

**Expansion and Strengthening of Primary Care
In High Risk Mayan Areas in Guatemala
Through the NGO Networks Project**
Pro Redes Salud



**SEMI-ANNUAL REPORT
2003**



**AmeriCares
JSI Research & Training Institute, Inc.
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**Semi-Annual Report
2003**

I. Program Description

A. Background

After a generation of civil war, the Guatemalan Peace Accords called for a spirit of reconciliation and dialogue in order to move the country towards more pluralistic and democratic systems of governance in which all citizens are treated equally and given the opportunity to advance. As part of this process, the government of Guatemala is working to improve access to basic health services, particularly for the most vulnerable populations.

Although much of the country is affected by poverty, Guatemala's social and health indicators reveal a large disparity between Ladino and Mayan health and economic status, thus highlighting the need to focus efforts in the highland Mayan areas, particularly among rural communities. One approach that has emerged to meet this challenge involves the contracting of NGOs to provide basic primary health services in rural areas and facilitate the greater involvement of local communities.

At the present time, the Guatemalan Ministry of Health (MOH) has 92 NGOs throughout the country contracted to provide basic services to a total of 3.2 million people at risk. This program, known as el Proceso de Extension de Cobertura (PEC) is managed by the Unidad de Provision de Servicios Primarios (UPS1) of the Ministry, and forms part of the Sistema Integral de Atencion en Salud (SIAS).

NGOs in Guatemala play an important role in the provision of basic health services, particularly among rural populations. Over the past 30 years or more, the NGO sector has grown significantly in size. Hundreds of NGOs, small and large, have arisen to assist the most vulnerable populations improve their well-being. According to a recent directory of NGOs published by the Foro de Coordinaciones de ONGs en Guatemala (Feb. 2002), there are currently a total of 420 known NGOs working in Guatemala, 164 of these working in health.

USAID Guatemala has traditionally recognized the important role played by NGOs in the provision of health care to the most vulnerable populations, and has played an important role in the strengthening of NGOs working in health. Prior to the implementation of the Pro Redes Salud project, the Mission supported two NGO initiatives, one implemented by the Population Council and another implemented by Project Concern International. Among other accomplishments, these initiatives successfully unified

two groups of NGOs into legal NGO networks and strengthened their capacities in the provision and administration of primary quality care. Together the 30 NGOs supported by these projects provided care to an estimated total of 550,000 population.

B. Project Geographical Focus, Technical Focus, Objectives and Components

The Primary Care in High Risk Mayan Areas project began in September, 2002 and ends in September, 2004. The project is managed by AmeriCares and its partner, John Snow Research and Training Institute. The Primary Care in High Risk Mayan Areas project is designed to build upon the achievements of an existing Mission-funded project - the NGO Networking Project, Pro Redes Salud. Pro Redes is a 3-year project that began one year before the AmeriCares project in September, 2001 and ends at the same time in September, 2004. It is managed by John Snow Research and Training Institute with partner institutions Project Hope and Manoff International. Both projects represent a continuation of USAID support to the NGO sector in Guatemala and are designed to build upon the success of earlier Mission efforts.

Geographical Focus: The Primary Care in High Risk Mayan Areas project is focused on provision of primary care and network and NGO strengthening in the following seven highland departments:

- ❖ Quetzaltenango
- ❖ San Marcos
- ❖ Huehuetenango
- ❖ Totonicapan
- ❖ Quiche
- ❖ Solola
- ❖ Chimaltenango

Technical Areas: The project focuses on the following technical areas:

Integrated Child Health

- Detection, case management and referral of diarrheal disease in children under 5
- Detection, case management and referral of ARI among children under 5
- Growth monitoring and counseling of children under two
- Micronutrient supplementation (vitamin A and iron) among children under two

Integrated Maternal Health

- Prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral
- Promotion of exclusive breastfeeding and proper infant nutrition
- Family planning promotion and service delivery
- Detection and referral for breast cancer
- Screening and referral for cervical cancer
- Prevention and referral for STIs, HIV/AIDS

Objectives: The five major program objectives of this project are:

Objective 1: Expand geographic and service coverage in basic primary care to high risk Mayan populations through NGO networks

Objective 2: Strengthen MOH-NGO coordination.

Objective 3: Strengthen networks and NGOs

Objective 4: Incorporate IMCI and AINM-C protocols into service delivery

Objective 5: Assist networks and NGOs to sustain their reproductive and child health services

Project Components: For conceptual and practical purposes, this project has been divided into two major components. They are:

Component One: Network and NGO Grants for the Extension of Primary Care to High Risk Communities

Component Two: Strengthening of NGO Networks and NGOs

II. Component One: Expansion of geographic and service coverage through NGO Networks - Project Objectives and First Semester 2003

Objective 1: Expand geographic and service coverage through NGO Networks

The first project component is aimed directly at achieving this objective, the expansion of basic primary care coverage to high risk rural Mayan populations in the seven priority highland departments (eight Health Areas). This is being accomplished primarily through geographical expansion into high risk rural communities where few or no services are currently available. The following section of this report presents results relating to this objective for the first half of 2003.

A. Selected networks and NGOs, second funding round

Pro Redes completed the selection process and signed grant agreements with the second funding round of networks and NGOs in mid-December, 2002. The following is a list of those selected, by network, location and population size.

Table 1: Second round networks and grantee NGOs

Network	NGOs	Departments	Municipios	Population
REDDDES	Chuwi Tinamit	Chimaltenango	Chimaltenango	5,000 (expansion)
	Kajih Jel	Chimaltenango	Patzicia	5,000 (expansion)
	ADECO*	Huehuetenango	Barillas Sur	10,000
	ADIVES*	Huehuetenango	Barillas Norte	10,000
	SEPRODIC*	Huehuetenango	Santa Eulalia	10,000

			TOTAL	40,000
FESIRGUA	Aq'bal Prodesca	Solola	San Lucas Toliman y Concepcion	5,000 (expansion)
	ADEMI*	Chimaltenango	Tecpan	10,000
			TOTAL	15,000
RONDICS*	ABC*	Totonicapan	San Cristobal	10,000
		El Quiche	Pachalum and Xinique	15,000
	ADISS*	Quetzaltenango	Coatepeque and San Juan Ostuncalco	25,000
			TOTAL	50,000
ASINDES*	Fundación Behrhorst*	Chimaltenango	Pochuta, Yepocapa and Acatenango	20,000
			TOTAL	20,000
CIAM*	Cruz Roja*	San Marcos	Concepción Tutuapa and Tacana	35,000
			TOTAL	35,000
CONODI	CORSADEC*	El Quiche	Patzite	5,000
		Ixil	Chajul, Cotzal and Nebaj	30,000
			TOTAL	35,000
Wukup B'atz	ELA*	Totonicapan	Momostenango	10,000
			TOTAL	10,000
7 Networks (* = 3 new)	15 Projects 13 NGOs (*=10 new)	8 Health Areas	22 Municipios	205,000 population

B. Planning and Budgeting for 2003 Project Implementation

1. Review and finalization of 2003 plans and budgets

Networks plans and budgets were due into the project at the end of the first week in January. In the middle of January, all project technical and administrative staff met in a two-day workshop to review all plans and budgets for modifications as necessary. Following this meeting, staff met on the local level with each network and NGO to revise budgets and plans and put them into final form.



Workshop for the review of network and NGO plans and budgets for 2003

2. First month fund requisitions and beginning of funding

Once budgets and plans had been agreed upon, networks and NGOs presented their first funding requests and funds were released. Organizations received their first month of funding in February.

