joint project between IGSS, MSPAS, AVSC and *Calidad en Salud*. Its purpose is to provide orientation to service providers related to the Minilap technique, its basic standards and the surgical criteria. This technique represents an important part of the delivery of family planning services in both IGSS and MSPAS. The manual is still pending final review and approval.

### Organization

Due to staff changes in IGSS, counterpart staff were re-assigned by the *Subgerencia de Prestaciones y la Direccion de Prestaciones en Salud* in November. The following table shows the areas and functions of the IGSS technical team that is assigned to work with *Calidad en Salud*.

<sup>35</sup> This refer to spouses of IGSS affiliates.

<sup>36</sup> In the areas of Escuintla and Suchitepequez, community based activities include household visits by educators and promoters.

Team Function	Organizational Function
Coordination	Jefe Materno Infantil Jefe de Docencia
FP	Coordinador de Salud Reproductiva Jefe Depto. Hosp. Juan José Arévalo Jefe de Docencia
IMCI	Coordinadora Pediatría zona 9 Coordinador Pediatría Juan José Arévalo Jefe Materno Infantil
Community Participation	Supervisor Médico Supervisor Médico Jefe de Seguridad e Higiene
IEC	Subjefe de Relaciones Públicas Jefe de Trabajo Social Supervisora de Educadoras
Support Services	Jefe de Epidemiología Jefe de Registros Médicos Jefe de Abastecimiento
Training	Asistente de Recursos Humanos Asistente de Recursos Humanos

An assessment was made of the *Hospital de Gineco Obstetricia* to certify it as a center of excellence for national and international family planning training. The training methodology involves in-service learning with tutors under controlled conditions. The certification is still in process and will be based on the factors such as design of the center, organization, establishment of standards, development of manuals, and information/evaluation system.

By the end of 2001, 3 more training centers are planned, for a total of 2 MSPAS and 2 IGSS centers.

### Training

Some 67 health providers were trained in clinical methods, 39 from IGSS and 28 from MSPAS. The majority were physicians (54) compared to nurses (13). Forty-six received certification in Minilap and 11 were trained in both Minilap and Vasectomy. All of these trainings occurred in the *Hospital de Gineco Obstetricia* training center, supported by *Calidad en Salud*.<sup>37</sup> Another 171 physicians, nurses and health promoters received IGSS training in the provision of temporary methods (155 received initial training and 16 received a refresher course).

Table 18: Number of providers trained in clinical family planning methods

Contraceptive method	IGSS	MSPAS	Physicians	Nurses	Total
Minilap y vasectomy	4		4		4
Minilap	20	22	33	9	42
IUD insertion	5	6	7	4	11
Norplant	10		10		10
Total	39	28	54	13	67

<sup>37</sup> An Ob-Gyn physician was contracted for a two-year period to manage the national AQV program in the MSPAS and IGSS.

Through participative and adult learning methodologies, some 171 staff received training in the provision of temporary methods, counseling in informed and voluntary choice, and referral to other service levels.

Table 19: Number of family planning providers trained by IGSS in temporary methods

Content	Physician	Nurse	Promoter	Social worker	Educator	Director	Total
Provision of temporary FP methods	14	19	112	8		2	155
Refreshment course in FP methods	8	8					16
Total	22	27	112	8		2	171

### 3.1.2. IMCI and Child Health Results

The basic objectives, strategies and indicators of IMCI in IGSS are similar to the MSPAS. The measures of success are improved nutrition, immunization coverage, use of ORS for diarrhea cases, treatment of pneumonia cases, and exclusive lactation for the first six months. Specific objectives include 1) provider compliance with the clinical algorithm and 2) improved caregiver behavior in identifying risks and following home-based treatment norms. Clinical and community level strategies are under development. A technical team reflecting system support services has been formed to develop training, logistics, supervision, IEC, community participation, and monitoring components. The clinical and community strategies entail:

Clinical level: Adaptation of norms, guides, procedures and indicators; design of an operational plan that includes support services (mentioned above); training; implementation and supervision of IMCI and other support services.

Community level: Design a community approach linked to clinical services; development of IEC strategies including messages, materials, and training of educators and social workers; implementation and follow up support.

An initial list of indicators has been proposed:

Clinical: 5 basic measures of immunization, IRA, diarrhea, nutrition and breastfeeding; % provider knowledge and compliance with technical and counseling norms; % of facilities with basic equipment and supplies, norms/guides, and trained staff; % facilities with counseling, communication and monitoring materials.

Community: % of compliance by caregivers/mothers (identification of risk/transfer and home treatment); % of mothers that consult services as result of messages.

#### **Monitoring results for child health (IMCI)**

Data regarding breastfeeding, immunization, use of ORS and treatment of pneumonia are still not available from IGSS service data.

Efforts aimed at IMCI are underway with the approval of norms and design of training materials and center. The production of basic IMCI has also started. Data regarding breastfeeding, immunization, use of ORS and treatment of pneumonia are still not available from IGSS service data.<sup>38</sup> Community agents have not been trained in IMCI. A proposal for establishing an IEC unit was presented, and negotiations are still underway.

<sup>38</sup> These data will be collected using SAS in clinics and contracted services during 2001.

Table 20: IMCI indicators from the monitoring plan, IGSS

Indicator	Target	Achieved
Percent of services implementing IMCI	18%	0%
Formulation and approval of IMCI norms	100%	100%
Design of IMCI training program	100%	75%
Design of IMCI training center	100%	75%
Training and implementation of IMCI with 60 community agents	100%	0%
Production and distribution of basic IMCI materials	100%	25%
Percent of children under 6 months with exclusive breastfeeding	70%*	ND
Percent of children with diarrhea treated with ORS	95%*	ND
Percent of pneumonia cases treated by health providers	95%*	ND
Percent of children aged under age with complete immunization	95%*	ND
Percent of community agents that promote AIEPI health services through home visits	100%	0%
Create IEC unit	100%	50%

\*These targets are for the end-of-project in 2003.

### Officialization

IGSS supports IMCI (as per the Letter of Understanding better IGSS-USAID) and the launching of the national IMCI effort by the Minister of Health on December 5, 2000. The MCH director Reginaldo Leonardo has also given full support to IMCI and leads its design and implementation.

### Organization

A comprehensive technical team was formed to oversee the adaptation of norms, development of training materials, and the design of support services. The team is lead by the Director of MCH services, plus sub-teams have been established at the central level and in the department of Suchitepequez where IMCI is being launched on a pilot basis. The central team is responsible for designing the IMCI program and revising norms, as well as support services such as supervision and IEC.<sup>39</sup> The sub-team in Suchitepequez is composed of pediatricians, graduate nurses, supervisors and social workers (responsible for IEC).

### Norms, guides and indicators

The technical and counseling norms of IGSS are similar to those adopted by the MSPAS, with some modifications given the different service modes of IGSS and types of providers. Norms and training modules have been reviewed by central and departmental teams to assure compatibility of MSPAS norms. The norms are still pending final review and approval from the central level.

IMCI indicators were presented to the MSPAS Epidemiology department and SIGSA, and are pending final revision by IGSS.

### Planning

A plan was prepared and submitted to the central and Suchitepequez teams that contains: operational plan for implementing IMCI, job aids and registers with clinical algorithm, training modules, monitoring and evaluation.

<sup>39</sup> Both of these teams have received an orientation and initial training in IMCI (both clinical and community components).

An implementation proposal for IMCI was presented to the central and departmental teams. The proposal includes an operational plan, job aides, training guides, and indicators for IMCI planning.

### Training

An initial training was provided to 17 departmental staff, including physicians, nurses, and social workers from all three levels. The training lasted three days and covered content and use of IMCI materials such as the job aide, register, training video and so forth. The primary focus was on clinical IMCI and the four steps. Lessons learned were that training would require more than three days. For example, it is not possible to cover both the classroom and clinical practice required for competency during a three-day course, even with follow-on facilitation and learning.

Table 21: Number of child health providers trained in IMCI<sup>40</sup>

Training	Physician	Nurse	Health Worker	Social Worker	Educator	Director	Total
Training in IMCI (3days)	4	4	4	2	1	2	17
Orientation in IMCI (1 day)	3	6	1	2		3	15
Total	7	10	5	4	1	5	32

### 3.1.3. IEC Results

The overall objectives of the IEC component of Result 5 are: 1) to develop and institutionalize an IEC capability within IGSS through the formation of a central-level IEC Unit, 2) to improve the IPC/C capabilities of both clinical and community-level providers, and 3) to increase the knowledge and health-related behaviors of clients and care givers (e.g. mothers). This IEC component supports the family planning, IMCI and, to a limited extent, maternal health services (pre-natal and delivery services) provided by IGSS. Although *Calidad en Salud* has assumed initial responsibility for the design, pretesting and production of IEC strategies and products, the proposed IEC Unit will eventually take over this responsibility, along with IPC/C training and IEC technical support of IGSS service providers.

The specific objectives of the IEC component related to family planning include: the definition of FP IPC norms and the design of IPC-related pre/post service education to ensure provider compliance with these norms; the improvement of counseling related to informed choice, secondary effects and discontinuation of methods; and the improvement of client knowledge and use of contraceptives, as well as client satisfaction.

Specific objectives related to IMCI include: the definition of IMCI IPC norms for both clinical and community levels; the improvement of provider compliance with these norms; the improvement of provider skills related to counseling of mother/caregivers and follow-up of cases; the improvement of mother/caretaker knowledge of preventive measures, danger signs, and life saving technologies (for example vaccines, oral rehydration salts, breastfeeding and the timely introduction of adequate complementary foods); and the improvement of client satisfaction with clinical services. At the community level, proposed IEC strategies and communication approached will focus on improving the knowledge and behavior of mothers and other caregivers related to the identification of danger signs, the tendency to seek assistance, and compliance with recommended treatment and care of children.

### General IEC Results

Although IGSS has not formally approved the formation of an IEC unit, a proposal was presented and negotiations are under way. In the mean time, the IEC component has joined efforts with the Health Educators from the MCH Department, Social Workers, Epidemiology Department, and Security and Hygiene Department to assess and

<sup>40</sup> Provider that received training in IMCI also attended the IMCI orientation prior to the training course.

improve their current implementation of IEC activities. A central technical group has been formed and staff assigned as counterpart to support IEC activities throughout IGSS.

Agreements were reached regarding general IEC norms such as taking advantage of every provider-client interaction to inform and educate regarding family planning and child health as appropriate. The content of this interaction is also outlined in norms.

A situational analysis (diagnosis) of the IEC-related system in IGSS (existing messages, materials, providers) was conducted in order to understand the current status of IEC and to plan redesign efforts. The diagnosis focused on the central-level offices and the Obstetrics and Gynecology Clinic. Results of the analysis include: 1) design of an immunization card, 2) design of family planning and IMCI manuals for educators, 3) proposal for client satisfaction instrument redesign, 4) proposal for IEC department in IGSS, and 5) inventory of IEC materials in IGSS related to family planning and child health.

A satisfaction and client flow study in the same clinic led to the redesign of an existing client satisfaction instrument. Additional efforts are underway to improve client-related communication regarding services and service locations.

Official IEC counterparts in IGSS were named, including one representative of the Department of Public Relations (traditionally been in charge of the development of health education materials and diffusion of messages through mass media to affiliates), the Supervisor of health educators and the head of the Department of social work. These representatives are actively participating in the IEC Inter-institutional Technical Group (GTI-IEC) discussed under Result 2.

An inventory of IEC material in family planning and IMCI was conducted, indicating the virtual lack of IMCI materials for counseling and distribution to mothers/caregivers. To date, the majority of FP IEC materials have been provided by AVSC, including pamphlets for clients on individual methods and flipcharts used in counseling by social workers.

New materials have been drafted and are currently being pretested, including job-aid in the form of one-page guides (technical content and activities) for group talks conducted by health educators on FP and IMCI topics, a child vaccination card for mothers/caregivers; and a card for FP users. Materials that will be produced by the IEC component and described under Result 2 (such as pamphlets on individual FP methods) will be tested and used in both the MSPAS and IGSS.

### **Family Planning-Related Results**

*Calidad en Salud's* IGSS consultant and counterparts participated in the Seminar and workshop held by the GTI-IEC to define the IEC FP Communication Strategy. They have also been involved in monthly meetings and in all activities conducted by the GTI-IEC such as the reproductive health logo and slogan contest and the pretesting of FP IEC materials (see Result 2).

As noted in Result 5.1, IGSS providers received training in FP counseling.

Existing FP IEC materials and their use by educators (manuals, flipcharts and client brochures) were assessed. The eight IGSS health educators were systematically trained on various aspects of IEC process (analysis, design, pretest and production, implementation, monitoring and evaluation), and the application of the stages in this process to their work in family planning and maternal and child health. Ongoing monthly training and facilitation are being used to expand and reinforce the health educators' IEC, IPC and counseling-related skills. Training themes include: audience research; analysis and use of audience needs to focus IEC activities and messages; family planning counseling and use of the acronym GATHER to recall major steps in counseling; management of technical content with accompanying manual to improve group talks; updated information on natural and modern FP methods; recommended behaviors, creative strategy, content of communication and messages; analysis of immunization

program (recommended behaviors, content of communication and specific messages to mothers/ caregivers); and pre-testing IEC materials (objectives, criteria, methods, analysis and use of the information).

