

***Calidad en Salud***

**Better Health for  
Women and Children**

**Quarterly Report  
Third Quarter, 2003**

For:  
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# Acronyms

AA-MC	AIEPI AINM-C, Manejo de Casos
AA-PP	AIEPI AINM-C, Promoción y Prevención
ACCEDA	Atender, Conversar, Comunicar, Encaminar, Describir y Acordar próxima cita
AEC-ONG	Ampliación de la Extensión de Cobertura en Organizaciones No Gubernamentales
AEC-PS	Ampliación de la Extensión de Cobertura en los Puestos de Salud
AIEPI	Atención Integrada a las Enfermedades Prevalentes de la Infancia
AINM-C	Atención Integrada al Niño y la Mujer a Nivel Comunitario
AMMG	Asociación Guatemalteca de Mujeres Médicas
ANDEGUAT	Asociación de Nutricionistas de Guatemala
APROFAM	Asociación Pro-Bienestar de la Familia
AQV	Anticoncepción Quirúrgica Voluntaria
ATR	Asesor Técnico Regional
BRES	Balance, Requisición y Envío de Suministros
CC	Centro Comunitario
CPT	Contraceptive Procurement Table
CRS	Catholic Relief Services
CS	<i>Calidad en Salud</i>
CTA	Comité Técnico Asesor
CYP	Couple Years Protection
DAS	Dirección de Área de Salud
DHS	Demographic Health Survey
DGRVCS	Dirección General de Regulación, Vigilancia y Control de la Salud
EA	Enfermera Ambulatoria
ENSMI	Encuesta Nacional de Salud Materno Infantil
ETIO	Equipo Técnico de la Investigación Operativa
FA	Facilitador de Área

FC	Facilitador Comunitario
FHI	Family Health International
FI	Facilitador Institucional
FNUAP	Fondo de las Naciones Unidas para la Población
FP	Family Planning
GMP	Growth Monitoring and Promotion
GTI-IEC	Grupo Técnico Interinstitucional de IEC
IEC-BCC	Información, Educación y Comunicación – Behavior Change Communication
IGSS	Instituto Guatemalteco de Seguridad Social
IMCI	Integrated Management Childhood Illness
IPC/C	Interpersonal Communication and Counseling
IUD	Intra-Uterine Device
JHU	Johns Hopkins University
KPC	Knowledge Practices and Coverage
LMIS	Logistics Management Information System
MA	Médico Ambulatorio
MELA	Método Exclusivo Lactancia Amenorrea
MEW	Minimum Expected Weight
MIC	Manejo Integrado de Casos
MOH	Ministry of Health
MSPAS	Ministerio de Salud Pública y Asistencia Social
NGOs	Non-Governmental Organizations
OR-AEC-PS	Operations Research
PAHO	Panamerican Health Organization
PEC-ONG	Ampliación de Extensión de Cobertura en Organizaciones No Gubernamentales
PEVA	Planear, Ejecutar, Verificar y Actuar
PNI	Programa Nacional de Inmunizaciones
PNSR	Programa Nacional de Salud Reproductiva

PNUD	Programa de las Naciones Unidas para el Desarrollo
POA	Programación Operativa Anual
PROEDUSA	Programa de Educación y Saneamiento
PROSAN	Programa de Seguridad Alimentaria y Nutricional
RRHH	Dirección de Recursos Humanos del MSPAS
SAMIG	Sistema Automatizado de Monitoreo Institucional y Gerencial
SDM	Standard Days Method
SIAS	Sistema Integral de Atención en Salud
SIGSA	Sistema de Información Gerencial en Salud
SLAN	Sociedad Latinoamericana de Nutricionistas
SUI	Sistema Unificado de Información
TA	Technical Assistance
TOT	Training of Trainers
TSR	Técnico en Salud Rural
UE	Unidad Ejecutora
UNDP	United Nations Development Programme
UNICEF	Fondo de las Naciones Unidas para la Infancia
UNFPA	United Nations Fund for Population Activities
UPS1	Unidad de Provisión de Servicios I
URC	University Research Corporation
USAID	United States Agency for International Development
USME	Unidad de Supervisión, Monitoreo y Evaluación
UTI	Uterine Tract Infection
VS	Vigilante de Salud

## 1. EXECUTIVE SUMMARY

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

#### Family Planning

The following is a summary of monitoring results including couple years protection (CYP) and new acceptors of FP methods both nationwide and in the eight priority areas. *Calidad en Salud* certifies that all data provided comes from official and well recognized sources.

#### CYPs Nationwide and in 8 Priority Areas

Overall, 110.9% of the target for CYPs in the third quarter of 2003 has been achieved (Table 1) 113.7% for the MOH and 103.1% for IGSS. The MOH's cumulative percentage for CYPs is 4.61 percentage points above the goal, while IGSS is -0.53 percentage points below its goal at 74.47%. This quarter includes information on natural methods, specifically LAM for the MOH and LAM plus MDF for IGSS.

During third quarter of 2003, the PNSR and *Calidad en Salud* (CS) worked to introduce a comprehensive package of AQV services in health centers, posts and hospitals. The increase in access to AQV will ensure that those who receive services are in need the most and follow-up of treatment is enforced.

**Table 1: Number of CYPs nationwide by target achieved, MOH & IGSS, 2003**

Institution	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	97,519	95,939.32	98.38	97,519	101,230.06	103.81	97,519	108,232.40	110.99	390,076	305,401.78	78.29
MSPAS	72,519	71,824.32	99.04	72,519	76,652.06	105.70	72,519	82,451.40	113.70	290,076	230,927.78	79.61
IGSS	25,000	24,115	96.46	25,000	24,578	98.31	25,000	25,781.00	103.12	100,000	74,474.00	74.47

#### In the 8 Priority Areas

82.1% of the annual target has already been achieved (Table 2). CYPs for the MOH account for the high acceptance of injectables (43.43%), followed by female AQV (40.38%). The production of CYPs in the 8 priority areas is a result of an improved counseling strategy plus promotion and availability of FP methods in health centers and posts.

**Table 2: Number of CYPs in 8 priority areas by target achieved, MOH, 2003**

	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MOH	23,089.3	23,689.7	102.6	23,089	25,205.9	109.2	23,089	26,943.8	116.6	92,357.1	75,839.4	82.1

The number of CYPs by method for the MOH in the 8 priority areas also was measured (Table 3) 51.52% of CYPs came from injectables, followed by AOV-F acceptance (36.1%). The data illustrates a small decrease in IUD from 1,274 CYPs in the second quarter of 2003 to 1,207 during the third quarter.

**Table 3: Number of CYPs in the 8 priority areas by method, MOH, 2003**

FP Method	MOH			Total
	Q1	Q2	Q3	
Depo Provera	12,470.3	12,967.75	13,638.75	39,076.8
Condom	818.98	847.45	758.39	2,424.8
IUD	955.5	1,274	1,207.5	3,437.0
Oral pills	776.99	733.7	665.13	2,175.8
AOV male	0	44	33	77.0
AOV female	8,668	9,339	9,372	27,379.0
Naturals	-	-	1,269	1,269.0
Total CYPs	23,689.71	25,205.9	25,674.77	75,839.4

The number of CYPs by method for the MOH and IGSS nationwide was measured (Table 4). 43.1% is accounted for by acceptance of AOV-female, followed by injectable acceptance at 39.9%. The data shows a small increase in AOV-male from 220 CYPs in the second quarter of 2003 to 275 in third quarter; also a 35% CYPs increase in condom distribution from the second to the third quarter in the MSPAS was found. AOV- female in the MSPAS shows a 12% increase also. Meanwhile data from IGSS shows AOV-female as the preferred method followed by injectables.

**Table 4: Number of CYPs by method, MOH & IGSS, 2003**

FP Method	MSPAS			IGSS		
	Q1	Q2	Q3	Q1	Q2	Q3
Depo Provera	34,572.00	35,198.00	35,007.25	5,624	5,475	5,297
Condom	3,159.00	3900.87	5,295.26	1,215	1,175	1,361
IUD	3,398.50	4900	4,238.5	1,869	1,992	1,939
Norplant	-	-	-	305	287	21
Oral Contraceptives	3,535.80	3580.19	3,238.62	841	919	876
AOV-male	99	220	275	1,023	726	1,089
AOV- female	27,324.00	28,853.00	32,549.00	13,101	13,882	15,092
Naturals	-	-	1,847.8	137	122	106
Total CYPs	72,088.30	76,652.06	82,451.38	24,115	24,578	25,781

**New FP Acceptors Nationwide and in the 8 Priority Areas**

Nationwide, the goal for new FP acceptors was 73.1% (Table 5). Some 61% of new acceptors prefer Depo Provera nationwide and 72.7% prefer it in the eight priority areas. The MOH is at -2.3% of its target while IGSS is at +1.0% of its target.

**Table 5: New FP acceptors nationwide provided by the MOH & IGSS, third quarter 2003**

Institution	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	65,604	78,169	119.2	65,604	58,968	89.9	65,604	62,042.0	94.6	262,416	199,189	75.9
MSPAS	58,104	70,762	121.8	58,104	51,232	88.2	58,104	54,374.0	93.6	232,416	176,378	72.7
IGSS	7,500	7,407	98.8	7,500	7,736	103.1	7,500	7,668	102.2	30,000	22,811	76.0

New acceptors data from the priority areas shows that the MOH has exceeded the goal for new acceptors by 5% (Table 6). The number of new acceptors will continue to increase and data collection will continue to improve during 2003 as the community level component develops and IUD support and hospital services rise.

**Table 6: Number of new acceptors in 8 priority areas by target and achieved, MOH, 2003**

	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MOH	18044	20,715	114.8	18,044	17,508	97.0	18,044	20,586	114	72,175	75,839	105

The number of new FP acceptors by method for the MOH and IGSS was measured (Table 7 & 8). Data from the MOH shows a decrease in IUD acceptors due to a strike by service providers that made it difficult to offer the FP method in health centers. Also MOH data shows a 12.3% increase in female AQP from the second to the third quarter. IGSS new acceptors show a small increase in oral contraceptives acceptors and female AQP. Of the new users surveyed nationwide in 2003, 61.0% rely on injectables, followed by oral contraceptives (15.5%) and condom (11.2%). Natural methods were aggregated this quarter, and make up 3.9% of the total of new users.

**Table 7: Number of new acceptors by method and year, MOH & IGSS, 2003**

FP Method	MSPAS			IGSS		
	Q1	Q2	Q3	Q1	Q2	Q3
Depo Provera	48,547	32,960	29,602	3,414	3,457	3,449
Condom	6,953	5,526	5,432	1,414	1,586	1,326
IUD	773	1,078	953	534	569	554
Norplant	-	-	-	87	82	6
Oral Contraceptives	12,030	9,025	8,012	541	613	671
AQP-male	9	20	25	93	66	99
AQP-female	2,460	2,623	2,959	1,191	1,262	1,372
Natural Methods	-	-	7,391	133	101	191
Total New Users	70,772	51,232	54,374	7,407	7,736	7,668

**Table 8: Number of new acceptors by method and year, MOH & IGSS combined, 2003**

<b>FP Method</b>	<b>2003</b>	<b>%</b>
Depo Provera	121,429	61.0
Condom	22,237	11.2
IUD	4,461	2.2
Norplant	175	0.1
Oral Contraceptives	30,892	15.5
AQV-male	312	0.2
AQV-female	11,867	6.0
Natural Methods	7,816	3.9
Total New Users	199,189	100.0

#### **AIEPI AINM-C Clinical Institutional Component**

The emphasis for the institutional clinical IMCI component was centred on 17 collaborative teams, tutorial monitoring and support of the national immunization program.

##### **Collaborative Teams**

- The collaborative teams have been able to achieve the improvement of care reflected in positive changes in indicators related to evaluation, classification and treatment of prevalent childhood diseases. These changes in the indicators have allowed for the improvement in the use of the IMCI algorithm, the quality of care records and antibiotic delivery for all children that need them.
- For the group of children between 2 months and 5 years of age there is improvement in all the indicators with those that show slower improvement being nutrition and immunization.

##### **Other Results from Collaborative Teams**

- The four-step cycle of improvement is comprised of the following: plan, execute, verify, act –known by its Spanish acronym as PEVA - and is used week by week by the collaborative teams to achieve the desired results. To use the four steps the teams will need to improve their team work and decision making when verifying the data week by week, due to the fact that sometimes only team coordination makes decisions when it comes to changes.
- The quality of recording data has improved, as well as the use of the algorithm, the performance of trained personnel, discussions and getting up to date on topic content of prevalent diseases. There is also more participation on the part of the personnel for the improvement of care, exposing a change in attitude towards positive teamwork, use of information and decision-making.
- The central level has directly supported the teams and the IMCI coordination through visits, review of registration sheets, and analysis of indicators, result tabulation and graph making. Problems, as well as successes and how to actively maintain the performance of the collaborators to maintain quality of care, and the evidence in results have all been discussed.
- Each one of the collaborating teams has decentralized its decision making process.

- An environment that favors quality has allowed for improved functioning of the group, since it has the political, normative, and technical support at the central level.

#### IMCI Implementation Monitoring

- July through September have seen a continuation of the tutorial activities and directly following are the results related to performance.

#### Personnel Performance

- An average of 75% of the trained personnel is applying the strategy. When the data is analyzed by professional category, nurses have the highest performance, followed by center doctors and then auxiliaries of centers and posts. Nothing that the post auxiliaries have the lowest performance score.

#### Micronutrients

- Coordination and support for PROSAN personnel in the development of local socialization activities for three new norms for all the DAS: *Suplementación Semanal de Hierro y Ácido Fólico, Iniciativa de Servicios de Salud Amigos de la Lactancia Materna* and *Monitoreo Mensual del Crecimiento*.
- Incorporation of Vitamin A into the technical assistance offered to PROSAN
- Coordination with World Vision to work with Vitamin A, supported by PROSAN
- Determination to provide Vitamin A supplementation at the municipal level to infants less than one year old
- Support for planning, implementation, socialization and bringing up to date information for activity on Vitamin A to be held from October 6 to 10
- Coordination with PROSAN, UPS I and UNICEF, to determine budgeted sums destined for micronutrients (iron, folic acid and vitamin A)
- Institutionalization of training processes related to micronutrients. PROSAN technical personnel responsible have trained 720 individuals from 24 of the 26 DAS's technical teams in the new norms
- Reproduction of 14 sets of guidelines for updating information related to Vitamin A for FI of the DAS
- Distribution of the pamphlets of new norms for the NGO's and Alta Verapaz Health Area

#### AIEPI AINM-C Integrated Case Management (AA-MC)

- Management training in integrated case management for NGO personnel: CARE, Mercy Corps, CRS, Plan International and personnel from Alta Verapaz Health Area, to initiate expansion of this strategy component to other health areas.
- Training of community facilitators from San Marcos and Huehuetenango completed.
- Involvement of personnel from the 8 Health Areas in the tutorial performance after training, community level facilitative supervision, monitoring of providers of integrated case management, as well as information gathering of current integrated case management standing.
- 6 integrated monitoring and follow up management AIEPI AINM-C meetings for the Totonicapán, Chimaltenango, Sololá, Ixil, Huehuetenango and Quiché DAS, in order to offer technical assistance and support to the implementation component for the integrated case management strategy.

- Participation in the inter-institutional work group supporting the review and drafting of the ENSMI 2002 report.
- Participation in the review, negotiation and agreements related to the IEC proposals component to modify protocol diagrams, counseling flip-charts and MIC posters.
- Information on current integrated case management was obtained through a random sample of more or less 10% of community centers. NGO's as well as providers of Health Services administer these centers that support 34 health districts in the 8 DAS specified in the Agreement.
- Team work for activities at the central level and in the health areas, related to monitoring, tutorial after training, and facilitative supervision processes of the integrated case management component.

#### **OR on AEC-PS**

- Institutionalization of the AEC-PS variant is supported by the MSPAS authorities at the central level in San Marcos, to execute the process, and insure its continuity by making necessary resources available in the future.
- Finalization of the population Census in 100% of the communities in the 3 jurisdictions
- Coordination, information and evaluation meetings at the central level (USAID, SIAS, UPS 1, Pro Redes and *Calidad en Salud*), and at the local level (Health Areas and Health Districts).
- 100% training of the VS and FC on AIEPI AINM-C Promotion and Prevention modules II and III, and of FC on MIC.
- Provision of basic health services with MIC in 100 % of community centers in the 3 jurisdictions
- Execution of monthly growth monitoring in the 3 jurisdictions
- Final consensus between MSPAS, ProRedes and *Calidad en Salud* on indicators for monitoring the OR study

### **1.2. Result 2: Improve Household Health Practices**

- The IEC/BCC advisor traveled to Washington on September 14-24 to attend the Global Conference on “Reaching Men to Improve Reproductive Health for All” (September 15-18); present a poster summarizing the results of *Calidad en Salud*'s Growth Monitoring and Promotion Operations Research conducted in the Ixil triangle and attend other sessions of the 5<sup>th</sup> International Conference on the Scientific Basis of Health Services “Global Evidence for Local Decisions” (September 20-23); visit JHU-CCP, JHPIEGO, FHI, AED and other USAID contracting agencies to obtain information and materials related to male involvement and adolescent reproductive health; and update URC staff on *Calidad en Salud*'s IEC/BCC activities.
- IEC FP materials printed this quarter include 8,000 FP situational room posters (4,000 on new users and 4,000 on methods) and 5,800 FP flipcharts, which will be completely distributed next quarter. To date, 4,000 FP balanced counseling materials have been distributed together with training.
- All IEC AIEPI AIMN-C growth promotion and illness prevention materials have been printed. More than 13,000 of the first and second set of cards (corresponding to Modules 1 and 2), and 4,600 of the third set of cards (Module 3) have been distributed to *vigilantes* during training.
- The IEC/BCC component has contributed to the development of the AIEPI AINM-C growth promotion and illness prevention monitoring and supervision system and to training and monitoring of AA-PP component.

- The IEC monitoring and supervision system was developed and is being tried out in the field; an instrument to summarize IEC/BCC activities by IEC Health Area Coordinators was proposed to the General Health Information System (SIGSA), which will be made official next quarter. This is the first time that SIGSA will have an instrument for the IEC/BCC health services' support system.
- IEC monitoring of the existence of IEC FP and IMCI materials in 30 selected health facilities was completed and results show that most materials are present at both health centers and health posts. Also, monitoring of AIEPI AINM-C materials conducted by first-level facilitators (through interview and not observation) indicated that most materials are also reaching the community level.
- Interviewers training for the IEC/BCC follow-up rapid survey started this quarter.
- The main achievement for IGSS was the official nomination of the Chief of the new IEC/BCC Health Communication Section as *Calidad en Salud*'s counterpart, which will facilitate the process of authorization and distribution of IEC materials. Also, the adaptation of several IEC materials to be used by affiliated private sector industries' was accomplished. The IEC/BCC advisor to IGSS continued to provide technical assistance for this adaptation and training to the new IEC/BCC Health Communication Section.

### 1.3. Result 3: MCH and NGOs are Better Managed

#### Logistics

- Continued training in logistics administration
- Continued implementation of computerized logistics information systems for the MSPAS and IGSS
- Implementation of technical support field visits to the logistics personnel from the DAS
- Continued activities that form part of a contraceptive security initiative in Guatemala
- Linking with other organizations and units within the MSPAS, such as FNUAP, HIV/AIDS, UPS1, SIGSA-SUI, and the POLICY project

#### Monitoring and Evaluation

- **SAMIG:** Modules for the provision of services and logistics were developed and implemented in the eight priority areas. The financial module was also developed; it is currently in the validation and implementation stage.
- **AIEPI AINM-C:** Staff from the eight DAS was trained in the definition, consolidation and use of AIEPI AINM-C's thirty-four indicators system of Supervision, Monitoring and Evaluation.

#### Planning and Programming

*Calidad en Salud* and the Unidad Ejecutora, in conjunction with the PNSR, have worked on the implementation and execution of the actions and activities of the Agreement.

During the third quarter, the focus of the activities has been geared toward strengthening management in areas and districts, and the improvement of general planning and coordinating. There have also been monitoring, evaluation and control activities. These activities and actions are detailed as follows:

- Meeting to review the progress achieved for the first semester activities and make program adjustments of the outline for each component for follow up and implementation of actions for the second semester. This was all communicated and socialized for the Health Areas.

- Follow up with the POAs for the I, II y III quarters (2003), while reviewing the technical and financial actions executed. Special emphasis given to the 8 priority health areas in the 7 States of the western highlands.
- Meetings were held with the UPE for the express purpose of integrating the components of the Agreement into one Operational Planning strategy to serve Central and Health Areas.

#### **Supevision – Facilitation**

- Editing and graphic design of supervision instruments
- Training in facilitative supervision at the community level and delivery of tools (to be tested) to the facilitation team of the AIEPI AINM-C strategy
- Assisting and training of the team from USME in facilitative supervision
- Technical assistance from Dr. Consuelo Juárez of EngenderHealth to review the training and reference manual for facilitative supervision

#### **Finance and Administration**

- With support from *Calidad en Salud*, the MSPAS spent Q 8.3 million from the available Q 19.1 million before the Public Finance Ministry from January to August 2003.
- Visits were made to the eight priority health areas, to verify and review the support documentation and compliance with norms and financial management procedures that relate to the purchase of goods and services with counterpart funds.
- In regards to the Accounting System for the counterpart funds, the *Unidad Ejecutora* was supported with a review of the technical and financial proposal presented by OFICSA, as well as the allocation process and drafting of the contract between the UE and OFICSA.

### **1.4. Result 4: Community Participation and Empowerment**

#### **Community Participation Model**

- Coordination with rural health technical practitioners from the Health Personnel Training Institute (INDAPS), for the implementation of community participation methodology as part of the AIEPI AINM-C strategy, in Chimaltenango.
- Training in the use of the supervision and monitoring system (emphasis on community participation) of the AIEPI AINM-C strategy, for eight health area technical teams.
- Training in the four steps of the community participation methodology, as part of the AIEPI AINM-C strategy, for community, institutional, the area, and NGO's (Mercy Corps, PCI, Share, CARE, Plan International and CRS)
- Final printing and distribution of the Community Participation Methodology for Primary Health Care Services manual, and its annex, "Guide for Developing and Presenting the Community Health Situation Data", in coordination with Result 2..

## **AIEPI AINM-C Promotion and Prevention (AA-PP)**

- Coordination with the MSPAS to program tutorial monitoring for health areas, districts, NGO's and the community
- Coordination with AID partner and non partner NGO's and Cooperation Agencies for strategy implementation in other health areas at the national level
- Coordination with MSPAS and NGO's for sharing experience of strategy implementation with the Nicaraguan delegation
- Technical support for reviewing materials from Integrated Case Management component
- Training of IO-AEC-PS 's Rural Health Technical personnel on methodological guidelines of Module III
- Training for 2,819 *Vigilantes de Salud* on Module I, for 9,203 on Module II and for 4,607 on Module III
- Training for 278 *Facilitadores Comunitarios* on Module I, for 685 on Module II and for 398 on Module III
- Tutorials for performance improvement of trainers in health areas, districts and service provider NGO's.
- Tutorials for performance improvement of the *Vigilantes de Salud*

## **1.5. Result 5: Increased Use of MCH Services by IGSS**

- IGSS and *Calidad en Salud* reaffirmed their commitment of cooperation during the next year as outlined in the letter of understanding that both organizations have endorsed.
- IGSS management enforced administration to put in place norms of receipt, supply, distribution and payment for contraceptive methods from the UNFPA.
- IGSS management named a Quality Assurance Commission, with the explicit purpose of improving the provision of institutional services.
- Follow up and training was conducted in 120 community level service providers from Escuintla and Suchitepéquez in the offering of natural methods. Also training was offered for 67 students from the Nursing School in counseling, use and application of family planning norms.
- Balanced counseling model training was provided for IGSS personnel in 7 service units, as well as training in the induction model for 123 members of the personnel. 73 of the service providers also were trained in the methodology.
- Continued support to use contraceptives methods after an obstetrics intervention in 4 hospitals of IGSS.
- Participation, in conjunction with Georgetown University, at the Latin American Workshop on Lessons Learned in the Standard Days Method, an event that took place in Tegucigalpa, Honduras. IGSS's experience was noted as being one of success, and an example for many countries in Latin America to follow.
- 25 personnel from IGSS were trained in the extension of coverage in Retalhuleu and 21 medical resident doctors from the pediatrics post graduate program were trained in the application of the IMCI strategy. Also an in-service training was conducted at the Pediatric Hospital, which serves as a training center.
- Printing and distribution of the IMCI Manual, a tool that will help to institutionalize procedures for child health services.