C. Network and NGO Project Implementation

1. Services to be provided by all networks and NGOs

All grantee networks and NGOs will provide a basic set of services on the community level. These services include those identified by the Mission in the Project Description section of the Cooperative Agreement, and others (marked with an *) as follows:

Integrated Child Health

- Detection, case management and referral of diarrheal disease in children under five
- Detection, case management and referral of respiratory infections among children under five
- Detection, case management and referral of ear and throat infections among children under five*
- Detection, case management and referral of febrile illnesses among children under five*
- Immunizations

- Growth monitoring and counseling of children under two
- Micronutrient supplementation (Vitamin A and iron) among children under two

Integrated Reproductive Health

- Prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral
- Promotion of exclusive breastfeeding and proper infant nutrition
- Family planning promotion and service delivery

Service delivery will be based on the implementation of the new national protocols for community based IMCI and the integrated care of women and children (AIEPI AINM-C).

2. Services to be added in the second half of 2003

In the first half of 2003, the project focused on training networks and NGOs in the correct implementation of the services listed above. Detail on this training is provided below. Training in the following technical areas will be implemented in the second half of the year:

- Detection and referral for breast cancer
- Screening and referral for cervical cancer
- Prevention and referral for STDs, HIV/AIDS

3. Service delivery model to be implemented in project areas

In mid-2002, Pro Redes presented a document to UPS1 of the MOH outlining a proposal for innovations in the national SIAS PEC NGO service delivery model to be implemented by Pro Redes. This proposal was reviewed favorably by UPS1. It was decided that Pro Redes would use the opportunity presented by the project to test these innovations in the national NGO model, with joint monitoring of progress during project implementation and joint evaluation of lessons learned at the end of the project in 2004.

The following is a summary of the innovations that have been made to the SIAS PEC NGO service delivery model and are being tested during the life of the project by Pro Redes, the networks and NGOs, and the MOH. This is the primary care model that will be implemented by all grantee networks and NGOs under this project.

Factors held constant

In order to ensure that the model with innovations being tested by the NGOs under Pro Redes Salud is replicable by the MOH in the future, certain parameters were held constant. These do not vary from those being currently implemented under the SIAS PEC NGO model. The principal factors held constant are the following:

- **Grant amounts to NGOs are based on a rate of US\$5 per person**, the current system and rate used by the SIAS PEC NGO program of the MOH. Thus, any improvements in service

delivery provided by this revised model would have an increased chance of replicability by the MOH in the future as the cost of the model would be similar to or less than that currently being implemented by the SIAS PEC NGOs.

- With the exception of the innovations presented below, the **job titles and salaries of each health worker in Pro Redes model are the same as those being implemented within the current SIAS PEC NGO model of the MOH.** This variable was also held constant in order to increase the chances of replicability, as UPS1 felt that it would be simpler for the MOH to modify the terms of reference of a health worker in the SIAS PEC NGO model than it would be to modify the titles.
- **Service delivery is being conducted based on the national norms** for case management, prevention and promotion using the same training materials and supporting IEC materials and protocols approved by the MOH under the new AIEPI AINM-C norms. These are also the norms currently being disseminated among all NGOs in the SIAS PEC NGO program.

Principal innovations in the model

The principal innovations in the national model being implemented by Pro Redes Salud and its NGOs are as follows:

- **Focus and limit preventive and curative services to the highest risk populations – children under 5 years of age and women in fertile age:** Under the current SIAS PEC-NGO model, NGOs provide health services to the entire population, not only those most vulnerable. The need to attend the whole population reduces the time available to actively seek cases among those most vulnerable, and represents an additional cost (medical supplies, medicines, etc.) in the provision of care. In the model with innovations being implemented by Pro Redes, in contrast, both preventive and curative care are focused exclusively on the most vulnerable – children under 5 and women in fertile age. It is hoped that this modification will allow the NGOs, Facilitadores Comunitarios (FCs) and volunteers to better use existing resources and increase access to basic care for those most at risk of illness and death.
- **Empower the community to play an increased role in the prevention, detection and management of cases through the strengthening of the Facilitador Comunitario as the person primarily responsible for case management and community organization:** Under the current SIAS PEC NGO model, the management of cases is the responsibility of a Médico Ambulatorio (MA), who visits each community once a month. Community organization is the responsibility of a Facilitador Institucional (FI). The principal role of the Facilitador Comunitario is to support the MA and the FI. This strategy results in a relatively expensive service delivery model (the cost of the MA and related supplies and equipment) , and limits population access to basic services as the community has no one available full time who can provide care. Fortunately, Guatemala has recently developed simplified AIEPI AINM-C protocols for the community-based management of childhood illness and reproductive health which now permit a community member with a 4-6 grade education – the

Facilitador Comunitario – to detect, classify and manage the most common causes of illness among these groups. This will allow the community to take greater responsibility for its own health, and reduce dependence upon ambulatory physicians. In the service delivery model being implemented by Pro Redes Salud, the Facilitadores Comunitarios will assume the principal responsibility for case management on the community level, rather than the MA. FCs from each community with a minimum of 4-6 years of schooling are selected by the community and then trained in the use of the new AIEPI AINM-C protocols. The training lasts 3 weeks and includes hands-on practice in health centers and hospitals as well as communities. The FCs receives supportive supervision weekly (see below) to reinforce what they learned in their basic training. It is hoped that this modification to the current SIAS PEC NGO model will simplify service delivery, reduce the cost of the model, and permit increased empowerment of communities and increased accessibility to care.

- **Enable the FC to better attend his or her community and increase access to services by reducing the total population and number of Vigilantes that fall under his or her responsibility:** Under the current SIAS PEC NGO model, each FC is responsible for approximately 2000 inhabitants (333 families) and supervises around 16 community volunteers (Vigilantes). In some instances the population per FC may be as high as 5,000 persons. This may be reasonable given the limited role of the FC under the SIAS PEC NGO model. The AEC-ONG model being implemented by Pro Redes Salud, however, has increased the responsibilities of the FC, as discussed above. This increased responsibility requires modifications in the organization of care as well. Under the Pro Redes model, the total population, number of families and number of Vigilantes have been reduced per FC. Each FC covers no more than 1,000 inhabitants (167 families), and is responsible for 8 Vigilantes (one for every 20 families). Given the dispersion of communities, population size per FC may be as little as 500. It is hoped that this innovation in the model will permit the FC to improve access to care and improve the supervision and support of volunteers.
- **Prevent the disruption of service delivery by providing basic training in AIEPI AINM-C to NGO technical staff and FCs prior to the initiation of service delivery on the community level:** In the current SIAS PEC NGO model, NGO staff contracted by the MOH did not receive basic technical training prior to beginning service delivery. This was due in part to an assumption by the MOH that the NGOs did not need basic technical training. Instead, NGOs were expected to train community FCs and Vigilantes on an in-service basis during monthly meetings. This has proven to be unworkable, since both NGOs and community workers need to be trained first in basic skills. Now that the AIEPI AIMN-C protocols have been completed, a training cascade of SIAS PEC NGOs is being conducted however problems have arisen with communities, districts and areas since it is difficult to take the NGO staff and FCs away from service delivery once it has begun. For this reason, the project is training the NGOs and FCs in the new simplified protocols before community level service delivery begins. The training is based on the AIEPI AINM-C protocols being used by the MOH in the SIAS PEC NGO cascade training, with additional time for practice.
- **Strengthen the supervision of the FC through the use of nurses or tecnicos en salud rural as supervisors, using a methodology of supportive monitoring and supervision:**