### **IMCI-Related Results**

During the first year of *Calidad en Salud*, IMCI was approved by MCH, and IEC counterparts from IGSS were assigned to coordinate IEC efforts in this area. An assessment of child health IEC materials and needs was completed (along with the FP IEC assessment). The eight health educators participated in a situational analysis of the IGSS immunization program, and an IEC plan of action was developed to address major problems identified by the analysis. A new IGSS immunization card for integration into IMCI was developed and pre-tested. The card includes all child immunizations through age 5, as well as key messages for mothers/caregivers.

### **Limitations to IEC**

The original IEC plan for IGSS envisioned the establishment of a new IEC Unit. The proposal to create this Unit was accepted by the Director for Health Services. In preparing to submit the proposal to members of the Directive Board of IGSS for their approval, this director was removed, and an interim director filled the position. Another attempt will be made to gain support for the IEC Unit from the Interim Director for Health Services and the Board of Directors early in 2001.

As described above, personnel from different departments and units within IGSS are involved in a variety of IEC activities being carried out under the GTI-IEC. There is no general IEC structure within IGSS. However, with a macro strategy, to specifically orient their activities, the content of their counseling and messages tailored to their particular audiences, and the development of suitable communicational tactics and materials, we will improve their IEC activities, materials and content of communication.

## **3.2. Sub-Result 2: MCH programs are better managed**

Sub-result 2 activities are focused on improving management systems in ambulatory and contracted services (monitoring and planning of service production, logistics, human resources and finance), developing an IEC capability at the central level, and introducing quality management approaches (facilitative-supervision and problem solving).

### **Monitoring and information**

An assessment of the IGSS Family Planning Information Systems was completed. Assessment results show that duplication exists, and there is no uniformity in the collection of family planning services information, across different levels of services. Data collection norms, procedures and forms must be standardized to facilitate the collection, analysis and timely use of family planning and child health information. These changes require substantial changes throughout the IGSS service system, political support, and a substantial technological investment (e.g. software, training and equipment).

**Hospital Information System:** In an effort to standardize hospital information, IGSS is considering the implementation of the HIS used by the Costa Rican social security system, on a limited pilot basis. Counterparts in Costa Rica have agreed to provide technical support and software. At this time *Calidad en Salud* is not directly responsible for the transfer and implementation of this new hospital information system (to replace the current WINSIG hospital information system).

**SAS for clinical services:** IGSS has expressed interest in the SAS application and CBT for its contracted and outpatient services. Key managers of IGSS have viewed presentations and discussed how the SAS can be adapted to meet IGSS financial, logistics, human resource and service production management needs. A major presentation to top level managers was provided on January 2, 2001, and SAS was approved by the sub-director of IGSS. An

assessment of central level needs and implementation on a pilot basis are now planned for Villa Nueva and Suchitepéquez.

### **Organization and quality management**

A *Manual del Equipo Técnico de Calidad en Salud*<sup>41</sup> was developed and presented to the technical team. This manual outlines the structure and functions of the various team members and was designed to improve communication among IGSS departments working with *Calidad en Salud*.

Twenty-six Directors of IGSS received an orientation in quality assurance and management, including QA/QM concepts, dimensions of quality, various approaches, and techniques. As per the strategic plan, *Calidad en Salud* will continue to push for the introduction of quality management approaches, even though there is still no agreement regarding the establishment of a quality assurance unit.

### **IEC Capability and QA Materials**

The instrument on user satisfaction will be an adaptation of an existing instrument found in the assessment at the *Hospital de Ginecología y Obstetricia*. The instrument will be revised with the chief of the Social Work Department and the new version presented to the Board of Directors. In addition to measuring client satisfaction, this instrument will be used to determine health messages transmitted and recalled by clients and lost opportunities in communication. The IEC component at IGSS plans will take advantage of all instances of provider-client and client-client interaction to provide information on FP, IMCI, and MNH key recommendations.

### **3.3. Sub-Result 3: Increased commitment towards a holistic approach to women's health**

A commitment was made by IGSS officials related to the institutionalization and continued support for the family planning program and the adoption of the IMCI strategy. Compliance to the *Carta de Entendimiento* was agreed to as well as compliance with the Operations Plan. Dr. Reginaldo Leonardo was named as the IGSS IMCI coordinator, and Dr. Carlos Gómez was named as the coordinator for Community IMCI.

The agreement proposal for the extension of coverage in family planning services to its beneficiaries in the metropolitan area was developed and submitted. The agreement proposal for the extension of Family Planning services to IGSS beneficiaries in the metropolitan area was also submitted in the same meeting. These proposals are being studied by IGSS officials.

### **3.4. Limitations and Facilitating Factors in IGSS**

#### **Limitations**

Limitations to our work with IGSS include change of staff, lack of interest in the establishment of quality unit and IEC units (as per original plan).

**Changes in authority/staff:** In January 2000, a new government and political party assumed power in Guatemala, causing changes in authority and political orientations within IGSS, especially during the first half of the year. These changes had implications for *Calidad en Salud*, requiring a process of negotiation and/or renegotiation of initial agreements and understandings. During the month of July, an additional change in high-level authorities took place, resulting in another round of negotiations and delays in the execution of early agreements.

**Logistics audit results:** USAID/Guatemala contracted an independent auditor to evaluate the administration and use of donated contraceptive methods within IGSS. Negative aspects of the report issued by the auditor resulted in the suspension of supplies, equipment and donated methods by all USAID projects to IGSS, including *Calidad en*

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<sup>41</sup> Technical manual for the IGSS team.

*Salud*. Only those planned activities related to coordination, norms development and training were allowed to continue. A new audit will be conducted in January 2001 in which demonstrated positive changes in the management and handling of donations are anticipated, thus allowing IGSS to continue receiving support and *Calidad en Salud* to execute planned activities.

#### **Facilitating factors**

**Approval of family planning norms:** One of the favorable aspects in the relationship between IGSS and *Calidad en Salud* has been the positive attitude of the current authorities to the expansion of family planning programs within the Institute. This attitude is reflected in the approval of the family planning norms, including emergency contraception, the provision of counseling services and contraceptive methods at Level 1 facilities, and the assignment of resources to strengthen and institutionalize family planning services throughout IGSS.

**Coordination between MSPAS and IGSS training center:** A family planning training center was established in the *Hospital de Gineco Obstetricia* during the first year of *Calidad en Salud*, and 28 MSPAS personnel, including physicians, nurses and surgical technicians, have been trained in female sterilization (Minilap) and IUD insertion. Previously, these trainings had not been authorized.

**Acceptance of Facilitative-Supervision:** Under the *Dirección General* of Service Delivery and the Chiefs of Maternal Child Health and of Education and Investigation, IGSS accepted the IMCI strategy and the proposed facilitative-supervision, which will be incorporated into the service structure in the different levels of attention.

#### **4. ADMINISTRATION**

##### **Administration Results**

- Contracting of key personnel to operationalize *Calidad en Salud*
- Development of software for tracking activity costs of *Calidad en Salud*
- Purchase of equipment for Health Areas, the *Unidad Ejecutora* and the central office of *Calidad en Salud*
- Administrative and financial support for the *Unidad Ejecutora* (e.g. computer equipment, office supplies, UE organizational document, administrative/financial staff person, and ongoing program planning and monitoring)
- Approval by USAID for contracting RHTs, F-IEC/PCs and AQV physician
- Approval of physical space for Area Facilitators and F-IEC/PCs in Area Health offices

##### **Unidad Ejecutora**

On August 28, 2000, USAID/Guatemala signed an agreement in which they approved the configuration of the *Unidad Ejecutora* consisting of a general manager, an internal auditor, a logistics official, two obstetricians, a pediatrician and a professional nurse.

*Calidad en Salud* staff person Olga de Bonancella has been located at the *Unidad Ejecutora* in order to provide financial and administrative technical assistance to the Director of SIMNA as well as the General Manager of the *Unidad Ejecutora*. Since then, Olga de Bonancella has developed a procedures manual as well as financial and administrative procedures for the Health Areas.

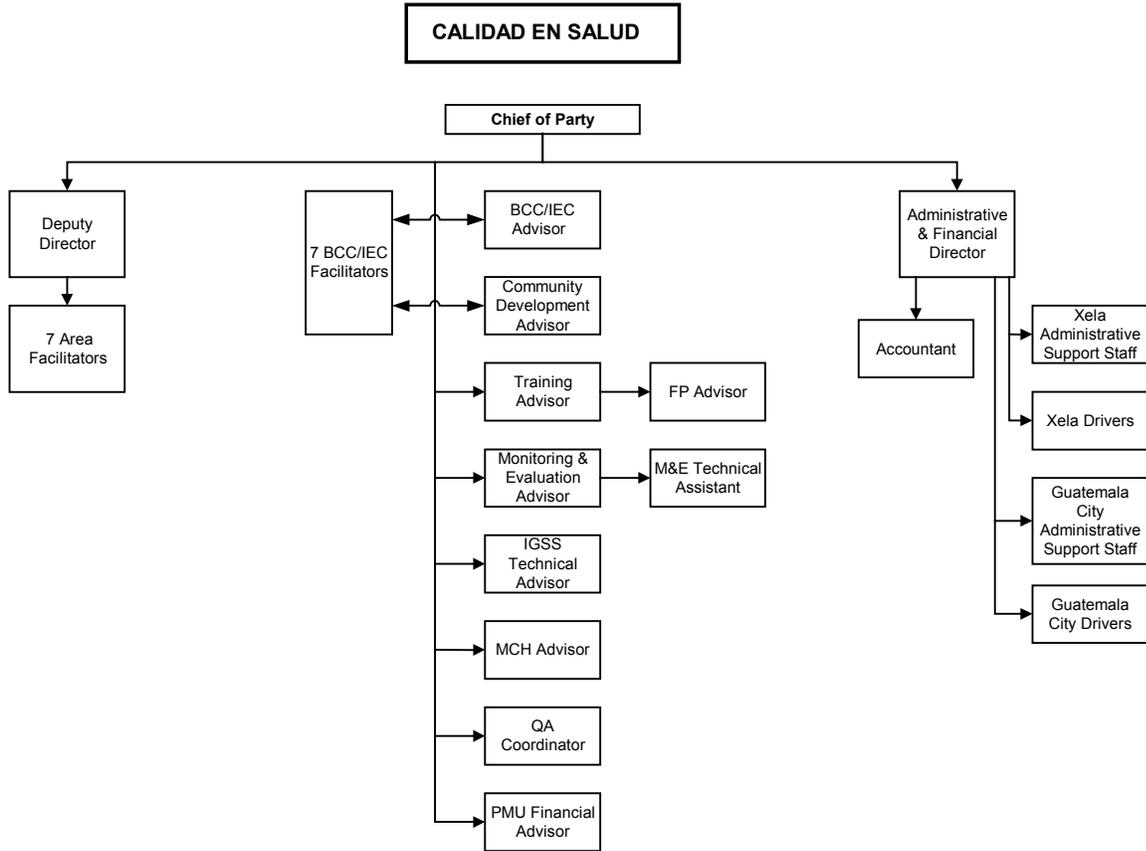
*Calidad en Salud* supported the *Unidad Ejecutora* in the programming and control of counterpart funds. Because of limited funding for the central *Unidad Ejecutora*, *Calidad en Salud* has provided funding for travel per diem and transportation to the Health Areas, computer equipment and administrative resources.

*Calidad en Salud* has held weekly meetings with the director of SIMNA, the General Manager of the *Unidad Ejecutora* and the program officer from USAID to work together and to give them support in areas where it is needed. Technical monthly meetings were established in order to assess the level of advance for planned project activities.

### **Staffing and organization**

As mentioned under results highlighted earlier, *Calidad en Salud* received approval from USAID to hire 7 F-IEC/PC. One facilitator will be placed in each of the priority areas. Approval was also given to hire 7 Rural Health Technicians (RHTs) and 1 Voluntary Surgical Contraception (AQV) surgeon. Interviews of RHT candidates were completed and selection will be forthcoming.

The following is an organizational chart of *Calidad en Salud*.



## INSTRUMENTO PARA MONITOREAR AVANCE EN AREAS

MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL  
CONVENIO 520-0428

Metas, producción trimestral y anual

Resultado 1. Mayor uso de los servicios de Salud Materno Infantil proveídos por el Ministerio					LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to	
Tasa de Mortalidad infantil	ENSMI	41 x 1000 nacidos vivos*	45 x 1000 nacidos vivos						
Niños menores de 6 meses con lactancia materna exclusiva	ENSMI	50 % en el año 2002	39%						
Niños de 5 a 6 meses con lactancia materna exclusiva	SIGSA	ND							
Porcentaje de niño/as 12-23 meses de edad, que han recibido todas las dosis de DPT3, Polio3, BCG y Sarampión	ENSMI	70%*	60%						
Cobertura de vacunación en niño/as menores de 1 año, con esquema completo de vacunación.	SIGSA (en las 7 áreas del convenio)								
BCG	SIGSA	90%	86.60%	99.38%	ND	ND	63.8%	99.38%	99.38%
DPT3	SIGSA	90%	84.30%	96.57%	ND	ND	59.7%	96.57%	96.57%
POLIO3	SIGSA	90%	84.50%	96.70%	ND	ND	59.9%	96.70%	96.70%
Sarampión	SIGSA	90%	76.80%	89.30%	ND	ND	52.0%	89.30%	89.30%
Uso de terapia de rehidratación oral e ingesta de líquidos en niño/as menores de 5 años durante episodios de diarrea (Sales de rehidratación oral o incremento en la ingesta de líquidos)	ENSMI	65%*	59%						
Número de casos de diarrea en niño/as menores de 5 años atendidos en servicios de salud.	SIGSA	ND							
Casos de neumonía (tos y respiración rápida) en niño/as menores de 5 años tratados por proveedor de salud	ENSMI	45%*	37%						
Número de casos de neumonía en niños menores de 5 años atendidos en servicios de salud	SIGSA	ND							

Resultado 1. Mayor uso de los servicios de Salud Materno Infantil proveídos por el Ministerio de Salud y ONGs socias					LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to	
Prevalencia de uso de metodos anticonceptivos (métodos modernos y tradicionales)	ENSMI	41%*	38%						
APPs (incluye AQV, todo el país)	SR/UE	127,557	121,483	132%**	25,059	18,966	56,928	67,566	168,519
Nuevas usuarias de Planificación Familiar (incluye AQV, todo el país)	SIGSA	57,000	56,078	188%	ND	ND	73,014	34,393	107,407
Tasa Global de Fecundidad	ENSMI	4,8*	5						

ND = No datos

Datos corresponden a las 7 áreas prioritarias del convenio, período enero - nov 2000  
 Area sombreada corresponde a datos de ENSMI que se obtienen quinquenalmente

\* Metas para año 2002, ENSMI

\*\* datos de APPs de todo el país, al mes de noviembre, al tener disponible información anual se incluirea en el informe

ENSMI = Encuesta Nacional de Salud Materno Infantil 98/99. SIGSA = Sistema información Gerencial en Salud. SR / UE = Salud Reproductiva, Unidad Ejecutora.

INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	LOGRO POR TRIMESTRE				Total anual
					1ro	2do	3ro	4to	
Necesidad insatisfecha de Planificación Familiar	ENSMI	22%*	23%						
Reducción de la brecha entre la prevalencia de uso de métodos anticonceptivos entre población indígena y la población ladina	ENSMI	3 veces mayor*	3.9 veces mayor						
<b>Barreras por criterios inapropiados de elegibilidad</b>									
Existe la barrera de la edad mínima para proporcionar anticonceptivos (píldora, inyectables, DIU, ligadura y vasectomía) y de una edad máxima para proporcionar (píldora, inyectables, DIU y ligadura)	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	56.40%						
Existe una paridad mínima requerida para proporcionar anticonceptivos (píldora, inyectables, DIU, ligadura y vasectomía)	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	62.30%						
La/el proveedor requiere autorización verbal o escrita de la pareja para proveer el método anticonceptivo.	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	57.20%						
<b>Barreras por precauciones no justificadas, inapropiadas o imprecisas</b>									
La/el proveedor tiene un conocimiento inadecuado de las precauciones justificadas para el uso de los métodos anticonceptivos (píldora, inyectable, DIU, ligadura, vasectomía)	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	71.40%						
La/el proveedor suspende el método anticonceptivo por razones no justificadas (píldora, inyectable, DIU).	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	80.70%						

ND = No datos

\* Metas para año 2002, ENSMI

Datos corresponden a las 7 áreas prioritarias del convenio, período enero - agosto 2000

Area sombreada corresponde a datos de ENSMI que se obtienen quinquenalmente

ENSMI = Encuesta Nacional de Salud Materno Infantil 98/99. SIGSA = Sistema información Gerencial en Salud. SIMNA / UE = Salud Integral de la Mujer, Niñez y Adolescencia, Unidad Ejecutora.

INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	LOGRO POR TRIMESTRE				Total anual
					1ro	2do	3ro	4to	
<b>Barreras por procedimientos innecesarios</b>									
La/el proveedor establece procedimientos innecesarios para usuarias nuevas de píldora, inyectable, DIU.	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	64.30%						
<b>Barreras por sesgos del proveedor (a individual)</b>									
La/el proveedor establece precauciones a partir de su propia experiencia profesional.	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	40.90%						
La/el proveedor no ofrece determinados métodos por resistencia personal (píldora, condón, inyectables, DIU, tabletas vaginales, métodos naturales)	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	53.80%						
<b>Barreras por restricciones/limitaciones del proveedor institucional e individual</b>									
Existen restricciones para que personal capacitado provea algún método	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	40.70%						
No se ofertan los métodos modernos de anticoncepción acorde a infraestructura, personal y recursos disponibles del establecimiento.	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	74.60%						
La/el proveedor no ha recibido actualización en metodología anticonceptiva en los últimos dos años.	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	51.10%						
<b>Barreras por accesibilidad y disponibilidad de métodos</b>									
Oferta de métodos en establecimientos tipo 1 y 2 es limitado para el DIU, ligadura y vasectomía.	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	54.50%						
<b>Barreras por normas y regulaciones</b>									
Restricción a la publicidad de anticonceptivos hormonales	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	100%						
La/el proveedor desconoce la existencia de normas y reglamentos para proveer métodos anticonceptivos.	ENCUESTA DE BARRERAS MEDICAS	A ser determinado	50.90%						

ND = No datos

\* Metas para año 2002, ENSMI

Datos corresponden a las 7 áreas prioritarias del convenio, período enero - agosto 2000

Area sombreada corresponde a datos de ENSMI que se obtienen quinquenalmente

ENSMI = Encuesta Nacional de Salud Materno Infantil 98/99. SIGSA = Sistema información Gerencial en Salud. SIMNA / UE = Salud Integral de la Mujer, Niñez y Adolescencia, Unidad Ejecutora.

Resultado 2: Adopción de prácticas de salud en el hogar que favorezcan una mejor salud reproductiva y supervivencia de los niño/as						LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to		
Número de actividades de IEC en PF realizadas con el departamento de promoción y educación de la salud, unidad de comunicación social y grupo técnico interinstitucional en IEC	Sistema de monitoreo del programa	6	0%	166%	ND	ND	6	4	10	
Número de materiales de IEC en PF producidos por Calidad en Salud en apoyo al departamento de promoción y educación de la salud, unidad de comunicación social y grupo técnico interinstitucional en IEC	Sistema de monitoreo del programa	A ser determinado	0%	4000 volantes, 3 mantas 9 publicaciones 1228 spots 2000 bifoliares 2000 manuales de PF 1000 rotafolios de PF	ND	ND	2000 folletos	4000 volantes, 3 mantas 9 publicaciones 1228 spots 2000 bifoliares 2000 manuales de PF 1000 rotafolios de PF	4000 volantes, 3 mantas 9 publicaciones 1228 spots 2000 bifoliares 2000 manuales de PF 1000 rotafolios de PF	
Número de actividades de IEC en AIEPI realizadas con el departamento de promoción y educación de la salud, unidad de comunicación social y grupo técnico interinstitucional en IEC	Sistema de monitoreo del programa	4	0%	125%	ND	ND	2	3	5	
Número de materiales de IEC en AIEPI producidos por Calidad en Salud en apoyo al departamento de promoción y educación de la salud, unidad de comunicación social y grupo técnico interinstitucional en IEC	Sistema de monitoreo del programa	A ser determinado	0%	10 cuñas de radio sobre vacunación	ND	ND	0	10 cuñas de radio sobre vacunación	10 cuñas de radio sobre vacunación	
Porcentaje de mujeres que dice haber escuchado mensaje sobre salud reproductiva/PF en último mes en radio y/o televisión	ENSMI	40%*	30.50%							
Porcentaje de mujeres que ha visitado servicios de salud por cualquier motivo en último mes y les ofreció y conversado de PF	ENSMI	14%*	6.90%							
Porcentaje de mujeres visitadas por agente comunitario en el último mes que recibió consejos de PF	ENSMI	5%	0.40%							
Porcentaje de mujeres visitadas por agente comunitario en el último mes que recibió consejos de AIEPI	Sistema monitoreo del programa**	ND	0%	ND	ND	ND	ND	ND	ND	

ND = No datos

\* Metas para año 2002, ENSMI

Datos corresponden a las 7 áreas prioritarias del convenio, período enero - agosto 2000

Area sombreada corresponde a datos de ENSMI que se obtienen quinquenalmente

\*\* Se negociará su inclusión en encuesta ENSMI 2002

ENSMI = Encuesta Nacional de Salud Materno Infantil 98/99. SIGSA = Sistema información Gerencial en Salud. SIMNA / UE = Salud Integral de la Mujer, Niñez y Adolescencia, Unidad Ejecutora.

Resultado 3: Mejor manejo de los programas de salud materno infantil del Ministerio de Salud y sus ONGs socias					LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to	
Ausencia de desabastecimiento de métodos anticonceptivos	Encuesta de desabastecimiento JSI	70%	69%	ND	ND	ND	ND	ND	ND
Ausencia de desabastecimiento de medicamentos básicos esenciales para atención AIEPI	Sistema monitoreo del programa	ND	ND	ND	ND	ND	ND	ND	ND
Resultado 4: Mayor participación y empoderamiento de las comunidades					LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to	
Agentes comunitarios que realizan visitas domiciliarias para actividades de promoción, orientación y entrega de servicios de planificación familiar	Sistema monitoreo del programa, Inventario de comites locales del departamento de promoción y educación en salud	ND	ND	ND	ND	ND	ND	ND	ND

ND = No datos

\* Metas para año 2002, ENSMI

Datos corresponden a las 7 áreas prioritarias del convenio, período enero - agosto 2000

Area sombreada corresponde a datos de ENSMI que se obtienen quinquenalmente

ENSMI = Encuesta Nacional de Salud Materno Infantil 98/99. SIGSA = Sistema información Gerencial en Salud. SIMNA / UE = Salud Integral de la Mujer, Niñez y Adolescencia, Unidad Ejecutora.

## INSTRUMENTO PARA MONITOREAR AVANCE

Instituto Guatemalteco de Seguridad Social

Convenio 520-0428

Programación anual de metas, producción trimestral y anual

Resultado 1. Mas familias usan servicios materno infantiles de calidad					LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to	
Porcentaje de servicios que han implementado AIEPI	Sistema de monitoreo del programa	18%*	0%	0%	0%	0%	0%	0%	0%
Elaboración y Aprobación de norma de niñez	Sistema de monitoreo del programa	100%	0%	100%	0%	100%	0%	0%	100%
Diseño de programas de capacitación en AIEPI	Sistema de monitoreo del programa	100%	0%	75%	0%	0%	50%	25%	75%
Diseño del centro de capacitación en AIEPI	Sistema de monitoreo del programa	100%	0%	75%	0%	0%	50%	25%	75%
Capacitación e implementación de servicios AIEPI a 60 agentes comunitarios de Suchitepequez	Sistema de monitoreo del programa	100%	0%	0%	0%	0%	0%	0%	0%
Creación de unidad de IEC	Sistema de monitoreo del programa	100%	0%	50%	0%	0%	0%	50%	50%
Producción y distribución de materiales básicos de AIEPI	Sistema de monitoreo del programa	100%	0%	25%	0%	0%	0%	25%	25%
Niños menores de 6 meses con lactancia materna exclusiva	Sistema de monitoreo del programa	ND	23.7%**	ND	ND	ND	ND	ND	ND
Porcentaje de niñez menor de 1 año, con esquema completo de vacunación**.	DGSM44	ND	ND	ND	ND	ND	ND	ND	ND
Uso de terapia de rehidratación oral e ingesta de líquidos en niño/as menores de 5 años durante episodios de diarrea (Sales de rehidratación oral o incremento en la ingesta de líquidos)**	DGSM44	ND	ND	ND	ND	ND	ND	ND	ND
Casos de neumonía (tos y respiración rápida) en niño/as menores de 5 años tratados por proveedor de salud**	DGSM44	ND	ND	ND	ND	ND	ND	ND	ND
AQV (incluye AQP)	Sistema de monitoreo del programa de Salud reproductiva del IGSS	93,770	83,342 logros 1,999	108%	ND	44,368	ND	56,590	100,958
Numero de nuevas usuarias de Planificación Familiar (incluye a usuarias de AQV)	Sistema de monitoreo del programa de Salud reproductiva del IGSS	9,617	8,743 logros 1,999	209%***	ND	9,592	ND	10,508	20,100

\*18% = 1 hospital y 6 unidades del IGSS

\*\* 23% de 1996

En año 2000 agentes comunitarios son solo departamento de suchitepequez

B-1

°° Encuesta de abastecimiento anticonceptivos JSI/99

Annex B: Monitoring indicators, baseline data and results for IGSS

ND = NO DATOS

DGSM44 = Dirección General de Servicios Médicos, forma 44 del sistema de información, (en la actualidad datos disponibles semestralmente)

\*\*\* Se incrementa por clinica postparto PF

\*\* Se registra actualmente la información, pero no se consolida

Resultado 1. Mas familias usan servicios materno infantiles de calidad						LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to		
Elaboración y aprobación de normas de PF	Sistema de monitoreo del programa	100%	ND	100%	0%	0%	80%	20%	100%	
Diseño del Programa de capacitación en PF	Sistema de monitoreo del programa	100%	ND	100%	0%	0%	100%	0%	100%	
Diseño del centro de capacitación en PF en HGO, e implementación de funciones	Sistema de monitoreo del programa	100%	ND	100%	0%	0%	20%	80%	100%	
Aprobación del creación de centro de capacitación en Mazatenango	Sistema de monitoreo del programa	100%	ND	100%	0%	0%	100%	0%	100%	
Capacitación e implementación de servicios de PF en 3 hospitales	Sistema de monitoreo del programa	100%	ND	100%	0%	0%	50%	50%	100%	
Capacitación e implementación de servicios de PF en 8 clinicas empresa y 7 consultorios	Sistema de monitoreo del programa	100%	ND	100%	0%	0%	50%	50%	100%	

