



NGO NETWORKING PROJECT
PRO REDES SALUD

ANNUAL REPORT
2003

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NGO Networks Project *Pro Redes Salud*

Annual Report **2004**

I. Program Description

A. Background

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

Although much of the country is affected by poverty, Guatemala's social and health indicators reveal a large disparity between Ladino and Mayan health and economic status, thus highlighting the need to focus efforts in the highland Mayan area, particularly among rural isolated communities.

One approach that has emerged to meet this challenge involves the contracting of NGOs to provide basic primary health services in rural areas and facilitate the greater involvement of local communities. In 2003, the Ministry of Health had 52 NGOs in the 7 Mayan highland departments contracted to provide basic services to a total of nearly 1.6 million inhabitants at risk. This program, known as el Proceso de Extension de Cobertura (PEC), is managed by the Unidad de Provision de Servicios, Primer Nivel (UPS1) of the Ministry, and forms part of the Sistema Integral de Atencion en Salud (SIAS).

In Guatemala NGOs play an important role in the provision of basic health services, particularly among rural populations. Over the past 30 years or more, the NGO sector has grown significantly in size. Hundreds of NGOs, small and large, have arisen to assist the most vulnerable populations improve their well being. According to a directory of NGOs published by the Foro de Coordinaciones de ONGs en Guatemala (Feb., 2002), there are currently a total of 420 known NGOs working in Guatemala, 164 of these working in health. A list provided to the project by USAID in 2001, listed 36 NGOs working in the Mayan highlands of Guatemala in reproductive and child health.

USAID Guatemala has traditionally recognized the important role played by NGOs in the provision of health care to the most vulnerable populations, and has played a valuable part in the strengthening of NGOs working in health. Prior to the implementation of the current project, the Mission supported two NGO initiatives, one implemented by the Population Council and another implemented by Project Concern International. Among other accomplishments, these initiatives successfully brought together NGOs and strengthened their capacities in the provision and administration of primary care, focusing on family planning.

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

The NGO Networks Project, known as Pro Redes Salud, began in September, 2001 and ends in September of 2004. It represents a continuation of Mission support to the NGO sector in Guatemala and is designed to build upon the success of earlier efforts. The purpose of the project is to contribute to the successful achievement of Mission Strategic Objective 3: Better health for women and children. Project objectives address the following Intermediate Results:

- IR 1:** More rural families use quality maternal child health services and have better household practices
- IR 2:** Public health programs are well managed.

The project is focused on the following technical and geographical areas:

Geographical Focus: 7 highland Mayan departments

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

Technical Areas: Integrated reproductive and child health

Integrated Child Health

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

Integrated Reproductive Health

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

Objectives:

Pro Redes Salud is designed to achieve the following nine objectives:

- 1. Strengthen NGOs:** Strengthen each NGOs capacity to provide quality child health and reproductive health services among children under five and women in fertile age, manage its program more effectively and improve sustainability.

2. **Create new NGO networks:** Assist interested NGOs in the formation of formal and informal NGO networks and channel support through networks.
3. **Encourage the creation of one or more umbrella NGO network:** Seek the opportunity to unify NGO networks into one or more umbrella network, if possible and feasible.
4. **Expand geographic and service coverage through NGO networks:** Expand primary care coverage to high risk rural Mayan populations through:
 - geographical expansion into high risk rural communities where no services are currently available, and/or
 - Provide assistance to networks and member NGOs to improve and expand their service package in existing areas.
5. **Promote NGO-NGO training and technical assistance:** Strengthen NGOs to provide training and TA to other NGOs, depending on the strengths of each one.
6. **Incorporate family planning and IMCI protocols into NGO service delivery:** Incorporate family planning and community-based Integrated Management of Childhood Illnesses (IMCI) into NGO service delivery.
7. **Strengthen MOH-NGO coordination:** Strengthen the coordination between NGOs and the MOH at all levels.
8. **Design and implement an MOH-NGO collaboration model:** Improve collaboration among area and district offices and NGOs through the development of and support for a departmental collaboration model in one department.
9. **Assist NGOs to sustain their reproductive and child health services:** Provide support to networks and NGOs to improve the sustainability of their primary care services when USAID support ends.