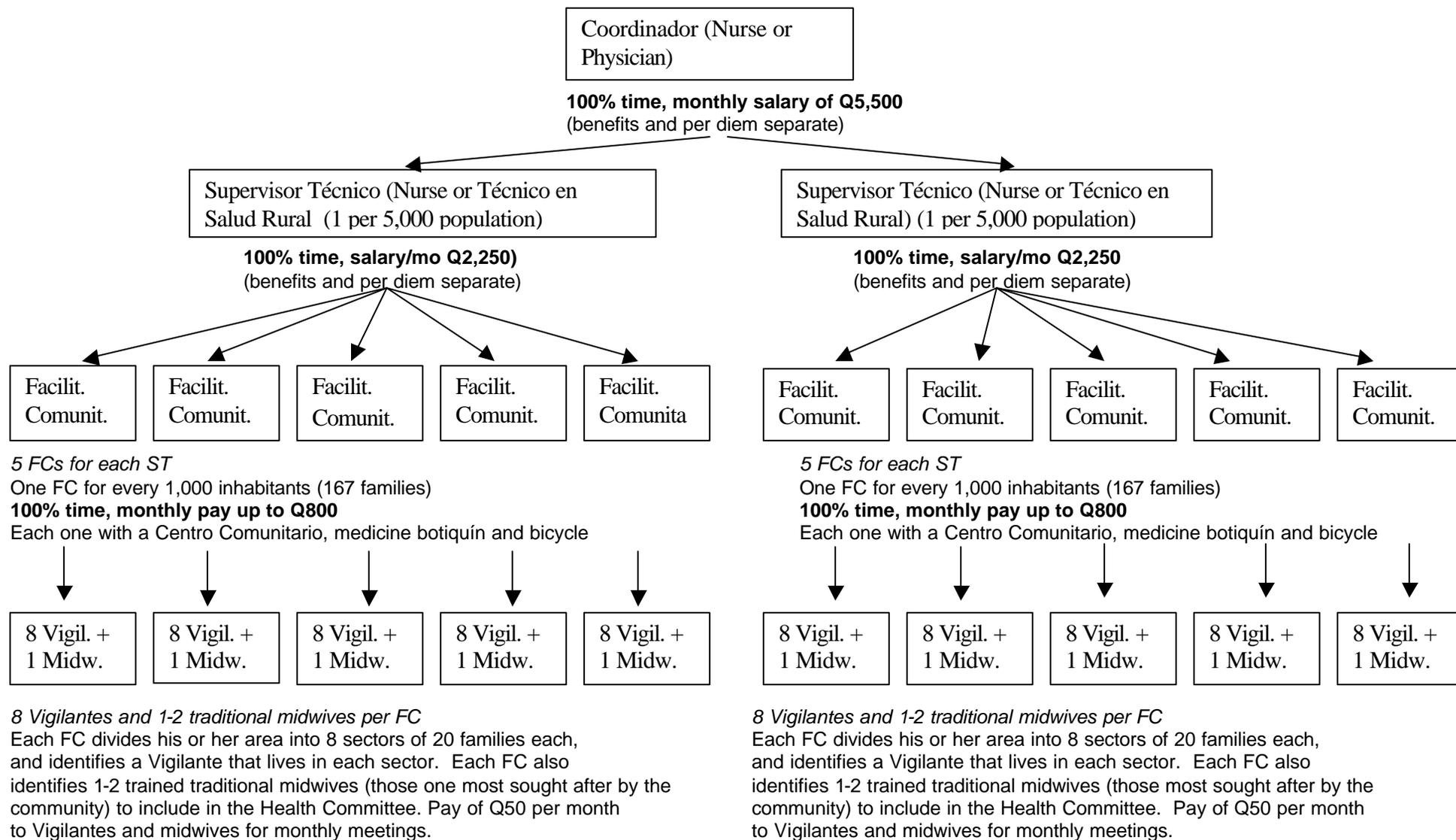
The basic technical training of NGO staff and FCs is not sufficient in itself to ensure that the FC is able to provide quality care on the community level. Therefore, the project service delivery model has made adjustments to the supervision of the FC. Under the current SIAS PEC NGO model, the FC is supervised by the FI, not by a medical professional. This may also be appropriate if the FC is not responsible for patient care. Given the increased responsibility of the FC in the Pro Redes model, however, it is important that the FC receive ongoing hands-on supportive supervision from a health professional. Therefore, the Project model incorporates the figure of the Supervisor Tecnico (ST). Each ST is responsible for no more than 5 or 6 FCs to ensure frequent visits to each one. During the supervision visit, the principal role of the ST is to provide supportive in-service training to the FC based on observations of the FC as he or she provides care. The role of the ST during the visit is to strengthen the capacities of the FC, not to provide direct patient care for children under 5 or women in fertile age (except in cases of emergency or during immunization activities).

- **Increase community access to services and improve FC performance by increasing the pay of the FC and increasing his or her time commitment to full time:** Under the current SIAS PEC NGO model, the FC is paid an honorarium of Q500 and is expected to work part time (4 hours per day). This may be sufficient given the limited role of the FC under the current MOH model. Under the model being implemented by Pro Redes, however, the increased responsibility of the FC requires an increase in time commitment and therefore an increase in pay. In the project model, the FC is engaged to work full time and is paid an honorarium of up to Q800 per month.

Diagram of the Pro Redes primary care service delivery model

A visual diagram of the project model is presented below. The diagram reflects the model's structure for a population of 10,000, which is the size of a jurisdiction as defined by the MOH.

Graph 1: PRO REDES SALUD PRIMARY CARE SERVICE DELIVERY MODEL - 10,000 POPULATION



4. Network and NGO setup and community organization

a. Staffing and strengthening of Network and NGO projects

Once budgets had been approved, in February networks and grantee NGOs received their first disbursements. In February-March, networks and NGOs selected and hired their staff and strengthened their central and local offices with the necessary equipment and supplies including motorcycles for supervisory personnel.



Equipping technical staff with motorcycles, Ixil, CORSADEC

b. Community organization and selection of community volunteers

In February, networks and NGOs conducted community assemblies to introduce the project to the communities and leaders, and worked with these groups to select community members as Facilitadores Comunitarios (FCs) and Vigilantes. This process was an important step as the identification of FCs and Vigilantes by the community is key to both the effectiveness and the sustainability of NGO projects in the long term.



Community Assembly, Ixil, CORSADEC

5. Community mapping, census and the baseline survey

a. Mapping and census data collection

In mid-February, Pro Redes also conducted a training of second round networks and NGOs in mapping and census data collection. Following the training, in March and April, networks and NGOs trained their FCs. Details on this training are provided in the section on strengthening in this report, below.

NGOs and community volunteers then mapped their communities and collected census data. The community maps consist of a drawing of each community that identifies and numbers each household. Following the mapping, a census was conducted for each family in each household. Once the centros comunitarios are established, maps will go up on the walls, the census data for each household will be summarized in the sala situacional, and each form placed in its corresponding family's file.



Census in Ixil, CORSADEC

b. Household baseline survey

In the last week in June, network and NGO technical staff were brought together in Panajachel to learn about the baseline survey to be collected in their areas in July and August. A private firm was contracted by the project to conduct this process. Data will be collected from a sample of households by professional interviewers using a standardized baseline instrument.

6. Setting up of centros comunitarios

Once the census was completed, NGOs began setting up their 205 centros comunitarios. When the training of Facilitadores Comunitarios is completed, full service delivery will begin. Medicines are expected to be delivered in August.



Setting up a centro comunitario, Huehuetenango, ABC

Objective 4: Incorporate family planning, IMCI and AINM-C into service delivery

The purpose of this objective is to strengthen selected networks and NGOs to incorporate family planning and the new protocols for IMCI (AIEPI or Manejo de Casos) and AINM-C (Promocion y Prevencion) into network and NGO service delivery.

A. Technical training in preparation for service delivery

Detailed information on the training of second round networks and NGOs in the first half of 2003 in discussed in more detail under Component II: Network and NGO Strengthening, below. In summary, the technical training received by grantee networks and NGOs during this period in preparation for service delivery included the following:

1. Training of network and NGO technical staff in AEIPI AINM-C

In May, following mapping and census data collection and the selection of FCs and volunteers, 64 technical staff from the 8 networks and 10 new grantee NGO were brought together for two weeks of technical training in the new national protocols AIEPI (Manejo de Casos) AINM-C (Prevencion y Promocion). This training utilized the national materials, which were reproduced in coordination with Calidad en Salud and the MOH. Some modifications were made to the training methodology to ensure sufficient practice during training on the community level, in the hospital, and in health centers. Diplomas were issued by the project and the MOH, and were signed by the project director, the

coordinator of SIAS for the MOH, the coordinator of UPS1 for the MOH, as well as the national MOH coordinator for IMCI.