\*18% = 1 hospital y 6 unidades del IGSS

\*\* 23% de 1996

En año 2000 agentes comunitarios son solo departamento de suchitepequez

B-2

°° Encuesta de abastecimiento anticonceptivos JSI/99

Resultado 2. Los programas materno-infantiles son mejor administrados					LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to	
Porcentaje de Unidades/Hospitales con niveles adecuados de abastecimiento de anticonceptivos y medicamentos básicos.	Sistema de monitoreo del programa	75%	70% <sup>oo</sup>	ND	ND	ND	ND	ND	ND
Porcentaje de agentes comunitarios que realizan visitas para actividades de promoción, prevención y atención primaria en AIEPI.	Sistema de monitoreo del programa	100%	ND	0%	0%	0%	0%	0%	0%
Porcentaje de agentes comunitarios que realizan visitas domiciliarias para promoción, prevención y atención primaria en PF	Sistema de monitoreo del programa	100%	ND	100%	ND	ND	50%	50%	100%

ND = NO DATOS

DGSM44 = Dirección General de Servicios Médicos, forma 44 del sistema de información, (en la actualidad datos disponibles semestralmente)

Resultado 3. Mayor compromiso hacia la salud integral de la mujer					LOGRO POR TRIMESTRE				Total anual
INDICADORES	FUENTE	META 2000	DATOS LINEA DE BASE 1,999	LOGRO ACUMULADO %	1ro	2do	3ro	4to	
Porcentaje de beneficiarias utilizando los servicios de Planificación familiar de la institución (IGSS)	Sistema de monitoreo del programa	ND	ND	ND	ND	ND	ND	ND	ND
Porcentaje de hospitales fortalecidos para atender demanda de servicios de planificación familiar en la población beneficiaria	Sistema de monitoreo del programa	ND	ND	ND	ND	ND	ND	ND	ND

\*18% = 1 hospital y 6 unidades del IGSS

\*\* 23% de 1996

En año 2000 agentes comunitarios son solo departamento de suchitepequez

# Annex C: Workplan for *Calidad en Salud*, 2,001

## 1. INTRODUCTION

The workplan for 2,001 is presented by the five major result areas: increased use of MCH services, household behavior change, improved management support services, and community empowerment and participation. Results are presented for these services: family planning and IMCI. Result 5, which covers IGSS, is presented in Section 3. The last section of the plan includes general administrative activities.

## 2. MSPAS PLANS

### 2.1. Result 1: Increased Use of Maternal Child Health Services Provided by the MSPAS and Associated NGOs

- Community Health Agents Provide Quality Care.
- Health Facilities Provide Quality Maternal Child Health Services.
- Innovative Approaches are adopted for Improving the Quality and Coverage of Maternal Child Health Services.

#### 2.1.1. Family Planning

The following plan for 2,001 is designed to provide a systemic approach to improving and expanding family planning services nationwide. Hence the plan includes: 1) training of institutional and community providers in service provision, counseling and IEC, 2) offering post-partum family planning, 3) facilitative-supervision and on-the-job learning, 4) monitoring of service provision, and 5) reduction of medical barriers, much of the Result 1 covers training, other strategic components are discussed and Results 2 through 4 for the MSPAS.

Efforts started in 2,000 will be consolidated and expanded during 2,001. Currently *Calidad en Salud* is working in 9 areas; during 2,001, FP services will be expanded to all areas and districts. *Calidad en Salud* has hired consultants and is contracting ATR to develop area FP training activities throughout Guatemala. Family planning activities encompass hospital, clinical, outreach and community services. Trainees will receive on-the-job tutoring and facilitative supervision. Providers will continue learning in health centers and posts. Support services will provide monitoring data that can be used to evaluate and facility the work of providers. The priority for this year is to train providers in all district health centers and posts, outreach MA, and NGOs (which cover some 25% of the national population).

Support will also be directed to establish and maintain two training centers for AQV, accompanied by follow-up mentoring by an Ob-Gyn in all public and IGSS hospitals. *Calidad en Salud* will provide necessary equipment, training manuals and materials to AQV providing hospitals. Tutorial visits are now planned for Mexico and El Salvador to observe similar training centers and bring back “lessons learned”.

Table C-1 presents the number of CYP and new users for 1,999 and 2,000, plus targets for 2,001. The targets for 2,001 are based on an increase of 30% for CYP and 20% for new acceptors.

**Table C-1: CYP and new users targets for 2,001**

	Achieved 1,999	Achieved 2,000	Projected 2,001	% Difference
CYP	121,483	168,519	219,075	30.0%
New Users	56,078	107,407	128,888	20.0%

To achieve these targets an additional 800 chief district doctors and nurses, 800 center auxiliary nurses, 1,000 post auxiliary nurses, and 140 ambulatory physicians will be trained in 2,001.

<b>ACTIVITIES</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>GENERAL</b>				
Launch RH Program				
Develop operational plan for RH and affiliated programs				
<b>Revision of FP norms</b>				
Establish standards based on FP norms				
Communicate norms (longitudinal training)				
<b>Pilot study: training of auxiliary nurses in IUD insertion</b>				
<b>Training Materials</b>				
Training center materials				
Design and implementation of training manuals				
Design of manuals for facilitator and trainee				
Design of manual for monitoring and supervision-facilitation				
Develop manual for equipment maintenance				
Materials development for providers				
Hospital trainers				
Hospital providers				
Clinical trainers				
Clinical providers				
HW's trainers				
<b>Training</b>				
Orientation on FP to technical area team				
Observation visits to training center models in Mexico and El Salvador				
Counseling				
Refresher training in counseling to clinical staff (physicians and nurses)				
TOT in counseling to NGO personnel (providers)				
Replication of counseling training to NGO personnel				
AQV y DIU				
Hospital (physician and nurses)				
Replicate local level				

ACTIVITIES	Q1	Q2	Q3	Q4
Follow-up mentoring at the district level				
Contraceptive Technology Update				
Update in contraceptive technology				
Hospitals				
NGOs				
Quarterly training				
Monthly training at district level				
Mentoring (on-the-job learning) in each district				
Create the training unit in each area for FP and IMCI				
Monitoring				
Training team				
Inventory of equipment (national level)				
Obtain bids for equipment				
Purchase training equipment				
<b>Equipment</b>				
AQV equipment				
Other equipment				
<b>Training Centers</b>				
Establish training centers in Escuintla, IGSS and Guatemala City (Zone 6 and Roosevelt)				
Design and implement hospital training centers				
Establish area level training centers				
Equip centers				
TOT and staffing				
<b>FP Services</b>				
Negotiate with NGOs to include FP services				
Implement FP programs in post-abortion and post-partum in hospitals				
Develop AQV programs (including counseling) in ambulatory and maternity services				
<b>Pre-service training schools and centers</b>				
Negotiate with nursing schools to include FP in their curricula				
Technical assistance for curricula change				
Technical assistance for training material development				

### 2.1.2. IMCI

Similar to family planning, the plan includes a systematic approach for developing and introducing IMCI: 1) adaptation of IMCI norms; 2) initial training of clinical and community-based providers, plus on-the-job learning; 3) introduction of 7 IEC strategies; 4) organization of communities to support MCH activities; 5) monitoring of services; and 6) facilitative supervision.

The activities planned for 2,001 are aimed to achieve integrated management of child health services and improvement of key indicators (Section 2). *Calidad en Salud* will work with the MSPAS Technical Team to consolidate the national group of facilitators, to establish training centers in the areas to form facilitators at area and district levels (physicians, and nurses from health centers and posts) and at community level (MA,

FI, F-IEC/PC, and health vigilante). Supervision will be introduced at the area level and, more importantly at district level to ensure compliance with clinical and community level technical and communication norms. Similar to FP, the improved logistics system will assure the availability of drugs, supplies and equipment, at the service delivery level. The IEC effort will focus on caregivers and skills to identify danger signs, seek healthcare, and follow-up treatment in the home. By the end of 2,001, the pilot phase will be completed, the results and methods evaluated, and expansion to other areas and districts underway.

The targets for BCG, DPT, Polio, and Measles remain the same at 90% each.

ACTIVITIES	1Q	2Q	3Q	4Q
<b>Revision of IMCI clinical norms</b>				
<b>Organization</b>				
Communication, areas/district				
Baseline for planning AIEPI: observation of clinical norms, interview with mothers and provider, assess facility				
Central team: Form sub-team for planning, training, logistics, IEC and community participation				
Central programs: Train central heads of departments and management in IMCI				
Area technical team: Design the operational plan and the selection of the area technical team				
Strengthen interagency coordination (UNICEF, PAHO/WHO and others)				
Introduction and dissemination of findings of IMCI with others sectors and groups				
<b>Training Materials</b>				
Clinical: Design, print and distribution of job aids including, 7 training modules, facilitator guide, organizational guides for ambulatory and hospital services, register forms, wall charts and recording forms				
Community: Design, printing and distribution of job aids including, 7 training modules, facilitator guide, organizational guides for ambulatory and hospital services, register forms, wall charts and recording forms. <sup>1</sup>				
<b>Training</b>				
TOT				
Clinical: Form national team of facilitators, train heads of MSPAS programs at central level				
Train basic team of facilitators (trainers) at area and district levels				
TOT training for Baby Friendly Hospital Initiative BFHI				
Providers				
Clinical: Train operational providers at area and district levels: physicians, professional nurses, and auxiliary nurses				
Community: Train operational providers: MA, FI, FC and vigilantes (health workers)				
<b>Equipment</b>				

<sup>1</sup> These training materials are for community health workers

ACTIVITIES	1Q	2Q	3Q	4Q
Equipment inventory: drugs, norms and guides, scales for height and weight and timers				
Equipment supply: based on inventory needs, provide equipment and other supplies				
<b>Training Centers</b>				
Establish training centers in each area				
Equip training centers for IMCI training and provision in coordination with the training component				
TOT/staffing selection				
<b>Follow-up</b>				
Follow-up after training				
Observe performance (compliance with IMCI norms)				
Follow-up provision of supplies (drugs, supplies, etc.)				
Follow-up communication plan				
Monitor status of facilities for integrated service				
<b>Other Activities</b>				
Building a strategic plan for micronutrients with INCAP and other organization for iron and vitamin A				
Operation research related to IMCI interventions				

## 2.2. Result 2: Household Health Practices that Favor Improved Child Survival and Reproductive Health are adopted

- |  |
|--|
| <ul style="list-style-type: none"> <li>Improved Capacity of the MSPAS and its Partner NGOs to Design and Evaluate Behavior Change Strategies.</li> <li>Behavior Change Interventions to Improve Household Health Practices are Carried Out.</li> </ul> |
|--|

Work will continue through the GTI-IEC, with its initial focus and participant organizations in family planning and with its expanded focus and additional organizations for IMCI. Its main tasks will be to follow-up on the FP communication strategy and to develop and implement the IMCI communication strategy. The Health Promotion Teams in each priority area will also continue to be trained as the main implementers and overseers of the communication strategies at the area level. The IEC component will emphasize training and monitoring of community health workers in home visiting, counseling and referral and of institutional providers on ICP/C in coordination with the Community Participation component. This year most of the IEC materials (job aids, other print materials, audio materials and videos) will be produced and distributed along with training in their use.

ACTIVITIES	1Q	2Q	3Q	4Q
<b>GENERAL</b>				
<b>GTI-IEC and Area Health Promotion Teams</b>				
Inventory of IEC communication channels where appropriate/ needed				

<b>ACTIVITIES</b>	<b>1Q</b>	<b>2Q</b>	<b>3Q</b>	<b>4Q</b>
Monitoring of IEC coverage, knowledge, and practices of provider and clients through rapid surveys				
Training and reviewing monthly meetings with F-IEC/PC in FP an IMCI				
Quarterly meetings with F-IEC/PC and Health Promotion Team Coordinators				
<b>Training</b>				
GTI-IEC on-going monthly meetings				
Quarterly training workshops to strengthen Area Health Promotion (Coordinator, Area-F, F-IEC/PC and municipal representative)				
Ensure replication of training in IEC process by Area-F, F-IEC/PC and Coordinator to other Area Health Promotion team members (District coordinators, NGOs)				
<b>FAMILY PLANNING</b>				
<b>Planning</b>				
Workshops with Areas Health Promotion Teams to review IEC FP strategy for minor adaptation and agreements				
<b>Training in FP</b>				
Training institutional health providers in FP counseling and use of IEC materials in coordination with FP and Training components				
Training community health workers in home visit, FP inter-personal communication and counseling (IPC/C) and use of IEC materials in coordination with CP component				
<b>Materials</b>				
Produce FP materials: including brochures, training manuals posters flip chart, video, guide for radio materials, IEC display and exhibit of FP methods				
<b>IMCI</b>				
<b>Planning</b>				
Workshop with GTI-IEC members to review IEC IMCI strategy				
Workshops with Health Promotion Teams to review IMCI IEC strategy				
<b>Training in IMCI</b>				
Training in IMCI for GTI-IEC members				
Training institutional health providers (physicians, nurses) in IMCI counseling and use of IEC materials				
Training community health workers in home visiting, IMCI inter-personal communication and counseling (IPC/C) and the use of IEC materials in coordination with CP component				
<b>Materials</b>				
Produce IMCI materials: including flip charts, video, IEC materials display, leaflet and booklets				

ACTIVITIES	1Q	2Q	3Q	4Q
<b>OTHER PRODUCTS</b>				
IEC FP strategy document				
IEC IMCI strategy document				
Manual on Tips				
IEC Process/ Pre testing IEC materials				

### 2.3. Result 3: MCH Programs and its Partner NGOs are Better Managed

- Management Systems Improvements are implemented to Increase Effectiveness of MCH Service Delivery.
- Improved Program Planning, Monitoring, and Evaluation through the Use of Quality Data.