C. Project Components

For conceptual and practical purposes, Pro Redes has been divided into two major components. Each of these is contributing to project objectives, as discussed below.

Component One: Expansion of geographic and service coverage through NGO Networks
Component Two: Strengthening of NGO Networks and NGOs

D. Organization of the 2003 NGO Networks Annual Report

The 2003 NGO Networks Annual Report is divided into five sections, with their corresponding objectives, as follows:

1. **Program Description**
2. **Component I: Expansion of geographic and service coverage through NGO networks**
 - a. Objective 4: Expand geographic and service coverage
 - b. Objective 6: Incorporate family planning and IMCI protocols into NGO service delivery
3. **Component II: Strengthening of NGO networks and NGOs**
 - a. Objective 2: Create new networks
 - b. Objective 3: Encourage the creation of one or more umbrella NGO networks
 - c. Objective 1: Strengthen NGOs
 - d. Objective 5: Promote NGO-NGO training and TA
 - e. Objective 9: Assist NGOs to sustain their RCH services
4. **Coordination**
 - a. Objective 7: Strengthen MOH-NGO coordination
 - b. Objective 8: Design and implement an MOH-NGO coordination model
5. **Lessons learned**

II. Component One: Expansion of geographic and service coverage through NGO Networks

Objective 4: Expand geographic and service coverage

Objective 4 calls for the expansion of coverage, subject to the availability of funds, in two ways: 1) expansion of geographic coverage to rural areas where no RCH services were previously available, and/or 2) expansion of the service package to include as many of the priority RCH services as possible. NGOs should provide these services directly or in collaboration with the MOH, APROFAM or others.

The project has accomplished this objective by expanding geographic coverage as well as the use of new protocols and materials in RCH not only through those NGOs previously funded through the Population Council or PCI and those funded by SIAS PEC, but also through other NGO members of the grantee networks, focusing efforts on the highest risk communities, and increasing the range of services beyond those set out in the program description. The following tables attempt to provide an description of the dimension of this expansion.

A. Result: Expansion of geographic coverage to 112,000 population through 5 networks and 9 grantee NGOs

The project has expanded geographic coverage to 112,000 population in rural areas where no RCH services were previously available (an additional expansion to 205,000 population is funded under the AmeriCares project). The populations covered by network and grantee NGOs under the NGO Networks project during 2003 were as follows:

Table 1: Geographic coverage expansion of networks and grantee NGOs

Network	NGOs	Departments	Municipios	Population
REDDES	Chuwi Tinamit	Chimaltenango	Chimaltenango	5,000
	Kajih Jel	Chimaltenango	Patricia	5,000
	Eb Yajaw	Huehuetenango	Santa Barbara	15,500
			TOTAL	25,500
FESIRGUA	Renacimiento	Chimaltenango	Patzun	9,000
	Aq'bal Prodesca	Solola	San Lucas Toliman y Concepción	9,000
			TOTAL	18,000
FUNRURAL	FUNRURAL	Quetzaltenango	Colomba and Coatepeque	18,500
	ADASP	San Marcos	Concepción Tutuapa	20,000
			TOTAL	38,500
CONODI	CORSADEC	San Bartolo Jocotenango y San Pedro Jocopilas	Quiche	15,500
			TOTAL	15,500
Wukup B'atz	Wukup B'atz	Tonicapán	Momostenango	14,500
			TOTAL	14,500
TOTAL				112,000

B. Result: Geographic expansion of RCH services to an additional 23.4% population in 7 Mayan highland departments (8.4% first round plus 15% second round)

The first round networks and NGOs together represent an 8.4% increase in geographic coverage expansion of RCH services in the Mayan highlands in 2003 as illustrated, below. An additional 15% increase in geographical coverage has been provided by the second round NGOs funded through AmeriCares, bringing the total geographic expansion to 23.4%. Details on the expansion provided by the second round networks and NGOs is presented in the AmeriCares annual report:

Table 2: Geographic expansion of RCH services by department, 2003

Department	MOH SIAS PEC funded NGO coverage before the project (2001)	Additional geographic coverage provided by grantee NGOs (first round only)	Proportion increase in geographical coverage of RCH services
Chimaltenango			
NGOs	5	3	60%
Population	80,510	19,000	24%
Solola			
NGOs	5	1	20%
Population	126,932	9,000	7%
Quiche			
NGOs	9	1	11%
Population	286,845	15,500	5%
Quetzaltenango			
NGOs	9	1	11%
Population	124,269	18,500	15%
San Marcos			
NGOs	6	1	17%