2. Network and NGO training of FCs

Once the training of technical staff had been completed, network and NGO technical staff in turn trained their FCs, with assistance from project technical staff. This training was three weeks long and took place in May and June of 2003 simultaneously in 16 different locations around the country. A total of 212 Facilitadores Comunitarios participated in this training.

B. Service delivery begins

In spite of the lack of medicines, during this period some NGOs began service delivery in their communities. Services provided centered around vaccination and growth monitoring. Production data will be provided in the 2003 Annual Report.



Vaccination activities begin, Huehuetenango ABC



Growth monitoring, IXIL, CORSADEC

Monitoring and Evaluation Component One

A. Baseline Survey

1. Development of the protocol and sample selection

In May, Pro Redes worked with a private firm and the networks and NGOs to determine the protocol for the baseline data collection activity to be conducted in second round project areas. Networks and NGOs provided detailed information on the communities and populations to be served by their projects, the results of the censuses and mapping, and a sample was calculated with the help of a sampling expert. A stratified cluster sampling technique was used to select a final sample of 3,376 interviews. At the request of the NGOs, the sample was selected to ensure that the data would be representative not only of the project as a whole, but also for each network and each individual NGO.

2. Development of the baseline survey instrument

In 2002, Pro Redes and the first round grantee networks had developed a household baseline instrument that was used to gather baseline data on key health indicators. In May of 2003, this instrument underwent minor modifications based on the previous baseline experience. This instrument will be used as the basis for the second round baseline survey that would be representative of all NGO and network geographical areas. The final instrument includes all key indicators that may be collected from the household level as outlined in the M and E plan, as well as some additional KAP indicators related to the implementation of AIEPI AINM-C. The baseline protocol, sample and instrument are included in this report as Annex A.

3. Baseline training and data collection

As mentioned above, in the last week of June, 2003, Pro Redes held a meeting with all second round networks and NGOs. During that meeting, the firm responsible for the baseline survey explained the process and coordinated follow-up activities with each NGO. Data collection is expected to take place in July and August.

B. Completion of the Monitoring System for AIEPI AINM-C

1. Approval for the development of a community-based AIEPI AINM-C reporting system

In mid-2002 Pro Redes realized that the current MOH reporting forms (SIGSAs) were not consistent with the terminology used in the AIEPI AIMN-C protocols and therefore would not provide the information necessary to either report progress to USAID or adequately monitor the implementation of the national strategy. This situation was discussed with the MOH/UPS1, and it was agreed that Pro Redes would take up the task of modifying the current SIGSA forms used by MOH, pilot test the revised forms for several months with the networks and NGOs, and then develop a set of new forms that might be used within the PEC SIAS NGO program to report on community-based AIEPI AINM-C nationwide.

2. Completion of draft forms and field testing

During the first half of 2003, Pro Redes completed the development of a set of draft forms and trained the first funding round of networks and NGOs in their use. NGOs in turn trained their community level Facilitadores Comunitarios. The MOH/UPS1 provided project NGOs with a supporting letter to Areas and Districts explaining the pilot testing of a complementary community level information system for AIEPI AINM-C. The forms were then pilot tested, with supervision from NGOs and project staff, from March through mid-May.

3. Modification, finalization of the community-level technical reporting system AIEPI AINM-C

Once the pilot test period had been completed, in June project staff, first funding round networks and NGOs met in five local teams to review the instruments and provide comments. The project was pleased to see that in most Areas these teams also included personnel from the MOH. In mid-June,

Pro Redes held a meeting with NGO and MOH representatives from the local teams to receive comments. Instruments were revised in the last week of June by project staff based on the recommendations from these groups. The final instruments for the reporting system are included as Annex B.

4. Training of second round networks and NGOs in the use of the new instruments

The final instruments are being reproduced this month and will be used as the basis for a training of AmeriCares second round networks and NGOs scheduled for the third week in July. It is expected that the MOH will consider the forms for use nation-wide towards the end of 2003.

III. Component Two: Strengthening of NGO Networks, Project Objectives and Results First Semester, 2003

Objective 3: Strengthen Networks and NGOs and Objective 4: Incorporate IMCI (AIEPI) and AINM-C protocols into service delivery

A. Overview

1. Groups of networks and NGOs to be strengthened

The following are the two groups of networks and NGOs to be strengthened over the life of the project:

1. Grantees: 7 grantee networks and 13 grantee NGO members implementing projects
2. Non-grantees: All other interested NGO members of the 3 new grantee networks

2. Strengthening to be provided

Strengthening is aimed at improving the capacities of the networks and NGOs in the following three areas:

- To provide quality technical care based on the new community-based IMCI (AIEPI or Manejo de Casos) and AINM-C (Prevention and Promotion) protocols as well as family planning, HIV/AIDS, breast and cervical cancer
- To improve their administrative and financial systems to manage their programs more effectively
- To improve program sustainability through the implementation of revolving drug funds and increased community empowerment (grantees only)
- To improve other areas of weakness identified by the networks and NGOs through an auto-diagnostico process and the development and selective funding of network strengthening plans

3. Strengthening methodologies

The training methodology involves a mixed approach including:

- Direct training of network and NGO staff by the project
- Cascade NGO network training of their NGOs (NGOs training NGOs)
- NGO training of other NGOs (NGOs training NGOs)
- NGO training of their staff and community personnel
- Training of network and NGO staff by the MOH or other partners such as APROFAM

4. Incorporation of new protocols into service delivery

Following training, networks and NGOs will incorporate family planning and the new protocols for community-based IMCI and AINM-C into service delivery. Incorporation will vary depending to a large extent upon the source of funding of the Network and NGO as follows:

- Grantees: Those networks and NGOs with network grants from Pro Redes for community-based service delivery will incorporate these new protocols into their primary care projects and will be evaluated accordingly.
- Non-Grantees: The other NGOs in selected networks who are receiving strengthening under the project but are not being funded for service delivery either by the project or the MOH will be encouraged to incorporate these into their community level activities, however this will be more difficult to ensure as the project is not providing funding for implementation. Pro Redes will request information from networks on the implementation of protocols among non-grantees following training.

B. Preparation for training of networks and NGOs in AIEPI AINM-C

1. Support to the revision of AIEPI AINM-C training and IEC materials

In 2002, Pro Redes used the first version of the AIEPI AINM-C materials to train NGO network and NGO technical staff and Facilitadores Comunitarios from the first funding round. In the first quarter of 2003, lessons learned from this experience were shared with staff from Calidad en Salud and the MOH in order to improve the second draft of the AIEPI AINM-C training modules and IEC materials. Pro Redes provided Calidad en Salud with a copy of its training modules and meetings that included the training staff from both projects and the MOH were held to review training contents and make changes in modules and protocols. Project staff responsible for behavior change/IEC continued to work closely with the Interagency IEC Group in the review of supporting IEC materials. As a result of this collaboration, in the first half of 2003 Calidad en Salud made changes in the AIEPI AINM-C training materials, protocols and IEC materials. The revised IEC materials are being used by Pro Redes in the training of second round NGOs (see details on training, below).

C. Grantees: Strengthening of the 3 grantee networks and the 13 grantee NGOs in the first half of 2003

The tables on the following pages present a detailed summary of the strengthening provided to networks and NGOs with project grants in the first half of 2003. Strengthening was provided to these organizations to improve their financial systems, and to improve their technical capacities. In summary, training consisted of the following:

1. Financial-Administrative Training

- a. Training in the new NGO laws:** In 2003, the Guatemalan government passed new tax laws to increase control over NGOs. At the request of the networks, on January 19 Pro Redes supported the participation of representatives from the 3 new NGO networks and 10 new NGOs in an event held in the Hotel Marriott regarding the new laws affecting NGOs in Guatemala. A total of 25 persons attended this one-day training session: 5 from the networks and 20 from the NGOs.