During 2,001, *Calidad en Salud* will continue to support the improvement of support services (service monitoring, planning, finance, logistics, and supervision facilitation and learning), as part of its FP and IMCI efforts. Improvements to these services will also impact the delivery of MNH services, projects of donor organizations, and all other services. The following plan focuses only on the MSPAS. A separate plan covering support services in IGSS is included in Result 5.

**Logistics:** Improvements to the logistics system are directed at ensuring the timely and correct stocks of contraceptive methods, drugs, supplies and other equipment. This will involve the training of staff at all levels, supervision of the logistics system, and application of software (*Sistema de Apoyo a la Salud* or SAS) to facilitate compliance with min/max standards contained in technical norms. Implementation of the plan will improve compliance with logistics norms and accountability of contraceptive and drug stocks.

**Monitoring:** *Calidad en Salud* is working actively with SIGSA to improve planning and decision-making based on timely and accurate data (service data and other sources). *Calidad en Salud* will work with all levels of the MSPAS, the SIAS-PMSS and contracted NGOs to install and implement the SAS software application. This will entail support for training staff, installation of software and follow-up technical assistance, provision of hardware, development of a SAS management system, coordination with other NGOs, area level and donor groups for support establishment of central level, adaptation of software as needed, and delivery of a computer-based training (CBT) multimedia for on-the-job learning. Moreover, *Calidad en Salud* will provide technical assistance to the MSPAS, at all levels, to ensure the effective implementation of new SIGSA forms and SAS, and provide a basis for transition of responsibility to the information unit of the MSPAS.

**Facilitative-supervision and learning:** A new facilitation and learning approach will be piloted with the aim of improving support between district and health posts levels (the most critical level for provider compliance with standards). This approach will strengthen local level administrative and training capability. One facilitative-supervision and learning approach will be used to support all three services (FP, MCI and MNH). The area level will, in turn, supervise and facilitate district staff (involved in facilitative-supervision and learning).

**Planning for 2,002:** *Calidad en Salud* central and FA staff will work with areas to identify health delivery and administrative problems, and plan resources to address them. This will involve the establishment of targets for FP and IMCI by area.

ACTIVITIES	Q1	Q2	Q3	Q4
<b>Logistics</b>				
Participate in formation of logistics support team				
Modifications to the warehouse				
Assessment of supply and equipment service in project areas prior to implementing IMCI				
Purchase of equipment: refrigerators, thermometers, AC				
Maintenance of equipment (above)				
Revise contraceptive procurement projections based on estimates				
Survey of contraceptive and drug stockouts				
Physical inventory of contraceptive methods				
Monitor and control of contraceptive stocks through supervisory checks of FA, ATR and UE logistics staff				
Train in use of SIGSA 3, 4, 5 and 6 forms				
<b>Monitoring and Information System</b>				
Finalize revisions to SIGSA forms (correct existing errors, validate and finalize)				
Train area and district MSPAS staff in new SIGSA form				
Train FA, ATR in SAS monitoring, facilitative supervision and learning, and logistics				
Train key area staff in the use of new SIGSA, SS and Epi forms				
Train NGO staff in the use of SAS				
Train key area monitoring and management staff in SAS				
Workshops to assess/analyze health indicators and information				
Support PMSS-SIAS in monitoring of NGOs (especially those with conditional certification) through the use of SAS and HACYA criteria				
Implement changes to SAS-CBT and create BETA				
Training Monitoring in service with CBT				
Purchase/install computer equipment and software for area offices				
Maintenance of computer equipment and software				
<b>Facilitative Supervision and Learning</b>				
Workshop on facilitative supervision and learning with IGSS/MSPAS managers (20)				
Develop Facilitative-Supervision and Learning approach with MNH and negotiate with MSPAS				
TOT of FA, ATR and area supervisor in facilitative supervision and learning methodology (7 FA, 7 ATR, 14 F-IEC/PC and 1 area supervisor)				
Training in facilitative supervision and learning for key area and district staff				
Technical Assistance (supervision) visits (central level to areas/districts)				
Development of facilitative supervision and learning materials, testing and replication				
Implement facilitative supervision and learning pilot in MSPAS (20 districts, including health centers, posts and NGOs), and link to community participation intervention				
Finalize pilot and expand to other districts				
Monitoring process				

ACTIVITIES	Q1	Q2	Q3	Q4
<b>Planning</b>				
Participate in POA 2,002 planning working with MSPAS (new forms)				
TA in development of POA 2,002 to include IMCI and family planning				
Monitor <i>Calidad en Salud</i> project activities such as training, IMCI/FP results, etc. in areas and central level				
Participate in the design of the methodological and training guide for <i>Sala Situational</i>				
Participate in the design of the model for community level <i>Sala Situational</i>				
Communicate the <i>Sala Situational</i> functional assessment results				

## 2.4. Result 4: Greater Community Participation and Empowerment

<ul style="list-style-type: none"> <li>• Greater Community Control Over Factors that Determine Health Status.</li> <li>• Community Members Actively Participate in Decision-making Concerning MCH Programs.</li> </ul>
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During 2,001, the community participation component of *Calidad en Salud* will provide technical support in the execution of specific community-level FP, IMCI and MNH-related activities defined in the local health plans developed in 2,000 by the two pilot municipalities of Rio Blanco, San Marcos (9 communities) and Momostenango, Totonicapán (23 communities). Activities include the training of institutional and community personnel, as well as members of specific community groups (mothers, fathers, religious, children, teachers, etc.). The expansion of the community participation strategy (using the community organization and problem solving methodology), will also be launched in five additional priority municipalities, one in each of the other areas covered by *Calidad en Salud* Quetzaltenango, Sololá, Quiché, Huehuetenango and Chimaltenango. This expansion will build on the interinstitutional relationships, trained personnel, methodologies and tools developed during 2,000, incorporating lessons learned for the redesign of the model and the improvement and streamlining of the steps involved. Given the critical link between the community participation, IEC/BCC and training components of *Calidad en Salud*, the community health plans developed during 2,001 will influence the development of both training and IEC activities related to FP, IMCI and MNH. A systematic documentation of the community participation model and expansion of the process will be conducted. A workshop will be organized mid-year to highlight lessons learned, analyze successes, identify barriers and stimulate the further roll-out of the program. Each pilot municipality will serve as a living model for other municipalities within each department to visit and interact with.

ACTIVITIES	Q1	Q2	Q3	Q4
<b>GENERAL</b>				
Technical assistance to the Department of Promotion and Health Education/MSPAS in the design of an instrument for monitoring the implementation of the <i>Municipios Promotores de la Salud y la Paz</i> , using the problem solving methodology based on analysis of sala situacional MCH data				
Community participation strategy officially recognized by MSPAS				
Train 7 central-level Department of Promotion and Health Education/MSPAS personnel in FP, IMCI and MNH				

ACTIVITIES	Q1	Q2	Q3	Q4
Review of existing educational material and participation in the design of new FP, IMCI and MNH-related IEC/BCC products, etc. in coordination with IEC component				
Community IMCI: Interinstitutional community participation team will participate in development and execution of joint community IMCI IEC/CP strategy				
Implementation of <i>Sala Situacional</i> : Technical assistance for the evaluation and redesign of the implementation of the <i>sala situacional</i> in 5 additional municipalities				
<b>Follow-up of 2 Pilot Municipalities</b>				
Continuation of trainings of institutional and community health personnel and specific groups in FP, IMCI and MNH in the municipalities of Rio Blanco, San Marcos and Momostenango, Totonicapán				
Monitor the execution of local community participation plans related to FP, IMCI and MNH in the municipalities of Rio Blanco, San Marcos and Momostenango, Totonicapán through monthly visits				
Launch Model in 5 New Municipalities in each of five priority areas				
Initiation and continuation of trainings of institutional and community health personnel and specific groups in FP, IMCI and MNH in the five additional municipalities				
Inventory of key institutional and community health personnel and community groups (mothers, fathers, children, teachers and mass media) in the new pilot communities				
Series of problem solving workshops, in collaboration with the MSPAS, to develop local community participation plans in 5 municipalities (one in each of 5 new areas)				
Train and/or strengthen the health committees in 5 municipalities (one in each of 5 new areas)				
Train institutional and community health personnel in FP, IMCI and MNH in coordination with IEC Component				
Train community groups in FP, IMCI and MNH				
Orientation of municipal health committees in basic management, FP, IMCI and MNH				
<b>Expansion of Model in 7 Areas</b>				
Community participation workshop to share lessons learned, analyze success, identify barriers and stimulate the further roll-out of the program				
Selection of additional priority municipalities in each of the 7 areas, application of the community participation model (problem solving methodology), and training of institutional and community-level personnel in FP, IMCI and MNH, in collaboration with the MSPAS				
<b>Additional Activities</b>				
Documentation and diffusion of community participation process, especially the problem solving methodology and tools (publications, videos, etc.)				
Development and execution of a strategy to create “popular educational spaces” such as tents for use during community patron saint holidays and/or health fairs				

### **3. RESULT 5: INCREASED USE OF SELECTED MCH SERVICES PROVIDED BY IGSS**

Similar to our strategy with the MSPAS, the approach for improving FP and IMCI is a systemic one and includes training, IEC, supervision and monitoring. During the past year, significant progress was made particularly with the Family Planning component as evidenced by the final approval of the IGSS Norms on Family Planning, the training of 100 community workers in Suchitepequez, the incorporation of eight IGSS work-site based clinics in the provision of family planning services, and the training of 67 medical personnel from the IGSS and the MOH in surgical sterilization, vasectomy, and in the insertion of IUD's and Norplant.

The launching of the IMCI strategy for the IGSS took place in the Department of Suchitepéquez with the training of a core team of trainers from the community, clinical, and hospital levels. This team will be responsible for conducting training on IMCI for all levels of care in Suchitepéquez region.

Given the considerable interest demonstrated by the IGSS to improve its MIS and supervision support systems, *Calidad en Salud* will conduct two key workshops in February on the use of "Facilitative Supervision" for key management personnel. An expected result of this training will be the adoption by the IGSS of this type of supervision in its overall administrative system.

#### **3.1. Sub-Result 1: More Families use MCH Services**

##### **3.1.1. Family planning**

Current plans for the year include strengthening and expanding family planning services and improving the quality of existing services, particularly with respect to counseling techniques in informed consent and method selection.

With the approval of the family planning norms of the IGSS, plans are now underway to implement and integrate these norms in the training, monitoring, supervision, and evaluation systems in place for family planning services. Training materials for family planning users and providers will be developed in conjunction with the GTI working group. These products include a video to be used for patients waiting at IGSS's clinics, a patient brochure of IGSS's FP services, and a health manual for use by health educators.

A major output of *Calidad en Salud*'s technical assistance with the IGSS will be the establishment of two new training centers on family planning. Based out of the Hospital Mazatenango, this new center will provide state-of-the-art training on family planning to medical personnel from more remote regions of the country such as from San Marcos, Quetzaltenango, and Sololá. The other center, located within the Hospital "Dr. Juan José Arévalo Bermejo," will complement the regional center and provide a site in the capital for training medial personnel from other IGSS hospitals, particularly the key obstetrical hospital. Currently there is a high demand for training on the use of the technique of "minilaparoscopy" in female surgical sterilization. To facilitate the design of state-of-the-art training facilities and procedures, several international visits are planned to observe established training centers located either with the IMSS of Mexico or Profamilia in Colombia.

An important strategy for addressing unmet needs for family planning among workingwomen is by offering quality family planning services at the worksite. *Calidad en Salud* will continue working with the IGSS to establish more on-site clinics offering family planning services.

ACTIVITIES	Q1	Q2	Q3	Q4
<b>Manuals and Family Planning Norms</b>				
Publication of the Official Family Planning Norms for the IGSS				
Distribution and Dissemination of the FP Norms				
Final approval and printing of the Manual on “Surgical Techniques” for physicians on Female Surgical Sterilization.				
Final approval and printing of the “Participant’s Manual” on Female Surgical Sterilization				
Final approval and printing of the “Trainers” Manual on Female Surgical Sterilization				
<b>Family Planning Training Centers</b>				
<b>Establish the <i>Hospital de Gineco Obstetricia</i> as a FP Training Center</b>				
Design of the Training Center				
Develop procedures manual on administrative and organizational functions of the Training Center				
<b>Develop Standard Protocols</b>				
Define and develop personnel functions regarding teaching staff faculty				
Design training curriculums				
Obtain accreditation for the Training Center				
Buy and install equipment				
<b>Establish Hospital “<i>Dr. Juan José Arévalo</i>” as a FP Training Center</b>				
Design of the Training Center				
Develop manual for procedures on administrative and organizational functions of the training center				
Define and develop personnel functions regarding teaching staff faculty				
Accreditation of the Training Center				
Buy and install equipment				
<b>Hospital “<i>Mazatenango</i>” as a FP Training Center</b>				
Design of the FP Training Center				
Develop procedures manual on administrative and organizational functions of the training center				
Define and develop personnel functions regarding teaching staff faculty				
Obtain Accreditation for the FP training center				
Buy and install equipment				
<b>Training</b>				
3 Day Training Workshops on FP Norms, Counseling techniques, and FP services				
150 community health workers trained in Escuintla				
20 participants from the Hospital “ Escuintla”				
20 participants from the Hospitals “Gomera” and “Tiquisate”				

ACTIVITIES	Q1	Q2	Q3	Q4
20 participants from Santa Lucía, Masagua and the San Jose Port				
40 participants from primary care level II health centers from the Escuintla Region				
20 participants from the health units of Patulul and Chicacao				
20 participants from primary care level II health centers from the Suchitepéquez region				
20 participants from private health clinics				
One day training updates on contraceptive technology				
40 participants from to be selected regions of the country				
Medical training in new Training Centers				
20 physicians on Minilap surgical techniques				
6 physicians on vasectomy techniques				
20 physicians on IUD insertion				
6 physicians on Norplant insertion				
6 nurses on IUD insertion				
Participant training evaluation, supervision, and follow-up				
100 community health workers from Escuintla				
16 physicians and nurses from private clinics				
Provide necessary equipment and review QOC issues in 15 health units throughout the country				
Monitor progress of health units with a new or expanded family planning component				
Carry out visits to international sites to observe relevant training processes for up to 6 IGSS professionals				

### 3.1.2. IMCI

Towards the end of the last quarter, *Calidad en Salud* launched the implementation of IMCI in the Department of Suchitepéquez with the training of 17 key personnel. During the next quarter, *Calidad en Salud* will continue its plans to introduce IMCI in the two pilot regions of the country and will expand to Escuintla.