Department	MOH SIAS PEC funded NGO coverage before the project (2001)	Additional geographic coverage provided by grantee NGOs (first round only)	Proportion increase in geographical coverage of RCH services
Population	159,240	20,000	13%
Huehuetenango			
NGOs	16	1	6%
Population	423,796	15,500	4%
Totonicapan			
NGOs	5	1	20%
Population	132,898	14,500	11%
Total 7 departments			
NGOs	55	9	16.4%
Population	1,334,490	112,000	8.4%

C. Result: Ongoing expansion of new methodologies and quality of RCH services among 37 NGO members of the 5 first round networks working in health

Pro Redes is also providing significant strengthening to 44 NGO members of the 5 networks, 37 of whom work in health. Many of these NGOs are using what they have learned to expand the use of new methodologies and to improve the quality of RCH services, as well as diversify services in the areas in which they work. Changes include the incorporation of new protocols based on IMCI and AINM-C and family planning, improved counseling, increased community participation and direct patient care through FCs. In some NGOs this also includes the incorporation of new technical areas such as cancer screening. The following table provides the population of each of these 37 NGOs, by network. This expansion and improvement of RCH quality services is on-going by these NGOs. Final results related to the incorporation of new protocols and expansion of methodologies among these NGOs will be provided in the final project report.

Table 3: Total NGO members of each network and the coverage of the 37 NGO members of the 5 grantee networks who work in health, many of whom are improving or diversifying RCH services in their communities as a result of technical strengthening

Network	NGOs	Departments	Municipios	Population
REDDES	ATI	Totonicapan	Totonicapan	75,000
	Yun Qàx	San Marcos and Quetzaltenango	Jornadas medicas	10,000
	ASODESI	Huehuetenango	San Pedro Necta	32,404
	ASOCVINU	Ixcán	Ixcán	38,000
	ADAD	Huehuetenango	Democracia	10,000
	Chuwi Tinamit	Chimaltenango	Chimaltenango	3,000
	ACUALA	Chimaltenango	Patzun	3,000
	ADECO	Huehuetenango	Barillas	13,000
	ADIVES	Huehuetenango	San Mateo Ixtatan	29,915
	Eb Yajaw	Huehuetenango	Malacantancito, San Sebastián, Chiantla, San Rafael Petza	55,345
	IMDI	Huehuetenango	Todos Santos	18,000
	Kajih Jel	Chimaltenango	Patricia	3,500
	SEPRODIC	Huehuetenango	Santa Eulalia, San Juan Ixcoy, Soloma	64,000

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Network	NGOs	Departments	Municipios	Population
	GENESIS	Guatemala	Coordinator	Not in health
	TIMAX	San Marcos and Quetzaltenango	Jornadas medicas	15,000
	14 NGOs (14 in health)		TOTAL	370,164
FESIRGUA	IDEI	Quetzaltenango	Valle Palajuj Noj	20,000
	Pies de Occidente	Quetzaltenango	San Juan Ostuncalco, Valle Palajuj Noj	20,000
	ASECSA	Nacional		100,000
	Coop. El Recuerdo	Jalapa	San Pedro Pinula	40,000
	Renacimiento	Chimaltenango	Patzun	30,000
	ADEMI	Chimaltenango	Santa Apolonia	20,000
	Belejeb Bätz	Quetzaltenango	San Juan Ostuncalco, Colomba	30,000
	CDRO	Totonicapan	Santa María Chiquimula, Momostenango	20,000
	Rixin Tinamit	Solola	Santiago Atitlan, San Juan la Laguna, Sta. Maria Visitación	40,000
	PRODESCA	Solola	Santa Lucia Utatlan	36,593
	10 NGOs (all in health)		TOTAL	356,593
CONODI	Ideas Positivas	Alta Verapaz	Fray Bartolomé de las Casas	13,221
	Wajxaquib Batz	Totonicapan	San Cristóbal Toto, San Francisco el Alto	3,300
	AHUEDI	Huehuetenango	Chiantla	1,500
	AMUPEDI	Quetzaltenango	Olintepeque	4,000
	APROSAMI	San Marcos	San Miguel Ixtahuacan	13,000
	AMDI	San Marcos	San Miguel Ixtahuacan	13,000
	CMM	Totonicapan	San Cristóbal Toto	20,490
	AMCPASA	Quetzaltenango	Colomba, Costa Cuca	18,406
	ADIM	Solola	Nahuala	810
	ADIMCG	Solola	Nahuala	18,000
	CORSADEC	Quiche	Olintepeque, Concepción Ch.	14,750
	AGAIM	Sacatepequez	Antigua	No work in health
	AINCOS	pend	Pend	No work in health
	Centinela	San Marcos	Tecun Uman	Pharmacy only
	COVESP	Quetzaltenango	Quetzaltenango	No work in health
	PROHUEHUE	Huehuetenango	Pend	No work in health
	16 ONGs (11 in health)		TOTAL	120,477
Wukup B'atz	ELA	Totonicapan	Santa Maria Chiquimula	62,934
	CONCERTEP	Totonicapan	Pend	No work in health
	ADISDOGUA	Quetzaltenango	Quetzaltenango	Pharmacy only
	Wukup B'atz	Totonicapan	San Francisco el Alto, Momostenango, San Andres Xecul	44,541
	4 NGOs (2 in health)		TOTAL	107,475