- b. Training in project financial-administrative procedures:** On January 29, 30 and 31, Pro Redes conducted a training of all financial-administrative personnel from the 3 new networks and 10 new NGOs, using the project Financial-Administrative Manual as the basis for the training. This training was in preparation for the first disbursement of funds in February and included guidelines on the reporting of counterpart. A total of 25 persons attended this training session, 6 from the networks and 19 from the NGOs. The project Financial-Administrative Manual and Counterpart Guidelines may be found in Annex D of this report.



Training of Second Round Networks and NGOs in project administration and finances

2. Technical Training

The service delivery model to be implemented by Pro Redes Salud calls for solid preparation of Facilitadores Comunitarios and Supervisores Tecnicos in community-based IMCI (AIEPI) and AINM-C. Given the increased responsibilities of the Facilitador Comunitario in the delivery of care, project technical staff felt that the methodology used for the strengthening of the SIAS PEC NGOs would not be adequate for project purposes. Staff felt that the subject matter needed to be better integrated, and that there must be more time for practice. Pro Redes therefore modified trainer's guide and then conducted its own cascade training of technical staff and FCs from grantee networks and NGOs.

a. Training of network and NGOs in community participation, mapping and census

On February 19 and 20th, Pro Redes held a workshop for all grantee networks and NGOs to train them in techniques to be used in community participation, mapping and census activities. Two of the NGOs from the first funding round, Eb Yajaw (Huehuetenango) and Wukup B'atz (Tonicapan) conducted the training with support from project staff. A total of 67 persons attended the training, 6 from the networks and 61 from the NGOs.



Practical session during the training in community participation, mapping and census

b. NGO replica of training in community participation, mapping and census among Facilitadores Comunitarios:

Once this training was complete, networks and NGOs then proceeded to train their community Facilitadores Comunitarios. During the months of April-June, a total of 18 training sessions were held by NGOs throughout the highlands. Sessions lasted from 1-2 days in length. A total of 559 persons attended the training, including 173 Facilitadores Comunitarios, 366 Vigilantes and 20 Traditional Midwives.



Training of FCs in community mapping, Ixil, CORSADEC

- c. **Training of network and NGO technical staff in AIEPI AINM-C:** As mentioned above, the training of network and NGO technical staff in AIEPI AINM-C took place in Panajachel over a two week period from 5-16 of May. A total of 64 network and NGO staff were trained as trainers in this workshop, 4 from the 3 new networks and 60 from the NGOs. First round NGOs offered the use of their Centros Comunitarios as practice sites. This gave the second round NGOs not only a community-level place to practice, but also a better idea of what they would need to set up when they in turn establish centros comunitarios in their communities. Participants also were given permission by the MOH to practice with patients in Centros de Salud, and observe cases in the Area hospital. Pretest scores averaged 48 points, while post tests averaged 74. Diplomas were signed by the project as well as the MOH director of SIAS, the Coordinator for UPS1, and the national Coordinator for AIEPI.



Growth monitoring practical session during the AIEPI AINM-C training



Practical training in counseling at the Centros Comunitarios of first round NGOs



Observation of signs and symptoms of severe illness in the hospital in Solola



**Practice counting respiration during practical sessions in Centros de Salud,
Solola Health Area**



Practice patient counseling during practical sessions in Centros de Salud, Solola Health Area

- d. NGO replica of AIEPI AINM-C training among Facilitadores Comunitarios:** Network and NGO trained staff then replicated the training in AIEPI AINM-C among their Facilitadores Comunitarios. This training took place in 16 sites throughout the highlands during the months of May and June. Training sessions were three weeks in duration. A total of 211 Facilitadores Comunitarios were trained during these workshops. As in the training of network and NGO technical staff, the training of Facilitadores Comunitarios also included practice on the community level in the centros comunitarios of first round NGOs, and in all Areas the MOH allowed the Facilitadores to practice in the Centros de Salud and observe cases in Area hospitals. Pretest scores ranged from 59-74, while posttest scores ranged from 71-94. Diplomas for Facilitadores Comunitarios were also signed by the project, the network and NGO as well as the MOH director of SIAS, the Coordinator for UPS1, and the national Coordinator for AIEPI.



Training of Facilitadoras Comunitarias in AIEPI AINM-C, NGO Wukup B'atz



**Practical session in growth monitoring, Facilitadora Comunitaria,
Wukup B'atz**



Facilitadora Comunitaria training in AIEPI AINM-C, NGO ADISS

3. Technical Assistance

Pro Redes also continued to provide intensive technical assistance to grantees in the first half of 2003. This support was given through 8 Departmental Coordinators, whose offices are located in the highland areas in which the NGOs are implementing their projects. Support is also provided by 3 Technical Coordinators, based in the capital city. In the next six months coordination on this level will intensify as NGOs begin community level implementation. Specific coordination will occur relating to baseline data collection and service delivery. The following table is a summary of the types of support provided by the Departmental Coordinators during this period.

Table 2: Technical assistance provided to networks and NGOs by Departmental Coordinators, January-June, 2003

Types	Chimal-tenango	Solola	Quiche and Ixil	Toto-nicapan	Quetzal-tenango	San Marcos	Huehue-tenango (North)*	Huehue-tenango (South)
Number of plans and budgets reviewed	4	10	1	1	3	3	0	1
Meetings with districts and NGOs to present projects	10	4	8	2	2	2	0	2
Meetings with NGOs to select personnel	2	4	6	0	9	4	0	0
Meetings with NGOs	10	7	8	2	10	7	0	3

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and districts to select communities								
Meetings with NGOs and community leaders	16	5	8	1	0	9	0	3
Number of community general assemblies attended	8	2	10	3	4	3	0	3
Number of community visits with NGOs to identify locations for centros comunitarios	30	14	22	3	24	9	4	2
Number of meetings with NGOs to relocate centros comunitarios	10	3	2	2	2	9	3	3
Number of visits with NGOs to communities related to the census and mapping	0	3	6	2	4	3	16	2
Support visits to communities with NGOs to review equipping of centros comunitarios	15	4	0	3	4	4	0	1
Days training networks and NGOs	15	3	6	6	5	7	10	
Visits to health services and centros comunitarios to coordinate the practical sessions for training	5	6	10	8	2	6	1	2
TA visits to FC training sessions	6	3	3	6	12	11	29	12
Meetings with networks and NGOs to coordinate training	6	3	2	12	4	5	10	6
Meetings to develop monthly plans	15	6	6	6	6	6	6	6
Meetings with the Equipo Tecnico Local (network, NGO, PRS)	18	4	18	2	14	5	21	2

* Departmental Coordinator for this area contracted later in the semester

Problems encountered: Centros comunitarios too small or in the house of the FC; need for more centros comunitarios than 1/1000 population due to distances between communities; lack of community interest in assemblies or health projects in some areas due to failures of previous NGOs or erroneous beliefs that NGO service delivery is privatization or for religious reasons (God will heal); community preference for a

puesto de salud and free medicine in some areas; problems with NGO lack of support to technical staff in transport or per diems, or in provision of motorcycles, inadequate personnel for vaccination since technical staff was in training; estimated populations provided by the MOH did not coincide with the real populations documented in the censuses; inadequate population found in communities to cover the assigned population; NGO blocking the project NGO in one area; resignation of some FCs; inadequate dedication of NGO technical supervisors in one district; difficulties with supervision by NGO technical staff and CDs due to distances and lack of transport.