The creation of two hospital-based training centers will provide IGSS's medical personnel with state-of-the-art training on the IMCI strategy and will contribute to the overall strategy of improving the quality of health care services provided by the IGSS. Additionally, access will be improved with the establishment of seven new IGSS medical clinics in the capital offering new and improved family planning services.

ACTIVITIES	Q1	Q2	Q3	Q4
<b>Policy and Technical Issues</b>				
Incorporate the participation of IGSS key personnel to the Technical National IMCI Working Group				
Develop an operational plan for the integration of IMCI into all facets of program implementation				
Review and revise technical guidelines and standards (norms) and incorporate the IMCI framework into clinical protocols for patient care				

ACTIVITIES	Q1	Q2	Q3	Q4
Review and revise medical and community directed training manuals so as to incorporate the IMCI framework				
Design and publish new training materials based on the IMCI framework				
<b>Training</b>				
Develop the IMCI component of the training manuals to be utilized in the new training facilities				
Conduct a TOT workshop for a core team of trainers who will work at the central level				
Conduct a TOT workshop for a core team of trainers who will work at the community level				
Conduct workshops on IMCI for 60 participants from clinical and community levels of care				
Conduct IMCI workshops for up to 100 community health workers in Suchitpequez				
Conduct IMCI workshops for up to 150 community health workers in Escuintla				
Conduct two IMCI clinical workshops for 30 medical personnel from 7 IGSS clinics at the central level				
<b>Monitoring and Evaluation</b>				
Follow-up supervision of the TOT trainers				
Develop supervisory plan with trainers for personnel trained in IMCI				
Evaluate implementation phase of IMCI and make necessary changes				
Prepare a country-wide implementation plan for the expansion of the IMCI Strategy				

### 3.1.3. IEC (IGSS)

IGSS will continue work on IEC strategic planning and training as part of GTI-IEC. Health educator and social workers will be involved in all activities. Materials including a video on FP services, a vaccination card and a FP users card will be produced.

ACTIVITIES	Q1	Q2	Q3	Q4
<b>General</b>				
Develop an IEC Strategy with the Technical Committee of the IGSS				
Produce a video on IGSS family planning services for use at patient waiting areas				
Design and publish a brochure to complement the video on IGSS family planning services				
Officially present the IEC proposal to the new Interim IGSS Director				
Develop a manual on key health messages for a mother's club to be utilized by IGSS's health educators				

ACTIVITIES	Q1	Q2	Q3	Q4
<b>Family Planning</b>				
Participate in the development of training materials on family planning pending the results of pretesting and validation by the GTI IEC working group				
Design, validate, and finalize the publication of a card for use by women to document use of family planning methods				
Introduce and disseminate the National IEC Strategy within IGSS				
<b>IMCI</b>				
Participate in the development of an IEC Strategy for the IMCI component in close coordination with the GTI/IEC working group				
Design, validate, and finalize publication of an immunization card for childhood illnesses to be utilized by mothers and caretakers				
Participate in the development of training materials on IMCI together with the GTI/IEC working group				

### 3.2. Sub-Result 2: MCH programs are better managed

During the current year, *Calidad en Salud* will focus on introducing processes that improve both, the quality of team management for IGSS, as well as the quality of the tools for monitoring and assessing program effectiveness. A new MIS system, entitled “SAS,” will be introduced in two regional sites and the expected results are improved management of administrative systems. The use of “Facilitative Supervision” will be presented as a methodology designed to improve on-the-job performance. This methodology will be introduced at two key workshops for central level and regional personnel during the first quarter of the year. A focus on quality of care as an intrinsic component of health care at all levels will be the topic of two workshops carried out during the third quarter of this year. One workshop will be designed for the medical directors of IGSS’s hospitals and clinics and another workshop will be for the staff of the new training centers.

Critical to the success of a partnership, is the ability to work effectively as a team and share common goals and objectives. To this end, *Calidad en Salud* will carryout two workshops focusing on team building and integration for both the counterpart IGSS and *Calidad en Salud* project staff as well as for two divisions within IGSS.

ACTIVITIES	Q1	Q2	Q3	Q4
<b>Monitoring System</b>				
<b>Contraceptive logistics</b>				
Implement revised procedures on contraceptive logistics based on recommendations of auditing report				
Contraceptive logistics training for 20 operational and supervisory personnel				
<b>Facilitative Supervision</b>				
Conduct training on Facilitative Supervision for 20 supervisory personnel from the central level				
Conduct training on Facilitative Supervision for 20 personnel selected from IGSS clinics, hospitals, and health units				
Develop a follow-up plan for monitoring and evaluating the implementation of the Facilitative Supervision Methodology				

ACTIVITIES	Q1	Q2	Q3	Q4
<b>SAS</b>				
Implement the SAS information system as a pilot project in Suchitepequez and Villa Nueva				
Train 6 key personnel in the use of the SAS information system				
Provide regional sites with necessary hardware and software for implementing SAS				
Develop implementation and monitoring plan for SAS				
Implement the SAS information system as a pilot project in the Department of Escuintla				
Train 6 key personnel in the use of the SAS information system				
Provide regional sites with necessary hardware and software for implementing SAS				
Conduct follow-up supervision of SAS trained personnel and ongoing monitoring of SAS implementation				
<b>Quality Management</b>				
Conduct a QA/QM workshop for 20 participants from high-level management of the IGSS				
Conduct a QA/QM workshop for 20 medical personnel selected from the new training centers				
Conduct follow-up supervision to participants of QA/QM training and monitor implementation process				
<b>Team Building</b>				
Conduct team building workshop for 20 IGSS partners together with <i>Calidad en Salud</i> project staff				
Conduct team building workshop for 20 IGSS personnel from the Human Resources Division and Institutional Development Division				
Evaluate with partners status of team integration and design follow-up interventions as needed				

#### 4. ADMINISTRATION

ACTIVITIES	1Q	2Q	3Q	4Q
<b>General</b>				
<b>Planning</b>				
<i>Calidad en Salud</i> plan				
Adjust area regular plans/budget				
Monthly <i>Calidad en Salud</i> central/area planning				
Monthly review of convene projects				
Quarterly Review with VM and directors				
Communication to central office & sub-contractors				
<b>Staffing</b>				
ATR 7				
F-IEC 4				

Support of UE (ongoing)	■	■	□	□
Coordination of activities with MNH (monthly and weekly)	■	■	■	■

# Annex D: Training Plan for 2,001

## 1. PERSONAL A CAPACITAR POR COMPONENTES

### AIEPI

Los resultados esperados con la intervención de AIEPI están relacionados a mejorar los indicadores de lactancia materna exclusiva en menores de 6 meses de edad, esquemas completos de vacunación en niños y niñas de 12 a 23 meses de edad, el uso de SRO en niños y niñas con diarrea y el tratamiento apropiado de niños y niñas con neumonía. Parte de las actividades importantes a realizar para el alcance de estos objetivos es la capacitación en AIEPI a los proveedores de salud de los diferentes niveles de atención para el mejoramiento del desempeño. Se conformará al equipo básico nacional de facilitadores, la conformación de las unidades docentes de área, del equipo básico de facilitadores de área y de distrito; se capacitará al personal operativo médico de centros de salud, enfermeras de centros de salud, auxiliares de centros y puestos de salud, al personal médico ambulatorio, facilitadores institucionales, facilitadores comunitarios y vigilantes de salud. En este año se cumplirá con el inicio en los distritos prioritarios de las 7 áreas de salud que cubre Calidad en Salud, se hará la evaluación de esta fase inicial y será la base para el rediseño de la estrategia para la base de expansión.

### Planificación Familiar (PF)

El compromiso de Calidad en Salud en PF es a nivel nacional, con la responsabilidad de apoyar al MSPAS en actividades de capacitación y mejoramiento de las redes de servicio para obtener los resultados planteados. Para lograrlo de manera sostenible es necesario que el personal del MSPAS desarrolle destrezas, adquiera conocimientos e incorpore a su quehacer cotidiano tareas específicas que le permitan prestar servicios de PF cumpliendo con criterios de calidad.

Actualmente se cuenta con apoyo político, existen Guías de PF autorizadas por el MSPAS y las normas nacionales, por lo que este año se procederá a implementar los procesos de capacitación al personal del MSPAS desde el nivel central hasta el personal de extensión de cobertura a nivel comunitario. En el ámbito hospitalario se ampliará la oferta de servicios de Planificación Familiar con métodos temporales, anticoncepción post parto y post aborto y quirúrgicos. Se hará énfasis en la transferencia de las metodologías, el fortalecimiento de los sistemas de monitoreo y evaluación de la capacitación apoyados en la continuidad de la asistencia técnica provista por Calidad en Salud. Las limitaciones principales son la provisión de métodos anticonceptivos y la disponibilidad presupuestaria.

### IEC

La capacitación del año 2,001 se concentra en el GTI-IEC, con las organizaciones que participan en SR y con las organizaciones adicionales que participan en AIEPI. Asimismo, a nivel general continuará el proceso de capacitación al equipo de promoción de las áreas de salud del programa. El componente IEC realizará capacitación conjuntamente con los componentes de PF y AIEPI, poniendo énfasis en la comunicación interpersonal y consejería (CIP/C), la distribución y el uso correcto de los materiales. Además, pondrá énfasis en la capacitación de los trabajadores de salud comunitarios y grupos organizados en visitas domiciliarias, consejería y referencia.

### Participación Comunitaria

El componente de participación comunitaria centrará su oferta de capacitaciones en apoyar al personal institucional, (médico ambulatorio, facilitador institucional, facilitador comunitario, auxiliar de enfermería, técnicos en salud rural), personal comunitario, (vigilantes, comadronas, promotores en salud rural) y grupos específicos (madres, padres de familia, líderes, niños, maestros, comités de salud etc.), en temas básicos de gerencia, contenidos de promoción, educativos, preventivos y manejo de casos a nivel local en los componentes de planificación familiar, AIEPI y Salud Materna Neonatal, conjuntamente con los otros componentes y con el proyecto de salud materna neonatal en apoyo a las ONG socias con convenios de extensión de cobertura del MSPAS.

## Sistemas de Apoyo

El objetivo para el año 2,001 se orienta a mejorar la administración de los programas de salud materno infantil del Ministerio de Salud y sus ONGs socias, busca fortalecer los conocimientos, destrezas y habilidades del personal en la entrega de servicios de salud, apoyados por mejores procesos de planificación que se respaldan en información de calidad.

El personal a capacitar en todos los componentes se resume en el cuadro a continuación:

COMPONENTE	2,001
AIEPI (SIETE AREAS DE SALUD)	1,068
PLANIFICACION FAMILIAR, A NIVEL NACIONAL	4,382
IEC	6,304
PARTICIPACION COMUNITARIA (SIETE AREAS DE SALUD)	1,950
SISTEMAS DE APOYO (SIETE AREAS DE SALUD)	763
TOTAL	14,467

## 2. PRESUPUESTO DE LAS CAPACITACIONES DEL AÑO 2,001 POR COMPONENTE

Se describen las actividades de capacitación a efectuar durante el año 2,001, número de personal a capacitar por perfil, número estimado de actividades y presupuesto en Quetzales.