- 1,723 clinical records and daily and weekly registration sheets were reviewed in order to evaluate the results of the training in the application of the IMCI strategy in the Pediatrics Hospital.
- 100% Implementation of the analytical tool for contraceptive logistical information at the Maternal Child Health Unit.
- Continuation of technical assistance to the Department of Medical Auditing, which carried out facilitative supervision of three hospitals of IGSS. Training and technical assistance also was offered to the recently named Quality Assurance Commission of IGSS.
- The Department of Internal Auditing of IGSS conducted the first physical inventory of the supply of contraceptive methods in the service units of the Institute.
- Delivery of medical and audiovisual equipment and computer systems to the Management of IGSS on September 26.

## 2. MSPAS RESULTS

### 2.1. Result 1: Increase in the Use of Mother and Child Health Services provided by the MSPAS and its Partner NGOs

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Community Health Agents Provide Quality Care</li> <li>• Health Facilities Provide Quality Maternal Child Health Services</li> <li>• Innovative Approaches for Improving the Quality and Coverage of Maternal Child Health Services are Adopted</li> </ul> |
|--|

#### 2.1.1. Family Planning Results

The following is a summary of monitoring results including couple years protection (CYP) and new acceptors of FP methods both nationwide and in the eight priority areas. *Calidad en Salud* certifies that all data provided comes from official and well recognized sources.

##### **CYPs Nationwide and in 8 Priority Areas**

Overall, 110.9% of the target for CYPs in the third quarter of 2003 has been achieved (Table 9) 113.7% for the MOH and 103.1% for IGSS. The MOH's cumulative percentage for CYPs is 4.61 percentage points above the goal, while IGSS is -0.53 percentage points below its goal at 74.47%. This quarter includes information on natural methods, specifically LAM for the MOH and LAM plus MDF for IGSS.

During third quarter of 2003, the PNSR and *Calidad en Salud* (CS) worked to introduce a comprehensive package of AQV services in health centers, posts and hospitals. The increase in access to AQV will ensure that those who receive services are in need the most and follow-up of treatment is enforced.

**Table 9: Number of CYPs nationwide by target achieved, MOH & IGSS, 2003**

Institution	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	97,519	95,939.32	98.38	97,519	101,230.06	103.81	97,519	108,232.40	110.99	390,076	305,401.78	78.29
MSPAS	72,519	71,824.32	99.04	72,519	76,652.06	105.70	72,519	82,451.40	113.70	290,076	230,927.78	79.61
IGSS	25,000	24,115	96.46	25,000	24,578	98.31	25,000	25,781.00	103.12	100,000	74,474.00	74.47

**In the 8 Priority Areas**

82.1% of the annual target has already been achieved (Table 10). CYPs for the MOH account for the high acceptance of injectables (43.43%), followed by female AQV (40.38%). The production of CYPs in the 8 priority areas is a result of an improved counseling strategy plus promotion and availability of FP methods in health centers and posts.

**Table 10: Number of CYPs in 8 priority areas by target achieved, MOH, 2003**

	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MOH	23,089.3	23,689.7	102.6	23,089	25,205.9	109.2	23,089	26,943.8	116.6	92,357.1	75,839.4	82.1

The number of CYPs by method for the MOH in the 8 priority areas also was measured (Table 11) 51.52% of CYPs came from injectables, followed by AQV-F acceptance (36.1%). The data illustrates a small decrease in IUD from 1,274 CYPs in the second quarter of 2003 to 1,207 during the third quarter.

**Table 11: Number of CYPs in the 8 priority areas by method, MOH, 2003**

FP Method	MOH			Total
	Q1	Q2	Q3	
Depo Provera	12,470.3	12,967.75	13,638.75	39,076.8
Condom	818.98	847.45	758.39	2,424.8
IUD	955.5	1,274	1,207.5	3,437.0
Oral pills	776.99	733.7	665.13	2,175.8
AQV male	0	44	33	77.0
AQV female	8,668	9,339	9,372	27,379.0
Naturals	-	-	1,269	1,269.0
Total CYPs	23,689.71	25,205.9	25,674.77	75,839.4

The number of CYPs by method for the MOH and IGSS nationwide was measured (Table 12). 43.1% is accounted for by acceptance of AQV-female, followed by injectable acceptance at 39.9%. The data shows a small increase in AQV-male from 220 CYPs in the second quarter of 2003 to 275 in third quarter; also a 35% CYPs increase in

condom distribution from the second to the third quarter in the MSPAS was found. AOV- female in the MSPAS shows a 12% increase also. Meanwhile data from IGSS shows AOV-female as the preferred method followed by injectables.

**Table 12: Number of CYPs by method, MOH & IGSS, 2003**

FP Method	MSPAS			IGSS		
	Q1	Q2	Q3	Q1	Q2	Q3
Depo Provera	34,572.00	35,198.00	35,007.25	5,624	5,475	5,297
Condom	3,159.00	3900.87	5,295.26	1,215	1,175	1,361
IUD	3,398.50	4900	4,238.5	1,869	1,992	1,939
Norplant	-	-	-	305	287	21
Oral Contraceptives	3,535.80	3580.19	3,238.62	841	919	876
AOV-male	99	220	275	1,023	726	1,089
AOV- female	27,324.00	28,853.00	32,549.00	13,101	13,882	15,092
Naturals	-	-	1,847.8	137	122	106
Total CYPs	72,088.30	76,652.06	82,451.38	24,115	24,578	25,781

#### New FP Acceptors Nationwide and in the 8 Priority Areas

Nationwide, the goal for new FP acceptors was 73.1% (Table 13). Some 61% of new acceptors prefer Depo Provera nationwide and 72.7% prefer it in the eight priority areas. The MOH is at -2.3% of its target while IGSS is at +1.0% of its target.

**Table 13: New FP acceptors nationwide provided by the MOH & IGSS, third quarter 2003**

Institution	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	65,604	78,169	119.2	65,604	58,968	89.9	65,604	62,042.0	94.6	262,416	199,189	75.9
MSPAS	58,104	70,762	121.8	58,104	51,232	88.2	58,104	54,374.0	93.6	232,416	176,378	72.7
IGSS	7,500	7,407	98.8	7,500	7,736	103.1	7,500	7,668	102.2	30,000	22,811	76.0

New acceptors data from the priority areas shows that the MOH has exceeded the goal for new acceptors by 5% (Table 14). The number of new acceptors will continue to increase and data collection will continue to improve during 2003 as the community level component develops and IUD support and hospital services rise.

**Table 14: Number of new acceptors in 8 priority areas by target and achieved, MOH, 2003**

	Quarter 1			Quarter 2			Quarter 3			Total		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MOH	18044	20,715	114.8	18,044	17,508	97.0	18,044	20,586	114	72,175	75,839	105

The number of new FP acceptors by method for the MOH and IGSS was measured (Table 15 & 16). Data from the MOH shows a decrease in IUD acceptors due to a strike by service providers that made it difficult to offer the FP method in health centers. Also MOH data shows a 12.3% increase in female AQV from the second to the third quarter. IGSS new acceptors show a small increase in oral contraceptives acceptors and female AQV. Of the new users surveyed nationwide in 2003, 61.0% rely on injectables, followed by oral contraceptives (15.5%) and condom (11.2%). Natural methods were aggregated this quarter, and make up 3.9% of the total of new users.

**Table 15: Number of new acceptors by method and Year, MOH & IGSS, 2003**

FP Method	MSPAS			IGSS		
	Q1	Q2	Q3	Q1	Q2	Q3
Depo Provera	48,547	32,960	29,602	3,414	3,457	3,449
Condom	6,953	5,526	5,432	1,414	1,586	1,326
IUD	773	1,078	953	534	569	554
Norplant	-	-		87	82	6
Oral Contraceptives	12,030	9,025	8,012	541	613	671
AQV-male	9	20	25	93	66	99
AQV-female	2,460	2,623	2,959	1,191	1,262	1,372
Natural Methods	-	-	7,391	133	101	191
Total New Users	70,772	51,232	54,374	7,407	7,736	7,668

**Table 16: Number of new acceptors by method and year, MOH & IGSS combined, 2003**

FP Method	2003	%
Depo Provera	121,429	61.0
Condom	22,237	11.2
IUD	4,461	2.2
Norplant	175	0.1
Oral Contraceptives	30,892	15.5
AQV-male	312	0.2
AQV-female	11,867	6.0
Natural Methods	7,816	3.9
Total New Users	199,189	100.0

In the third quarter of 2003, far-reaching advancement was made in FP, especially in supporting and improving FP service provisions. A comprehensive Counseling strategy was implemented throughout the entire national health network in coordination with the Population Council. The delivery of equipment to hospitals, health centers and posts, particularly clinical furniture and IUDs insertion kits, improved access to family planning services at the national level. Before the end of the quarter, the logistics component achieved considerable improvements in contraceptive security that will influence the next five years.

### **Organization of Reproductive Health and FP**

During the third quarter 2003, the Ministry of Health supported a national meeting for nurses from health areas and hospitals, to program 2004 goals for FP. This meeting was the first in PNSR's history in the last three years. The meeting represents the nation's dedication to family planning, especially to institutionalize FP as part of the routine work of the national health network.

### **Ongoing TA to the PNSR**

*Calidad en Salud* FP staff continued to provide organizational and management assistance related to include a brand new natural FP method technology before called "El Collar" already know as "Método de los Días Fijos" in coordination with The Reproductive Health Institute from Georgetown University. Also *Calidad en Salud* collaborated to develop an Operations Research in order to test a low-cost job aid to provide comprehensive client information.

### **Performance monitoring of Trained FP providers**

During third quarter in an effort to determine whether or not family planning providers comply with FP norms, an evaluation was carried out. Using a convenience sample, recently finished data gathering shows: 75 health facilities from 19 health areas were visited, including 42 Health Centers, 22 Hospitals and 11 Health Posts. Data from IEC material accessibility was collected and it was found that 61 services hold IEC materials at the time of the visit, only 52 use the material, the majority of materials being FP brochures. Only 47 services bring the pamphlets to FP clients.

Of all of the service centers, 62.2% reported having AQV Informed Consent forms available. Only 26.8% of services visited have Male Surgical Reference Forms whereas 40.6% have Female Surgical Reference Forms. According to the data, the FP program still needs to develop in order to improve the IEC materials distribution and handling, to ensure brochures are delivered to FP clients. With a comprehensive counseling methodology known as Balanced Counseling, improvements in this area are anticipated.

77.3% of all facilities on average have condoms, oral pills, Depo Provera and Copper-T at the time of the visit. 77.8% of all facilities visited have IUD insertion kits. The data shows an improvement in less contraceptive stock outs plus a better equipment access that improves IUD offer.

Also in an attempt to establish the performance of family planning providers, an evaluation form was handed out. Three types of FP service interactions were observed: child health, pre-natal and post-natal.

In general, results show an improvement in provision of FP information for the three types of health services (based on 216 direct observations):

**Table 17: Results of the performance evaluation of FP counseling services based on type of visit (child, pre-natal, post-natal) 2002 versus 2003**

Performance	Child		Pre-natal		Post-natal %	
	2002 %	2003 %	2002 %	2003 %	2002 %	2003 %
Asked if the woman uses any methods	25	55	NA	NA	NA	NA
Offered contraceptive methods	21.6	60	NA	NA	NA	NA
Debriefed on breastfeeding	NA	NA	47.8	47	81	70
Asked about the patient's reproductive desires	NA	NA	43.5	47	76.2	74
Asked patient about their knowledge of contraceptive methods	12.9	35	32	44	66.7	44
Debriefed on MELA	NA	NA	34.8	34	52.4	35
Debriefed on IUD post-partum	NA	NA	2.2	10	NA	NA
Debriefed on AQV post-partum	NA	NA	23.9	26	NA	NA
Debriefed on informed consent	NA	NA	10.9	21	NA	NA
Filled out the informed consent form	NA	NA	10.9	8	NA	NA
Informed patients of all the available methods	18.1	65	37	55	76.2	83
Gave clear, concise and complete information regarding the use of contraceptive methods	10.3	50	26.1	40	61.9	52
Helped determine a contraceptive method	14.7	28	15.2	24	42.9	48
Gave a selected method	12.1	21	NA	NA	42.9	39
Registered information for the care that was given	97.4	88	93.5	95	90.5	74
	122	74	50	50	22	25

The data collected from the visits shows a significant improvement in the childcare offered by mothers and caretakers in all three types of health services investigated. For example, mothers and caretakers were questioned about the use of contraceptive methods. They were then offered the methods, providing them with information on all available methods in the service center. The data collected for the pre-natal consultation demonstrates an improvement in the methods used to question mothers and caretakers about their knowledge of contraceptive methods and to inform them about post-partum IUD and AQV. During the post-partum consultation, however, only information on available methods showed an improvement. As a result, opportunities to integrate family planning services within the rest of the health services being offered have been lost. The MSPAS needs to strengthen the

process of integrating family planning services. This can be accomplished by training staff in a more comprehensive model of provision of health services that includes family planning education.

### **Norms and Guidelines**

During this quarter, *Calidad en Salud* provided technical assistance to develop a report on the 2002 Demographic Health Survey. The reports were revised by a technical committee and are in the process of being modified and approved by the decision-making personnel from the MOH. A document concerning the AQV National System was finished during this quarter and it is in the process of being edited and formatted to process either AQV Complications Surveillance or an FP Provision Handbook (*Mini Guía*) including post-abortion and post-partum guidelines.

### **Training (See annex C)**

Personnel were trained in service delivery improvement, focusing on early detection and management of side effects, tools and technical support for immediate delivery of the method of choice. During this year *Calidad en Salud* will be ready to coach the providers in a new counseling methodology based on Operations Research developed by the Population Council. Also *Calidad en Salud* is looking to provide user-friendly guides to manage FP programs at the district level, encouraging the use of local statistics and in service immediate knowledge application at the grassroots level.

A total of 2,577 were trained in FP related topics (1,200 auxiliary nurses, 306 nurses, 234 physicians, and 783 others).

IUD: 128 auxiliary nurses from 5 health areas (Guatemala, Santa Rosa, Alta Verapáz, Baja Verapáz, Petén), have been trained in IUD insertion.

Improved Counseling Strategy (Balanced Counseling): 75 senior medical students from the University of San Carlos located in Guatemala City were trained in this new approach to FP Counseling.

With support from the Population Council who provided job aids, algorithms and cards to provide Client Oriented (Balanced Counseling) comprehensive FP information, a total of 2,242 health providers were trained by health district nurses at the national level, starting in July 2003.

### **IUD Increasing Access Strategy**

During the last quarter, 87 auxiliary nurses have been trained to perform IUD insertion in 6 areas. With new equipment and IUD insertion by auxiliary nurses, access to IUD has improved. The increase in use also has been supported by person-to-person promotion plus radios campaigns and reference advertising materials designed for Mayan and Ladino populations.

### **Applying Quality Assurance Methods: Improving Client Satisfaction**

During the third quarter, *Calidad en Salud* provided technical assistance and support to design a quality improvement strategy in order to improve the caliber of FP services offered in Guatemala. The first step involves a client survey in order to learn how clients perceive of the services that they receive.

Quick exit interviews: In order to better understand, first hand, a client's impression regarding quality of FP services provided, 523 exit interviews were conducted throughout the country. One of every four patients were approached and interviewed before leaving the health facility. The interviews included 259 (49.5%) interviews at hospitals, 238 (45.5%) at health centers and 23 (5.0%) from health posts. The main group comes from the Guatemala health area, 19.5%, followed by 8.6% from Alta Verapaz. 97.5% of clients interviewed were female and 2.5% were male. The majority of clients or 30% were between 20 – 24 years old, followed by 22.0% between the ages of 25-29. The youngest group consisted of 6 cases between the ages of 10-14 and the oldest were 5 cases of women 50-55 years of age. Physicians attended 63.9% of the cases.

The numbers could be influenced by the fact that in the health areas of Guatemala, almost all individuals interviewed were attended by a doctor. Of the interviews conducted, 33.1% made appointments to receive pre-natal care, 32.1% sought help for a sick child, 16.1% inquired about family planning methods and finally, 6.1% requested a post-natal appointment. Of all of the interviews, 44.6% of the patients were users of family planning methods and 55.4% were not users. 24.9% of users prefer injectables, 8.2% oral pills, 3.8% natural methods, 3.1% LAM, 2.9% condoms and 1.7% Copper-T. Among non-users, the preferred method of choice is 34.1% injectables, 18.3% AOV, Copper-T 10.0%, oral pills 6.6%, condom 3.4%, LAM 2.4%, Natural Methods 2.1% and no method 23.1%. From non-users only 49.0% received FP information. Furthermore, only 34.9% were recommended methods. Regarding quality of services received, 84.1% respond it was good, 15.1% thought it was fair and 0.8% reported services to be poor. Comparing the quality of service with the quality of the service provider, doctors were rated as 85.0% good, 14.1% fair, 0.9% as poor; 88.1% of nurses were good, 11.9% fair, none were reported as poor service providers; 78.1% of auxiliary nurses were good, 21.0% fair, 1.0% poor. Exit interviews show how much information a client is able to retain and the resulting data is interesting. Data results show a high loss in opportunities to promote, to inform and to provide FP methods. Again in service educational activities should be programmed to reinforce how important counselling is to provide quality services, diminish lost opportunities and increase client's satisfaction. Follow up must assure personnel empowerment while conveying the value and importance of family planning.

### **Teenager's Clinic at San Juan de Dios Hospital**

*Calidad en Salud* continues providing technical assistance, support and clinical equipment to running a teenager's clinic at San Juan de Dios Hospital opened in January 2003. The clinic provides FP services to teenagers between 10 and 19 years of age. A professional team runs the clinic. The number of patients that attended the clinic during the third quarter was 609. The most commonly attended health problems included: first menstruation problems (11 cases), dysmenorrheal problems (300 cases), vulvovaginitis (24 cases), dermatological problems (6 cases) and UTI (150 cases). *Calidad en Salud*, in coordination with PNSR, is testing a set of norms to provide FP methods at the clinic. During the third quarter, this facility provide FP methods to teens between 16 years, the youngest (2 cases) and 19 years, the oldest (9 cases). A total of 58 new users were calculated during this quarter, mainly users of condoms (40 cases), followed by oral pills (11 cases) and the injectables (7 cases).

*Calidad en Salud* will support the implementation of "The national differentiated teens care training center" by donating a complete set of audiovisual material and furniture to the center. This center will provide training to all medical and paramedical personnel from around the country in teen health care.

### **Equipment for FP during 2003, Third Quarter**

*Calidad en Salud* provided 15 IUD insertion kits to auxiliary nurses from Peten plus 5 IUD insertion kits to auxiliary nurses from Retalhuleu, and 2 AOV surgical kits to Coban Hospital according to its AOV production.

Some clinical equipment such as "auxiliary operating tables" (*mesas de media luna*), portable operating room lamps, *aspiradores de flemas* and transport stretchers were donated to 14 hospitals, 1 health center and one maternity center. Also *Calidad en Salud* provided a complete clinical set to implement FP clinics in 12 hospitals. These donations improve the capability of units to respond to the increase in demand for family planning services created by training health personnel in FP promotion.

### **Limitations**

- The PNSR is a new program that still needs to develop, especially in the area of human resources, to offer technical support to all activities to institutionalize FP within the MSPAS at the local and central level. In addition, full management support is needed to ensure that funds are allocated accordingly and that supplies are assigned according to an upward demand.
- Although substantial improvements are being made in the logistics system, short stocks of contraceptives at the community lower level facilities continues to be a barrier for new users (lack of condoms and oral pills).

- The MOH-SIGSA information system needs to improve the gathering and data process in order to provide accurate and opportune information for decision-making.

## 2.1.2. Child Health (Clinical IMCI) Results

From July 1 through September 30, 2003 AIEPI AINM-C's institutional clinical component has focused on supporting collaborative teams for the improvement of quality of care, monitoring of tutorials and immunizations. The three main intervention's results for this quarter follow.

### 2.1.2.1. Collaborative Teams

#### Improvement of Quality of Care Indicators

The collaborative teams' proposed indicators were measured in the first tutorial session, with the following results:

#### Indicator Results

##### General Danger Signs Verification

For the general danger signs verification in children from 2 months to 5 years the base line was of 92%, and it was maintained above this value for the following four weeks. The verification of general signs of danger from the 1 week to less than 2 months group was started with a 32% base line which increased, and later decreased again to 38% in the 4<sup>th</sup>. measurement.

**Table 18: General danger sign verification in children 2 months and younger than 5 years and 1 week and younger than 2 months**

Indicator	Base Line	1st. measure	2 <sup>nd</sup> . measure	3 <sup>rd</sup> . measure	4 <sup>th</sup> . measure
General danger signs verification in children from 2 months to 5 years	92%	97%	100%	100%	95%
Verification of general signs of danger from the 1 week to less than 2 months	32%	8%	63%	46%	38%

##### Food Intake and Nutrition Verification

In the group of children from 2 months to 5 years the base line was 54% for which food intake and nutrition is verified, a value that increased in the following weeks to reach 93% in the 4<sup>th</sup> measure.

In the group of children from 1 week to younger than 2 months the base line was 51% and increased progressively to reach 100% in the last measure.

**Table 19: Food intake and nutrition verification of children from 2 months to younger than 5 and 1 week and younger than 2 months**

Indicator	Base Line	1st. measure	2 <sup>nd</sup> . measure	3 <sup>rd</sup> . measure	4 <sup>th</sup> . measure
Food Intake and Nutrition of children 2 months and younger than 5 years	54%	62%	69%	96%	93%
Food Intake and Nutrition of children 1 week and younger than 2 months	51%	67%	44%	81%	100%

**Accurate Classification According to Evaluation**

In the group of children 2 months and younger than 5 years for the base line it was found that only 44% were accurately classified according to the evaluation; the indicator improves in the following weeks, reaching a 93% in the 4th measure.

In the group of children 1 week and younger than 2 months the initial base line was 14%, improving in the following measurements, reaching 100% in the last measure.

**Table 20: Accurate classification according to evaluation in group of children 2 months and younger than 5 years and 1 week and younger than 2 months**

Indicator	Base Line	1st. measure	2 <sup>nd</sup> . measure	3 <sup>rd</sup> . measure	4 <sup>th</sup> . measure
Accurate classification of group from 2 months to younger than 5 years	44%	52%	64%	75%	93%
Accurate classification of children in group 1 week and younger than 2 months	14%	66%	54%	59%	100%

**Identification of Need and Administration of Vaccine**

In the group of children from 2 months and younger than 5 years the base line identified that only 35% were given the vaccine. This measure improves from the 1<sup>st</sup> to the 3<sup>rd</sup> measure and in the 4th. The measure again decreases to 56% but is maintained above the base line. In the group of children 1 week and younger than 2 months the same tendency was observed as in the group from 2 months and younger than 5 years.

**Table 21: Group of children 2 months and younger than 5 years and 1 week and younger than 2 months identified with a need for vaccine and its administration**

Indicator	Base Line	1st. measure	2 <sup>nd</sup> . measure	3 <sup>rd</sup> . measure	4 <sup>th</sup> . measure
2 months and younger than 5 years identified with need for vaccine and its administration	35%	69%	76%	75%	56%
1 week and younger than 2 months identified with need for vaccine and its administration	64%	100%	75%	74%	67%

### Antibiotic Prescription when NEEDED

The base line for the group of children 2 months and younger than 5 years who were prescribed antibiotics when it was indicated was 86%, a value that increased until it reached 100% of the children that were prescribed antibiotics and did need them. In the group of children 1 week and younger than 2 months, the indicator increased from 89% at base line to 100% from the 3<sup>rd</sup> measure.

**Table 22: Group of children 2 months to younger than 5 years prescribed antibiotics when NEEDED and indicated**

Indicator	Base Line	1st. measure	2 <sup>nd</sup> . measure	3 <sup>rd</sup> . measure	4 <sup>th</sup> . measure
Prescription of antibiotic when needed to children 2 months and younger than 5 years	86%	90%	91%	97%	100%
Prescription of antibiotic when needed to children 1 week and younger than 2 months	89%	75%	97%	100%	100%

### Completed Registration Sheets Adequately Filled

For the group of children 2 months and younger than 5 years the base line found that only 34% of the registration sheets were completed and correctly filled. The level of completion of the sheets improves and reaches 78% by the last measure. For the group of children 1 week and younger than 2 months there was a tendency towards improvement but with lower values than the ones observed for the previous group.