Solutions implemented: Expansion and re-location of centros comunitarios as necessary; separate entrances set up when the centro is in the house of the FC; meetings held with communities to explain the project resulting in community acceptance, or in some cases changes in communities; meetings with the district to identify additional communities; district intervention to define communities for conflicting NGOs meetings with the NGO to release per diems, purchase motorcycles; NGO contracting of personnel to increase vaccination coverages; meetings with community leaders to inform them about personnel selected and the selection of a new FC to replace the one that resigned; meetings with the network and NGO to stress the importance of working as a team; Areas and districts supporting NGOs and CDs with transport for field visits; Areas accompanying NGOs during vaccination activities; meetings held with religious leaders to assist their support in the community.

D. Non-Grantees: Number of new networks and NGOs (grantees and non-grantees) to be strengthened

The following table is a list of the 3 new grantee networks and their total NGO membership, to be strengthened through this project. Note that this is not a complete list of network grantees, as some of the networks selected for the second round are already with Pro Redes as part of the first funding round of grantees and, as a result, their NGO members are already receiving strengthening.

Table 3: New second round networks and NGO members (grantees and non-grantees) to be strengthened (* Those NGOs with network grants for primary care projects)

New Networks	Member NGOs	TOTALS
RONDICS*	ABC*	
	Nuevos Horizontes	
	ADISS*	
	ASEDAI	
	CINDEHS	
	IXCHEL	
	CEDEC	
	Total RONDICS	7
ASINDES*	Fundación Behrhorst*	
	ADEJUC	
	ABO	
	ACJ	
	ASCATED	

	Rixiin Tinamit	
	ASDNA	
	ASECSA	
	ASELDERGUA	
	ARIDEN	
	SHARE	
	TPS	
	CARE	
	CARITAS	
	ES	
	FH	
	Obra Social El Martinico	
	Plan Internacional	
	SOJUGMA	
	UDINOV	
	Vision Mundial	
	Proyecto HOPE	
	Total ASINDES	22
CIAM*	Cruz Roja*	
	DECO	
	ADIFCO	
	Total CIAM	3
	TOTAL	32 (28 non-grantee NGOs)

1. Progress in the Diagnostico Situacional process in the first half of 2003

As mentioned in the 2002 Annual Report, experience with NGO networks has shown that the first step in strengthening is to assist the network and its member NGOs analyze their strengths and weaknesses as individual organizations and as a group. While most networks have a general knowledge of NGO members and the kind of work they do, a network rarely knows its strengths and weaknesses as a group in detail. If it is to develop an action plan for the strengthening of its membership, it is clear that the network first needs to know how it is doing.

2. The Diagnostico Situacional instrument

Pro Redes has developed an instrument that networks can use as tool for the implementation of the Diagnostico Situacional and development of network Strengthening Plans. This instrument is comprised of 6 modules as follows:

1. Integrated Child Health
2. Integrated Reproductive Health
3. STIs and HIV/AIDS
4. Cancer
5. Community participation and IEC
6. Sustainability

3. Network orientation and data collection

The three new networks selected for this project were oriented in the use of the Diagnostico instrument in a training held in Quetzaltenango on February 18th. Six participants from the 3 new networks attended the training. The other four networks that were selected for the second funding round, but were already with Pro Redes, have completed this process.

In total 13 NGOs from the three new networks in the second funding round participated in the Diagnostico process. That is 41% of the total NGO membership in these networks. A summary of the results of the diagnosticos is presented below in the section on monitoring and evaluation. The distribution of participating NGOs by network is as follows:

➤ ASINDES:	5 NGOs (23%)
➤ CIAM:	2 NGOs (67%)
➤ RONDICS:	<u>6 NGOs (71%)</u>
Total	13 NGOs (41%)

4. Development of network Strengthening Plans

Now that the Diagnostico reports are completed, they will be given to the networks and NGOs for analysis. In the second half of 2003, networks and interested NGOs will be assisted to analyze the results of their data and develop Strengthening Plans. These plans will then be presented to the project for consideration and funding.

Objective 5: Assist NGOs to sustain their reproductive and child health services:

This objective is aimed at improving the sustainability of grantee primary care services once project funding is ended.

A. Sustainability focus

The project is working to increase the sustainability of network and NGO primary care programs through:

- a. The implementation of network and NGO revolving drug funds,
- b. Increasing the community's ability to prevent, detect and manage illnesses among the most vulnerable through the use of simplified protocols, and
- c. Support to proposals for increasing network and NGO sustainability that are presented in the networks Strengthening Plans

B. Development of network Revolving Drug Funds

As mentioned above, one key strategy for improving the sustainability of project activities once funding ends is to develop revolving drug funds among networks and grantee NGOs. Guidelines for revolving funds may be found in Annex C of this report.

In early 2003, the Mission approved the purchase of six months of seed pharmaceuticals for second round NGO networks and NGOs. Project Hope has been implementing the purchase in the United States. The shipment is expected to be sent from the US in mid-July. Upon arrival, they will be repackaged as necessary and then sent to the networks for distribution to the NGOs and centros comunitarios. In the meantime, networks and NGOs will focus on completing baseline data collection, supplying and equipping their centros comunitarios, training their vigilantes and providing services related to immunizations, growth monitoring and family planning.

In the second week of July, Pro Redes will meet with the 3 new networks to give them the project guidelines and discuss the development and implementation of the revolving funds. In the third week, Pro Redes will meet with all second round networks and NGOs to explain the project reporting system, in preparation for the arrival of the medicines.

C. Empowerment of communities to detect and manage illnesses and conditions

The second strategy for improving sustainability involves the empowerment of communities to detect and manage the most important illnesses and conditions related to the highest risk populations, children under 5 and women in fertile age. As described above, Pro Redes has completed the 2-week training of network and NGO staff in the new AEIPI AINM-C protocols, as well as the 3-week training of all Facilitadores Comunitarios. Training of volunteers (Vigilantes) will begin in July.

Monitoring and Evaluation: Component Two

A. Results of the 3 network Diagnosticos Situacionales

As discussed above in more detail, all 3 new grantee networks have completed NGO Diagnosticos, data has been entered and analyzed, and reports are completed. The consolidated report on the diagnosticos may be found in Annex E of this report. Data was collected from a total of 13 NGO members. In summary, the highlights of these Diagnosticos are as follows:

1. Integrated Child Health and Nutrition

- Most of the 13 NGOs reportedly provided counseling in at least one of the major areas of integrated child health.
- The component most work in is prevention and control of diarrhea (8 NGOs).
- Most also reported providing basic services in all major technical areas.
- 81% of their technical staff and 82% to 83% of their volunteers had reportedly already been trained in the key technical areas of child health, though many (49% of technical staff and 75% of volunteers) reported not having yet been trained in or received the new AEIPI AINM-C protocols and supporting materials at the time of the survey.

2. Needs for program strengthening and training in integrated child health

The most frequently mentioned needs for strengthening or training (13 NGOs) were:

- Training in all areas of integrated child health (2)
- Training in counseling of diarrheas (1) and respiratory infections (1)
- Training in nutrition and nutrition counseling (2)
- More IEC materials (1) and transport (1)
- Training in community organization (1)
- Training in prevention and control of diarrheas (1)
- Training in respiratory infections (1)
- Awareness raising of members related to problems of health in Guatemala (1)
- Training in counseling and management of each type of case (1)
- Medicines and micronutrients(1)
- Funding to provide primary care (1)

3. Self-ranking in integrated child health

- When asked to rate themselves in regard to their technical capacities and service provision in infant health, the majority (31%) rated themselves as “strong” in immunizations, “weak” in diarrheal disease control (23%), and “weak-medium” (23%) in respiratory infections and growth monitoring.
- When asked to rate themselves in regard to training needs, the majority (31%) rated themselves as weak in the new AIEPI AINM-C strategy, while most rated themselves strong (23%) in training in the other areas of child health.