### AIEPI

Puesto	Capacitaciones	No. personal	No. actividades	Presupuesto
Equipo técnico asesor nacional de AIEPI	Estandarización del equipo técnico asesor nacional de AIEPI en la metodología de capacitación (5 días)	10	1	3,500.00
Capacitación de recursos humanos, supervisión de DSS de SIAS, IEC, participación comunitaria, IGSS	Capacitación en procesos clínicos AIEPI del Grupo Básico de Facilitadores del nivel central (7 días)	15	1	7,350.00
Supervisores de DSS de SIAS	Capacitación en habilidades de supervisión al equipo de supervisión del nivel central (facilitadores de supervisores de DSS del SIAS). (5 días)	14	1	4,900.00
Médicos, enfermeras (Unidades docentes)	Capacitación en procesos clínicos AIEPI del Grupo Básico de Facilitadores del nivel regional - Unidades Docentes- (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). Cuatro facilitadores por área de salud. (7 días)	28	2	13,720.00
Md, Enf nivel regional - Unidades docentes-	Capacitación en habilidades de supervisión al equipo de supervisión del nivel regional -unidades docentes- (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). Dos supervisores por unidad docente por área de salud.(5 días)	14	2	4,900.00

Puesto	Capacitaciones	No. personal	No. actividades	Presupuesto
Md, Enf nivel municipal, MA y FI de PSS	Capacitación en procesos clínicos al Grupo Básico de Facilitadores del nivel municipal (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). Cinco municipios por área de salud, dos facilitadores por municipio (7 días)	70	6	34,300.00
Md, Enf nivel municipal, MA y FI de PSS	Capacitación en habilidades de supervisión al equipo de supervisión del nivel municipal -CS- (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). Cinco municipios por área de salud, dos facilitadores por municipio (7 días)	70	6	34,300.00
Médicos	Capacitación en procesos clínicos al personal médico operativo del nivel municipal (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). Cinco municipios por área de salud, dos médicos por municipio (7 días)	70	6	34,300.00
Enfermeras	Capacitación en procesos clínicos a enfermeras operativas del nivel municipal (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). Cinco municipios por área de salud, dos médicos por municipio (7 días)	70	6	34,300.00
Auxiliares CS	Capacitación en procesos clínicos a auxiliares operativas del nivel municipal (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). Cinco municipios por área de salud, dos médicos por municipio (7 días)	70	6	34,300.00
Auxiliares PS	Capacitación en procesos clínicos al auxiliar operativo de PS (Chm, Sol, Quet, Toto, SnMcs, Quiché, Huehe). Cinco distritos por área, 5 PS por distrito, 1 auxiliar por distrito. (7 días)	175	35	85,750.00
Médico ambulatorio	Capacitación en procesos clínicos al personal médico ambulatorio (MA) de ONGs (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). 33 PSS en todas las áreas con 1 MA por PSS (7 días)	33	3	16,170.00
FI	Capacitación en procesos clínicos al personal facilitador institucional (FI) de ONGs (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). 33 PSS en todas las áreas con 1 FI por PSS (7 días)	33	3	16,170.00
FC	Capacitación en procesos clínicos al personal facilitador comunitario (FC) de ONGs (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). 33 PSS en todas las áreas y se facilitará a 1 FC por PSS (7 días)	33	3	16,170.00
VS	Capacitación en procesos clínicos al personal vigilante de salud (VS) de ONGs (Chm, Sol, Quet, Toto, San Marcos, Quiché, Huehue). 33 PSS en todas las áreas y se facilitará a 10 VS por PSS (7 días)	330	28	161,700.00
Comadronas tradicionales	Capacitación en manejo de casos a nivel de hogar, promoción, prevención y educación en AIEPI (7 días)	33	3	(Ver R4)
<b>TOTAL</b>		<b>1,068</b>	<b>112</b>	<b>501,830.00</b>

### Planificación Familiar

Puesto	Capacitaciones	No. personal	No. actividades	Presupuesto
Personal técnico nivel central	Actualización en tecnología anticonceptiva ( 2 días)	37	2	5,000
Personal del proyecto ATR y FA	Inducción y capacitación (15 días)	15	1	50,000
Equipo técnico de área de salud	Taller de orientación (1 día)	15	16	12,000
Médicos jefes de distrito y enfermeras jefes de distrito	Capacitación a capacitadores (TOT, incluye consejería actualización en tecnología anticonceptiva y comunicación de la norma) (3 días)	800	24	360,000
Auxiliares de enfermería de centros de salud	Replica de capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	800	24	64,000
Auxiliares de enfermería de puestos de salud	Replica de capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	1000	30	80,000
Médico ambulatorio	Capacitación a capacitadores (TOT, incluye consejería actualización en tecnología anticonceptiva y comunicación de la norma) (3 días)	140	5	63,000
Facilitador institucional	Capacitación a capacitadores (TOT, incluye consejería actualización en tecnología anticonceptiva y comunicación de la norma) (3 días)	140	5	63,000
Facilitador comunitario	Replica de capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	200	6	16,000
Vigilante de Salud	Replica de capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	600	18	48,000
Médicos, enfermeras y auxiliares de enfermería centros de salud	Tutoría en centros de salud. (4 días)	250	18	40,000
Médicos	AQV e inserción de DIU (5 días)	40	20	52,000
Enfermeras	AQV e inserción de DIU (5 días)	40	20	52,000
Enfermeras	Inserción de DIU ( 5 días)	120	24	24,000
Auxiliares de enfermería	Inserción de DIU (5 días) (estudio piloto)	100	¿?	pendiente
Medico ambulatorio	Inserción de DIU (5 días)	40	40	52,000
Médicos y enfermeras de distrito	CTU trimestral (1 días) (solo las áreas que no tienen contrapartida)	20	120	48,000
TOTAL		4382	373	Q 1,029,000.00

\* En las 9 áreas de énfasis no se usarán fondos de donación, sólo de contrapartida para el componente de capacitación en PF.

### IEC

Puesto	Capacitaciones	No. personal	No. actividades	Presupuesto
Grupo Técnico IEC*	Reuniones de coordinación y procesos de IEC en SR/PF y AIEPI	20-40	12	100,000

Programas del MSPAS	Talleres de Prueba de Prácticas Mejoradas para la Consejería en AIEPI (comunitario)	30	2	60,000
Coordinadores/as de Promoción de Areas	Adaptación y acuerdos de adopción de estrategias de IEC en SR/PF y AIEPI	7	4	10,000
Equipos de Promoción de Areas	Réplica de capacitaciones a Coordinadores/as de Promoción	50	4	10,000 (además de fondos contrap)
<b>TOTAL</b>		<b>127</b>	<b>22</b>	<b>180,000</b>

\* Son 55 ONGs en total que trabajan en salud.

### IEC/Planificación Familiar

Puesto	Capacitaciones	No. personal	No. actividades	Presupuesto
Personal del Proyecto ATR, FA, F-IEC	CIP/C	7 F-IEC	2	10,000
Equipo técnico del área de salud	CIP/C	15	16	*
Médicos y enfermeras jefes de distrito	CIP/C	800	24	*
Auxiliares de enfermería de Centros de Salud	CIP/C	800	24	*
Auxiliares de enfermería de Puestos de Salud	CIP/C	1000	30	*
Médicos Ambulatorios	CIP/C	140	5	*
Facilitadores Institucionales	CIP/C	140	5	*
Facilitadores Comunitarios	CIP/C; mensajes básicos de SR/PF	200	3	8,000 **
Agentes Comunitarios	CIP/C; visita domiciliaria; mensajes básicos de SR/PF	1400	10	24,000 **
Facilitadores de grupos organizados (comunit)	CIP/C; mensajes básicos SR/PF	100	4	20,000
<b>TOTAL</b>		<b>4602</b>	<b>123</b>	<b>62,000</b>

\* Considerado dentro del Presupuesto de Capacitación en PF

\*\* Compartido con el Presupuesto de Capacitación en PF; se anota aquí la mitad del presupuesto

### IEC/AIEPI

Puesto	Capacitaciones	No. personal	No. actividades	Presupuesto
Personal del Proyecto ATR, FA, F-IEC/PC	CIP/C	7 F-IEC	2	10,000
Equipo técnico del área de salud	CIP/C	15	2	*
Médicos y enfermeras jefes de distrito	CIP/C	42	2	*
Auxiliares de enfermería de CS	CIP/C	70	6	*
Auxiliares de enfermería de PS	CIP/C	175	35	*

Puesto	Capacitaciones	No. personal	No. actividades	Presupuesto
Médicos Ambulatorios	CIP/C	33	3	*
Facilitadores Instituc.	CIP/C	33	3	*
FacilitComunitarios	CIP/C visita domic.; mensajes básicos AIEPI	100	3	8,000 **
Agentes Comunitarios (Vigilantes de salud, comadronas, FC)	CIP/C, visita domiciliaria; mensajes básicos AIEPI	1000	28	50,000 **
Facilitadores de grupos organizados (comunitarios)	CIP/C; mensajes básicos AIEPI	100	3	20,000
TOTAL		1,575	87	88,000

\* Considerado dentro del Presupuesto de Capacitación en AIEPI

\*\* Compartido con el Presupuesto de AIEPI

### Participacion Comunitaria

Puesto	Capacitaciones	No. personal	No. Actividades	Presupuesto
Personal técnico nivel central	Sensibilización a la Comunicación interpersonal en PF., AIEPI (2 día)	7	1	560
Facilitadores nivel municipal (técnico y comunitario)	Metodología de resolución de Problemas (3 días)	30	2	27,000
Comités de salud	Metodología de resolución de problemas (2 días)	300	2	22,500
Auxiliares de enfermería de centros de salud	Capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	201	7	Resultado 1
Médico ambulatorio	Capacitación a capacitadores (TOT, incluye consejería actualización en tecnología anticonceptiva y comunicación de la norma) (3 días)	94	5	Resultado 1
Facilitador institucional	Capacitación a capacitadores (TOT, incluye consejería actualización en tecnología anticonceptiva y comunicación de la norma) (3 días)	86	5	Resultado 1
Facilitador comunitario	Replica de capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	368	6	Resultado 1
Vigilante de Salud	Replica de capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	110	18	Resultado 1
Comadronas Tradicionales	Replica de capacitación (consejería, actualización en tecnología anticonceptiva y comunicación de la norma) (2 días)	110	15	8,800
Medico ambulatorio	Inserción de DIU (5 días)	7	7	Resultado 1
Auxiliares de enfermería y o técnicos en Salud Rural	Capacitación en procesos clínicos de AIEPI (7 días)	175	35	Componente de AIEPI

Puesto	Capacitaciones	No. personal	No. Actividades	Presupuesto
Medico Ambulatorio	Capacitación en procesos clínicos de AIEPI (7 días)	33	3	Componente de AIEPI
Facilitador Institucional	Capacitación en procesos clínicos, promoción, prevención y educación en AIEPI (7 días)	33	3	Componente de AIEPI/IEC
Facilitador Comunitario	Capacitación en procesos clínicos, promoción, prevención y educación en AIEPI (7 días)	33	3	Componente de AIEPI/IEC
Vigilantes de Salud	Capacitación en manejo de casos, promoción, prevención y educación en AIEPI (7 días)	330	28	Componente de AIEPI/IEC
Comadronas Tradicionales	Capacitación en manejo de casos, promoción, prevención y educación en AIEPI (7 días)	33	3	13,200
TOTAL		1,950	143	72,060

## Sistemas de Apoyo

Puesto	Capacitaciones	No. personal	No. Actividades	Presupuesto
Personal técnico del nivel central <sup>1</sup>				
Médico Enfermera Profesional Auxiliar de Enfermería y gerentes	Taller de inducción a supervisión facilitante (5 días)	4	1	
	Taller uso y análisis de información/indicadores, Sala Situacional (2 días)	252	1	Q.16,000
	Uso del SAS para gerentes, medicos (5 días)	10	1	Q. 15,600
Personal del Proyecto <sup>2</sup>				
Médico Enfermera Profesional Otro	Sistemas de información (un día)	15	1	
	TOT en Supervisión Facilitante (dos días)	15	1	
	Administración logística dos días	15	1	
	Uso del SAS (presencial) (5 días)	15	1	Q.14,400
	Uso del CBT para SAS	15		
Equipo técnico de área de salud y personal clave de hospitales				
Médico <sup>3</sup> Enfermera profesional Auxiliar de Enfermería Trabajador Social Técnico Salud Rural Inspector Saneamiento Amb. Otro	TOT en supervisión facilitante (dos días)	14	1	Q.2,100
	Sala Situacional (un día)	8	1	Q.400
	Uso del SAS (presencial) (epi info) (5 días) <sup>4</sup>	144		
	Uso del CBT para SAS <sup>5</sup>	75		
	TOT Nuevos formularios SIGSA un día	56	7	Q.19,600
	Planificación (un día)	14	1	Q. 700
	Logística (dos días) <sup>6 7</sup>	147	1	
Equipo técnico de distritos				
Médico Enfermera Profesional Auxiliar de Enfermería Trabajador Social	Supervisión facilitante (dos días) <sup>8</sup>	648	1	Q.2,560
	Sala Situacional (un día)	64	1	Q.2,560
	Nuevos formularios SIGSA (un día)	110	1	Q.4,400
	Uso del CBT para SAS	64		

<sup>1</sup> Taller de supervisión facilitante en el IGSS, al cual se invita al personal de MSPAS

<sup>2</sup> Capacitación financiada por el componente de capacitación de Calidad en Salud

<sup>3</sup> Epidemiólogos y Directores de Área o su representante

<sup>4</sup> Se realizará conjuntamente con las capacitaciones de ONGs

<sup>5</sup> No incluye costos, excepto la reproducción del CBT

<sup>6</sup> Coordinar[la con proyecto DELIVER el financiamiento de las actividades de capacitación en logística

<sup>7</sup> Enfermera profesional y bodeguero

<sup>8</sup> Dos personas por distrito: médico y enfermera

Puesto	Capacitaciones	No. personal	No. Actividades	Presupuesto
Equipo técnico de ONGs				
Médico Enfermera Profesional Auxiliar de Enfermería Trabajador Social Técnico Salud Rural	Sala Situacional (un día)	55	1	Q.2750
	Nuevos formularios SIGSA (un día)	55	1	Q.2750
	Uso del SAS (presencial) (epi info) (5 días)	55	10	Q.176,000
	Uso del CBT para SAS	55	1	
Total		763	34	Q,259,820.00

## Annex E: IEC Materials to be produced in 2,001

IEC FP Materials	Existing	New	Design	Pretest 1	Modified 1	Pretest 2 (if necessary)	Modified 2	Final revision	Sent to reproduction	No. produced
All-methods brochure	X			X						100,000
Individual methods brochure	X			X						500,000
FP counseling training manuals institution and community trainers and participants	X (not for participants)			X						3,000
ACCEDA poster		X		X*						2,000
FP flip chart	X			X						12,000
Video on ICP/C clinic	X									CCP
Guide for radio production/ content		X								1,000
Audio materials		X								25
Materials display - plastic - cloth		X		X						500 1,000
Exhibit of FP methods(muestrario)	X (APROFAM)			X						3,000