**Table 23: Completed registration sheets correctly filled for groups of children 2 months and younger than 5 years and 1 week and younger than 2 months**

Indicator	Base Line	1 <sup>st</sup> . measure	2 <sup>nd</sup> . measure	3 <sup>rd</sup> . measure	4 <sup>th</sup> . Measure
Completed Registration Sheets Filled Correctly for children 2 months and younger than 5 years	34%	50%	60%	69%	78%
Completed Registration Sheets Filled Correctly for children 1 week and younger than 2 months	30%	58%	54%	43%	67%

### Children Prescribed Antibiotics that do Receive Them

This indicator points to the percentage of children that need antibiotics and are receiving them. It is an indicator that sheds light on the supply of antibiotics needed for prevalent childhood diseases associated with increased infant mortality. For the group of children 1 week and younger than 2 months there were no reported cases.

For the group of children 2 months and younger than 5 years the base line identified that 88% of children that were prescribed an antibiotic did receive them. In the following measure antibiotics were given to 97%, 99%, 96% and 91% of the children that needed them. From the last measure it can be concluded that 9% still do not receive antibiotics after receiving services.

**Table 24: Antibiotic Prescriptions that are given to children 2 months and younger than 5 years and 1 week and younger than 2 months**

Indicator	Base Line	1 <sup>st</sup> . measure	2 <sup>nd</sup> . measure	3 <sup>rd</sup> . measure	4 <sup>th</sup> . measure
Antibiotic prescribed and given to children 2 months and younger than 5 years	88%	97%	99%	94%	91%
Antibiotic prescribed and given to children 1 week and younger than 2 months	No cases	No cases	No cases	No cases	No cases

### Other Results from Collaborative Teams

#### Strengthening the Improvement Cycle After Tutorial Sessions

The four-step cycle of improvement is comprised of the following: plan, execute, verify, act –known by its Spanish acronym as PEVA - and is used week by week by the collaborative teams to achieve the desired results. In the team follow up the following results have been identified:

- 1. Plan:** The period of intervention was planned during the tutorial session. The visit proved that the plan is not being monitored and there is no planning at the time of results consolidation.
- 2. Execute:** Even though there is no follow up to the plan, the teams are executing the weekly review of the registration sheets to measure the indicator trends. The indicators are being analyzed, although not always with the rest of the team.
- 3. Verify:** Indicators are verified and compared with trends from previous measures. Data is verified to see that it is complete and exact.
- 4. Act:** The team’s coordinator is analysing and making decisions depending on indicator results. This is not always done with the rest of the team. It is best to make team decisions immediately after results are available.

Compliance with PEVA was strengthened in order to improve the team’s performance, particularly in the planning and promotion of immediate changes depending on the weekly results obtained. It was also suggested that the work be done in a team environment, and for decision making to be by consensus.

#### Collaborative Teams Performance

The quality of registrations, the use of the algorithm, the trained personnel’s performance and discussions and bringing up to date of thematic content for prevalent diseases has all improved.

There has been greater participation from personnel that has improved care, making it evident that there has been a positive change in attitude, teamwork, use of information and decision-making.

There is greater effort to improve the Request and Shipping of medicines, and in some districts, consultations have been reorganized to take place on critical days, where all the personnel offer services simultaneously.

#### Central Level Support

There was follow up by telephone to the teams for the different activities that the teams must carry out and telephone communication was promoted as the means to strengthen communication between districts.

There were personal visits to the teams to give support to the review registration sheets, consolidate information, tabulate and then analyze the indicators.

Inter-district communication was promoted to motivate the lessons learned and experiences of other districts.

The electronic recording and graph making of information through Excel was supported, since it is useful for the team's presenting, discussing and decision making processes.

The IMCI area coordinators were supported in their effort to strengthen the collaborative teams in the use of information and decision making processes.

## **Conclusions**

Quality of care has improved and is reflected in the results of the 8 indicators from the groups of children 2 months and younger than 5 years, and 1 week and younger than 2 months, who show improvement when base line results and other measures are studied.

There is little or no demand for services for children from 1 week to younger than 2 months. There is weakness in the evaluation of general danger signs and immunization.

For the group of children from 2 months and younger than 5 years the indicators show a slower increase towards improvement, compared with the other indicators, in food intake and immunization. Even though food intake increased to 93%, it required three prior measures to improve, which indicates it is one of the more difficult ones to treat, as is mentioned in the results described by the groups.

Through the collaborative teams, the MSPAS is positively modifying the quality of care. Improvement of the indicators is achieved as a team effort, in an environment that fosters the search and use of data (indicators) and the strengthening of the process and systems. It is important to note also that provider satisfaction has increased, since they indicate attitude and practice has improved even with the work overload they experience.

Decision-making has been decentralized in each of the collaborative teams. Teams do not depend on higher-level decisions, and therefore are able to make immediate decisions that solve particular problems in the easiest and most practical manner.

The environment that favors quality has allowed the teams to flourish. They enjoy political, normative, and technical support from the central level. Teams also have the necessary materials, equipment, human and financial resources needed to develop adequately. All levels, particularly the district level, have taken leadership and are aware of the importance integrated care for children requires in order to achieve a healthier population.

### **2.1.2.2. IMCI Implementation Monitoring**

From July to September 2003 there was follow up to the IMCI teams that are not within the model of collaborative teams. A regional monitoring meeting was held with the IMCI coordinators and epidemiologist in order to study the performance results. The results obtained are as follows.

#### **Performance for Personnel Trained in institutional clinical IMCI**

From July to September 2003, 454 health providers from centers and health posts were trained. 148 of them were auxiliaries for health posts, 194 center auxiliaries, 57 center doctors and 55 professional nurses.

On average 75% of trained personnel is applying the strategy. When analyzed by category professional nurses have the highest performance, followed by the center doctors, then auxiliaries of centers and health posts, identifying that the post auxiliaries have the lowest score.

**Table 25: Percentage of IMCI trained personnel applying the strategy, by professional category.**

Indicator	CS Doctor	CS Nurse	CS Auxiliaries	PS Auxiliaries
Percentage of personnel applying the strategy	78%	90%	73%	59%

### Limitations

#### IMCI Collaborative Teams

- Results from week to week are not being reviewed by the whole team, data from two weeks are collected and then results shared for decision making.
- Personnel still have difficulty in creating indicators for immunizations, prescriptions and delivery of antibiotics, which has been corrected during the visits.
- There is weakness in regards to the use of the electronic spreadsheet used to tabulate data and design graphics for indicator trends analysis.

#### Tutorial Monitoring

Because of the limitations of visits, it has been difficult to directly provide more support to improve quality of work in the centers.

### 2.1.3. AIEPI AINM-C Case Management (AA-MC) Results

The Integrated Case Management component of the AIEPI AINM-C strategy, directly contributes to the Result One, defined as the increase of use of health services. This component gives providers from *Equipo Básico de Salud* that work in the community centers (*médicos/as o enfermeras ambulatorias, Facilitadores/as Institucionales y Facilitadores/as Comunitarias*), the tools needed to integrate, standarize, provide quality care and manage cases for the two population groups that most solicit these services: women of reproductive age and children less than five years old.

This component is intricately related to the other AIEPI AINM-C strategy component, the Promotion of Health and Prevention of Diseases as well as to the methodology of Community Participation, since both are fundamental in the achievement of the main objectives: contributing to the decrease of infant and neonatal maternal mortality and the on time referral of serious cases to other levels of care.

The main results for this component for the third quarter of this year are: 1) The incorporation of all training materials and work supports, from the suggestions of the IEC team, for standardizing counseling materials with icons and diagrams; 2) the initiation of the training process for the teams of the Area and districts in the monitoring performance tutorial, as a follow up to the *Facilitadores (as) Comunitarios, Médicos (as) and Enfermeras Ambulatorias* and some *Facilitadores Institucionales*, from the 8 DAS training; 3) Participation in the training process for the AIEPI AINM-C strategy monitoring of indicators; 4) Participation in the development process for the facilitative supervision instruments and training at the community level; 5) Participation in management follow up of the strategy meetings and follow up visits at the community level with the DAS; 6) Coordination and participation of the gathering and consolidation of information for MIC's current status; 7) Participation in initial training processes to bring the expansion of the strategy to other DAS and 8) Participation in the review and drafting process for the ENSMI 2002 report.

## **Institutionalization**

During the third quarter the institutionalization process component was strengthened in the following aspects: a) The involvement of DAS personnel in the tutorial performance process for MIC community providers and b) Participation of the DAS personnel in the collection of information for arriving at the current MIC standing.

## **Planning and Coordination**

In the planning and coordination efforts the results were as follows: a) Participation in central level AIEPI AINM-C strategy team meetings to standardize the entire follow up to implementation and expansion process; b) Participation in weekly AIEPI AINM-C of CS meetings for the standardization and unification of criteria; c) Participation in 3 monthly FA and FI meetings: July, August and September; d) Guideline development and communication on integrated case management activities to be developed during the second semester of the current year for FA and FI; E) Participation in review of preliminary ENSMI 2002 reports, also follow up to the incorporation of the proposed modifications for the breastfeeding chapter. Coordinated with National Commission for the Promotion of Breastfeeding and PROSAN; f) Participation in the coordination with partner AID NGO's for the expansion of the AIEPI AINM-C strategy in the MIC component for the Alta Verapaz Health Area, and finally f) strengthening of the coordination with FA and FI, receiving and giving feedback for improvement of MIC processes at the local level.

## **Materials**

Activities focused on different aspects of MIC training materials and support of related work, the most important being the following: a) Reviews of the IEC proposals for the new MIC poster design, MIC childhood protocol and the counseling flip-charts for women and children. b) Discussion of aspects that should not be modified and agreement on final content; c) Negotiation with MSPAS authorities on internal CS agreements; d) Transfer of additional MSPAS suggestions to the CS team; e) Obtain approval signatures for final flip-charts design; f) First review of the IEC proposal for the MIC women's protocol; g) Shared complete sets of MIC materials with the AID partner NGO's that support the Alta Verapaz Health Area, as well as with the Nicaraguan delegation and European Union personnel that visited the country; h) Delivery to PROSAN of pamphlets on the new monitoring norm for monthly growth and the friends of breastfeeding services, i) Delivery to the 8 DAS of a diskette that contains formats of the tutorial performance instruments.

## **Training (See annex C)**

During the current quarter the training of community facilitators from San Marcos and Huehuetenango as MIC providers was completed. The process of MIC management training for strategy expansion was also initiated. In this training 16 representatives from the AID partner NGO's that support the Alta Verapaz Health Area, 15 district personnel with extension of coverage in Alta Verapaz, and operations personnel supported by CARE, CRS, Plan International and Mercy Corps all participated.

## **Tutorial after training**

Of the changes proposed to the instruments to develop the performance tutorial after the MIC training, 90 % met with acceptance from the strategy's technical norm coordination ministry. Participation in monitoring and performance tutorial training activities for two AIEPI AINM-C strategy components for the 8 health areas. One was developed in Quetzaltenango and the other in Chichicastenango. Each activity had the participation of teams from four DAS.

There was a consolidated commitment from the participants to replicate the training with the district teams with extension of coverage and personnel from the NGO's, both administrators as well as health service providers.

## Monitoring and Supervision

There were 7 AIEPI AINM-C integrated monitoring and follow up management meetings for the Totonicapán, Chimaltenango, Sololá, Ixil, Huehuetenango and Quiché DAS, offering technical assistance and support to the strategy implementation process.

DAS, FI and central level personnel made field visits to community centers in Chimaltenango, Sololá and Totonicapán. The findings included the non-systematic application of the MIC methodology, lack of medicines and many problems with information registration. Necessary recommendations were made as well as feedback to local teams given.

Participation in the work group that finally consolidated the AIEPI AINM-C strategy indicators into two components. (See Results 3)

Support for the development of instruments and the facilitative supervision training process at the community level, with emphasis on the two AIEPI AINM-C components. Development of the integrated case management supervision instrument also took place.

Participation in the facilitative supervision training activities and monitoring at the community level, with emphasis on the AIEPI AINM-C strategy for the 8 DAS, developed in Chichicastenango and Quetzaltenango (see Results 3).

## Current MIC Standing

Support for the consolidation of information obtained from the official UPS1 questionnaire Current Integrated Case Management Standing, in coordination with the support systems component. The information obtained from this questionnaire is of vital importance for the strategy's implementation component, since it points to the current deficiencies and limitations that impede the integrated management for women and children. The information was gathered in 34 health districts from the 8 DAS of the Agreement and in a random sample of more or less 10% of the community centers of each one. These centers belong to all the NGO's, both the administrative as well as service providers, for a total of 160 community centers representing 13% of the existing ones in these 8 DAS. The information was gathered through interviews made to 100 *médicos* or *enfermeras ambulatorias*, a 10 *facilitadores institucionales* and a 86 *facilitadores comunitarios*.

## Results

- Only 57% of the interviewed *médicos* and *enfermeras ambulatorias*, and only 62% of the interviewed *Facilitadores Comunitarios*, indicate they are applying the MIC
- Not all the interviewers have a watch with a second hand or the protocols for women and children they were given during the training. More frequently they report as having the children's protocol as opposed to the women's protocol.
- 7% of the community centers do not have a scale for weighing children less than five years old.
- A majority of community centers do not meet the three minimal requirements to train their personnel in the insertion of the Copper T. (a stretcher with stirrups, self key and door to the clinic). Only 13% have a self key with a security code.
- The majority of the centers do not have support materials for counseling or referrals
- 41% of the community centers do not have cards for children and more than 30% do not have the basic SIGSA forms for recording information
- Only 35-40% of the CC have the necessary forms to keep a good logistical system

- None of the community centers has a complete list of medicines for children or women. The medicines available for women's care are fewer than those for children's care.
- Only 44% of the centers have family planning methods that can be given out at the community level (condoms, pills and the Copper T). This does not imply supply, only availability at the time. The methods are given to 16% of the centers by the districts and to only 46% by APROFAM.
- Only 51% of the community centers say they register all the classifications in the SIGSA 3P/S; only 68% register all the medicines they are given in the before mentioned SIGSA.

### **Limitations**

- The protocol modification for integrated case management, both for women and children, has been very slow, which in turn has moved the date for their utilization that was planned with the DAS and central level.
- The DAS and district teams are still not systematically using the tutorial forms, after the training.
- The DAS indicate that because of the NGO's disbursement problems there is a scarcity of medicines for the provision of services.
- The agreement between APROFAM and the MSPAS to deliver the family planning methods to the extension of coverage of the NGO's is not functioning properly, resulting in a lack of family planning methods supplies for the community centers.

## **2.1.4. Micronutrients Results**

### **Introduction**

During the third quarter of the current year there continued to be advances in the development of the Agreement's work plan in relation to the promotion of micronutrients, particularly iron and folic acid. Coordinated work with *Programa de Seguridad Alimentaria y Nutricional* (PROSAN) continues to be strengthened. The work related to Vitamin A, another fundamental micronutrient for integrated health services for children, has now also been incorporated. The results for the quarter include: 1) coordination with PROSAN and the World Vision Vitamin A project that supports it, in 5 of the 8 DAS of the Agreement; 2) support and socialization of PROSAN, in coordination with *Calidad en Salud*, for the Ministerial decision to improve Vitamin A supplementation throughout the Country, to be held from October 6 to the 10; 3) socialization with the Quiché and Ixil DAS to update and determine supply availability to cover the population; 4) initiation of the process to determine funds invested by the government for the purchase of micronutrients (iron, folic acid and Vitamin A) for services as well as extension of coverage. This process is being carried out in coordination with UPS1, PROSAN and UNICEF. 5) Strengthening of institutionalization by giving indirect support to PROSAN for the socialization of the new norms throughout the country's Health Areas; 6) In coordination with the monitoring and support systems component, garnering of an official request from PROSAN to incorporate related information obtained from the three new norms into SIGSA.

### **Institutionalization**

The institutionalization process was strengthened in the following aspects: a) Training by PROSAN personnel for technical teams from 24 of the 26 area directorates in the three new norms; PROSAN has organized and carried out these activities with funds from diverse sources, since the norms are nationally based and pertain not only to the 8 Health Areas of the Agreement, but to the entire country as a whole and b) incorporation by UPS 1, of the Agreement's electronic spreadsheet for extension of coverage and costs of applying the new norms for micronutrients, which include iron, folic acid and Vitamin A, for women and children.

## **Planning and Coordination**

Strengthening of coordination with PROSAN for the planning and execution of implementation of the new iron and folic acid norm. Planning and development of local socialization activities of the PROSAN norms was achieved, with emphasis on same, (*Suplementación Semanal de Hierro y Ácido Fólico, Iniciativa de Servicios de Salud Amigos de la Lactancia Materna and Monitoreo Mensual del Crecimiento*).

Other planning and coordination activities included:

Support for process initiated by PROSAN with World Vision related to Vitamin A. For this process information was obtained from World Vision. The supplementation coverage with one dose for children younger than one year was achieved for the month of July, which results in 89% of the Country's municipalities being covered between 0 and 50%. This being the reason MSPAS determined the need to update national activity and scheduled from October 6-10. MSPAS also set as its goal an increase of at least 20% coverage in all municipalities.

Socialization of materials to update the FI, in order to strengthen the actions of these providers within their community, since the DAS have received the Vitamin A for distribution to their population at community centers from PROSAN.

Identification of a greater need for technical assistance to update Vitamin A in the Quiché, Ixil and Huehuetenango DAS. To this end the official coverage reported and the need to determine supplies available were communicated. Also if supplies are not sufficient, more Vitamin A pearls can be requested directly from PROSAN. It was determined that Quiché does not have sufficient availability for bringing up to date and that Ixil does not have Vitamin A, so they were advised to make a request directly to PROSAN.

Coordination with UPS 1 to respond to a request from USAID to determine the government allotted amount for the purchase of micronutrients in the extension of coverage. This is already incorporated in the adjustments made to the NGO's electronic spreadsheet. Work on this process is ongoing and will be ready the first week of October.

Coordination with PROSAN and UNICEF for determining the amount donated that has been delivered to the DAS to cover Vitamin A needs. Information that will also be ready for the first week of October.

## **Materials**

Relative to the materials from the micronutrients component, during the present quarter the results were the following: a) reproduction and distribution to FI of 14 sets of technical pamphlets to update Vitamin A; b) delivery of 10 sets of pamphlets of new norms to the NGO's (Mercy Corps, CARE, CRS and International Plan), the personnel from the Alta Verapaz Area, the Nicaraguan Delegation who visited Guatemala as well as the personnel from the European Union.

## **Training (See annex C)**

During the current quarter the personnel from PROSAN have trained 30 individuals from each of the technical teams from 24 of the 26 DAS's, for a total of 720 trained individuals. The 26 individuals responsible for DAS promotion were also trained in the methodology of updating Vitamin A.

## **Monitoring and Supervision**

The micronutrients component was also reviewed at the 6 AIEPI AINM-C integrated management meetings for monitoring and follow up in the Totonicapán, Chimaltenango, Sololá, Ixil, Huehuetenango and Quiché DAS. It was determined that some districts have already begun the weekly supplementation.

On the field visits to community centers in Chimaltenango, Sololá and Totonicapán for follow up to the implementation of MIC, it was determined that some have already begun the weekly supplementation, but not in a

systematic manner, since they do not have sufficient micronutrients available to cover the at risk groups. In some community centers the community facilitator was found to be vaccinating, but there was no Vitamin A to give the children. Problems were also found with the information being recorded, both in the SIGSA as well as the card. Necessary recommendations and feedback were given to the local teams.

Through the process of consolidating information obtained through UPS1's official Current State of Integrated Case Management form, and in coordination with the support systems component, micronutrient availability was established, along with the deficiencies and current limitations that hinder the application of the new norm.

### **Limitations**

The findings from the consolidated current situation of MIC in 160 community centers clearly reflect the main limitations for the application of the new weekly supplementation with iron and folic acid norm. The findings also explain why there are low coverage rates of supplementation with Vitamin A for children from 6-35 months and 29 days of age. Reviewed as follows:

- Only 59% of the community centers report having cards for children, which in turn means there is no way to have the mother record that they have received the micronutrients
- Only 57% of the community centers have folic acid tablets
- Only 61% have pediatric iron and only 70% have ferrous sulphate tablets to cover priority groups of women of reproductive age
- Only 56% of CC have Vitamin A pearls
- The fact that these centers say they have the micronutrients does not guarantee their availability to cover prioritized groups, since the quantity in relation to the population's need for coverage has not been established.
- The proper recording of the weekly iron and folic acid supplementation of children younger than 5 years old, and of all the prioritized groups of women of reproductive age, is not currently possible through SIGSA

### **2.1.5. OR on AEC-PS Results**

The results obtained for Operations Research activities for the third quarter of 2003 are derived from the comparison of the three variants of the extension of coverage model: Extension of Coverage in Health Posts, Extension of Coverage with NGO's and Extension of Coverage Program (AEC- PS, AEC- ONG and AEC- PEC); they are described below.

#### **Results**

##### **Institutionalization**

In San Marcos, the variant for the AEC-PS model currently has support from the MSPAS personnel, who carry out the process with technical support from a local facilitator, the operations research manager, the principal researcher, the director and the staff from *Calidad en Salud*.

##### **Staffing**

There continues to be an operations research facilitator who does follow ups of the activities at the local level.

## **Timeline**

The programmed activities have been adapted, having completed the census and sketch 100%; there is also monthly monitoring and growth promotion in the 56 communities of the three AEC-PS jurisdictions of San Marcos.

The form and instrument were finalized, as well as an Excel data base for the collection and analysis of data for the cost study, which will be started in October 2003.

## **Communication**

Open and continuous communication has been maintained, with a monthly meeting at the *Dirección de Área de Salud* (DAS) level for the AEC-PS model variant, which monitors the advances made for Operations Research indicators. An Excel data base in which the results data is registered has been developed for this purpose.

In the three jurisdictions Health Districts and in the San Marcos DAS meetings are held weekly for monitoring advances in health services results, and for finding solutions to existing problems.

There have been two technical operations meetings to evaluate the process with the Operations Research Technical Team (ETIO), reaching consensus on adjustments made to the final report of the base line, on the indicators of Operations Research, the use of data bases produced for the collection of information, services results and the costs study.

The Operations Research's Technical Support Committee's (CTA) meetings have been carried out as planned, reaching consensus and additional points for improving the process. There is a planned meeting for October 15 which will serve to review the mid term evaluation. At that time all the necessary information for presenting said evaluation to the MSPAS Technical Team on the 11 of November will be available.

## **Operational Activities**

For the Extention of Coverage in Health Posts (AEC-PS) variant, all institutional and community personnel offer services based on the integrated case management (MIC) at the three jurisdictions from San Marcos, San Pedro Sacatepéquez and San Pablo health districts of San Marcos Department. The most important activities from this variant of the model for this quarter are the following:

- Supervision: The *Dirección del Área de Salud* (DAS) with the support from the local facilitator from *Calidad en Salud*, carry out systematic supervision and tutorial training activities weekly at the three jurisdictions.
- Training Activities: 19 FC and 400 VS have been trained on the PP (promotion and prevention) Models II and III of the AIEPI AINM-C; 9 FC have been trained in MIC.
- Organizational Activities: 36 Community Centers were implemented and received services from 19 FC. Services rendered with MIC for the 3 jurisdictions of the 3 municipalities of the model AEC- PS variant.
- San Antonio Sacatepéquez: 7 FC and 14 CC now functioning
- San Cristóbal Cucho: 6 FC and 12 CC now functioning
- San Pablo: 6 FC and 10 CC now functioning
- The AE offer care services based on MIC

## Investigation Component

The most important results for this component are:

- Base line for the 3 variants of the model: The last draft of the base line is now available, with consensus from the Ministry of Health and ProRedes.
- Monitoring: Review of specific Operations Research indicators was finalized, contracting and training of person who will collect information set for October.
- Cost-Effective Study: The form for collection of information was developed along with instructions and an Excel data base that automatically generates consolidated data; this data base can be applied to the three variants of the model. Contracting for the person who will input data for the study (same person who will collect data for monitoring) set for October.

## Coordination

Support for review of ENSMI information. Also indicator and graphs' logic and congruency verification of children and women components.

## Limitations

The Extension of Coverage variant AEC-PS, depends greatly on the resources made available by the Ministry. Current problems are detailed below:

- Motorcycles for transporting basic health supplies have not been repaired
- Oral rehydrating salts are in short supply, and, as a result, diarrheas are not being treated adequately.
- The MSPAS workers were on strike during the months of August and September resulting in a delay in delivery of basic information of the Health Posts population census.