4. Needs for training in integrated child health

- The 13 NGOs interviewed, reported requiring the training of the following numbers of persons in AIEPI AINM-C and other technical areas:

<u>Subject</u>	<u>Technical staff</u>	<u>Volunteers</u>
➤ AIEPI AINM-C	18	581

➤ Immunizations	12	110
➤ Diarrhea control	18	149
➤ Respiratory infections	11	369
➤ Growth monitoring	15	130

Highlights of reported service delivery in integrated child health in 2002

(Note: These figures should be considered NGO self-estimates overall and reflective of trends, rather than the results of surveys or systematic data collection):

- Immunization coverages between of 100% for DPT 3 and polio 3, 89% for BCG and 78% for MMR among children under one year of age
- 90% of cases of dehydration attended were managed with ORS
- 56% of cases of severe dehydration and 11% of cases of persistent diarrhea attended were referred
- 49% of cases of pneumonia attended were managed in the community with antibiotics
- 100% of cases of severe pneumonia attended were referred
- 75% of children under 2 attended growth monitoring sessions, 88% of whom were found to be growing well
- 100% of cases of severe malnutrition attended were referred
- 67% of children under 2 received Vitamin A
- 57% of children under 2 received iron
- An estimated 71% of children under 4 months were being exclusively breast fed

5. Integrated Reproductive Health

- Most of the 13 NGOs also reportedly provide counseling in all of the major areas of integrated reproductive health.
- The area most worked in is ITS (8). The area least worked in is application of TT (5).
- Most of the 13 NGOs also provide services in at least one of the major technical areas in integrated reproductive health. Seven work in prenatal care, provide iron and folic acid, postpartum care, ITS. Only 4 work in family planning, and two work in HIV/AIDS.
- 58% to 70% of NGO technical staff and 73% to 91% of volunteer personnel have reportedly already been trained in the key technical areas, though both tended to have less training in IUD insertion (58%), cancer (67% and 73%) and HIV/AIDS (67% and 83%) than in other areas.

6. Needs for program strengthening and training in integrated reproductive health

The most frequently mentioned needs for strengthening or training (13 NGOs) were:

- Training in STIs (2), family planning (2), cancer and HIV/AIDS (1)
- Training in all technical areas of integrated reproductive health (4)
- Training in counseling in all topics (1), in family planning (2), STIs (1)
- Training in safe birthing (2)
- Training to improve coverage and service quality (1)
- Funding for integrated reproductive health programs (1)
- Audiovisual materials on prenatal and postnatal care (1)
- Micronutrients and clinical equipment (1)

7. Self-ranking in integrated reproductive health

- When asked to rate themselves in regard to their technical capacities and service provision in integrated reproductive health, the majority (38% - 69%) rated themselves as “weak” in integrated care, prenatal care, birthing, postpartum care, STIs, family planning and HIV/AIDS. NGOs rated themselves as “medium” (38%) in cervical cancer.
- When asked to rate themselves in regard to training needs, half (23%) rated themselves as “strong” and half rated themselves as “weak” (23%) in areas related to integrated reproductive health. The rated themselves as “medium”.

8. Needs for training in integrated reproductive health

- The 13 NGOs interviewed, reported requiring the training of the following numbers of persons in integrated reproductive health:

<u>Subject</u>	<u>Technical staff</u>	<u>Volunteers</u>
➤ Prenatal care	19	122
➤ Birthing	10	34
➤ Postpartum care	18	122
➤ ETS	23	188
➤ Family planning	14	276

Reported service delivery in integrated reproductive health in 2002

(Note: These figures should be considered NGO self-estimates overall and reflective of trends, rather than the results of surveys or systematic data collection):

- 75% of pregnant women in NGOs areas attended prenatal care, 54% of whom reportedly received tetanus toxoid, 85% received folic acid and 92 received iron
- 38% of births were attended by doctors or nurses
- 100% of obstetrical emergencies detected during birth were referred
- 0% of communities in NGO areas have a casa maternal
- 63% of postpartum women attended postpartum care, 46% of whom received vitamin A
- 70% of women with postpartum emergencies were referred
- 0% of newborns detected with danger signs were referred
- A total of 1.2 CYPs for oral contraceptives, 0.5 for condoms; 0 for IUDs; and 0 CYPs for voluntary sterilization (women and men) in NGO areas
- 124 new users of FP methods
- 0% of cases of STIs detected managed on the community level, and 8% of cases of STIs detected referred

9. Cervical cancer

- 4-6 of the 13 NGOs reported working in at least one technical area related to the area of cervical cancer. Six promote the PAP exam, 5 take PAP smears, do lab work and refer cases to the next level of care, and 4 coordinate with the hospital for referrals.
- 7 of the 13 NGOs provide counseling in cervical cancer in their communities.
- 74% of NGO technical staff and 72% of volunteers have already received some training.

10. Needs for program strengthening and training in cervical cancer

The most frequently mentioned needs for strengthening or training (13 NGOs) were:

- Training in cancer (1)
- Training in counseling (1)
- Training to improve coverage and service quality (1)
- Funding for programs (1)
- Audiovisual materials (1)

11. Self-ranking in cervical cancer

- When asked to rate themselves in regard to their technical capacities and service provision in cervical cancer, the majority rated themselves as “medium” (38%).

12. Needs for training in integrated reproductive health

- The 13 NGOs interviewed, reported requiring the training of the following numbers of persons in integrated reproductive health:

<u>Subject</u>	<u>Technical staff</u>	<u>Volunteers</u>
➤ Cervical cancer	17	45

Reported service delivery in cervical cancer in 2002

(Note: These figures should be considered NGO self-estimates overall and reflective of trends, rather than the results of surveys or systematic data collection):

- An estimated 6.41% of women in fertile age in NGO areas received the pap exam in 2001
- 33% of exams were found to be abnormal

13. HIV/AIDS

- 15% of 13 NGOs are providing care to people with HIV/AIDS
- 54% of NGOs are providing counseling on HIV/AIDS in their areas
- NGOs reported that 67% of their technical staff and 84% of their volunteer personnel have already received some training on HIV/AIDS

14. Needs for program strengthening and training in integrated reproductive health

The most frequently mentioned needs for strengthening or training (13 NGOs) were:

- Training in HIV/AIDS (1)
- Training in counseling (1)
- Training to improve coverage and service quality (1)
- Funding for programs (1)

15. Self-ranking in HIV/AIDS

- When asked to rate themselves in regard to their technical capacities and service provision in HIV/AIDS, the majority rated themselves as “weak” (62%).

16. Needs for training in HIV/AIDS

- The 13 NGOs interviewed, reported requiring the training of the following numbers of persons:

<u>Subject</u>	<u>Technical staff</u>	<u>Volunteers</u>
➤ HIV/AIDS	26	602

Reported service delivery in HIV/AIDS in 2002

(Note: These figures should be considered NGO self-estimates overall and reflective of trends, rather than the results of surveys or systematic data collection):

- 2 NGOs out of 23 conducted household visits to detect possible cases
- 4 out of 13 reportedly referred possible cases
- 0% of possible HIV/AIDS cases detected were referred
- 1 NGO out of 13 NGOs provided contact follow-up
- 0 NGOs out of 13 provided medicine for symptom alleviation

17. IEC/behavior change and community participation

- Most NGOs out of a total of 13 reported working in IEC and behavior change, primarily in group education (8) and individual counseling (9) and special campaigns (7), and least in mass media (3) and community entertainment (5)
- NGOs reported that 49% of their technical staff and 37% of their volunteer personnel have been trained in IEC and behavior change
- NGOs reported that 96% of their technical staff and 100% of their volunteers have been trained in community participation.