Network	NGOs	Departments	Municipios	Population
Grand Total	44 NGOs 37 in health)			954,709

D. Result: Ongoing expansion of new methodologies and quality RCH services among 52 NGOs funded by SIAS PEC

The project has also provided significant technical strengthening to the 52 NGOs being funded by the MOH through the SIAS PEC program in 2003 (21 or 40.4% of whom are also members of grantee networks). This strengthening has allowed the NGOs to expand the use of new methodologies and improve the quality of RCH service provision in the areas in which they work. Changes include the incorporation of new protocols based on IMCI and AINM-C and family planning, improved counseling, increased community participation and direct patient care through FCs. This incorporation of new methods and improvement of RCH quality services is on-going by these NGOs. Final results will be provided in the final project report.

Table 4: Coverage of the 52 NGOs funded by SIAS PEC in 2003 who are improving or diversifying RCH services in their communities as a result of technical strengthening funded by the project

Department	NGOs	Municipios	Population
Chimaltenango	Coop. San Juan Comalapa	Comalapa	18,978
	Ixin Acuala	San Jose Poaquil	8,600
	Xilotepeq	San Martin Jilotepeque	17,176
	Codesmaj	San Martin Jilotepeque	19,314
	Adseic	Santa Apolonia	7,372
		Tecpan	22,601
	5 NGOs (in a grantee network)		94,041
El Quiche	Codeco	Canilla	8,402
		San Andres Sajcabaja	1,1846
		Sacapulas	10,848
		Zacualpa	11,177
	Funrural	Chicaman	17,493
	Copinconuf	Chiche	8,988
	Ccam	Chichicastenango	30,114
		Sta. Cruz del Quiche	6,388
	Fundadese	Chichicastenango	11,430
		San Pedro Jocopilas	11,200
	Ninos Mashenos	Chichicastenango	56,148
		Sacapulas	23,511
	Ixmucane	Cunen	42,416
	Asoderq	Joyabaj	57,857
La Inmaculada	San Antonio Ilotenango	11,351	
	San Miguel Uspantan	12,230	
	9 NGOs (2 in grantee networks)	TOTAL	313,015
Huehuetenango	Tetz Qatanum	Aguacatan	25,697
	Adeco	Barillas	13,248
	Assaba	Barillas	13,638
	Eb Yajaw	Chiantla	38,523