## 2.2. Result 2: Adoption of Health Practices within the Home which Favour Child Survival and Reproductive Health

- Increased capacity of the MSPAS and its partner NGOs to design, plan, implement and evaluate behavior change interventions
- Improved health practices in the home through behavioral change interventions

### 2.2.1. Summary of IEC/BCC Objectives and Strategies

Result 2 corresponds with the IEC/BCC sub-system, which lends support to all three major *Calidad en Salud* components, Family Planning (FP), Integrated Management of Childhood Illnesses (IMCI) and the combined Integrated Child, Maternal and Women's Care in the Community (AIEPI AINM-C) strategy with its two complementary components integrated case management and growth promotion and illness prevention. Result 2 has two major objectives, one at the MSPAS and partner NGO central level and the other at the operative (Health Area, health services and community) level. The first objective - to increase the capacity of the MSPAS to design, plan, implement and evaluate behavior change interventions - focuses on institutionalizing contemporary health behavior change communication (BCC) and interventions. Although some progress has been made to date, this objective will

not be fully attained in 2003. The *Calidad en Salud*'s IEC/BCC team, however, has continued to work closely with two specific communication-related units in the Ministry of Health (MSPAS), the Health Promotion and Education Department (PROEDUSA) and the Social Communication Unit. Also, *Calidad en Salud*'s IEC/BCC team has continued to coordinate activities with various programs of the MSPAS, most notably this quarter, with the Child and Adolescent Program (SINA). Finally, through the inter-institutional and inter-agency group known as the GTI-IEC<sup>1</sup>, the IEC/BCC team has provided technical assistance, administrative coordination and financial support for the development of IEC materials and the execution of IEC strategies. The GTI-IEC met 10 times during the third quarter of 2003 to work on the analysis phase of the development of an IEC/BCC strategy on adolescents' sexual and reproductive health, and planning a fair of strategies and materials on this topic.

The second objective - improved health knowledge, attitudes and practices of women of reproductive age and mothers of children less than 5 years in the home through behavior change interventions - is being addressed through technical assistance to the MSPAS in the design and execution of three inter-related IEC/BCC strategies for FP, IMCI and AIEPI AINM-C. Through the GTI-IEC, *Calidad en Salud* is also influencing the programmatic focus of its member organizations, most of which are presently implementing the AIEPI AINM-C strategy. At the institutional level the IEC/BCC strategies for FP, IMCI and AIEPI AINM-C case management component focus on improving interpersonal and intercultural relations, communication and counseling (IPC/C) between providers and users in hospitals, health centers, health posts and community centers. These IEC/BCC strategies also support national campaigns scheduled by the MSPAS (the prevention of hemorrhagic conjunctivitis late this quarter) and special events during international and national celebrations, such as the International Breastfeeding Week in August. The community promotion and prevention component of the AIEPI AINM-C strategy is based on all six IEC/BCC tactics that have been developed under *Calidad en Salud*'s integrated communication strategy: 1) mass media (radio), 2) IPC/C between community providers and caregivers during both growth monitoring and promotion (GMP) sessions and home visits, 3) group communication during group and community sessions, 4) special campaigns designed and scheduled by the MSPAS, but requiring local adaptation, 5) educational entertainment during local events and festivities, and 6) community mobilization and participation. The IEC/BCC support system is, thus, intimately linked to *Calidad en Salud*'s Result 4, which reports on community participation and the AIEPI AINM-C strategy. The IEC/BCC sub-strategies or tactics have been described in detail in manuals and previous reports.

This quarter the IEC/BCC advisor traveled to Washington to attend the Global Conference on "Reaching Men to Improve Reproductive Health for All" (September 15-18); present a poster summarizing the results of *Calidad en Salud*'s Growth Monitoring Operations Research at the 5<sup>th</sup> International Conference on the Scientific Basis of Health Services "Global Evidence for Local Decisions" (September 20-23); and visit several USAID contracting agencies and counterparts to obtain information and collect materials related to IEC on male involvement and adolescents' reproductive health.

In coordination with the family planning component, packages of counseling algorithms and cards continued to be distributed. To date, a total of 6,100 have been distributed initially for TOT's at the Health Area level and during this quarter mostly for personnel training. In addition, printing of two FP situational room posters (one for graphing cumulative percentages of contraceptive methods used and the other new FP users, respectively) and FP flipcharts were finalized and 4,000 of each poster and 5,800 flipcharts will be distributed together with user guides and specific training (see Result 1 and annex C on FP training).

All of the Promotion and Prevention AIEPI AINM-C IEC materials have been printed and the second and third sets of the counseling cards were distributed to Health Areas IEC or Coverage Extension Coordinators, who have distributed them to NGOs; more than 13,000 of the first and second set of cards (corresponding to Modules 1 and 2), and 4,600 of the third set of cards (Module 3) have been distributed to *vigilantes* during training. Good coordination with other GTI-IEC member organizations has led several of them to print materials together with *Calidad en Salud* (CRS, Mercy Corps, *ProRedes Salud* and SHARE printed counseling cards during this quarter; and Save the Children will print next quarter).

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<sup>1</sup> GTI-IEC members include the Social Communication Unit, and the Promotion and Health Education Department of the MSPAS, other MSPAS programs as needed, *Unidad Ejecutora*, ADEJUC/ Promasa, American Red Cross, APROFAM, CARE, Celsam, CRS, *Cruz Roja Guatemalteca*, HOPE, IGSS, JHPIEGO/ MNH, PAHO, PASMO, Population Council, *ProRedes Salud*, Save the Children, SHARE, UNICEF and *Calidad en Salud*.

In coordination with those responsible for Result 4, the IEC/BCC component contributed significantly to the development of the AIEPI AINM-C monitoring and supervision system and to training in that system. The IEC/BCC team (the IEC/BCC advisor is also the coordinator of growth promotion and illness prevention component) has also continued to participate in actual monitoring of AIEPI AINM-C training and *vigilantes*' performance in GMP sessions at the community level and to promote and supervise community participation activities within the AIEPI AINM-C strategy.

The IEC/BCC team finished its own round of monitoring in 30 selected health facilities, which included an in-depth interview with the IEC Health Area and District Coordinators, observation of the presence and use of IEC materials, observation of IMCI and FP counseling (where feasible), and interviews with users as they exited services to check on end-point distribution of IEC materials.

Under the IEC/BCC component of Result 5, the main achievement for IGSS was the official nomination of the Chief of the new IEC/BCC Health Communication Section as *Calidad en Salud* counterpart, which facilitates the process of authorization and distribution of IEC materials (formerly the Chief of the Maternal Child Health Unit was responsible). The adaptation of several IEC materials to IGSS needs, especially to affiliate private sector industries, was accomplished and the authorization for printing of these materials will be speeded up with the change mentioned above. The IEC/BCC advisor to IGSS continued to provide technical assistance and training to that section.

## 2.2.2. General IEC/BCC Capacity Building

### General

The proposal to establish a Communications for Social and Behavioral Change Unit within the MSPAS, that includes both the Social Communication and Public Relations Unit presently in charge of public relations and mass media and the Department of Health Promotion and Education (PROEDUSA) mostly focusing on community organization and participation through Municipalities has not been attained. This quarter several meetings were held with the *Unidad Ejecutora* to address this problem. Also, joint and separate meetings were held with both sections of the MSPAS. Positive outcomes include the participation of the UE and both MSPAS sections in the GTI-IEC meetings (although they still do not provide leadership) and in the planning meetings for the IEC Health Area Coordinators workshop to be held on October 2 and 3. The proposal to have these two sections work in close coordination with all of the MSPAS programs to better respond to the programs' needs for IEC/BCC strategies and materials has been only partially achieved; some programs continue to call on the IEC Health Area Coordinators independently, that is, without coordination with the Social Communication Unit or PROEDUSA. Finally, the Social Communication Unit has still not officially released both the manual of functions of the IEC/BCC Health Area Coordinators and the procedures for printing IEC materials that were finalized last quarter.

PROEDUSA's training of IEC Health Area Coordinators in the "Municipalities for Development" (formerly "Municipalities for Health and Peace") strategy continued this quarter. Derived from an agreement between *Calidad en Salud*'s Director and PROEDUSA's Director, the IEC/BCC team continued to conduct training in quality teamwork, behavior change communication and the 4-step community participation methodology of Health District-Municipality teams, which comprise the Health District Coordinators and a newly legalized structure of Municipal Councils, Municipal Planning Offices (formerly, Municipal Technical Units), Municipal Health Commissions (health is one of nine commissions), and Health Action Groups (*Grupos de Acción en Salud* or GAS). This quarter the IEC/BCC team participated in training of more than 500 health-Municipality pairs in 11 of 26 Health Areas (El Progreso, Jalapa, Jutiapa, Santa Rosa, Alta Verapaz, Ixcán, Suchitepéquez, Escuintla, Totonicapán, Quetzaltenango, San Marcos, and Retalhuleu). Although *Calidad en Salud*'s IEC/BCC team provides Municipalities with communication plans *a la carte* - simplified three-page communication plans on prevalent health problems – and samples of IEC audio and printed materials available, the results of these efforts will remain unclear as PROEDUSA is not following-up on these activities. PROEDUSA conducted an evaluation meeting with all facilitators of the Municipality training activities and concluded that it was necessary to redesign activities under this strategy. As mentioned in the previous report, training activities with PROEDUSA significantly altered the

IEC/BCC work plan, delayed the completion of several products, and increased the number of IEC materials distributed to Municipality audiences.

During this quarter, *Calidad en Salud* IEC/BCC team also participated in several meetings with the MSPAS units and programs, such as the Health Services Provision Units 1 (UPS1), the National Reproductive Health Program (PNSR), the National Immunization Program (PNI), and the Nutrition and Food Security Program (PROSAN) to review IEC FP and AIEPI AINM-C materials and obtain their approval before printing. A new form to collect summary information on IEC activities at different levels was presented to the General Health Information System (SIGSA). This is the first time that SIGSA will have a form to collect and report IEC/BCC information to the MSPAS' central level.

Individual technical advice was given to several members of GTI-IEC: to the Population Council in finalizing a training manual and flip chart to be used by midwives to advise men on increasing their participation in reproductive health and to new personnel working in Save the Children (Dr. Francisco Pineda and Rocío Méndez). One new issue of the GTI-IEC *Actual* newsletter was put out during this quarter summarizing reports on IEC/BCC strategies for adolescents sexual and reproductive health.

The FP sub-group of GTI-IEC held at least 10 meetings during this quarter. The presentation of new printed material for FP (situational posters and flipchart) and planning of a fair of the Health and Education Ministries' programs and NGOs projects that have worked or are presently working in adolescent sexual and reproductive health were accomplished. After delaying it several times, the "first fair of IEC/BCC strategies and materials on adolescents sexual and reproductive health" will take place on October 3, the national youth day. On that date, the Integrated Child and Adolescent Health Program's (SINA) policy for adolescents' health will be made official. UNICEF and the Canadian cooperation agency are financing this activity, and the GTI-IEC labouredly, but successfully negotiated with SINA the inclusion of the fair as part of the celebration, and the participation of both PROEDUSA and the Social Communication Unit. The latter made the official invitations to NGOs with adolescent programs and projects to participate in the fair. The GTI-IEC developed the application form that was sent along with the invitation and selected 15 (out of 20 applicants) to present their products at the fair.

Organizations that will participate in the IEC/BCC adolescents' fair include: Casa Alianza, Celsam, Cuban Brigades, Guatemalan Red Cross, Educavida, Hogar Pura de Ross, HOPE, IGSS, PASMO, the National HIV/AIDS Program (which works separately from the National Reproductive Health Program), San Carlos University Medical School, and others. One stand, shared by *Calidad en Salud*, PAHO and others, will exhibit materials from global and regional projects. Unfortunately, APROFAM did not apply to participate. The expected product of the fair will be the identification of "best practices" and "lessons learned" in IEC/BCC to influence adolescent sexual and reproductive health practices, including the identification of quality training and IEC materials that the GTI-IEC will inventory and can later modify and/or reproduce and use as part of the IEC/BCC strategy for adolescents. The strategy design workshop will be held in November, with facilitation from JHU-CCP. The new brochure on sexual abstinence drafted by *Calidad en Salud* was presented for revision to the GTI-IEC and we will also take advantage of the fair to pretest it with groups of adolescents invited to the fair.

The IEC/BCC advisor participated in the development of an advocacy strategy to present FP, IMCI and AIEPI AINM-C achievements of the past four years to presidential candidates (Guatemalan presidential elections will be held on November 9) in order to have them consider these programmatic components and strategies in their health plans and quality improvement and a system's approach to health care. Presidential candidates were visited by *Calidad en Salud* or the candidate's team visited our project to listen to the presentation of strategies and results. *Calidad en Salud* has also attended numerous forums of candidates organized by diverse institutions and posed questions to elicit their commitment to reproductive health and family planning. Although all parties agree on lowering maternal and infant mortality and decreasing malnutrition, support for family planning activities varies between them.

The IEC/BCC advisor traveled to Washington on September 14-24 to attend the Global Conference on "Reaching Men to Improve Reproductive Health for All" (September 15-18); present a poster summarizing the results of *Calidad en Salud's* Growth Monitoring and Promotion Operations Research conducted in the Ixil triangle and attend other sessions of the 5th International Conference on the Scientific Basis of Health Services "Global Evidence for Local Decisions" (September 20-23); visit JHU-CCP, JHPIEGO, FHI, AED and other USAID contracting agencies

to obtain information and materials related to male involvement and adolescent reproductive health; and update URC staff on *Calidad en Salud's* IEC/BCC activities. Only JHU-CCP could not be visited due to damages in their building produced by Hurricane Isabel, which affected the Baltimore area during those dates. Manoff (a partner in the *ProRedes Salud* project) was visited instead. Three presentations were prepared and given in several of the agencies: a) the Operations Research to Improve Growth Monitoring and Promotion in Guatemala, b) the *Calidad en Salud's* IEC/BCC strategies, activities and materials and c) *Calidad en Salud's* job aids for health providers.

As mentioned previously, *Calidad en Salud* IEC/BCC component has offered University students in Guatemala and abroad the opportunity to conduct supervised practices or thesis in topics of interest to the project. The two Emory University School of Public Health students finished their practices this summer and gave presentations on their findings on men's involvement in reproductive health and balanced family planning counseling leading to selection of IUD, respectively. This is yet another example of good coordination between GTI-IEC members, since the Population Council and *Calidad en Salud* conducted joint supervision of these students. A graphic arts student of the Rafael Landívar University conducted her thesis with assistance from the IEC/BCC team and graduated this quarter.

The IEC/BCC advisor has continued to facilitate a distance education course on Health Communication organized by the Guatemalan Nutritionist Association (ANDEGUAT). As part of this course, the *Calidad en Salud* IEC/BCC process, strategies and materials have been presented and have had high visibility. It is probable that this exposure will contribute to institutionalization of behavior change communication in the country. In addition, the involvement with the distance education course has moved forward the development of the manual on the Behavior Change Communication and Quality Tools planned under the IEC/BCC component.

Finally, the IEC/BCC team has continued to provide the *Calidad en Salud* project technical and editorial input in the production of manuals and other documents. This quarter the revision of the Community Participation manual (specifically the annex on the development and presentation of a community "health situation room") and the Area-District Supervision system were accomplished.

### **Area and Community Level**

Technical support to MSPAS Area-level staff responsible for health promotion and communication activities through meetings with the IEC Area Coordinators continued this quarter. The workshop with 8 IEC Health Area Coordinators in eight priority Areas was held on August 20-22. In this workshop preliminary results of monitoring of health facilities were presented and the IEC Coordinators had a chance to revise the IEC monitoring and supervision system and instruments used. The final version of the IEC/BCC monitoring and supervision manual was produced on September 4 and a copy was sent to IEC Coordinators in eight priority areas who participated in its development and revision. It was agreed that this system be validated during the last quarter of this year and the first quarter of 2004. The IEC monitoring and supervision manual will be made available to the rest of the IEC Coordinators in the workshop in October.

An instrument to collect summary data on IEC activities each quarter at the Health Area level was reviewed by IEC Coordinators during the August workshop. It was also sent to IEC Coordinators in the rest of the areas for revision. The revised version of this instrument was presented to SIAS, PROEDUSA and SIGSA at the end of this quarter to be revised by them and then included as an official instrument next quarter. This is an important step towards having official data on IEC/BCC inputs and outputs. Finally, during the August workshop, the IEC Coordinators received one-day of training on IMCI, which underscored the importance on counseling as part of IMCI services.

This year, PROEDUSA had been reluctant to schedule quarterly workshops with the IEC Coordinators from all 26 Health Areas due to their concentrating their efforts in the Municipality strategy. However, since Health District-Municipality meetings have almost concluded, the workshop for all IEC Coordinators has been scheduled on October 2, which will allow them to participate in the adolescent reproductive health fair on October 3. As in the past, *Calidad en Salud* will provide financial and technical support for the workshop.

Monitoring activities were finished this quarter with joint (IEC/BCC central and area level) visits to selected health facilities in priority areas. Monitoring activities, included an in-depth interview with the IEC Health Area and

District Coordinator, which indicated that all IEC Coordinators are implementing IEC/BCC strategies and tactics for FP, IMCI, and AIEPI AINM-C, all of them have an IEC group with representatives from all Districts, and hold monthly meetings with them, and several of them have included international and local NGOs in these IEC groups. However, most of them do not conduct regular monitoring and supervision of IEC activities, so that the monitoring and supervision system and instruments and the SIGSA summary instrument are very relevant. Results of monitoring of IEC materials and FP and IMCI counseling through observation, and exit interviews are highlighted below under FP and IMCI.

The IEC/BCC team has continued to collaborate or directly take part in IEC/BCC activities at the Health Area and District levels as requested by our first level facilitators and/or Area IEC Coordinators. For instance, this quarter, IEC family planning materials were sent to Nebaj (Ixil) for a stand in the local fair and a form to keep track of counseling provided was developed. As reported by the first level facilitators in Nebaj, adolescent males were their main clients interested in obtaining advice on condom use. In Huehuetenango, a public relations event for AIEPI AINM-C was held with media representatives and one member of the IEC/BCC team participated as a facilitator. A brochure on AIEPI AINM-C –which will prove useful for other advocacy and public relations activities- was produced. Advice was provided for the development of a leaflet on prevention of hemorrhagic conjunctivitis in Chimaltenango. The training of traditional midwives in maternal and neonatal health and family planning (Module 3) has been supported in Quetzaltenango and San Marcos and training of Save the Children was supported in Quiché. Training related to the IEC sub-strategies, activities and materials carried out by the *Calidad en Salud* IEC/BCC team, the IEC Coordinators and the first-level facilitators in the Areas are included in Annex E. First-level *Calidad en Salud* facilitators estimated that this quarter they have spent about 60 percent of their time on AIEPI AINM-C training and 40 percent on other IEC/BCC activities.

The IEC/BCC team has continued to participate in monthly meetings of Area and first-level *Calidad en Salud* facilitators to discuss IEC/BCC and other components accomplishments and future plans, to identify problems and solutions, and to identify successful experiences and original ideas. A presentation of IEC/BCC adolescent reproductive health strategies was made during last meeting. The IEC/BCC team has also participated in monthly meetings with ATR (Regional Technical Advisers that focus on FP activities in non-priority health areas) to provide them with standard guidelines regarding the distribution and use of FP posters and flipcharts. Participation of ATRs in PROEDUSA's Municipality strategy in non-priority areas was unfortunately not possible.

### 2.2.3. Specific IEC/BCC Results for Family Planning

#### **IEC/BCC Strategies and Materials for FP**

The IEC/BCC FP strategy designed at the beginning of the project at the central level continues to be implemented by MSPAS health personnel. With the training of community health personnel in the third module (maternal and neonatal and family planning) of the AIEPI AINM-C promotion and prevention component beginning this quarter, an increase in community activities in family planning is anticipated.

As mentioned in previous reports, the IEC/BCC team had started to work with the GTI-IEC in the preparation of two strategy workshops that were scheduled for the second quarter of 2003: one focusing on increasing male participation in reproductive health and the other on adolescents' abstinence, delaying first sexual relations and avoiding unwanted pregnancies, STDs and HIV/AIDS. Due to numerous competing activities by the IEC/BCC team of *Calidad en Salud* and other GTI-IEC members, strategy workshops have not been conducted. However, as described above, The GTI-IEC held over 10 meetings to plan a fair on IEC/BCC strategies, activities and materials on adolescents' sexual and reproductive health that will be held on October 3. The expected product will be the identification of "best practices" and "lessons learned" in communication influencing adolescent reproductive health, including the identification of quality training and IEC materials that the GTI-IEC could modify and/or reproduce. Global and regional documents and materials obtained by the IEC/BCC advisor in her visit to Washington will be made available to GTI-IEC members and exhibited at the fair.

Also, the GTI-IEC participated in reviewing a brochure on sexual abstinence as a method for delaying the onset of sexual activity in adolescents and preventing STDs and HIV/AIDS. The brochures will be pre-tested with groups of

adolescents attending the fair on October 3 and with the help of IEC Area Coordinators and *Calidad en Salud* facilitators.

In May, 6,000 copies of the balanced counseling algorithm and companion cards were printed and 2,000 more sets were printed this quarter. These materials continued to be distributed this quarter, together with training materials (cards and overheads) and handouts. A total of 6,100 FP counseling algorithms and related materials have been distributed. Other FP IEC/BCC materials printed this quarter include the FP flipchart (6,000) to be used in health services nationwide and two FP *sala situacional* posters for graphing the cumulative percentages of contraceptive methods used and new FP users. The *Calidad en Salud* facilitators were trained in their use and provided with user guides, before their distribution at large. Flipcharts (5,800) and posters (4,000 of each) are being distributed together with training. *ProRedes Salud* printed 400 of each one of the situational room posters.

The printing of the all methods poster and two distinct sets of 10 individual methods FP brochures (200,000 sets of each Mayan and Ladino version for a total of 400,000) by *Calidad en Salud* and the *Unidad Ejecutora* has been completed and half of them are being distributed to Health Areas. This production will insure that there are enough IEC FP materials through the beginning of 2004 and that materials will reach community centers and health workers as part of AIEPI AINM-C strategy.

The training for trainers' manual (TOT) manual on FP IPC/counseling has been finalized (including final revisions from URC and USAID) and is presently being printed. This manual includes a CD with work sheets and overheads. The first one of a set of FP mini-videos - three of them on services and methods offered by the MSPAS and two regarding IPC/C between providers and users- has been completed and is being pre-tested. This first video includes testimonials from men and women users of family planning that were filmed in health services and communities in priority areas.

Results of the pre-testing of the "checklist for ruling out pregnancy" included in the first part of the Guatemalan version of the FP algorithm were summarized this quarter, in order to demonstrate that the modifications made to the vocabulary of the checklist were locally appropriate.

### **IEC/BCC Training for FP**

During this quarter, training workshops on the balanced FP counseling procedures have continued to take place. The IEC/BCC team has participated in monitoring the quality of the training and has directly participated as facilitators, when necessary. An estimated 6,000 MSPAS and IGSS health providers have been trained on the new counseling procedure. To date, *Calidad en Salud* IEC/BCC has distributed about 4,000 (1,538 last quarter and 2,331 this quarter) balanced counseling packages, including the FP algorithms and cards, TOT guides, training materials and handouts. The "Ask me about family planning" buttons produced last quarter are being given at the end of the balanced counseling training as the badge of a good FP counselor. The FP flipchart will start to be distributed as its use is anticipated together with the algorithm. Training on the use of the situational room posters will start next quarter.

As mentioned, the TOT on FP IPC/C for FP is being printed and a companion compact disk includes the text of the manual, overheads and handouts.

### **IEC/BCC Monitoring and Evaluation for FP**

As planned, the IEC/BCC team concluded its round of monitoring in 30 selected health facilities; selection was random in each of 30 clusters drawn for the IEC survey to be conducted next quarter. Monitoring in FP/IEC/BCC included an in-depth interview with the IEC Health Area Coordinator, observation of presence and use of family planning IEC materials, observation of FP counseling and an exit interview to determine systematic offering of FP services and adequate end-point distribution of materials (for example, brochure of method selected if applicable). Results of this monitoring indicate that most health centers and health posts have all FP IEC brochures and posters for increasing demand and conducting counseling. The postpartum, necklace and ovulation brochure are not available in several health centers and posts.