\*In process

<b>IEC IMCI Materials</b>	<b>Existing</b>	<b>New</b>	<b>Pretest 1</b>	<b>Modified 1</b>	<b>Pretest 2 (if necessary)</b>	<b>Modified 2</b>	<b>Final revision</b>	<b>Sent to reproduction</b>	<b>No. produced</b>
Series of brochures/ flipcharts on MCH (FP, MNH, IMCI) - prenatal - postpartum (0-2 mos) - 2-6 mos - 6-9 mos - 9-12 mos - 12-24 mos		X							500,000
IMCI counseling training manuals institution and community trainers and participants	X								3,000
Video on ICP/C community									CCP
Audio materials									25
Mother/caretaker leaflet recalls	X (BASICS)								50,000
Complementary feeding recipe booklet	X (BASICS)								50,000

<b>Other Materials</b>	<b>First draft</b>	<b>Revision 1</b>	<b>2<sup>nd</sup> Draft</b>	<b>Revision 2</b>	<b>3<sup>rd</sup> Draft</b>	<b>Revision 3</b>	<b>Final revision/ approved</b>	<b>Sent to production</b>	<b>No. produced</b>
IEC FP strategy document	X	X	X						1,000
IEC IMCI strategy document									1,000
Manual on TIPS to improve counseling									1,000
IEC process/pretesting materials									1,000

## Annex F - Number of personnel trained by Result during 2000

### 1. RESULT 1: INCREASED USE OF MATERNAL CHILD HEALTH SERVICES PROVIDED BY THE MSPAS AND ASSOCIATED NGOS

The next section describes training focused on developing the skills of trainers (TOT training) on family planning and IMCI. Additional workshops were carried out to specifically train medical personnel on family planning norms, counseling techniques, and technical issues related to family planning and IMCI. Participants trained were selected from hospitals, health centers and medial posts representing the three service levels of the MSPAS; other participants were from selected NGOs with relevant health components.

#### Family Planning

Content area	Physician	Prof.-Nurse	Aux. Nurse	Social Worker	RHT	ISA	Manager	Auditor	Statistician	Others	Total
Orientation workshop in FP for area technical team	55	40	5	5	6	2	2	5	3	20	143
TOT training in technical norms, counseling and service provision	162	175	136	8	0	0	0	0	0	18	499
Direct training on FP technical norms, counseling and service provision	17	0	123	11	6	0	0	0	0	10	167
<b>Total</b>	<b>234</b>	<b>215</b>	<b>264</b>	<b>24</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>48</b>	<b>809</b>

#### IMCI

Content area	Physician	Professional Nurse	Other	Total
Technical update on IMCI norms	20	0	10	30
IMCI orientation to FA and UE staff	9	4	3	16
Communication of IMCI approach and strategy to area technical teams	9	2	0	11
<b>Total</b>	<b>38</b>	<b>6</b>	<b>13</b>	<b>57</b>

## 2. RESULT 2: HOUSEHOLD HEALTH PRACTICES THAT FAVOR IMPROVED CHILD SURVIVAL AND REPRODUCTIVE HEALTH ARE ADOPTED

Priority was given last year to increasing the institutional capability of the MSPAS in developing IEC material. The following section describes training outputs directed at increasing the technical skills of the MSPAS in the design of IEC/BCC and media materials. Another set of training outputs focuses on increasing the skills of health care providers and community health workers in communication and counseling techniques. For the current year, the priorities in training will be focused on developing the IEC skills of medical personnel in clinics/hospitals and community health workers.

### Developing Institutional Capability in IEC

Content area	Target audience	Total
IEC strategy design, materials validation, step-by-step process	IEC Technical Working Group directed training at key personnel involved in Reproductive Health	25
Workshop on “Trials in Improved Practices on Complementary Feeding”	Personnel (social workers and health educators) from the Food Security and Nutrition Department of MSPAS	25
Revision of national plans on family planning and IMCI	Personnel (“TS”) responsible for IEC en regional areas and surrounding districts	54
Interpersonal communication and counselling technique in family planning	Physicians and nurses from hospitals, regional districts and from NGO’s	809*
Total		913

### Community level IEC

Content area	Traditional Birth Attendants (TBAs)
Integrated messages for post-partum home visits. Training on breastfeeding, care of the newborn, family planning, and nutrition of breastfeeding mothers.	237
Total	237

## 3. RESULT 3: MCH PROGRAMS AND ITS PARTNER NGOS ARE BETTER MANAGED

Applying quality planning and management tools was the primary objective of the workshops described in the following section. *Calidad en Salud* introduced the information system “SAS” and the concept of strategic and situational analysis in program planning, monitoring and evaluating. Training focused on applying these strategic frameworks for assessing program strengths and weaknesses, particularly with respect to integrating the service components of family planning, IMCI, logistics and human resources.

Content area	Physician	Professional Nurse	Manager	Auditor	Other	Total
Training in SAS	8	1	1	4	4*	<b>18</b>
Supervision, planning, and use of information for analysis ( <i>sala situational</i> )	6	6	2	10	35*	<b>59</b>
Monitoring system, evaluation, supervision, administration, logistics and use of SAS	10	6	4	9	0	29
Supervision, use of SAS in planning and analysis ( <i>sala situacional</i> )	52	38	14	5	23*	132
<b>TOTAL</b>	<b>76</b>	<b>51</b>	<b>21</b>	<b>28</b>	<b>62</b>	<b>238</b>

(\*) The “other” category includes personnel from other medical specialties and from different organizations

#### 4. RESULT 4: GREATER COMMUNITY PARTICIPATION AND EMPOWERMENT

Strengthening the skills of community leaders in organizational management, conflict resolution and decision-making was the primary objective of the workshops described in the section below. Community leaders were provided with frameworks for working more effectively within committees and obtaining community participation in quality of care issues.

Content area	Health	Education	Municipality	Religion	Community	Committee members	Other	Total
Decentralization, community and municipal participation	5	2	6	5	0	16	9	<b>43</b>
Development and strengthening of the <i>Comité Pro Salud</i>	13	2	9	4	46	20	9	<b>103</b>
Local participation in planning with <i>Sala Situational</i> techniques	17	1	13	0	0	17	4	<b>52</b>
Community assembly for the formation of health committees	1	5	53	0	40	46	5	<b>150</b>
Identifying community “gatekeepers” and conducting community general assemblies	1	0	2	0	0	1	0	<b>4</b>
Consciousness raising about the concept of decentralization	3	0	2	0	0	7	8	<b>20</b>
Review of the legalization process for community-based local organizations & committees	1	0	1	0	0	18	0	<b>20</b>
Elaboration of workplans with Committee <i>APROSAM</i>	1	0	0	0	0	8	0	<b>9</b>
<b>Total</b>	<b>42</b>	<b>10</b>	<b>86</b>	<b>9</b>	<b>86</b>	<b>133</b>	<b>35</b>	<b>401</b>

## 5. RESULT 5: INCREASED USE OF SELECTED MCH SERVICES PROVIDED BY IGSS

The training conducted under this result was oriented at initiating the process of improving maternal and child health services at the clinical level for the provision of family planning services and improving support services.

### Family Planning

Content area	Physician	Nurse	SW	Promoters	Others	Total
Clinical training on FP methods*	54	13	0	0	0	67
Counseling techniques in family planning and method selection	22	27	8	112	2	171
Technical update on family planning methods	8	8	0	0	0	16
<b>Total</b>	<b>84</b>	<b>48</b>	<b>8</b>	<b>112</b>	<b>2</b>	<b>254</b>

\*39 from IGSS and 28 from the MSPAS (includes training on “Minilap”, vasectomy, and insertion of Norplant and IUDs)

### IMCI

Content areas	Physician	Nurse	SW	Promoters	Others	Total
IMCI orientation	4	4	2	4	3	17
Clinical norms on IMCI	3	6	2	1	3	15
<b>Total</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>32</b>

### IEC

Introduction and application of IEC processes (Educators)	8
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### Quality of Care

Orientation on Quality of Care Issues (Directors)	26
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## Annex G: Resumen de la Estrategia de Comunicación en Salud Reproductiva/ Planificación Familiar

<b>Audiencia</b>	<b>Comportamientos</b>	<b>Contenido Mensajes</b>	<b>Tácticas de Comunicación</b>	<b>Canales y materiales</b>
No usuarios(as) – mujeres y hombres individualmente y en parejas que no usan métodos de planificación familiar	-Ejercer su derecho a decidir libremente cuándo y cuántos hijos tener -Discutir con su pareja cuándo y cuántos hijos tener; involucrarse -Acudir a un proveedor/ servicio de salud para obtener información sobre métodos	Las parejas e individuos tienen derecho a decidir cuándo y cuántos hijos tener Discutir con su pareja cuándo y cuántos hijos tener y el momento más apropiado Los servicios de salud ofrecen PF	<ul style="list-style-type: none"> <li>• Medios Masivos</li> <li>• Comunicación interpersonal grupal y consejería</li> <li>• Entretenimiento educativo (especialmente hombres)</li> <li>• Movilización comunitaria</li> </ul>	Radio - <i>cuñas de radio</i> Proveedores de salud <i>Afiches</i> <i>Rotafolio</i> <i>Panfleto de todos los métodos</i> <i>Panfleto o trifoliar para compartir con la pareja</i> Ferias de la salud Eventos especiales
Adolescentes	-Posponer el inicio de relaciones sexuales -Demandar información sobre métodos -Usar métodos (condón y anticoncepción de emergencia) -Buscar ayuda en caso de relaciones sexuales sin protección	El y la adolescente debe retardar su primera relación sexual para estar física y psicológicamente preparados para un embarazo Deben estar informados, pueden recibir servicios	<ul style="list-style-type: none"> <li>• Medios masivos</li> <li>• Comunicación interpersonal grupal y consejería</li> <li>• Entretenimiento Educativo</li> </ul>	Radio- <i>cuñas de radio</i> Adolescente a adolescente Maestros Proveedores <i>Impresos- afiches, trifoliales, rotafolios, folletos</i> <i>Audiovisuales-videos</i>
Proveedores de Salud - Institucionales (TS, TSR, EP, AE) - Comunitarios (FI, V, Comadrona)	-Aplicar normas y guías técnicas de SR/PF -Facilitar una elección libre e informada de métodos en clientes -Utilizar técnicas de CIP/C -Distribuir materiales de comunicación a no usuarios, adolescentes y usuarios junto con CIP/C	Las normas de PF están disponibles Solicite una copia de las normas Conozca y aplique las normas de PF Conozca y aplique ACCEDA	<ul style="list-style-type: none"> <li>• Promoción de normas y guías técnicas</li> <li>• Capacitación grupal e individual</li> <li>• Supervisión capacitante</li> </ul>	<i>Afiche ACCEDA</i> <i>Afiche todos los métodos</i> <i>Guía de bolsillo sobre consejería</i> <i>Botón (competencia en consejería e idioma)</i> <i>Carta</i> <i>Vallas</i> <i>Calendario escritorio</i> <i>Video consejería en la clínica</i> <i>Muestrario de métodos</i>

<b>Audiencia</b>	<b>Comportamientos</b>	<b>Contenido Mensajes</b>	<b>Tácticas de Comunicación</b>	<b>Canales y materiales</b>
Usuarios(as) – hombres y mujeres que usan algún método de planificación familiar	<ul style="list-style-type: none"> <li>- Promover PF con otras personas (no usuarias y demanda insatisfecha)</li> <li>-Apoyar programas de PF a nivel comunitario</li> <li>-Demandar servicios de buena calidad</li> <li>-Asistir a servicios de salud periódicamente (según método)</li> </ul>	<p>Si usa un método de PF, si ha experimentado los beneficios de espaciar o limitar sus embarazos comparta información con otras personas</p> <p>Si usa un método debe estar satisfecha/o; si tiene dudas consulte servicio</p> <p>Si usa un método debe regresar al servicio de salud; pedir que le digan cuándo volver</p>	<ul style="list-style-type: none"> <li>• Comunicación interpersonal y consejería</li> <li>• Medios masivos</li> <li>• Movilización comunitaria</li> </ul>	<p><i>Panfleto sobre todos los métodos</i></p> <p><i>Panfletos sobre cada uno de los métodos</i></p> <p><i>Carné de usuarias(os)</i></p> <p><i>Radio -Cuñas de radio</i></p> <p><i>Video consejería en la comunidad</i></p>
Autoridades, líderes, comunicadores sociales, etc.	<ul style="list-style-type: none"> <li>-Hacer promoción del Programa Nacional de SR/ PF</li> <li>-Neutralizar oposición</li> <li>-Informar con datos correctos y veraces</li> <li>-Mantener el tema en agenda</li> <li>-Participar en talleres de capacitación sobre PF</li> <li>-Contribuir a distribución y difusión del material de comunicación sobre SR/PF</li> </ul>		<ul style="list-style-type: none"> <li>• Abogacía</li> <li>• Medios masivos</li> <li>• Comunicación interpersonal</li> <li>• Movilización comunitaria: Concurso de Logo y Lema de SR</li> </ul>	<p><i>Radio - Cuñas de radio</i></p> <p><i>Presentación ejecutiva GTI-IEC</i></p> <p><i>Presentación Estrategia</i></p> <p><i>Comunicación en PF</i></p> <p><i>Hoja de datos</i></p> <p><i>Folleto de resumen Estrategia Comunitaria</i></p>