Department	NGOs	Municipios	Population
		Malacantancito	9,047
	Acodimm	Colotenango	12,855
		San Ildefonso Ixtahuacan	15,446
	Pueblos Unidos	Concepción Huista	9,745
		Jacaltenango	12,756
		Jacal Concepcion	10,285
	Asocic	Cuilco	19,380
	Hoja Blanca	Cuilco	5,623
	Enlace	La Democracia	11,359
		La Libertad	14,815
	Kaibil Balam	La Democracia	12,848
		La Libertad	11,393
	Asodesi	Nenton	10,852
		San Pedro Necta	22,294
	San Juan Atitan	Huehuetenango	15,084
	Seprodic	San Juan Ixcoy	17,056
		San Pedro Soloma	25,006
	Adives	San Mateo Ixtatan	34,252
	14 NGOs (6 in grantee networks)	TOTAL	541,749
Ixil	Todos Nebajenses	Chajul	22,895
		Nebaj	37,278
		San Juan Cotzal	13,911
	INGO	TOTAL	74,084
Quetzaltenango	Fundatec	Cabrican-Huitan	10,970
	Ceipa	Coatepeque	23,818
	Adiss	Colomba	8,891
		Genova	15,118
	Corsadec	Concepción Chiquirichapa	12,870
	Cruz Roja	El Palmar	6,965
	Apics	Quetzaltenango	14,042
	Aprosadi	Quetzaltenango	13,438
	Nuevos Horizontes	San Carlos Sija	7,524
	ABC	San Francisco La Union	9,905
	Cedec	San Martin Sacatepequez	13,837
	10 NGOs (6 in grantee networks)	TOTAL	136,378
San Marcos	Acdisec	Comitancillo	20,831
		Tajumulco	15,141
	Assoc. Txolja	Comitancillo	17,037
	Adiss	Malacatan	25,395
	Centro Medico Coatepeque	Malacatan	22,863
		Nuevo Progreso/Ocos	31,162
		Pajapita	10,344
		Tecun Uman	9,768
	Los Diamantes	Malacatan/Catarina	10,303
	5 NGOs (2 in a grantee networks)	TOTAL	162,844
Solola	La Inmaculada	Nahuala	21,586
		Santa Catarina Ixtahuatan	8,376
		Palopo	5,196

Department	NGOs	Municipios	Population
	Vivamos Mejor	San Pablo y Santa Cruz la Laguna	11,469
	Prodesca	Santa Clara la Laguna	9,107
		Santa Lucia Utatlan	10,942
		Santiago Atitlan	16,915
	Ixim Achi-Adiia	Solola	29,458
	4 NGOs (1 in a grantee network)	TOTAL	113,049
Totonicapan	La Inmaculada	Momostenango	18,694
	Wukup B'atz	Momostenango	27,028
		San Andres Xecul	10,000
		San Francisco el Alto	12,463
	Consejo de Mujeres Mayas	San Cristobal	9,712
	ELA	Santa Maria Chiquimula	9,318
		Totonicapan	47,785
	4 NGOs (3 in grantee networks)	TOTAL	145,349
Grand Total	52 NGOs (21 in grantee networks – 40.4%)		1,580,509

E. Result: Geographic expansion and strengthening of NGO services in high risk districts

1. All grantee communities identified as high risk by the MOH

All of the communities attended by the 9 grantee NGOs were selected by the MOH Areas and districts as high priority for NGO expansion. They were selected by the MOH based on morbidity and mortality information, as well as for their lack of accessibility to services through other NGOs.

2. 100% coverage of 35 priority districts attended by 25 NGOs strengthened by the project

When the project began in early 2002, it was presented with a list of priority districts, as defined by the MOH. In addition, USAID and its partners were involved in identifying districts with high rates of malnutrition. The first list identified 23 districts, while the second identified 17 in the highland departments. Two of these districts were on both lists, bringing the total list combined to 38.

The table, below compares the list of these 38 districts with those districts currently covered by the NGOs funded by SIAS/PEC, those currently covered by the grantee networks and NGOs supported by Pro Redes Salud (first and second funding rounds).

The table shows three of the 38 districts to still lack an NGO (San Jose Ojetenan and Ixchiguan in San Marcos, and Tectitan in Huehuetenango). 25 NGOs are covering 35 of the 38 districts. 100% of these 25 NGOs have been strengthened by Pro Redes Salud, while coverage in 9 of the 35 priority districts is being funded directly through the project (25.7%).

The table also shows that 13 out of the 25 NGOs providing coverage in the 35 priority districts are members of the grantee NGO networks supported by the project. This is 52% of the total number of NGOs.