**Table 26: Percentage of health facilities that had printed IEC FP materials (at least one) ()+()/4**

Printed material	C/S n=4	P/S n=26	Total N=30
All methods brochure	100 (4)	96 (25)	97 (29)
Postpartum brochure	50 (2)	42 (11)	43 (13)
Pill brochure	100 (4)	85 (22)	87 (26)
Injection brochure	100 (4)	92 (24)	93 (28)
LAM brochure	100 (4)	81 (21)	83 (25)
IUD brochure	100 (4)	85 (22)	87 (26)
Condom brochure	100 (4)	88 (23)	90 (27)
Necklace (SDM) brochure	50 (2)	57 (15)	57 (17)
Ovulation brochure	50 (2)	61 (16)	60 (18)
Women’s sterilization brochure	100 (4)	92 (24)	93 (28)
Men’s sterilization brochure	100 (4)	85 (22)	87 (26)
All methods poster	100 (4)	81 (21)	83 (25)
ACCEDA poster	100 (4)	77 (20)	80 (24)

Monitors hired by the Population Council through the AMMG are using the monitoring instrument developed by IEC/BCC for the balanced FP counseling. Our own observations indicate that the use of the new algorithm and cards is still not generalized. However, those health providers who are using them do it correctly.

#### **Behavior and Product Trial of the Standard Days Method Card**

Although all the FP methods included in training and portrayed in IEC materials are supposed to be offered by health services, in reality the “necklace method” (Standard Days Method) has been offered very little due to insufficient quantities of the cycle beads. This quarter the NGO Genesis and the Institute for Reproductive Health of Georgetown University conducted a re-launching of this method. However, only 15,000 necklaces will be distributed nationwide, a small quantity considering that a larger number of women who could be interested in the method, both as an educational tool and as a natural family planning method. Therefore, the Institute for Reproductive Health of Georgetown University has asked *Calidad en Salud* to conduct a field test of a card with the Standard Days Method to be used by women *in lieu* of the actual cycle beads. The IEC/BCC team sent comments to this proposal to better specify the “behavior trial” and “product trial” the test entails. The Georgetown team agreed with the modified proposal and is providing funds for UEC/*Calidad en Salud* to hire field personnel to do the test in the coming quarter.

#### **2.2.4. Specific IEC/BCC Results for IMCI**

##### **IEC/BCC Strategies and Materials for IMCI**

The original IEC/BCC strategy for IMCI was designed (prior to launching AIEPI AINM-C) to address both the institutional component and the original version of the community component of IMCI. The institutional component focuses on strengthening provider client interpersonal communication and counseling (IPC/C) regarding the preparation and administration of medicines, the use of liquids and feeding during illness, as well as danger signs that should prompt re-consultation. Several materials have been developed for use during counseling (a recall leaflet

for mothers and caretakers, a vaccination guide, a young child feeding guide and two posters) but monitoring at the beginning of this year showed that most health services did not have them.

To improve on the shortage of IMCI IEC materials, after much negotiation with Health Areas and a long administrative process, last quarter the *Unidad Ejecutora* printed additional quantities of IEC IMCI materials programmed with counterpart funds. This quarter the *Unidad Ejecutora* printed 60,000 referral leaflets. The IEC/BCC monitoring determined that these materials are slowly reaching all health services and are being used; thus, the lack of IEC IMCI materials improved somewhat during this quarter (see results under monitoring below). CRS printed 20,000 of each vaccination guides and young child feeding guides.

In August 21, the IEC Coordinators received one-day of training on IMCI, which dealt with the evaluation, classification, treatment and counseling steps in the strategy, underscoring the importance of counseling as part of IMCI procedures. The flipchart developed under AIEPI AINM-C will be distributed to all health facilities and will be useful to adequately conduct the counseling step of the IMCI health care algorithm.

### **IEC/BCC Training for IMCI**

As planned, an abbreviated training of IEC Health Area Coordinators and *Calidad en Salud* first-level facilitators on the clinical component of IMCI was carried out this quarter.

### **IEC/BCC Monitoring and Evaluation for IMCI**

Although some of the IEC Area Coordinators are participating in IMCI collaborative study, they have not conducted systematic assessment of the quality of counseling because it is not included as one of the indicators (the reason being that counseling is not registered in the clinical record used by IMCI and being revised by the collaborative study). The IEC/BCC monitoring system has an observation checklist for counseling and it would be advantageous to the collaborative study that IEC Coordinators participating in the collaborative study collect observational data on IMCI counseling.

IEC/BCC monitoring of the presence and use of IMCI materials, counseling activities and of mother's recall started was conducted in the second and third quarter of 2003 in a representative sample of 30 health facilities. As shown on the table below, more services now have IMCI materials, in comparison with data at the beginning of this year. All health centers had the leaflets and brochures, but just half of them had the posters; likewise, most health posts had leaflets and brochures, but less than half had the posters. These data have been presented to IEC Coordinators, who will identify solutions with IEC representatives in these services.

**Table 27: Percentages of health facilities that had IEC IMCI printed materials**

<b>Printed Materials</b>	<b>C/S n=4</b>	<b>P/S n=26</b>	<b>Total N=30</b>
Recall leaflet for mothers/ caretakers	100 (4)	77 (20)	80 (24)
Young child feeding guide	100 (4)	77 (20)	80 (24)
Vaccination guide	100 (4)	85 (22)	87 (26)
Young child feeding poster	50 (2)	38 (10)	40 (12)
Danger signs poster	50 (2)	35 (9)	37 (11)

Other observations indicate that in some Areas vertical delivery of services continues to be the norm; for instance, having a specific day for vaccination (which interestingly includes, besides child vaccination, applying the family planning three-month injection) was observed in services in San Marcos. This precluded the IEC/BCC team from conducting observation of counseling in some places. Also, when counseling was observed it was noted that the "demonstration" aspect of counseling could seldom be accomplished because providers would need to have at hand equipment (spoon, cup, liter, water, etc) to carry out demonstrations.

## 2.2.5. Specific IEC Results for AIEPI AINM-C

### **IEC/BCC Strategies and Materials for AIEPI AINM-C**

The IEC/BCC support system is intimately linked to *Calidad en Salud's* Result 4, which reports on community participation and AIEPI AINM-C activities and training (see Annex on AIEPI AINM-C training). The six IEC/BCC tactics defined under the IEC/BCC strategy are central to the growth promotion and illness prevention component of AIEPI AINM-C, but interpersonal communication and counseling is also a key step in the integrated case management component of AIEPI AINM-C.

This quarter, the IEC/BCC component suggested the inclusion of a “positive deviance approach” to supervision. Given that the level of *vigilantes'* performance appears to be generally low, identifying those *vigilantes* that are “exemplary performers” and having them communicate and model GMP procedures to the rest of *vigilantes* could prove critical for the extension of good practices. In addition, it is important to start introducing the positive deviance approach in the GMP sessions (much like the Hearth model), selecting mothers whose children grow well to communicate and support mothers whose children do not. Finally, given that in October the National Immunization Program (PNI) and PROSAN are launching a joint campaign to “update” supplementation with vitamin A and vaccines, it has been suggested that these activities be carried out together with GMP sessions (where these are taking place) in order to motivate mothers' continued participation in GMP.

The implementation of the advocacy and public relations plan that was prepared last year for the promotion of the AIEPI AINM-C strategy continued this quarter with the presentation of the AIEPI AINM-C strategy to Municipalities as part of PROEDUSA's “Municipalities for Development” strategy. In Huehuetenango, a public relations event for AIEPI AINM-C was held with media representatives and one member of the IEC/BCC team participated as a facilitator. The brochure on AIEPI AINM-C identified to be needed last quarter was produced for this event. Also, Chimaltenango, communities where the AIEPI AINM-C strategy, including the community participation component, is operating well, were selected as model sites for the NicaSalud visit described under Result 4.

AIEPI AINM-C promotion and prevention counseling cards (now bound in three sets), recall leaflets (nine), referral leaflet, weight-for-age graph poster, growth monitoring *sala situacional* poster, child card and *vigilantes* notebook have been printed and continue to be distributed based on and preceding training. This quarter the second (on home treatment and prevention of illnesses) and third (on family planning and maternal and neonatal health) sets of counseling cards were distributed to Health Areas, who then distribute them to NGOs and community facilitators and *vigilantes*. In addition, 2,500 growth monitoring weight-for-age graph poster and 2, 500-community growth monitoring summary poster were distributed to Health Areas. These posters have to reach community centers and be used by institutional and community facilitators to summarize growth monitoring data. The logistics of distributing all the AIEPI AINM-C materials improved somewhat this quarter due to improvements in the process and smaller quantities of materials being distributed.

For the integrated case management component of AIEPI AINM-C, two flipcharts, one on maternal and neonatal health and the other on child health, have been reviewed by the MSPAS and URC and will be printed in the coming quarter. The improved diagramming and graphic design of the algorithms and protocols for women and children case management have required numerous meetings of the IEC/BCC team with the AIEPI AINM-C integrated case management (MIC) component. The children's protocol has been reviewed and finalized and will be printed shortly. Decision on the final maternal-neonatal/ family planning protocol are pending, as well as signing by the MSPAS and URC before printing. It is expected, however, that next quarter all AIEPI AINM-C MIC materials will have been printed and distributed.

As reported previously, coordination with other GTI-IEC members has been achieved so that we benefit from ordering a larger quantity of IEC materials. This quarter Unidad Ejecutora printed 700 sets 1, 2 and 3 of counseling cards, 700 vigilante notebooks and 700 of each situational room growth monitoring posters. The 700 sets were printed to overcome shortage of materials in Health Areas, due to increasing numbers of *vigilantes*. CRS printed 600 sets (1 and 2) of counseling cards, 600 vigilante notebooks, 20,000 vaccination guides, 20,000 infant and young child feeding guides, and 25,000 recall leaflets; Share printed 70 sets (1 and 2) of the counseling cards, *ProRedes*

*Salud* printed 700 sets (1 and 2) of counseling cards, Mercy Corps printed 30 sets (1 and 2) of counseling cards and Save the Children decided will be printing these materials next quarter. The *Unidad Ejecutora* also printed 700 additional sets of counseling cards corresponding to modules 1, 2 and 3, 700 vigilante notebooks, 700 weight-for-age graph posters and 700 situational room growth monitoring posters, to make up for some of the deficit due to more NGOs being hired by the MSPAS. The official launching of the materials for the AIEPI AINM-C strategy and materials has not taken place yet and it is now anticipated that it will occur next year, when we hope that the new government will embrace the AIEPI AINM-C strategy as one that builds on and strengthens the coverage extension process (formerly SIAS), especially in the prevention of child malnutrition.

The IEC advisor has continued to provide support to the AIEPI AINM-C and community participation components of Result 4. The community situational analysis room manual was printed this quarter and will be distributed together with refresher training of the 4-step (activation, assessment, analysis, action) community participation methodology next quarter. IEC/BCC trained *Calidad en Salud* first level facilitators in the use of a summary form developed to consolidate growth monitoring data at the community level, which in turn leads to the use of the community GMP poster and the selection of communities at nutritional risk. An Excel sheet to enter GMP summary data has been developed and will be tried in Chimaltenango next quarter. Communication for community participation was introduced in the community participation plan in the previous quarter, and communication plans drawn by District-Municipality teams will be used as the basis for radio spots.

### **IEC/BCC Training for AIEPI AINM-C**

In July, the IEC/BCC team together with the community participation component and the *Calidad en Salud* first-level facilitator in Chimaltenango conducted training of 28 rural health technician (TSR) students who will carry out their field practice in that Health Area. These students were trained in community participation and the first module of AIEPI AINM-C focusing on growth monitoring and promotion. They are now performing as facilitators/supervisors of *vigilantes'* performance of GMP at the community level in selected communities in Chimaltenango. These communities are being followed as "model sites" where, when more than 33 percent of the children in one community "do not grow well" the process of community participation should lead to activation of community organization, assessment and analysis of the growth monitoring data and a plan of action to implement solutions to the nutritional problem.

The IEC/BCC team has taken an active role in the monitoring of the training on the AIEPI AINM-C strategy, especially regarding growth monitoring and promotion procedures, the use of counseling materials, and the use of GMP summary forms. This quarter the IEC/BCC team participated in training of NGOs: MercyCorps, Share, PCI, and CARE (see data on AIEPI AINM-C training in Annex C). In addition, the IEC/BCC advisor participated in the training of Health Area teams (the Extension of Coverage Coordinators and the IEC Coordinators) in the AIEPI AINM-C monitoring and supervision system and instruments and conducted observations/ monitoring and supervision of training of *vigilantes* and GMP procedures.

Due to lack of time, the IEC/BCC team was not able to produce an updated version of the *Vigilante* Manual for review by the AIEPI AINM-C team, the MSPAS, URC and USAID. However, it is expected that both review and final production be conducted in the last quarter of 2003. (See additional discussion of AIEPI AINM-C activities under Result 4.)

As mentioned, IEC/BCC trained *Calidad en Salud* first-level facilitators in the use of a summary form developed to consolidate growth-monitoring data at the community level, which in turn leads to the use of the community GMP poster distributed this quarter.

### **IEC/BCC Monitoring and Evaluation for AIEPI AINM-C**

The revision of the *Extensión de Cobertura* information system indicators and forms to include the AIEPI AINM-C GMP indicators continued with active participation of the IEC/BCC team. In addition, the IEC/BCC team participated in the development of the monitoring and supervision system for AIEPI AINM-C -with FI supervising FCs and FCs supervising VS- and provided several instruments. Specifically, the IEC/BCC component contributed the following: inclusion of the community in the diagram of the system, summary table of the monitoring and

supervision system (“monitoring at a glance”), discussion guide for indirect supervision at monthly meetings, observation checklist for growth monitoring and promotion session, observation checklist for home visits, summary form to register *vigilantes*’ performance, guide for reviewing the *vigilante*’s notebook, observation of “situational room” and community participation steps – all of these instruments have specific instruction guides. Using some of these checklists, the AIEPI AINM-C and the IEC/BCC teams have continued to observe and provide feedback in GMP sessions conducted by *vigilantes* at the community level. Also, TSR students in Chimaltenango are using these instruments to monitor *vigilantes*’ performance.

Although growth-monitoring data is presented under Result 4 at the Area level, the unit of assessment of inadequate growth, analysis and action is the community, so that emphasis needs to be placed on community data (summary of *vigilantes*’ data at the sector level). Therefore, this quarter forms that were previously developed for the community facilitator (FC) to summarize growth-monitoring data for each community under his/her charge were revised and incorporated into the community participation strategy of the project, linked to the AIEPI AINM-C. Moreover, with the printing and distribution of the situational room poster on community growth this quarter, it became evident to AIEPI AINM-C how the FC needs to summarize the data by community, analyze them and identify local solutions where the problem of inadequate growth is more serious. In addition, with assistance from a *Calidad en Salud* consultant Alejandro Rizzo an Excel sheet to enter the GMP summary data and produce histograms akin to those in the poster has been developed and will be tried in Chimaltenango next quarter.

The agreement made by *Calidad en Salud* and PROSAN’s Luis Galicia (formerly in charge of growth monitoring and promotion in PROSAN) to conduct the analysis of growth monitoring data to serve as the basis for a meeting to evaluate the quality of the data, its usefulness for community participation under AIEPI AINM-C, and the 33 percent criteria (if more than 33 percent of children in the community do not grow well the community is at nutritional risk) has fallen flat due to Galicia’s leaving the program. The plan now is to collect *vigilantes*’ notebook (where weights are being recorded) at the beginning of 2004, when *vigilantes* are given a new notebook and have the data entered for computer analysis.

*Calidad en Salud*’s first-level facilitators collected data on the IEC AIEPI AINM-C materials for MIC through interviews (reported) with a convenience sample of ambulatory physicians, institutional facilitators and community facilitators. Their results indicate that only the recall leaflet for mothers of sick children was not available in more than half of the community centers included in this convenience sample. The rest of the IEC materials were reported to be present in over 50 percent of the community centers, with the counseling cards –which will be soon substituted by flipcharts- reported as present in 88 percent of the community centers (see Result 1).

### **Follow-up on the OR on Growth Monitoring**

Due to time constraints, the final report on the Operations Research on Growth Monitoring and Promotion in Ixil is still being finalized. As mentioned, this research was presented as a poster at the 5th International Conference on the Scientific Basis of Health Services: Global Evidence for Local Decisions that was held in Washington in September 2003. The research has also been accepted for presentation at the Latin American Nutritionist Society (SLAN) Congress to be held in November in Mexico.

### **Follow-up Survey on the 2001 Base Line**

The IEC/BCC component has participated in the analysis and discussion of the DHS 2002 (ENSMI 2002) results. A comparison of the results of ENSMI 1998/99 with those of the new ENSMI was performed in order to evaluate changes in the IEC/BCC related variables. The ENSMI 2002 was carried out from April to November 2002 and thus the results can, at best, indicate changes after just one year of the IEC/BCC strategy for family planning was launched in November 2001. This comparison shows that there has been a statistically significant (t test was used) increase in the percentages of women who report having been exposed to family planning messages through different media, during the 12 months before the survey, in the Northwester Region (comprises Huehuetenango and Quiché), for the indigenous ethnic group and for women with more education. However, the percentage of women reporting having seen messages in a poster increased significantly in almost all groups. These data suggest that initially the IEC/BCC strategy for family planning has had a primarily institutional focus while the community

component of the strategy is still weak. However, this situation is probably changing with the introduction of AIEPI AINM-C, especially with training in the third module, which includes family planning. (Complete comparison tables are presented in Annex G).

The IEC/BCC follow-up KPC (knowledge, practices and coverage) rapid survey will be conducted in the last quarter of 2003, two years after the baseline survey was conducted and the IEC/BCC FP strategy and materials were launched. The sample for the new survey has been drawn in the same manner as the sample in the previous survey: cluster sampling representative of the eight priority health areas. The same questionnaire used in the first survey will be used, with a few additional questions on specific IEC activities and materials.

## 2.2.6. Specific IEC/BCC Results for IGSS

The main achievement for IGSS was continued technical assistance and training provided to the new Chief of the IEC/BCC Health Communication Section that was established within the Communications Directorate of this institution and its personnel. Also, the Chief of the section was officially named as the *Calidad en Salud* counterpart, which will facilitate the processes of authorization, printing and distribution of IEC materials. Formerly, the Head of the Maternal and Child Health Section was in charge of authorizing these processes.

The IGSS version of the IMCI procedures manual was printed (1,000) and distributed this quarter. Family planning IEC materials such as the necklace (SDM) brochure was adapted for IGSS and 5,000 were distributed this quarter. Also, several posters were adapted to be used in the IEC/BCC strategy specific for companies affiliated to IGSS. AIEPI AINM-C materials are being reviewed by IGSS to adapt them to their needs.

### Constraints

Some of the same constraints identified during the second quarter of 2003 are still relevant:

- The difficulty in the implementation of the IEC/BCC institutionalization plan, especially at the central level, is still a problem. Although during this quarter both the Social Communication Unit and PROEDUSA's representatives attended all GTI-IEC meetings, they still are not committed to inter-agency and inter-sector coordination and providing leadership to the process. The Social Communication Unit feels that by participating in the GTI-IEC they are doing *Calidad en Salud*'s job, while PROEDUSA is focusing entirely on following the "Municipalities for Development" strategy, working through the Municipal Council, Municipal Planning Office and the Health Commission within that office, and feels that *Calidad en Salud* focus "only some programs" (namely, maternal and child health and reproductive health) is limiting.
- In support of PROEDUSA's Municipalities' strategy, the IEC/BCC team continued to provide direct training in El Progreso, Jalapa, Jutiapa, Santa Rosa, Alta Verapaz, Ixcán, Suchitepéquez, Escuintla, Totonicapán, Quetzaltenango, San Marcos, and Retalhuleu this quarter. These training activities altered our work plan delaying the completion of several products and also increased the number of IEC materials required to cover different audiences.
- Despite the fact that annual planning of all six workshops to be held this year with 26 IEC Area Coordinator was submitted to the MSPAS at the beginning of the year, PROEDUSA had been reluctant to authorize these workshops to have IEC Health Area and District Coordinator focus entirely on the "Municipalities for Development" strategy. The first of these workshops was scheduled for October 2, so that IEC Coordinators can participate in the adolescents' reproductive health fair on October 3.
- As UPS1 signs more contracts with NGOs or modifies existing ones, the initial numbers of community health workers have increased. This has made the *Unidad Ejecutora* print 700 additional sets of materials and the IEC/BCC team to make a requirement to URC/*Calidad en Salud* and USAID to print additional quantities of materials. Exact numbers from Health Areas and quotations from providers were finally obtained this quarter, but the authorization process was delayed.

- Despite efforts and successes at coordination within the GTI-IEC level, Plan International has independently produced a flipchart for traditional midwives, with the authorization of AIEPI AINM-C Technical Coordinator and UPS1. Neither the GTI-IEC or *Calidad en Salud* were involved in its design, revision or production; nor were the MSPAS Social Communication Unit or PROEDUSA. However, all of the drawings developed by *Calidad en Salud* were used (some were not the final versions). Furthermore, the GTI-IEC had been working together with the Population Council in the development of a smaller (portable) flipchart for midwives and training manual with a focus on male participation in reproductive health. The latter had been extensively tested with midwives in Patzún. It is unclear the MSPAS flipchart was field tested at all, and the size of it is not appropriate for midwives to carry with them during prenatal visits. The Population Council flipchart had been presented to MSPAS authorities in August, when no mention was made of the Plan International flipchart.
- Following a workshop conducted by Action Against Hunger from Spain in July 16-18 (attended part time by the IEC/BCC advisor) on early warning systems through nutritional surveillance, PROSAN is presently training *Extensión de Cobertura* personnel in the conduction of nutritional surveys of weight and height of children under 5 years of age and using EpiInfo 6 (EpiNut) to analyze the anthropometric data. PROSAN has asked Extension of Coverage Coordinators to load the programs in the computer, collect anthropometric data, and enter the data for monthly nutritional surveillance. Another Action Against Hunger and PROSAN workshop is schedule for October to present guidelines for the treatment of malnourished children; the Nabarro table and the weight-for-height anthropometric indicator will be revisited as the one used to detect malnourished children to be referred to rehabilitation centers. These guidelines run counter to AIEPI AINM-C growth monitoring and promotion procedures and tend to confuse Extension of Coverage personnel, especially because the Director of SIAS signed the invitations to participate in the workshops by PROSAN, underscoring the larger problem of lack of coordination within the MSPAS. The situation also shows that, despite the operations research results and the new growth monitoring norms, PROSAN is not fully supportive of AIEPI AINM-C.
- The late allocation of funds to NGOs continues to be mentioned as a problem by institutional facilitators in some of the areas where training and performance has been observed. In addition, community centers are reported to be lacking medicines for integrated case management, community facilitators are not always paid their salaries, and some *vigilantes* have not been paid their stipends, which has caused them to resign. The latter has happened in Ixil, where growth monitoring was discontinued in most communities.

### 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

#### 2.3.1. Logistics Results

During the third quarter of 2003, *Calidad en Salud* continued to work together with organizations providing family planning services to the population of Guatemala, especially with the MSPAS, IGSS and other NGO's that make up the outreach program, in the process of on-going improvement to the logistics systems.

This has been a very productive quarter for the logistics component during which numerous activities and products were successfully finalized and delivered.

During this quarter, the principal accomplishments were: a) continued training in logistics administration, b) continued implementation of computerized logistics information systems for the MSPAS and IGSS, c)

implementation of technical support field visits to the logistics personnel from the DAS, d) continued activities that form part of a contraceptive security initiative in Guatemala, and e) linking with other organizations and units within the MSPAS, such as FNUAP, HIV/AIDS, UPS1, SIGSA-SUI, and the POLICY project

Because the achievements are numerous and they themselves subdivided into several components, in this report they are organized into six main areas (support to logistics staff, training, planning and coordination, logistics management information systems, contraceptive security initiative, and limitations).

### **Support to Logistics Staff**

Obtaining the support of and commitment from logistics staff at all levels is a crucial element for ensuring an adequate distribution of contraceptives. Within the MSPAS, human resources are limited, in many cases the same staff member attends to numerous activities, thus, minimizing the time available for improving logistics management of contraceptives. Thus our goal has been to promote the importance of contraceptive logistics management for obtaining better levels of health for the Guatemalan population. With this aim in mind and in order to improve and promote teamwork at the central, DAS and health post levels, the following activities were carried out during the second quarter of 2003.