18. Needs for strengthening and training in IEC/behavior change, community participation

The most frequently mentioned needs for strengthening or training (13 NGOs) were:

- Print materials (4)
- Audiovisual materials (4)
- Audiovisual equipment (3): televisions, radio cassette players, video players, overhead projectors, tape recorders
- Topics:
 - Abortion
 - Family planning
 - Domestic violence
 - Gender
 - Human rights
 - Self esteem
 - HIV/AIDS
 - Prevention of dengue
 - Diarrheal disease prevention
 - Drug addiction
 - Environmental protection
 - Self care
 - Nutrition
 - TB
 - Cervical cancer
 - Immunization

19. Self-ranking in IEC/behavior change and community participation

- The majority of NGOs rated themselves as “weak” in IEC/behavior change (62%).
- The majority of NGOs rated themselves as “weak” in community participation (46%).

20. Needs for training in IEC/behavior change and community participation

- The 13 NGOs interviewed, reported requiring the training of the following numbers of persons:

<u>Subject</u>	<u>Technical staff</u>	<u>Volunteers</u>
➤ IEC	66	885
➤ Community participation	44	669

Reported service delivery in IEC/behavior change and community participation in 2002

(Note: These figures should be considered NGO self-estimates overall and reflective of trends, rather than the results of surveys or systematic data collection):

- 693 talks to small groups
- 676 individual counseling sessions
- 4 messages were transmitted by mass media and 15 community entertainment sessions were conducted, while 37 campaigns or special events were held
- NGOs reported that 90% of their communities had been involved in community organization, while 79% had conducted an auto-diagnostico or sala situacional
- 71% of communities developed action plans outlining problems and solutions, and 90% of implemented their action plans and monitored and evaluated results.

21. NGO program and institutional sustainability

- Most of the 13 NGOs rated their current levels of funding as “average” (62%)
- Most funding was “mixed” external (39%) and NGO funds (23%)
- Most current funding for the 13 years is for a period of greater than 7 years (46%)
- Most NGOs felt that their current level of funding would increase over the next 2 years (46%)
- Most NGOs rated the sustainability of their current programs as “medium to weak” (46%).

22. NGO plans for improving long term sustainability of the NGO and its programs

The most frequently mentioned plans for improving sustainability among 13 NGOs were:

- Increase alliances with other NGOs (1), other institutions (1)
- Create sustainable projects (2)
- Design and negotiate projects with a sustainability focus (1)
- Extend projects that are self-sustainable to other departments (1)
- Implement community development projects (1)
- Design projects that produce a product and find a market for the product (1)
- Implement micro-enterprise projects (production of avocados, productive projects for rural women)(1)
- Present proposals for productive projects (1)
- Get involved in the sale of natural products and appropriate technology (1)
- Develop irrigation system projects for agricultural production and optimization of the soil (1)
- Offer training to other institutions (1)
- Negotiate financial support for project implementation (1)
- Develop projects and find funding for implementation (1)
- Increase the number of patients and diversify health services (1)
- Diversify programs for beneficiaries (1)
- Broaden and improve services (1)
- Work better (1)
- Extend programs and convenios (1)

IV. Coordination

Objective 2: Strengthen MOH-NGO coordination

Pro Redes Salud continued to strengthening the coordination between NGOs and the MOH through close collaboration with the all levels of the MOH during all phases of the development of the project during this period.

1. Central level:

Pro Redes continued to coordinate closely with the MOH on the central level during the first half of 2003, in particular the Unidad de Provision de Servicios Primer Nivel (UPS1). Central level coordination will continue under this project. Coordination related to the project has included the identification of high risk areas for the second funding round, selection of grantee networks and NGOs, the revision of training and IEC materials in AEIPI AINM-C, development of the project service delivery model, development of an AEIPI AINM-C community-level technical reporting system, and the presentation and negotiation of the project with the eight health areas.

2. Area and local levels:

Pro Redes, grantee networks and NGOs have also continued to work closely with the eight health areas and specific districts during the each phase of implementation to date including selection of NGO personnel, community organization, and the training of NGO and community level personnel. Coordination was facilitated by the eight project Departmental Coordinators, whose offices are located in each department. The following table presents a summary of the coordination activities undertaken by the Departmental Coordinators in the first half of 2003.

Table 4: Departmental Coordinator activities on the Area and Local levels, January-June, 2003

Type	Chimal-tenango	Solola	Quiche and Ixil	Totonacapan	Quetzal-tenango	San Marcos	Huehuetenango (North)	Huehuetenango (South)
<i>Area Level</i>								
Administrative actions for coordination of training	6	6	2	6	4	1	10	2
Meetings with the Area technical team	12	18	6	2	0	4	0	5
Meetings with the Consejo Tecnico	4	4	3	1	1	5	0	5
Meetings with the Area on other subjects	4	1	3	2	4	7	0	3
Meetings with Cooperacion Externa	3	1	2	0	2	2	4	2
Meetings with the Maternal-Infant mortality committee	0	4	0	0	1	1	0	2
Meetings with the Consejo Departamental de Salud	0	0	3	0	12	3	0	0
Meetings with the Consejo Departamental de Desarrollo	0	0	0	3	0	0	0	0

Urbano y Rural								
Trainings received in these groups	2	1	3	1	0	3	0	1
Meetings to develop Area plans and budgets	6	7	1	0	4	1	2	1
<i>District Level</i>								
Meetings with the Consejo Technico de Distrito	18	5	6	2	8	4	3	3
Meetings with the Consejo Municipal de Salud	0	0	3	1	0	3	2	3
Meetings with the District on other subjects	2	2	3	2	0	0	1	1
<i>Coordination with other institutions</i>								
Meetings with other NGOs in the Area	6	1	2	1	0	3	2	2
Meetings with personnel from Calidad en Salud	0	1	2	0	2	3	0	0
Meetings with UNICEF	0	1	0	0	0	0	0	1
Meetings with OPS	0	0	0	0	0	0	0	1
Meetings with other agencies	0	0	2	0	0	3	0	3

Problems encountered: Lack of MOH information on the Pro Redes model being implemented; lack of meetings with district personnel in some areas; changes in the programming of the Area for various events; the assigned communities did not meet the expected population size; lack of interest in the Area in the formation of a Consejo de Salud; interference of one NGO with another.

Solutions implemented: Presentation of the model to Area and district personnel; improved coordination of meetings with districts; reprogramming of events with the Area; meetings with districts to identify additional communities; formation of Consejos de Salud on the municipal level; district clarification of NGO catchment areas.

In the next six months coordination on this level will intensify as NGOs begin community level implementation. Specific coordination will occur relating to baseline data collection and service delivery.

A. Calidad en Salud

1. Review of AIEPI AINM-C protocols, training and IEC materials

As mentioned above, in early 2003 Pro Redes used the lessons learned from the training of first round networks and NGOs in 2002 as the basis of collaboration with Calidad en Salud to improve the second version of the AIEPI AINM-C protocols, training modules and IEC materials. Modifications made in the materials by Calidad en Salud in the first half of 2003. The revised materials have been used by Pro Redes in the training of second round NGOs and their Facilitadores Comunitarios in the first half of this year, and will continue to be used during the training of community volunteers (Vigilantes), to begin in July.

B. APROFAM

1. Development of a Memorandum of Understanding

In the first few months of 2003, Pro Redes and APROFAM developed and signed a Memorandum of Understanding. This document outlines the responsibilities of each party in providing NGOs with contraceptives and monitoring service delivery. The MOU with APROFAM may be found in Annex D of this report.

2. Training and provision of contraceptives

In the second half of 2003 APROFAM will sign agreements with NGOs and train them in the logistics system. The NGOs will then be provided them with their first stock of contraceptives. Methods will include the following:

- Condoms
- IUDs
- Depo-Provera
- Oral contraceptives

Pro Redes will pay the cost of transport for the first stock of contraceptives for each NGO. Contraceptives will be sold at APROFAM prices. NGOs will be responsible for ordering and paying for the transport of future shipments. APROFAM will collect monitoring data, while project staff will monitor the provision of services.