Table 5: Coverage of priority districts by NGOs

	Priority Districts according to the MOH	Priority districts according to nutritional status information, 2002	Those covered by NGOs funded by SIAS PEC (2003) (those in bold are also in Pro Redes funded networks)	Those covered by grantee networks and NGOs	Proportion of districts covered by NGOs strengthened by the project
7 departments					
	23	17	29	9	100%
Solola					
	San Lucas Toliman			Aq'bal PRODESCA*	
	Santiago Atitlan		Aq'bal PRODESCA*		
	Santa Clara la Laguna		Aq'bal PRODESCA*		
	Nahuala		La Inmaculada		
Total	4	0	2	1	100%
Quiche/Ixil					
		Nebaj	Todos Nebajenses	CORSADEC	
		Cotzal	Todos Nebajenses	CORSADEC	
		Chajul	Todos Nebajenses	CORSADEC	
		Patzite		CORSADEC	
	Chichicastenango		FUNDAESE CCAM Ninos Mashenos		
	Joyabaj		ASODERQ		
	San Pedro Jocopilas		FUNDAESE		
	Chiche		COPINCONUF		
	San Antonio Iitenango		La Inmaculada		
Total	5	4	7	4	100%
Quetzaltenango					
	Concepcion Chiquirichapa		CORSADEC*		
	San Martin Sacatepequez		CEDEC		
	Cabrican		FUNDATEC		
	San Francisco La Union		ABC		
Total	4	0	4	0	100%
San Marcos					
	Concepción Tutuapa	Concepción Tutuapa		ADASP*	
		San Jose Ojetenan			No NGO
		Ixchiguan			No NGO
	Tajumulco		CDRIM		
Total	2	3	1	1	100%
Huehuetenango					
		San Mateo Ixtatan	ADIVES		

	Priority Districts according to the MOH	Priority districts according to nutritional status information, 2002	Those covered by NGOs funded by SIAS PEC (2003) (those in bold are also in Pro Redes funded networks)	Those covered by grantee networks and NGOs	Proportion of districts covered by NGOs strengthened by the project
		Concepción Huista	Pueblos Unidos		
		San Rafael la Independencia			No NGO
		San Rafael Petzal	Eb'Yajaw*		
	San Juan Atitan	San Juan Atitan	San Juan Atitan		
		Todos Santos	IMDI		
		Colotenango	ACODIMM		
		Santa Barbara		Eb Yajaw*	
		Tectitan			No NGO
		Santiago Chimaltenango		ABC	
	San Juan Ixcoy		SEPRODIC		
	San Pedro Necta		ASODESI		
	Nenton		ASODESI		
	Aguacatan		Tetz Qatanum		
	San Gaspar Ixchil		ACODIMM		
	Total	10	9	2	100%
Totonicapan					
	Momostenango		La Inmaculada Wukup B'atz*	Wukup B'atz* ELA	
	Santa Maria Chiquimula		ELA		
	Total	0	3	1	100%

* NGOs being funded under this project, first round NGOs

F. Result: Network and NGO provision of priority RCH services

1. Priority services listed in the project description

Objective 4 calls for as many of the priority RCH services listed in the project description to be provided by NGOs as possible. This goal is also being accomplished by the project. The majority of priority RCH services are being provided by all networks and NGOs, as follows:

Integrated Child Health

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

Integrated Reproductive Health

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

This represents 89% of the services listed. The only technical area not being included is breast cancer.

2. Additional services being provided

In addition, the project has included other technical areas and services in the basic RCH package. These are an integral part of the community-based IMCI protocols. They are:

Integrated Child Health

- Detection, case management and referral of febrile illnesses (such as malaria and dengue), and
- Detection, case management and referral of cases of ear and throat infections

Objective 6: Incorporate family planning and IMCI protocols into service delivery

The purpose of this objective is to incorporate family planning and IMCI (AIEPI or Manejo de Casos) into network and NGO service delivery. The project has accomplished this objective by training and incorporating family planning and IMCI into the service delivery of not only ex-PCI and ex-Population Council funded NGOs and the NGOs funded by SIAS PEC, as set out in the project description, but also by training and incorporating family planning and IMCI into the service delivery of other NGO members of the 5 grantee networks. Training has been conducted by APROFAM, project staff, the MOH, NGO networks and NGOs. Networks and NGOs have trained other networks and NGOs in the process. The following table attempts to capture the dimension of this achievement through 2003.