- **Physical Inventory of Contraceptives:** During this quarter, the report for the national level inventory of the month of March was generated and it included additional tables presenting indicators of the levels of stock at the national, DAS, district, and health post levels. The inventories reported were used to update the Pipeline in preparation for the year 2004 CPTs. In general, the national inventory of contraceptives of the month of March 2003 revealed a significant improvement in the levels of stock by method and level as it was reported in the 2nd Quarterly Report.

Equally, during this quarter, the field work for the second national inventory of the month of September was carried out and this time around a newly improved data collection form was utilized with an enhanced user friendly format and guide. *Calidad en Salud* inventoried the DAS of Ixil, Quiche, Solola, Chimaltenango, Sacatepequez, El Progreso, Jalapa, Jutiapa, and Santa Rosa. In addition, a simple-to-use program was developed for generating the indicators' report once the data is entered into an Excel spreadsheet.

In previous physical inventories, *Calidad en Salud* provided technical assistance to the PNSR in all phases of the inventory (fieldwork, data entry, data processing, and report generation). This time around the aim was at institutionalizing the inventory process within the PNSR. The PNSR and *Calidad en Salud* provided hands-on training in data processing and tabulation utilizing while continuing to build the in-house capacity for generating the inventory reports in the future management of all phases of the inventory.

In addition, *Calidad en Salud* supported the Maternal and Child Health unit of IGSS in the implementation of a national inventory of contraceptives in close coordination with the unit of internal auditing. All 42 IGSS' units were inventoried.

- **Consensus Building:** *Calidad en Salud* takes advantage of every opportunity to make a consensus building presentation to different staff levels within the MSPAS working in logistics of contraceptives. This presentation focuses on the importance of the logistics of contraceptives for an effective and efficient family planning program and stressing the point that "without product there is no program". In the presentation, the trends in population growth in Guatemala, contraceptive prevalence, and in the decline of fertility were highlighted, as well as the importance of providing safe and good quality family planning services to the population of Guatemala. A perspective on population growth versus the ability of nations to provide basic services to their citizens was included. The curricula utilized for this presentation was developed by *Calidad en Salud's* logistics team and it was presented during this quarter on several occasions: a) at all training in logistics management for IGSS personnel and b) to personnel from the NGO's of the coverage extension program that participated in the installation and training of the logistics module component of the SAMIG. The presentations were well received by a very active audience. For example, during the IGSS presentations, participants identified the possible problems that could exist should IGSS decide not to provide family planning services to the female relatives of male members.

- Field Logistics Support Visits: During this quarter, *Calidad en Salud* participated in fields logistics support visits to the areas of Ixil, Peten Norte, Sayaxche, Quetzaltenango, San Marcos, Escuintla, Izabal, Zacapa, and Quiche. These visits were very productive and led to several achievements worth mentioning: a) assistance was provided for entering the necessary information into the LMIS, b) reinforcement was given on how to properly complete the BRES and Daily Registry of Real Demand, and c) detected leakage of medroxyprogesterone in San Miguel Ixtahuacan in the district of San Marcos.
- Pipeline Control System: Assistance was provided to the PNSR in updating the Pipelines system's database and in the generation of the Pipeline report.

### **Training (See Annex C)**

As with the previous quarter, this one equally has been a training intensive quarter.

- Training in Logistics Management of Contraceptive Supplies to IGSS Personnel: *Calidad en Salud* developed a tailored made curricula specifically for the IGSS logistics system and based on the norms stipulated in the logistics manuals. 127 staff members in charge of logistics of contraceptives and medicines were trained through six two-day training sessions, among the trained were store keepers, nurses, doctors, and top level executives and directors from the institution.
- Training in the use of the Logistics Module for NGO Personnel: *Calidad en Salud* provided technical assistance to the SIGSA-SUI for the adaptation of the MSPAS's Logistics Module to serve as a tool for monitoring logistics management of contraceptives and medicines for the Extension Coverage Program. Further more, *Calidad en Salud* participated during the four week long training program for the NGO staff (see Support Systems section of this report for more detail).

### **Planning and Coordination**

*Calidad en Salud* has carried out and coordinated numerous logistics related activities with the following institutions and programs :

- FNUAP: *Calidad en Salud* has coordinated with FNUAP all training activities for IGSS. In addition, both *Calidad en Salud* and FNUAP have joined resources (human and financial) for providing additional refresher training in the use of the logistics module for DAS personnel in the areas of Quetzaltenango and Guatemala.
- SIGSA/SUI: Coordination of activities for training and refresher training to DAS and districts in the implementation of the Logistics Module. A consultant programmer from *Calidad en Salud* has been working in expanding the reporting capabilities for measuring stock level indicators (included in Monitoring and Evaluation section of this report).
- Instituto Guatemalteco de Seguridad Social (IGSS): *Calidad en Salud's* logistics team has worked closely with the IGSS logistics staff in four main fronts: a) in continuing an induction process for the new personnel and counterparts that included detailed training in the use of the Pipeline software, b) in initiating a contraceptive security initiative (see Contraceptive Security section of this report), and d) LMIS development (see LMIS section of this report).
- HIV-SIDA: *Calidad en Salud* has participated in numerous meeting with staff from the PNSR and HIV-AIDS project and has provided technical assistance for defining the protocol for monitoring delivery of condoms destined for use by sex workers and that is being pilot tested in the areas of Guatemala, Escuintla, and Izabal.
- Internal Auditing of the MSPAS: *Calidad en Salud* coordinated with internal auditing in order to follow up on the occurrences of leakages of Depo Provera. In addition, a batch of medroxyprogesterone was found solidified as reported by the area of Huehuetenango. PNSR is taking precautions to detect these types of

occurrences while receiving the product from the donor organizations so that it is properly reported at that time.

- In addition, the logistics team of *Calidad en Salud* attended to the regional conference on secured availability of contraceptives that took place in Nicaragua with the participation of representatives from 9 nations. Lessons learned are already being applied.

### **Logistics Management Information Systems**

In order to empower decision makers and administrators to make better decisions concerning amounts of contraceptives, *Calidad en Salud* has been working with the SIGSA-SUI of the MSPAS in the development of a simplified logistics management information system (LMIS).

*Calidad en Salud* assisted the SIGSA-SUI in refresher training sessions for DAS of Quetzaltenango, Solola, and Guatemala. In addition, *Calidad en Salud* has been providing technical assistance for properly debugging the logistics module and for expanding the reporting capabilities so that all stock level indicators can be properly monitored through the system. In order to enhance *Calidad en Salud's* ability to provide on-site technical support in the implementation of the LMIS, the Area Facilitators received hands-on training in the proper use of the LMIS. This training was provided jointly by *Calidad en Salud* and the SIGSA-SUI.

The logistics module for IGSS has a very specific scope; it has been designed and developed to provide decision makers at the Maternal and Child Health unit with the ability to monitor patterns of consumption and distribution down to the unit level and to assess stock levels at any given point in time. During the previous quarter, the system was installed in IGSS and a short orientation was provided in its use. A detailed training of the staff was postponed to a later date at the request of the director of the Maternal and Child Health unit due to changes in leadership within the organization. Consumption information for the last nine months and stock levels reported by the national inventory were input into the system. The system will complement the Pipeline as a tool for decision making. While the Pipeline aids in assessing past, present, and future trends in demand at the national level, the LMIS further expands this ability allowing the monitoring of trends down to the departmental and unit levels.

### **Contraceptive Security Initiative**

*Calidad en Salud* began to work as part of a Contraceptive Security Initiative in Guatemala during the last quarter of 2002. During the third quarter of 2003, several activities were accomplished despite delays encountered due to the numerous staff changes within IGSS, and the MOHP including within the PNSR. These advances are detailed below:

Contraceptive Procurement Tables: In preparation for the 2004 CPTs, *Calidad en Salud* provided assistance for the implementation of national level inventories at the warehouses of the MSPAS and IGSS. The Pipeline databases of both institutions were properly updated.

Financing: Up to this date, the MSPAS has paid UNFPA U.S. \$189,000 that represents a 20% contribution to the total value of contraceptives required for the year 2003 and as stipulated in the agreement UNFPA-MSPAS. This amount corresponds to the original agreement amount of US \$106,000 and to a later amendment to the agreement in the amount of US \$83,000.

In relation to IGSS, the advances in terms of financing of contraceptives can be described as follows:

- An amount of US \$180,000 was assigned to the department of Stocks and Supplies (*Existencias y Suministros*) for the whole purpose of purchasing contraceptives.
- For the first (emergency) shipment, IGSS paid the bill submitted by UNFPA in the amount of US \$2,100.

- IGSS has processed payment of an additional bill in the amount of US \$11,850 for the second shipment, and has begun securing funds for paying UNFPA a third and final shipment for the year in the amount of US \$21,350.
- Three meetings were held with personnel from the Maternal and Child Health unit, Internal Auditing, Stocks and Supplies, Budget, and *Calidad en Salud* with the purpose of evaluating and streamlining the financing process for contraceptives.

Projections of Contraceptive Needs: Projections were developed for the country as a whole utilizing population and demographic parameters, and for each organization (MSPAS, IGSS, APROFAM, NGOs) based on history of consumption by method. During this quarter, the projections were updated utilizing population data from the census and presented to a wider audience during one of the meetings of the potential members for the contraceptive security commission.

Contraceptive Security Commission: The Governmental Agreement for the creation of a Contraceptive Security Commission was revised once more based on additional recommendations made by the department of legal counseling (*asesoría legal*) of the MSPAS. The recommendations included the elaboration of a more specific set of objectives (motives) for the formation of the committee that was developed by the POLICY project. Today the new version of the governmental agreement has been signed by the Minister and soon will be sent to the President's office for final approval.

*Calidad en Salud* assisted the National Reproductive Health Program in hosting two very successful meetings with colleagues that will be integrating the contraceptive security commission. During the first meeting, global and organizational projections were presented emphasizing the growing demand for family planning services and the cost associated with it. The main topic of the meeting was the advantages in terms of child and maternal health indicators generated by an increment in the interval of births.

During the recent meeting, the participants were updated in the long road to processing the governmental agreement that will give legal status to the contraceptive security commission. Three topics of vital importance were discussed: a) politics, b) market segmentation, and c) financing.

Basic Listing of Medicines: The MSPAS uses a basic listing of medicines which according to PAHO, USAID, and UNFPA, is not yet an official standard organizational basic listing. The reason for this is that all the 26 areas utilize their own individual listing, and standardizing it into one, continues to be a challenge. The PAHO was providing assistance for standardizing the list and presented a plan early in the year to the MSPAS, but results of their efforts have not yet been seen. At a recent meeting within the MSPAS, the standardization process was re-assigned to Dr. Manuel Zeceña director of the monitoring, supervision, and evaluation unit. A meeting was to be held so that all technical expertise available could participate. The calling to the meeting has not yet taken place.

Due to these delays, the PNSR has advanced on its own, and has begun to develop a basic list of medicines and contraceptives specific to the PNSR.

At IGSS, the basic listing of medicines was updated in the year 2002 with technical assistance from WHO, and contraceptives were included.

Contraceptive Procurement Guide for the MSPAS: *Calidad en Salud* is developing a guide to aid the personnel of the PNSR in implementing all the relevant procedures for successfully completing the procurement of contraceptives through agreements with the donor community. The guide includes step by step and best practices to effectively complete all procurement process including contraceptive needs projections, obtaining financial resources, requesting a purchase to the provider, follow up on shipments, receipt and registration of shipments, and making final payment to the provider.

Assessment of Procurement Capabilities of the MSPAS: *Calidad en Salud* is in the process of documenting the activities that led to the creation of the contraceptive procurement guide and the overall capabilities of the MSPAS in performing procurement activities with the donor organization. Until now, technical assistance from *Calidad en*

*Salud* and UNFPA have led these processes. The assessment will include a detailed analysis and revision of the Law for Procuring and Contracting of the State, particularly in the sections related to: a) general procedures, b) competent organisms, c) bidding, d) budgeting, e) contracts, f) payments, g) insurance, h) registration, and i) prohibitions and sanctions.

## **Results**

The activities implemented during the quarter have led to significant improvements of the logistics infrastructure of the MSPAS and IGSS. Personnel continue to improve their skills, a fact well demonstrated by their high levels of commitment observed during the implementation of the activities mentioned in this report and as described below:

- Key staff members from IGSS actively participated in all the training sessions and on their own have initiated the meetings for streamlining the financial process. In addition, the organization's national inventory was carried out with limited intervention from *Calidad en Salud*.
- Staff from the PNSR as with the previous inventory, took the lead in the implementation of the September 2003 National Inventory of Contraceptives.
- Staff from both the PNSR and IGSS have actively participated in drafting their own plans for a contraceptive security initiative.
- Staff from the SIGSA-SUI has begun working with technical assistance from *Calidad en Salud* in the adaptation of their logistics module so that the NGOs for monitoring their stocks, consumption, and distribution levels of contraceptives and medicines can use it.
- The staff at the PNSR has been very involved in processing the Governmental Agreement and has provided valuable input for improving the content of it.
- The staff from the PNSR has been actively involved in hosting the two meetings with partners for the contraceptive security commission.
- A good working relationship has been established between the staff of the SIGSA-SUI and the PNSR. This has been demonstrated in the implementation of the logistics module.
- Conscience levels have been raised. Very strong participation was observed during the discussions generated by the presentations for building commitment and for presenting the results of the projections of future contraceptive needs (2003-2008).
- Significant improvements in stock level indicators as reported by the national inventory of contraceptives in IGSS.

## **Limitations**

- The main constraint to programming and carrying out activities in logistics continues to be the limited availability of resources in local organizations. For this reason, some activities have to be re-programmed, which delays implementation.
- The recent changes in the leadership positions within the MSPAS and IGSS have been responsible for the delays in meeting target and deliverables on time. The reason has been that with the changes, the new personnel have had to be re-trained and re-educated about plans, progress thus far, and upcoming activities.
- Supervision continues to be a challenge; the Supervision, Evaluation, and Monitoring Unit of the MSPAS faces significant challenges. Limited human resources find it hard to monitor an array of medicines, products, and contraceptives.

- The PNSR still cannot count on the unit's ability to perform on-going supervisory visits to over 1,200 service delivery points and additional warehouses across the country.
- Passive resistance has been noted among users of the newly developed and distributed LMIS within the MSPAS. The main fear is that the staff will be more closely monitored by the SIGSA-SUI and could easily be held accountable should any abnormality in the adequate distribution of contraceptives to clients. The system will now easily spot occurrences of leakage.

## 2.3.2. Monitoring and Evaluation Results

### Introduction

During this quarter activities were mainly directed at implementation and training of NGO's from the eight priority areas in the SAMIG module of provision of services and logistics, and the evaluation of AIEPI AINM-C systems monitoring implementation.

### Quarter Objectives of the Monitoring Sub Component

- Continued support for the MSPAS (UPS1-SIGSA) development and validation processes of the module of provision of services, logistics and SAMIG financial management
- Continued Supervision, Monitoring and Evaluation of the AIEPI AINM-C system, along with the incorporating of this system into the local level's *sala situacional*.
- Reviewed, updated and standardized monitoring of activities and project indicators system, including the extension and the new research norms. This in order to provide better feedback to the different components for report drafting, and reprogramming of resources and activities.

### SAMIG

The development, modification and implementation of the SAMIG modules for services offered and logistics were completed in the eight priority areas. It was implemented in 51 of the 56 NGO's that have been contracted by the MSPAS in the designated areas. 126 individuals from these organizations were also received training. (See Graph 1). These 51 include the 8 NGO's that will act as pilots for the 2003 certification period. Referral and communication systems between UPS1 and SIGSA were strengthened. The process of application institutionalization is in its final phase, which strengthens the Extension of Coverage Process and therefore also MSPAS in its information management ability, and finally in the decision making process at the management level.

**Table 28: Trained staff in the use of SAMIG by health area**

Health Area	NGO Trained Staff <sup>2</sup>
Totonicapán	11
Quetzaltenango	22
Huehuetenango	31
Sololá	12
Chimaltenango	11
San Marcos	12
Quiche	22
Ixil	5
Total	126

### **AIEPI AINM-C**

#### **AIEPI AINM-C Monitoring System**

The staff from the eight DAS was trained in the definition, consolidation and use of the 34 indicators, classified into three categories: quality (6), supervision (8) and monitoring (20). A total of 37 individuals were trained, among them medical doctors, professional nurses and extension of coverage coordinators. The indicators were discussed with the staff from the eight DAS, and agreement was reached with the NGO's as to the socialization, and the previous officialization of the group of indicators by UPS 1.

In coordination with the AIEPI AINM-C team and as part of monitoring of strategy activities, coordination meetings were held with the eight DAS teams. The meetings' main findings were that only 50% or 4 of the DAS have socialized the indicators with the NGO's. The other 50% were waiting for the officialization from the group of indicators that are part of the UPS 1. There have also been few visits to the growth monitoring sessions made by the *vigilantes*.

It was agreed that the first level facilitators would make monitoring visits to the weighing sessions and to the MIC meetings, using the methodology and instruments they have learned from the facilitative supervision component for the community level. At the same time the facilitators are committed to collecting data and the working with the extension of coverage coordinator, information required to create indicators.

The collection and consolidation of the instrument "Current Standing of MIC"<sup>3</sup> was supported. This instrument assisted in the collection of the following: information related to the application of the protocol for the integrated management of cases by MA's and FC's and the preparation of protocols for both women and children, IEC materials, the team, the medicines and family planning methods needed to be able to correctly apply MIC. The findings show that there is a lack of all supplies and resources necessary to adequately apply integrated case management.

There was monitoring of the *vigilante's* notebook entries and it was found that the main problems were: a) the absence of, or incomplete filling out of the heading; b) the inability to register more than 20 children (in some cases the VS have more); c) no date of first monitoring session (necessary to calculate the age by months of the child); d)

<sup>2</sup> The trained staff from each NGO is made up of auditors, data entry personnel and in some cases includes a legal representative.

<sup>3</sup> The information collected is a random sample from approximately 10% of the existing community centers in the 8 priority areas. For this reason results cannot and should not be generalized.

inexact figure for the age of the child: e) lack of weight in ounces noted; f) inaccurate calculation of the expected weight and g) wrong classification and entry (grows well, does not grow well) calculated.

## **IO-AEC**

There was an accompanying proposal that resulted that was developed based on the indicators that the operations research team developed. The proposal was derived from working meetings between the research director and the related parties from MSPAS and *ProRedes Salud*. (Further detailed in the IO AEC-PS section).

## **Plans for the Future**

Plans for the future include the conclusion of the SAMIG implementation process, the training and implementation of the Financial Module in all the NGO's that work in the eight priority areas through and in conjunction with MSPAS (UPS1-SIGSA) and based on the agreements and already established plans with UPS 1 and SIGSA. Plans also including partnering with and advising the MSPAS in the SAMIG empowerment and monitoring process.

Activities also will include training the staff at different levels from the eight priority areas in the use of the AIEPI AINM-C strategy monitoring indicators, for decision making at the local, district and health area levels.

In conjunction with the community participation component, develop a plan for the use and analysis of the AIEPI AINM-C monitoring indicators in the *sala situacional* so as to develop local action plans that can offer solutions to important health problems.

## **Limitations**

Although there has been considerable improvement in staff participation from the MOH in the activities proposed by the project, there are still limitations (human resources, economic and logistical) to achieve a more efficient and effective participation of said staff.

## **2.3.3. Planning and Programming Results**

### **Introduction**

*Calidad en Salud* and the *Unidad Ejecutora*, in conjunction with the PNSR, have worked on the implementation and execution of the actions and activities of the Agreement.

During the third quarter, the focus of the activities has been geared toward strengthening management in areas and districts, and the improvement of general planning and coordinating. There have also been monitoring, evaluation and control activities. These activities and actions are detailed as follows:

- Meeting to review the progress achieved for the I semester activities and make program adjustments of the outline for each component for follow up and implementation of actions for the II semester. This was all communicated and socialized for the Health Areas.
- Follow up with the POAs for the I, II y III quarters (2003), while reviewing the technical and financial actions executed. Special emphasis given to the 8 priority health areas in the 7 States of the western highlands.
- Meetings were held with the UPE for the express purpose of integrating the components of the Agreement into one Operational Planning strategy to serve Central and Health Areas.

## **Planning and Programming Objectives**

The objectives of the planning and programming component are as follows:

- Improve the Operational Planning and Programming process of the MSPAS by carrying out a unified implementation of the activities programming and the POA of the MSPAS with regular funds, for the year 2004.
- Achieve the institutionalization of the components in the Agreement, by systematizing and standardizing guidelines for technical and financial programming based on MSPAS policies, objectives and priorities.
- Follow up of annual and quarterly programming and budget for 2003 for activities of each component of the Agreement, and take necessary corrective measures in a timely manner.

## **Results**

### **Development of Management Capacity Building Plan, which Integrates Principles of Quality Management**

The MSPAS, with the support of *Calidad en Salud* has found that a key element for the institutionalization and sustainability of the activities supported by the program is the strengthening of the management capacity of the health actors with an emphasis on quality, mainly in the districts of the 8 areas, where the personnel manages the actions directly.

The Management Capacity Building plan will be designed in conjunction with staff from *Calidad en Salud*, the Ministry of Public Health and Social Assistance, and possibly the Rafael Landívar University, and it shall include: training, follow up, tutorials, resource availability and self study as well as supports for distance learning.

There has been a communication plan and socialization of activities for the directors from the MSPAS, as well as for staff from OPS/OMS. These activities include human resource management, program directors and the national immunization program.

The new staff from the DGRVCS and the MSPAS Program Directorate, familiar with the PNSR/UE/CS proposal to strengthen Management Capacity Building and specifically OPS/OMS for the national immunization program, have requested that both proposals be integrated so as to give an integrated management focus that covers all the programs. This will allow better management of the actions at district as well as area levels.

A workshop with directors from the 18 MSPAS procedural technical programs was held so as to motivate and socialize *Calidad en Salud's* proposal for the Management Capacity Building Plan, also supported by PNSR/UE. The workshops findings coincided with those of Dr. Bernardo Ramírez. The program directors were also in agreement as to the inter-program benefits the implementation of this plan would offer.

The plan is geared towards the area director and team (epidemiologist, nurse, administrator, statistician, health technician) and the district director and team (professional nurse, person in charge from IEC or health technician). It will initially cover the areas covered by *Calidad en Salud*, and progressively expand.

## **General Planning**

During this quarter, *Calidad en Salud*, the UE and PNSR, implemented the following activities in order to comply with the operational planning objectives of the Agreement within the various units and programs of the MSPAS and in the Health Areas. The activities include the following:

- Preparation of the terms of reference for hiring a budget consultant to support the MSPAS in the review and redesign of the MSPAS budget formulation process. This process will also be reviewed by personnel at the central and Health Areas level. Specific objectives are as follows:
  - Carry out an analysis of critical areas of public health financing in Guatemala, with particular emphasis on the limitations derived from the budget formulation process, its negotiation and adjustment to the annual operational program.
  - Identify the stages of the budget cycle, in its current form, pointing out the components and steps that need adjustment or improvement.
  - Formulate a methodologic proposal for the redesign of the budget process, its validation, regulation, and accompaniment.
- Review and adjustment to the program for the II semester of 2003. Send guidelines of each component to the Health Areas and carry out accompaniment to the Quetzaltenango, Ixil, Quiché and Sololá areas. The *Facilitadores de Área* and those at the primary level participated in this process.
- Preparation of the Planning Guidelines annual 2004 document, which includes the different stages of Plan elaboration.

### **Monitoring, Evaluation and Control**

An analysis was made of the technical and financial execution of the programming for the areas by component, observing a greater technical execution in the PF component in areas such as Quiché, (100%) Sololá, (93%) Ixil, (75%) Chimaltenango, (75%) Quetzaltenango (72%), and Totonicapán (29%). Nonetheless, it was found that there is a proportionally inverse relationship between the technical and the financial in areas such as Chimaltenango, Sololá and Quetzaltenango. The Totonicapán area has seen the lowest financial execution rate in this component, (11%).

In the clinical IMCI component in areas of Chimaltenango, Sololá, Quiché and Ixil there was better technical execution of the actions (100, 91 y 77y 68%) respectively, but there were difficulties in the financial execution 31, 42,19 %, except in the Ixil area, (100%)

The AIEPI AINM-C and IEC components have seen an average execution in terms of percentages due to time of initiation of implementation of the strategy and the materials and training modules, but there is notable improvement in the technical and financial execution.

In general, areas of Chimaltenango, Sololá, and Ixil saw better technical execution in the main components (family planning, clinical IMCI, community IMCI and IEC), followed by Quiché and Quetzaltenango. At the half way mark stand San Marcos and Huehuetenango, and last is Totonicapán

The UE and CS have offered technical as well as financial support and support to the area teams at the central and local level, to ensure that the actions achieve the expected results, as planned.

### **Coordination**

*Calidad en Salud*/URC coordinated and was acting host for the visit from the Ambassador from the USA, John Hamilton, the Director of USAID, Glenn Anders and the Health Official from USAID, Dr. Baudilio López, to Guatemala, expressly to the community of Chulumal III, Chichicastenango, Quiché. The visit was intended to highlight the Extension of Coverage Services offered by CCAM, a non government health organization (NGO), to learn how maternal and child health services are provided and to witness the *Sistema Integrado de Atención en Salud* (SIAS) in action. Also attending said visit were the Director of the Area, of the District, of the NGO, the Basic Health Team (FI, MA, FC), and the population receiving services. All were congratulated for the work being done to benefit the population.

*Calidad en Salud* and the UE continued their bi weekly meetings as partners, including the SMN (JHPIEGO) Project and the National Reproductive Health Program, to plan, coordinate and communicate the different actions carried out by the teams from each component. Which in this quarter include: the follow up points for activities programmed for 2003, the changes to the program, the guidelines and the requests to the areas for the programs for the II semester and IV quarter, and the elaboration of the *anteproyecto* from POA 2004.

## **Special Activities**

### **Plan for Strengthening the Quality of Health Services (Institutionalization Plan)**

URC/*Calidad en Salud* continues the implementation of the Institutionalization Plan for Strengthening the Quality of Health Services; this activity has seen a continuation of the CS Operative Team, in which the Quality Assurance modules have been developed with the support from the *Facilitadores de Área* and of the primary level. The purpose of these modules is that they be replicated in the Technical Team and Technical Area Board meetings within the districts.

## **Limitations**

- The DGRVCS, and the PNSR do not agree with having the programming monitoring meetings, guideline reviews, adjustments and POAs advances with the health areas on a quarterly basis. This has limited the evaluation of the technical execution and the identification of components' needs and supplies at the district level, for their execution.
- Lack of involvement from the UPE to define a uniform program of the Agreement's POA, and program guidelines with regular funds for the institutionalization of actions.
- Lack of definition and consensus between the RRHH Directorate and the MSPAS Regulation and Program Management Directorates, making implementation from the Management Plan in the districts and areas not viable.
- Lack of improvement mechanisms in the management systems to make the provision of mother child services more effective.

## **2.3.4. Supervision – Facilitation Results**

### **Introduction**

At this point the program, the supervision component needs to extend its coverage and offer more support to the DAS, districts, posts and community personnel. To this end, an agreement has been developed in three stages: training, tutorials and supervision. During previous years, activities focused on investment in resources and great effort in the design of procedures, strategies and methodologies. The majority of the activities have been developed in order to enhance technical skills in the management of clinical, administrative and procedural norms. To this end a large number of personnel in the health services, and in the management of these services have been trained. At this time efforts need to focus on supporting the Ministry of Health in order to assure that personnel can fulfill these goals (through facilitative supervision) and therefore continually improve the quality of services delivered.

In this quarter the editing and graphic design process for the institutional level instruments has been completed. In regards to the community system, personnel from the DAS responsible for the promotion of the AIEPI AINM-C strategy at the community level, facilitative supervision, and the instruments to be used, also received training.

## **Editing and Design of Supervision Instruments**

The editing and design phases of the supervision system at the institutional level have been completed, and its instruments are in the process of being approved for its final printing.

Concurrent with the approval of the system's documents, an activities plan to be carried out in the DAS has been created in conjunction with USME to update facilitative supervision and to ensure the delivery of the final supervision tools.

This plan includes carrying out an activity in each DAS during a meeting of the technical board, with the added benefit of reaching the district director at the same time. As a result at the end of each of these meetings, each technical team from the area and each district director will have the updated supervision tools and will be able to commit to carrying out at least one more supervision activity during the current year, using the tools that they have available.

For the development of these supervision activities USME and *Calidad en Salud* will support and accompany the DAS and district teams where it is necessary.

## **Supervision, Monitoring and Evaluation System at the Community Level**

The content and methodology for the training of trainers in the AIEPI AINM-C strategy was designed. The design included a conceptual framework of the new focus (facilitative), multiple examples, a practical component for using the instruments and applying feedback techniques, and a quick solution methodology for problems using the analysis matrix and solutions.

### **Training (See annex C)**

#### **Carrying Out Training of Trainers (TOT) Activities**

The training of trainers workshop on facilitative supervision for the community level was developed with a specific focus on the AIEPI AINM-C strategy. Among the participants were representatives from the DAS of the Agreement, and first level facilitators from the UE and *Calidad en Salud*.

At the end of this workshop it was agreed that each DAS will replicate this activity in the districts (with coverage extension) with MA, FI and FC. It was also agreed that after the tutorial in MIC and PP, at least one facilitative supervision activity will be performed by each of the actors (NGO, MA, FI and FC), during the current year. These activities will also be accompanied by the *Calidad en Salud* team if needed.

#### **Training for the USME Team**

As part of the training for supervisors for USME requested by Dr. Manuel Zeceña, a 4-day basic course in Microsoft Office and Windows was developed. This activity is considered a prerequisite for the use of the spreadsheet that will be used to consolidate the incoming information from the supervision activities. This activity was considered necessary given the limited skills of the supervisors in Microsoft Programs.

#### **Support Training for NGO's from Alta Verapaz**

In support of the Alta Verapaz Health Directorate and its districts, there was a training of the NGOs *Plan Internacional*, CRS, CARE, on the AIEPI AINM-C strategy that include the facilitative supervision component. The same content designed for the 8 DAS from the Agreement was developed for these groups. They also received the Methodology guide and the proposed supervision tools for the system.

## **Consultancy by Dr. Consuelo Juárez of Engender Health**

Dr. Consuelo Juárez, consultant from Engender Health, continues to carry out at a distance consulting for the facilitative supervision component. Currently, Dr. Juárez is reviewing and updating the Engender Health Facilitative Supervision Manual, so that it may be used by the MSPAS as a reference manual and training guide.

### **Limitations**

The human resources needed to develop a follow up of the community supervision system is very limited. It has been proposed that a consultant be engaged, as well as additional support from *Calidad en Salud* staff be provided.

## **2.3.5. Financial Management and Administration Results**

Within the financial management and administration component, *Calidad en Salud* supported the use of budgeting norms and best management practices to regulate counterpart funds, such as the purchase of goods and services using various methods (petty cash, revolving funds, and payments through requests for administrative action), at the central and local level. To this end, the internal controls implemented have contributed so that corrective, effective and efficient measures can be taken if the actions or results anticipated do not fall within the programmed goals.

The objectives for the Financial Management and Administration Component include the following:

- Provide technical support to staff of the *Unidad Ejecutora*, the MSPAS and the eight priority Health Areas of the Agreement, in order to ensure compliance with the norms and procedures related to administrative and financial processes and the management of government counterpart funds.
- Facilitate the development and implementation of an accounting system for the registration and control of counterpart funds.
- Monitor administrative and financial interventions, at the central and area level, in conjunction with the UNDP.

### **Results**

The following is a description of the interventions implemented during this quarter in order to achieve the above-mentioned objectives.

#### **Supervision and Monitoring**

Supporting documentation and compliance to norms and administrative procedures of the *Unidad Ejecutora* and the eight priority health areas of the Agreement that ensures the purchase of goods and services with counterpart funds using various methods (petty cash, revolving funds, and payments through requests for administrative action), was verified and reviewed. As a result of said review it was found that problems described in previous reports still exist, including, among others: failure to define technical specifications; companies quoting prices for required goods and services that in reality, they are not able to provide; errors in the comparison of tables; failure to comply with the steps involved in each process; and lack of proper documentation. Recommendations were given on how best to improve the process and a copy of each report generated after each visit was presented to the health area's technical team in order to allow them to reflect on the recommendations and determine how best to improve practices.

An analysis of the administration of revolving funds showed that on average, 79% of the national funds have been spent; by health area this figure ranges from 48% in Quetzaltenango to 145% in Quiché. This last figure stems from the fact that the assigned funds for the entire year were spent in the first two quarters of 2003, which ultimately resulted in the need for a budget increase.

There continued to be monitoring for the provision of materials and the recording and control of fixed assets, supplies, fuel and vehicles. Technical assistance also was provided to the UE and the eight priority health areas for reimbursement and liquidation of revolving funds.

### **Coordination**

Meetings were held with staff from PNUD, PNSR, the DAS and the various partner projects to plan, program, coordinate and evaluate the activities and actions as outlined in the Agreement.

Meetings were held with personnel from the Public Credit Directorate, the Technical Budget Directorate from the Finance Ministry, and the Health Ministry's Financial Planning and Strategy Division, to discuss a) budget and financial execution for 2003, b) counterpart funds for 2004 according to Agreement 520-0428 and in accordance with the addendum of the MSPAS/UNFPA Agreement, c) projected PNSR budgeted proposal for 2004, d) purchase and execution of incoming donated funds and, e) financial resources that support NGO's in accordance with the *ProRedes Salud* model for 2004.

### **Training (See annex C)**

Information and orientation activities were conducted for personnel from the eight priority health areas to support on-going learning of best practices for the purchase of goods and services. Activities also included the sharing of information in the areas of internal and budget management, registration and the management of fixed assets, fuel, storage, and vehicles.

### **Financial Management**

With support from *Calidad en Salud*, the MSPAS spent Q 8.3 million from the available Q 19.1 million before the Public Finance Ministry from January to August 2003 that corresponded to donated funds; this sum was not increased due to a lack of budget availability. Finally, measures were taken to execute funds from 1997 to 2002, without concrete results.

### **Other Activities**

Support was given to the *Unidad Ejecutora* by creating a document that outlines the goals, monitoring indicators, strategies, activities, and the financial management procedures component for 2004.

In conjunction with the *Unidad Ejecutora*, a follow-up plan for Internal Auditing of counterpart funds was elaborated and presented to the PNUD; this being one of the recommendations made by the external accounting firm "Deloitte & Touche".

Support was given to *Unidad Ejecutora* in the elaboration and presentation of a report on project advances to personnel from the International Cooperation and Financial Division of the Ministry of Health.

Support was given to the *Unidad Ejecutora's* Accounting Information System of counterpart funds to review the financial and technical proposal presented by OFICSA, as well as the process of fund allocation, and drafting of the contract between the *Unidad Ejecutora* and OFICSA.

### **Limitations**

- High turnover in human resources within the health areas, including the following positions: Area Director, technical staff and administrative assistants.
- All personnel from the *Unidad Ejecutora* and the eight priority health areas have not been trained, and therefore it has not been possible to implement the accounting system (software) for the recording and management of counterpart funds.

- Low levels of interest, motivation, responsibility and commitment on the part of the management staff in the health areas.
- Lack of periodic and on target facilitative supervision on the part of the MSPAS.
- Failure on the part of internal auditing of the MSPAS to fulfill their role. In situations where support in the health field has been needed, internal auditing has failed to provide expertise.

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

- Community Members Actively Participate in Decision-making Concerning MCH Programs
- Greater Community Control Over Factors that Determine Health Status

### 2.4.1. Community Participation Sub-component Results

#### Introduction

Result No. 4 of the Agreement 520-0428 is defined as “more community participation and empowerment” in project areas whose objective is to increase community responsibility in the improvement of health services, as well as improved health practices in the home. The following strategies are aimed at attaining these goals: 1) Support for the training of personnel and the community agents in basic management and community participation within AIEPI AINM-C. 2) Design and expansion of the training processes that have already been improved<sup>4</sup>.

In this quarter the following activities were carried out: a) Training on the four steps of the Community Participation Methodology as part of the AIEPI AINM-C strategy. b) Coordination with practicing rural health technical personnel from INDAPS and c) Printing of the Community Participation Manual and Guide for Developing and Presenting the Community Health Situation Data.

#### Planning and Coordination

Meetings were held with the AIEPI AINM-C technical team for defining the strategy’s result indicators for the community participation component. Two indicators were proposed; 1) Percentage of communities by jurisdiction with a local plan of action and 2) percentage of community centers with a physical situational room.

Meetings were also held with first-level facilitators for the purpose of presenting and discussing the work guidelines of the community participation component for the third and fourth quarter of the project, and for their institutionalization in the annual operational plan (POA’s) for 2004. In coordination with Result 2, support was provided to the Chimaltenango area through 26 Rural Health Technicians (RHT) from INDAPS; the RHT were trained in AIEPI AINM-C Module I (growth monitoring and promotion) to supervise and monitor community health personnel in 26 communities. Specifically, RHT will conduct monitoring of *vigilantes de salud*’s performance in growth monitoring and promotion sessions, in filling out the *vigilante de salud*’s notebooks, and in developing and presenting the physical situational room posters in the communities. In a supervisory visit to the RHT students it was observed that in 50% of the communities the second step in the methodology -the collection of information for the community situational room- had been accomplished; and in the rest of them, the process of organizing and tabulating the data was being carried out. The students have committed to starting the community situational room analysis in a community assembly, in October.

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<sup>4</sup> Strategic Plan

## **Training (See annex C)**

Training was carried out in the four steps of the Community Participation Methodology as part of the AIEPI AINM-C strategy for 2,589 VS, 188 FC, 28 TSR practitioners, 10 managers, 2 social workers and 25 persons from NGO's.

Eight teams from health areas were also trained in the use of the AIEPI AINM-C's monitoring of trace indicators for AIEPI AINM-C's and monitoring instruments.

## **Tutorials**

Meetings were held with six health area teams: Quiché, Huehuetenango, Sololá, Ixil, Chimaltenango and Totonicapán with the purpose of providing technical support to the Basic Health Team and the community personnel in the implementation of the community participation methodology. On these visits the areas' teams made the following commitments: a) Analyze the monitoring and growth promotion data; b) Prioritize the communities with higher inadequate growth problem for the implementation of the community participation methodology; c) depict the data in the physical community situational room and d) present and analyze the community health situation data.

The six areas visited were monitored for verification of the growth monitoring and promotion data, and its analysis at sectors level and community level. The analysis activity, however, has not been developed due to the fact that the areas are still in the training in Modules II and III of AIEPI AINM-C.

## **Materials**

In coordination with Result 2, 1,000 manuals of the Community Participation Methodology for the First Level of Health Care Services were printed, as well as its annex "Guide for Developing and Presenting the Community Situational Room; these manuals are being distributed to the priority DAS by UPS1. Seventy-five photocopied manuals of the Community Participation Methodology were delivered to PROEDUSA, and 25 to the NGO's at the management workshop.

## **2.4.2. AIEPI AINM-C Promotion and Prevention Component Results**

### **Introduction**

The Promotion and Prevention component of the AIEPI AINM-C strategy strengthened the extension of coverage process in the eight health areas of the Agreement 520-0428; the strategy is intricately tied to Results 4, due to the participation of the *Facilitadores Comunitarios* and the *Vigilantes de Salud* in the provision of services in the community.

During this quarter, the basic health team (EBS) received technical support for the tutorial training of community personnel in: a) Module I, corresponding to monitoring and growth promotion; b) Module II, on preventable diseases and c) Module III, care for mothers and newborns. The *vigilantes de la salud* were observed and tutored while carrying out the monitoring and growth promotion meetings, home visits for follow-up to growth monitoring and promotion meetings attended by mothers, educational talks and small community groups. The purpose of these activities is to achieve behavioral changes to improve breastfeeding and child feeding practices, to achieve adequate growth among children less than two years old.

The health area personnel was also trained in tutorial monitoring for follow-ups to training, in order to improve *vigilantes de salud*'s performance and improve the quality of care and counselling they offer the community.

The implementation of the expansion strategy towards other health areas at the national level was coordinated with USAID partner NGOs, non-partner NGO's, and the Cooperation Agencies. Key personnel from institutions were trained in the management of the implementation of the strategy. A Nicaraguan delegation, composed by two representatives from the Nicaraguan Health Ministry, one from the World Bank and members of the NGO network

Nicasalud, interested in the implementation of the AIEPI AINM-C strategy process in Guatemala, was hosted in coordination with the MSPAS and *ProRedes Salud*.

### **Institutionalization**

The institutionalization of the AIEPI AINM-C strategy activities consisted of the following: a) offering technical support to the Public Health and Social Assistance Ministry in the development of the guidelines for I POA 2004 technical support with regular funds, and b) technical assistance to PNSR for the development of the reproductive health national plan, where the AIEPI AINM-C strategy has been incorporated as a component.

Technical support was provided to the PNSR, PROSAN and UPS 1 of the MSPAS, in the development of the exclusive breastfeeding, adequate growth and micronutrients distribution indicators, for their incorporation into the SIGSA (national information system) forms.

There was also technical and financial support given to the UPS 1 for the evaluation meeting of the training for the Promotion and Prevention component in the eight priority health areas. The meeting offered the following results: 1) The DAS and district teams will give support to training workshops underway 2) replica workshops on facilitative supervision and AIEPI AINM-C monitoring will be conducted and 3) the *Equipo Básico de Salud's* tutorial monitoring of the strategy implementation will continue.

### **Planning and Coordination**

Planning and coordination activities were carried out together with MSPAS, European Union and USAID partner NGOs, and non-partner NGO's. MSPAS was supported in: 1) review of advances in strategy implementation, 2) review of Integrated Case Management Materials (MIC), 3) development of indicators for incorporation to SIGSA forms, 4) programming evaluations of training for the eight health areas, and 5) programming of training on monitoring for health areas and 6) coordination meetings with the operations research technical team for the expansion of the extension of coverage assigned to health posts, directed by the UPS1.

Meetings were also held with Mercy Corps, CARE, SHARE, Guatemala Red Cross, and *ProRedes Salud*, for briefing on the AIEPI AINM-C strategy, steps of the implementation, monitoring and supervision systems, logistical system and community participation methodology, and the packet of support materials for the Integrated Case Management and the Promotion and Prevention components. As a result of these planning and coordination meetings, it was agreed the strategy would be implemented in areas of influence of these institutions and packets of materials would be reproduced by them; *Calidad en Salud* will offer technical support to the NGOs' teams of trainers and will provide final artwork for the reproduction of IEC/BCC materials.

Activities will be developed in coordination with the European Union who is working in the Jalapa, Santa Rosa and Izabal areas. They were given a complete packet with training and IEC/BCC materials for both strategy components. There is an agreement to work under the same MSPAS guidelines at the community level.

There was also coordination with MSPAS and its partner NGO's and with *ProRedes Salud*, for a visit from the Nicaraguan delegation aimed at establishing contact with persons in Guatemala, exchanging experiences on the AIEPI AINM-C strategy implementation, interviewing MSPAS, USAID decision makers, and other agencies or NGO's, observing monitoring and growth promotion meetings by *vigilantes de Salud*, and interviewing the *vigilantes de Salud* as monitors.

### **Development of IEC materials**

During the current quarter technical support was given for the review of Integrated Case Management component materials. The AIEPI AINM-C technical team from *Calidad en Salud* did a final review of the structure, diagrams and technical content of the flipcharts for women and children, as well as the children's protocol. There followed a meeting with the UPS1 technical team for the review of the before mentioned materials, which were approved for their final printing (see Result 2 for further discussion of IEC/BCC strategies and materials).

## Training (See annex C)

During this quarter, *Calidad en Salud* offered MSPAS technical and financial support for the development of a workshop on facilitative supervision and monitoring. To this end, there were two workshops for tutorial monitoring which trained personnel from the 8 priority health areas in the use of the performance improvement instrument from the *Equipo Básico de Salud* for the provision of services and the strategy's indicator monitoring instrument. The first workshop was attended by 36 persons from Quetzaltenango, San Marcos, Huehuetenango and Totonicapán areas and 29 persons from the Chimaltenango, Sololá, Quiché and Ixil areas attended the second workshop.

A workshop was held for 33 technical personnel from the health areas that were trained in the facilitative supervision system at the community level for the improvement of health services.

The *Equipo Básico de Salud* from the NGO's supported by the health districts and areas, trained the following personnel: 278 *facilitadores comunitarios* on Module I, 685 *facilitadores comunitarios* on Module II, 398 *facilitadores comunitarios* on Module III; also 2,819 *vigilantes de salud* on Module I, 9,203 *vigilantes de salud* on Module II and 4,607 *vigilantes de salud* on Module III.

There were other two AEIPI AINM-C training of trainers' workshops held; the first for the personnel from PCI, SHARE, Mercy Corps and the Tukurú district in Alta Verapaz, which had 10 participants, and the second for CARE, CRS, Plan International and the technical team from the Alta Verapaz area and district, with 15 participants.

The following table summarizes the number of personnel from the health areas, the health service provider NGO's, the AID partner NGO's and other NGO's, trained in the Promotion and Prevention component of the AIEPI AINM-C strategy.

## Implementation

During the third quarter, the *vigilantes de salud* started providing services, carrying out the monitoring and growth promotion meetings in the eight health areas of the highlands.

The evidence of the above mentioned activities by *vigilantes* is detailed on the following table, where the number of children classified as growing well (78%), not growing well (22%), and not growing well in two consecutive sessions (3%) are reported by health area. These results however, mask the differences that can occur between communities.

**Table 29: Number of children weighted and classified by health area**

Health Area	Sectors	VS	Children < two yrs.	Weight	Classified	Grow Well	Not Growing Well	Not Growing Well in Two Controls
Chimaltenango	48	48	2,566	1,874	1,641	1,327	368	62
Ixil	44	44	411	338	146	79	33	5
Totonicapan	10	10	250	210	210	175	35	0
Total	102	102	3,227	2,422	1,997	1,581	436	67

The data show that the coverage (children under 2 years of age that were weighed) of the growth monitoring and promotion sessions in these areas is about 75 percent. Even though the other health areas do not have data, there is information that the *vigilantes de salud* are carrying out the GMP sessions.

## **Supervision, monitoring and evaluation**

A review of the final proposal for the facilitative supervision and the monitoring system of the AIEPI AINM-C was carried out by *Unidad Ejecutora* technical team, technical coordinator for MSPAS, PNSR, PROSAN and UPS1's AIEPI AINM-C strategy.

In coordination with the UE, PNSR and UPS1, meetings to review progress were held with the technical teams responsible for the strategy's implementation in Chimaltenango, Sololá, Totonicapán, Quiché (only one meeting), Ixil and San Marcos health areas. The meeting's objectives were: to offer technical support for the strategy's management team, technical support for EBS and community personnel for the provision of services in the health promotion and prevention of diseases, and review of the financial execution of the POA 2003.

There were also field visits made for training of the *vigilantes de salud* in the use of the minimum expected weight (MEW) table and recording of information in the *vigilante' notebook*; Special attention was given to the list of children younger than two years, the recording of the sex of the child, the calculation of child's age in months, and the calculation and the recording of the minimum expected weight the next month and.

## **Operations Research**

There was technical support given to trainers from IO-AEC-PS, in the San Marcos DAS. Six Rural Health Technical received training on the use of the trainers' manual for the Module III of the Promotion and Prevention component and in the development of didactic materials.

## **Limitations AIEPI AINM-C Promotion and Prevention Component**

The limitations encountered during the quarter were as follow:

- Stagnation in the trainings for *Vigilantes de Salud* in some of the Huehuetenango and Quiché areas NGO's, due to the large territory to cover, the population volume, and the resignation of community personnel; in Sololá also, and to a lesser scale, in Ixil, personnel required updating of materials (they have old versions of them)..
- Little involvement from personnel from some health areas and districts in the *Facilitadores Comunitarios* and *Vigilantes de Salud's* tutorials.
- Requests from the child's mother in some cases to, not only weigh the child, but provide food or medicines.
- Lack of paid incentives for the VS, which predispose them to not carry out their tasks, or participate in tutorials.
- Lack of counseling at the weighing meetings (vigilantes say they do counselling during home visits, with the needed privacy)
- Rotation of the EBS in some jurisdictions, which limits the advances in the strategy's implementation.

### **3. RESULT 5 IGSS: IMPROVED USE OF VARIOUS MATERNAL-CHILD HEALTH SERVICES PROVIDED BY THE IGSS**

As a result of the political and financial crisis in IGSS during the current year, the third quarter again saw changes in leadership at the management and submanagement levels. Despite the crisis, however, there was still great openness and vision towards preventive health programs for women and children.