A. Result: On-going incorporation of family planning and IMCI into NGO service delivery among 8 networks and 129 NGOs

The project has incorporated and is incorporating family planning and IMCI into the service delivery of the following (first and second funding rounds):

- 100% of 8 NGO networks and 18 NGOs with grants have received strengthening and incorporated family planning and community based IMCI into service delivery among 317,000 population
- 100% of the 52 NGOs receiving funding from SIAS PEC have received strengthening and are in the process of incorporating the new protocols for family planning and community based IMCI in their areas, covering 1,436,505 population
- Many of the 63 NGO members of the 7 NGO networks have receiving and are receiving strengthening and are in the process of incorporating the new protocols for family planning and community-based IMCI in their areas

This effort represents the incorporation of new services, expansion of services or use of new protocols in family planning and community based IMCI among 100% or more of the total number of NGOs working in health in the 7 highland departments. Final numbers will be presented in the final project report.

B. Result: 12% expansion of access to family planning and 100% expansion of IMCI due to incorporation into service delivery of NGOs (first round only)

The expansion of access to family planning and IMCI due to the incorporation of new protocols in family planning and community-based IMCI into service delivery of NGOs is presented below, by department. This table includes the first round of grantee networks and NGOs only. Additional access is being provided by networks and NGOs with funding from AmeriCares.

Table 6: Expansion of access to family planning and IMCI due to incorporation into the service delivery of NGOs (first funding round only)

Department	Population served by family planning 2001	Population served by family planning 2003	Population served by community based IMCI 2001	Population served by community based IMCI 2003
7 departments				
SIAS PEC-funded NGOs	1,334,490	1,436,505	0	1,436,505*
Grantee networks, and NGOs	398,055 (PC and PCI)	112,000 (PRS)	0	112,000 (PRS)
5 Grantee networks and non-grantee NGOs*	unknown	unknown	0	621,709(PRS)* (5 networks)
Ex PC and PCI NGOs		398,055 (PC and PCI)	0	unknown
Total	1,732,545	1,946,560 (increase of 12%)	0	2,170,214* (increase of 100%)

* pending final information on incorporation into service delivery by non-grantee NGOs and SIAS PEC funded NGOs

C. Materials used for strengthening in IMCI and family planning

Objective 6 recommended that the project use materials developed by NGOs for the training of project networks and NGO members. This is due to the fact that, in 2001, the government of Guatemala had not yet approved the national strategy for the primary care level, referred to as AIEPI AINM-C. In 2002, following a joint visit to Honduras that included Pro Redes Salud, the AEIPI AINM-C strategy was adopted by the Ministry of Health, and materials were subsequently developed. The project has used these official materials in the training of networks and NGOs. For family planning, the project has also used the official materials on family planning and birth spacing that form a part of the official protocols. In addition, the project has used the materials and logistic system developed by APROFAM. Many of these materials were adapted from earlier materials developed by USAID-funded NGOs.

D. Trainers

The objective specifically mentions training of networks and NGOs by NGOs and by APROFAM. The project has followed this guideline, using the following variety of sources as trainers of the networks and NGOs:

1. Trainers in IMCI

- Project personnel
- Networks
- NGOs
- MOH personnel

2. Trainers in family planning

- Project personnel
- Networks
- NGOs
- APROFAM

E. Result: Design and implementation of an innovative model of RCH service delivery on the community level

In 2003, networks and NGOs began implementation of an innovative model of service delivery developed with the MOH and described in detail in earlier project reports. This is a project result not originally contemplated in the project description. The project model is a variation on the service delivery model being implemented by NGOs funded by the MOH under SIAS/PEC. In the project model, the Facilitador Comunitario is empowered to classify and manage the most important illnesses among children under 5 and provide family planning and simplified care for women in fertile age during prenatal and postpartum periods. Immunizations are provided by technical supervisors. Growth monitoring and counseling is conducted by vigilantes, with support from Facilitadores Comunitarios.