A very important result of the improved coordination with the new leadership is that *Calidad en Salud* and IGSS will continue to cooperate for one more year, through a Letter of Understanding as established by Article 12 of the “*CARTA DE ENTENDIMIENTO PARA LA COOPERACIÓN TÉCNICA ENTRE EL INSTITUTO GUATEMALTECO DE SEGURIDAD SOCIAL Y EL PROGRAMA CALIDAD EN SALUD, MEJOR SALUD PARA MUJERES, NIÑAS Y NIÑOS DE GUATEMALA*” subscribed by both parties on May 12, 2002.

In contraceptives security there also were excellent results, due to the fact that management instructed procedural norms to be put in place for the receipt, distribution, use and payment of the contraceptive methods from the UNFPA while assigning the financial resources needed to make timely payments.

In coordination with the UNFPA, IGSS and *Calidad en Salud*, 127 staff members from IGSS were trained (mainly warehouse managers, personnel in charge of stock, pharmacists, directors and personnel responsible for family planning) from 100% of the units of the Institute, in the information, use and application of the logistical management of contraceptives. This allowed for improved management and administration of not only contraceptives but of all the medicines for IGSS.

It is important to note that in August, the current IGSS leadership named a “*Comisión de Garantía de la Calidad*” or the Quality Assurance Commission, responsible for the improvement of service provision in the units at the Institute, using the principles of quality as its foundation. *Calidad en Salud* continues to share technical expertise with the Commission to see that the objectives are met.

Activities during this quarter continued to strengthen and support family planning services, the application of the IMCI strategy and information systems such as supervision and logistics through technical assistance, training and logistical support.

In coordination with IGSS management and the Public Relations and Communications Department, medical and audiovisual equipment and computer systems were officially delivered to IGSS during a ceremony that took place at the auditorium of the Institute, on September 26. This equipment will be used mainly to improve the quality of services provided at the community level in Escuintla and Suchitepéquez Departments.

#### **Results**

- IGSS and *Calidad en Salud* reaffirmed their commitment of cooperation during the next year as outlined in the letter of understanding that both organizations have endorsed.
- IGSS management enforced administration to put in place norms of receipt, supply, distribution and payment for contraceptive methods from the UNFPA.
- IGSS management named a Quality Assurance Commission, with the explicit purpose of improving the provision of institutional services.
- Follow up and training was conducted in 120 community level service providers from Escuintla and Suchitepéquez in the offering of natural methods. Also training was offered for 67 students from the Nursing School in counseling, use and application of family planning norms.

- Balanced counseling model training was provided for IGSS personnel in 7 service units, as well as training in the induction model for 123 members of the personnel. 73 of the service providers also were trained in the methodology.
- Continued support to use contraceptives methods after an obstetrics intervention in 4 hospitals of IGSS.
- Participation, in conjunction with Georgetown University, at the Latin American Workshop on Lessons Learned in the Standard Days Method, an event that took place in Tegucigalpa, Honduras. IGSS's experience was noted as being one of success, and an example for many countries in Latin America to follow.
- 25 personnel from IGSS were trained in the extension of coverage in Retalhuleu and 21 medical resident doctors from the pediatrics post graduate program were trained in the application of the IMCI strategy. Also an in-service training was conducted at the Pediatric Hospital, which serves as a training center.
- Printing and distribution of the IMCI Manual, a tool that will help to institutionalize procedures for child health services.
- 1,723 clinical records and daily and weekly registration sheets were reviewed in order to evaluate the results of the training in the application of the IMCI strategy in the Pediatrics Hospital.
- 100% Implementation of the analytical tool for contraceptive logistical information at the Maternal Child Health Unit.
- Continuation of technical assistance to the Department of Medical Auditing, which carried out facilitative supervision of three hospitals of IGSS. Training and technical assistance also was offered to the recently named Quality Assurance Commission of IGSS.
- The Department of Internal Auditing of IGSS conducted the first physical inventory of the supply of contraceptive methods in the service units of the Institute.
- Delivery of medical and audiovisual equipment and computer systems to the Management of IGSS on September 26.

### **3.1. Sub – Result 1: More families use Maternal-Child Health Services**

#### **3.1.1. Family Planning Results**

To further strengthen and improve access to family planning services, there continued to be technical assistance and logistical support activities; in this quarter the balanced counseling model was implemented in the services offered as a new concept that will allow users of contraceptive methods to make decisions freely and to be better informed of their options.

There also was continued training in services and a follow up on natural methods being offered as a means of offering permanent technical assistance and support to the family planning technical group, as well as to the Gineco Obstetricia and Dr. J.J. Arévalo B. hospitals, that serve as training centers for human resources from IGSS and other organizations.

## Indicators

### New Acceptors of FP by Method, 2003

During the third quarter, 7,668 new couples accepted birth spacing as a family planning method, meeting 76% of the planned goal for the current year. Quarterly injectables continued to be the preferred method, followed by condoms and AQP-female.

**Table 30: New acceptors of FP by method, 2003**

FP Method	New Users			Total	Target	%	Mixture
	1Q	2Q	3Q				
AMP	3,414	3,457	3,449	10,320	12,899	80.0	45.2%
Condom	1,414	1,586	1,326	4,326	5,197	83.2	19.0%
IUD	534	569	554	1,657	3,007	55.1	7.3%
Norplant	87	82	6	175	90	194.4	0.8%
Oral contraceptives	541	613	671	1,825	2,649	68.9	8.0%
AQP-male	93	66	99	258	292	88.4	1.1%
AQP-female	1,191	1,262	1,372	3,825	4,997	76.5	16.8%
Natural methods	133	101	191	425	869	48.9	1.9%
Total New Users	7,407	7,736	7,668	22,811	30,000	76.0	100.0%

### CYP Production as per 2003 Target

The AQP-female is the method that produces the largest number of CYP, followed by quarterly injectable.

**Table 31: CYP production by method and 2003 target**

FP Method	CYPs			Total	Target	%	Mixture
	1Q	2Q	3Q				
Depo Provera	5,624	5,475	5,297	16,396	21,573	76.0	22.0%
Condom	1,215	1,175	1,361	3,751	4,369	85.9	5.0%
IUD	1,869	1,992	1,939	5,800	10,525	55.1	7.8%
Norplant	305	287	21	613	315	194.6	0.8%
Oral contraceptives	841	919	876	2,636	3,538	74.5	3.5%
AQP-male	1,023	726	1,089	2,838	3,212	88.4	3.8%
AQP-female	13,101	13,882	15,092	42,075	54,967	76.5	56.4%
Natural methods	155	133	145	433	1,501	28.8	0.6%
Total CYPs	24,133	24,589	25,820	74,542	100,000	74.5	100.0%

### AQV-F Interventions

62% of all AQV-F are carried out post-partum or between pregnancies.

**Table 32: AQV-F interventions**

AQV-female	1Q	2Q	3Q	Total	%
Cesarean	486	469	500	1,455	38.0
Post-Partum	532	612	694	1,838	48.1
Post-abortion	5	8	10	23	0.6
In between pregnancies	168	173	168	509	13.3
Total	1,191	1,262	1,372	3,825	100.0

### Natural Family Planning (NFP) Methods

191 new acceptors were reported for natural methods, having a total of 425 for 2003

**Table 33: New acceptors of NFP**

Natural Methods	New Acceptors			Total	CYPs	% of CYP
	1Q	2Q	3Q			
MELA	74	46	158	278	139	32.1
Necklace	59	55	33	147	294	67.9
Total	133	101	191	425	433	100

### IUD Insertions per Services Facility

The following table indicates the hospitals and clinics where 554 insertions of Copper T 380-A were reported.

**Table 34: IUD insertions per services facility**

Unit	IUD Insertions			Total	CYP	%
	1Q	2Q	3Q			
Gineco Obstetricia	371	400	315	1,086	3,801	65.5
J.J. Arévalo	38	66	135	239	837	14.4
Periférica 5	54	27	40	121	424	7.3
Periférica 11	4	0	0	4	14	0.2
Escuintla	13	10	16	39	137	2.4
Mazatenango	5	29	11	45	158	2.7
Sacatepéquez	14	2	0	16	56	1.0
Santa Lucía Cotz.	4	7	3	14	49	0.8
Amatitlán	16	21	17	54	189	3.3
Other units	15	7	17	39	137	2.4
<b>Total</b>	<b>534</b>	<b>569</b>	<b>554</b>	<b>1,657</b>	<b>5,800</b>	<b>100.0</b>

### Monitoring and Performance Indicators

Technical support and assistance continued to be provided to the two training centers (Gineco Obstetricia and Dr. J.J. Arévalo hospitals), and the students from the Nursing School were trained in counseling and family planning norms.

Strengthening of the post-partum contraception program with emphasis on IUD insertions following an obstetric intervention for the Escuintla and Mazatenango Hospitals continued; this program aims to increase the number of users that leave the hospital with a contraceptive method after a delivery, abortion or cesarean. Analysis of the results of these efforts will be carried out in November.

The planned goal for offering natural methods was surpassed. At present there are 25 units that have trained personnel that can offer these new options for birth spacing.

There was an in-service training at the Mazatenango Hospital, surpassing 50% of the goal of units visited that improve the performance of personnel and information, that improve the logistics and supervision services, and that ensure proper delivery of IEC materials.

There was a shortage of IEC materials this quarter in some units, due to administrative obstacles from the services that solicited the materials, Maternal-Child Health and the delivery of the materials to the central IGSS warehouse. With intervention from management from IGSS, and the Social Communication Department, the IEC section will be responsible for said materials, which will guarantee an improved and more fluid stocking system.

There was continued counseling and technical support in order to identify and solve existing problems and in order for services to be locally supervised, and information analyzed. As a result, more than half of the assistance units are carrying out these processes.

The Maternal Child Health Unit lost some of its technical personnel, which makes systematic supervision of the operations levels difficult. A negotiation process with other administrative agencies such as Medical and Internal

Auditing or the Social Work Directorate is being advanced in order to include the verification of clinical and community services offered in their visits, based on the norms of care for women and children.

**Table 35: Monitoring and Performance Indicators**

Indicator	2003 Target	% Achieved
CYP	109,895	74.5
New Acceptors	32,589	76
Training in counseling, use and application of the FP guidelines manual for <i>Gineco Obstetricia</i> resident doctors and nursing students	100%	100
Quarterly Monitoring of 2 training centers	100%	75
% of services with tutorials	50%	55
% women that leave with a contraceptive method post partum	50%	ND <sup>5</sup>
% services that offer natural methods	60%	73
Creation of the IEC section in the Public Relations Department of IGSS	100%	100
% of FP services supplied with IEC materials	100%	85
% of FP services supervised quarterly by central level	75%	10
% of FP services supervised monthly by local level	90%	60
% of FP services analyzed local information monthly	75%	50
% of FP personnel trained in logistics	90%	100
% of FP services supplied with contraceptives	90%	88 <sup>6</sup> 90 <sup>7</sup>

### Organization and Planning

There was continued support for the IGSS family planning technical group through monthly meetings and bi weekly coordination and support visits, mainly to the two training centers: *Gineco Obstetricia* and *Dr. J.J. Arévalo B* hospitals.

- In conjunction with Georgetown University and La Leche League in Guatemala in April 2002, the introduction of natural methods offered by IGSS services was initiated, which will be included in the Institute's daily registry and monthly information system. The natural methods have been well accepted among providers and users as a new alternative for birth spacing.
- On July 22 and 23, IGSS, in conjunction with *Calidad en Salud*, presented family planning results based on natural methods at the Latin American Workshop in Tegucigalpa, Honduras, focused on lessons learned in the Standards Days Method. The presentation was a success and it will serve as an example for other countries in Latin America to follow.

### Training (See annex C)

<sup>5</sup> Final results available in November 2003

<sup>6</sup> Monitoring Questionnaire of IGSS logistical systems, (EMSL) November 2002

<sup>7</sup> Physical Inventory of Methods carried out by IGSS, June 27, 2003

A total of 67 students from IGSS School of Nursing were trained in the counseling, use, knowledge and application of the family planning norms. After one year of study, participants obtain technical level accreditation, and 100% of them are incorporated as service providers in various units of IGSS.

There was an in-service training for the personnel at the Mazatenango Hospital, carried out with the intention of improving personnel performance of services as well as logistics and information systems, to increase promotion and counseling, and the appropriate use of IEC materials.

To strengthen programs to offer contraceptive methods after an obstetrical intervention and to increase the number of users that leave with a contraceptive method post partum, after a cesarean or abortion, 11 doctors from the Escuintla and Mazatenango Hospitals were trained in post partum IUD insertions.

Training in the balanced counseling model was initiated for 7 units in the Institute that offer services: Gineco Obstetricia, J.J. Arévalo, Escuintla, Tiquisate, and Santa Lucía Hospitals, and the zone 5 and zone 11 periféricas. 123 members of the staff were inducted, and 73 service providers were trained in the balanced counseling methodology in the above mentioned centers.

### 3.1.2. AIEPI AINM-C Results

During this quarter, important results were generated within the IMCI strategy, especially because the Manual on Norms was printed and distributed for IGSS, an official document that will serve as a quality tool for the provision of services for children.

It is also important to highlight the successful coordination with the Training and Development Divisions and the Departmental Directorates from Escuintla and Suchitpequez, that will allow them to implement and develop of the AIEPI AINM-C strategy for next quarter in these departments.

#### **Monitoring and Indicator Compliance**

The 90% training goal was surpassed as the total reached 95% of personnel trained. This group included Post Graduate doctors specialized in Pediatrics, and the extension of coverage personnel in the Department of Retalhuleu.

In the third quarter, 77 service providers at the community level from the Suchitpequez Department (auxiliary nurses and health promoters) were evaluated to verify their compliance with the technical norm (procedural graph); it was found that 77% of the assessed personnel effectively applies the norm. During this quarter, doctors from the Pediatric Hospital were evaluated for application of the norm.

Continued technical support was given to the training centers, and there was an in-service training at the School of Pediatrics Hospital which functions as a Training Center for human resources for IGSS and other institutions.

In conjunction with the Public Relations and Communications Department, IEC materials continued to be distributed; currently 80% of providers have materials and the remaining providers will be supplied, in order to comply with the 100% goal.

At the local level, 60% of services are being supervised, with participation from IMCI facilitators from IGSS; at the central level there are few human resources which makes supervision difficult.

**Table 36: Monitoring and Indicator Compliance Table**

Indicador	2003 Target	% Achieved
% of childcare services personnel trained to apply the strategy	90%	95%
% of trained childcare service personnel who comply with technical guidelines	65%	77% <sup>8</sup> 100 & 90 <sup>9</sup>
Training of pediatric residents and nursing students to apply the strategy	100%	100%
Quarterly Monitoring of 6 training centers	100%	75%
Induction of the AIEPI AINM-C strategy in Maternal Child Health Unit at the management level	100%	100%
% of basic service team's personnel trained to apply the AIEPI AINM-C strategy	90%	0%
% of services with tutorials	50%	50%
% of childcare services supplied with IEC materials	100%	80%
% of childcare services supplied with medicines	75%	99% <sup>10</sup>
% of services supervised quarterly by central level	75%	10%
% of services supervised monthly by local level	90%	60%
% of services that analyze local information monthly	75%	50
% of completed immunizations for children 12 to 23 months	80%	ND <sup>11</sup>
% of children less than six months who are exclusively breastfed	50%	15
% TRO use or liquid intake during diarrhea episodes	75%	75
% pneumonia cases treated by service providers	85%	100 <sup>12</sup>

### Organization and Planning

On request from management and in coordination with the Training and Development Division of IGSS , implementation of AIEPI AINM-C strategy was planned for next quarter for community service levels in Escuintla and Suchitepéquez Departments, as well as the training for extension of coverage personnel.

### Training (See annex c)

The 21 post graduate pediatric residents were trained on how to apply the strategy. The residents are vital personnel within IGSS, and form the foundation for providing services at the level III of care. This training insures better clinical care as well as a better referral response for other levels of care.

<sup>8</sup> Corresponds to Suchitepéquez community level evaluation.

<sup>9</sup> Results from Pediatric Hospital evaluation, as training center.

<sup>10</sup> IGSS (EMSL) Monitoring of Logistical System Questionnaire, November 2002

<sup>11</sup> This indicator from IGSS is a difficult one to measure since there is only access to immunization records if parents are working and give rights, every 4 months. The population is variable.

<sup>12</sup> Will be measured through central, local supervision and tutorías.

### 3.1.3. IEC Results

An important result is the designation of the IEC section of the Public Relations and Communications Department, that serves as *Calidad en Salud's* IEC counterpart; personnel have been incorporated into the IEC (GTI) technical group.

#### **Organization and Planning**

Management assigned responsibility for controlling supplies of materials for institutional service providers to the IEC section of the Public Relations and Communications Department. This assures prompt delivery of materials and it will avoid lack of supplies. It is important to note that IGSS is committed to the reproduction of materials, having institutionalized this important process.

#### **Materials, Norms and Guidelines**

The IMCI manual was printed and distribution has been initiated. The document is an official manual for IGSS that contains the norms to follow to provide quality childcare services.

Interviews to assess client satisfaction with family planning services in the Gineco Obstetricia, Dr. J.J Arévalo, Escuintla, Mazatenango and the *Unidad Periférica de la Zona 5* hospitals have been conducted.

IGSS continued to distribute the Family Planning Norms Manual, the cards for follow up of contraceptive method users and the Standards Days Method pamphlets for the service units.

Artwork for the manual used by family planning educators was finalized and it is in the process of being reviewed and finally approved by IGSS.

Community IMCI material from the MOH was adapted to fit the need of IGSS's clientele. The materials, mainly including maternal and child algorithms, will be put to use next quarter.

## **3.2. Results 2: Maternal Child Programs are Better Managed**

### 3.2.1. Support System Results

This quarter saw important results from the new administration: management was pleased and extended the cooperation between IGSS and *Calidad en Salud* for another year; the Quality Assurance Commission was named; and, support to train personnel in extension of coverage was requested.

#### **Officialization**

- Document No. 7036 from IGSS management, dated September 17, officialized the extension of the Letter of Understanding between IGSS and *Calidad en Salud* for continued cooperation for one more year, giving appreciation for the program's successes in helping Guatemalans achieve better health.
- In Document No. 6977 from IGSS Management, dated September 10, administration was instructed on how best to receive, supply, pay and distribute contraceptive methods from the UNFPA. This is of primary importance for the institutionalization process for the purchase of contraceptive methods. It was agreed that the process would be fast and effective especially in regards to the budget allotted and the payment of contraceptive supplies.

## **Organization and Planning**

The Department of Medical Auditing continued receiving technical assistance and initiated a supervision process with a facilitative focus in three of the Institutes care units: Common Diseases Hospitals, Dr. J.J Arévalo and the Policlínica.

The facilitative supervision focus was accepted by both supervisors (trained last semester) and the supervised personnel, achieving excellent results for the improvement of service provision and management processes. In this last process, management, who assigns a specific budget to resolve problems that require financial resources, was totally supportive.

On June 27, 2003, the Department of Internal Auditing of IGSS conducted the first physical inventory of the supply of contraceptive methods in 40 of the 43 units of IGSS, or 93% of all units. Results show a 90% adequate supply of contraceptive methods at the time of the inventory or an improvement of 2% (88% was reported after conducting the monitoring survey) from November 2002. One-hundred percent of the units reported were found to have an adequate supply of Copper-T and condoms whereas only ninety-five percent have an adequate supply of oral contraceptives and quarterly injectables.

The tool for the analysis of logistical contraceptive information was implemented 100% in the Maternal Child Health Unit. This information on contraceptive methods helps IGSS in decision making, projections, trends and statistics related to the family planning methods.

## **Training (See annex C)**

In conjunction with the UNFPA, Maternal Child Health Unit, Internal Auditing and *Calidad en Salud*, 127 members of IGSS personnel were trained from 100% of care services, in the use, knowledge and application of the contraceptive administration logistics manuals. The trained personnel was mainly represented by the directors of pharmacies and warehouses, personnel certified in pharmacy or chemistry, directors, managers and those in charge of family planning services.

This training process allowed IGSS to improve not only its logistical systems and controls in the administration of contraceptives but also in all other medical supplies.

All of the technical team from *Calidad en Salud* supported the Quality Assurance Commission of IGSS, in a training process aimed at achieving its objectives; improvement of services provided by the Institute, with a focus based on quality principles. The joint training program was carried out in response to needs and touched on topics such as quality, team work, problem resolution, process indicator development, results and impact.

## **Supplies**

In coordination with Management, the Department of Internal Control and the Public Relations and Communications Department, medical and audiovisual equipment and computer systems were delivered to IGSS during an official ceremony on September 26. The aim of the equipment is to improve the services provided at the community level in the Escuintla and Suchitepéquez Departments.

During the delivery of the equipment, the Department of Internal Auditing marked the event with an official Act of Receipt of the equipment which notes the services provided and people that will receive said services. Included in the Act is a clause which holds the Department responsible for oversight of the goods received, making sure that they are included among those responsible for those providing the services, and that the equipment is used to benefit mothers and children.

**Table 37: Donated equipment**

<b>Equipment</b>	<b>Unidades</b>
<i>Termos</i>	60
<i>Infantómetros</i>	60
<i>Balanzas</i>	60
<i>Radiograbadoras</i>	16
<i>Megáfonos</i>	8
<i>Refrigeradora</i>	4
<i>Televisores y videograbadoras</i>	4
<i>Computadoras</i>	3
<i>Retroproyectores</i>	4
<i>Cronómetros</i>	60
<i>Impresoras</i>	3
<i>Esfignomanómetro</i>	60
<i>Estetoscopio</i>	60
<i>Termómetro</i>	60
<i>Fetoscopio</i>	60

**Limitations**

The constant changes in management have generated instability at the middle management level, which in turn has delayed the management processes for joint plan compliance. An example of this delay is the implementation of the AIEPI AINM-C strategy for community levels in Escuintla and Suchitepéquez Departments, which were programmed for this quarter and have been postponed until next quarter.

**4. ADMINISTRATION***Unidad Ejecutora*

*Calidad en Salud* continues providing technical and administrative support to the UE in the implementation and allocation of counterpart funds, as well as planning workshops for the area levels and procurement procedures for the eight priority areas as well as the central level

A more detailed description of *Calidad en Salud's* support to the UE is included in this report under Result Three.

*Calidad en Salud*

During this quarter, *Calidad en Salud* continues supporting all components at both the central and area level in providing funds for training sessions, reproduction of materials, equipment, and all related activities in order to accomplish the established goals by each component. Also, during this quarter, *Calidad en Salud* continues providing family planning equipment to the 8 priority areas and the rest of the country. The administration which has donated equipment in conjunction with each project component is monitoring the equipment. A more detailed report is annexed for reference.

*Calidad en Salud* completed the process of procurement of equipment for IGSS clinics for family planning purposes. On September 26, 2003, *Calidad en Salud* delivered all the equipment to IGSS authorities in a ceremony held at the institute where Mary Ann Anderson, Health and Education Director of USAID/Guatemala, delivered the equipment on behalf of USAID/*Calidad en Salud* to IGSS authorities.

*Calidad en Salud* in conjunction with USAID is still working on the “*Noticias de Calidad*”. It is expected to publish the first round, by the early November 2003 in Spanish.

On August 20, 2003, Mr. Glenn Anders visited *Calidad en Salud* to provide the last obligation of money, US\$3,034,031, to URC in order to implement the last year of activities through September 2004.

### **Staffing**

On August 18<sup>th</sup>, Irene Monzón, resigned as the AEC OR Manager. Dr. Alvar Pérez, Quetzaltenango Health Area Facilitator was transferred to San Marcos in order to replace her. Dr. Jürgen Maulhardt, Totonicapán Health Area Facilitator was also assigned to oversee Quetzaltenango.

### **Other**

Paul Richardson, the Principal Investigator for the Operations Research AEC-PS will visit Guatemala from October 27-November 15 to: 1) Follow up on operational and support activities for the operations research study with the OR Manager (Alvar Pérez). These activities include: on-going monitoring of indicators and the utilization of structured assessment tools to access the strengths and weaknesses of the OR and how best to improve interventions, 2) Update/revise the OR work plan and budget, plus review consultancy/staffing needs for the research/monitoring component of the study, 3) Prepare mid-term evaluation data for November presentation to USAID, MOH and *ProRedes Salud*. This activity includes a revision of the process for monitoring production of services and a revision of the first phase of the cost-effectiveness study, and 4) Brief and communicate with central Technical Assistance Committee members, as well as the technical team (at the DAS level in San Marcos).