F. Result: Increased emphasis on community empowerment in RCH service delivery

Community empowerment is an important strategy in this innovative model of service delivery. This includes involving communities in the selection of FCs and vigilantes and identification of locations for centros comunitarios as well as the establishment of health committees, direct patient care by FCs, and the presentation of data from the centro to the community – the sala situacional – for discussion on a regular basis. Community mobilization activities and set up of centros comunitarios conducted in 2003 is described more in detail, below.

G. Result: Priority RCH services being provided by 5 networks and 9 NGOs

As mentioned above under Objective 4, all grantee networks and NGOs are providing a basic set of services on the community level. These services include those identified by the Mission in the Project Description section of the Cooperative Agreement, and others (marked with an *) as follows:

Integrated Child Health

- Detection, case management and referral of diarrheal disease in children under five
- Detection, case management and referral of respiratory infections among children under five
- Detection, case management and referral of ear and throat infections among children under five*
- Detection, case management and referral of febrile illnesses among children under five*
- Immunizations
- Growth monitoring and counseling of children under two
- Micronutrient supplementation (Vitamin A and iron) among children under two

Integrated Reproductive Health

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

Service delivery is based on the implementation of the new national protocols for community based IMCI and the integrated care of women and children (AIEPI AINM-C) including immunizations and family planning.

H. Timeline for the initiation of RCH services, 2003

RCH services began in 2003 under this project (the first funding round) as follows:

- January: vaccinations, growth monitoring, promotion of breastfeeding and proper infant nutrition
- March: diarrheal disease, respiratory infections, ear and throat problems, febrile illnesses, micronutrient supplementation, prenatal and postnatal care
- July: family planning and counseling
- October: detection and referral of cervical cancer

I. Result: Systematization of RCH service delivery

1. Set up and inauguration of centros comunitarios

Once plans and budgets for 2003 had been revised and approved, networks and NGOs began the process of setting up their centros comunitarios. According to the project model, NGOs set up at least one centro comunitario for every 1,000 population. In early 2003, the networks and NGOs established 113 of these centros in remote rural communities attended by the project. NGOs and networks sponsored official opening ceremonies for centros comunitarios in their communities, with speeches by municipal authorities and representatives of the Ministry of Health, and lunches prepared by community members.

Centros comunitarios are most often small, one-room structures made of adobe with either a tin or tile roof and dirt or cement floor. They have been donated by the community and tend to be located in a room in the local primary school, adjoining the local municipality, or in a room built specifically for this purpose by the community adjoining the house of the Facilitador Comunitario.

Each centro comunitario is attended by a Facilitador Comunitario selected by the community, who is in turn assisted by 8 Vigilantes, also selected by the community who are responsible for a sector of the population made up of around 20 families. There are a total of 113 FCs and 828 vigilantes and 252 traditional midwives in the project among first round networks and NGOs.

Inauguration of the centro comunitario in San Bartolome Jocotenango, El Quiche

Preparation of food by the Health Committee in San Bartolo Jocotenango, El Quiche

2. Application of a quality checklist to ensure quality of centros comunitarios for service delivery

Networks and NGOs were assisted in this process by Pro Redes technical staff, and the use of a standardized checklist. The use of the checklist (Annex A) ensured that centros comunitarios were established in locations that allowed separate entry for patients, and were not in the house of the FC, had sufficient light and space for patient care, ensured patient privacy, and counted on the basic protocols, IEC materials and pharmaceuticals for quality care.

In general, centros comunitarios are equipped with a simple table and two chairs, a platform often made of pine with a foam mattress for the examination of patients, and a cabinet for medicines and supplies. Where possible the room is divided, often by a hanging curtain, to provide privacy. Light is either provided by an electric bulb or by a window. Meetings with community members are generally held outside on a porch or under a tree. Centros were supplied by the project with the necessary protocols for patient care, patient counseling materials, hanging pediatric scales, and a revolving drug fund – rural botequin – consisting of a limited supply of basic drugs and contraceptives as established in the AEIPI AINM-C and family planning protocols.

3. Systematization of provision of care and counseling in the centros comunitarios

Once the centros were established, project staff worked to set up the centros in a way that would allow for the systematization of provision of care and counseling. This is often a weakness in NGO service delivery settings. The checklist also ensured that the following systematization of care could take place:

- Community maps were put up on the walls to orient service delivery
- The census data for each community was also put up on the walls and used to divide the community maps into sectors (20 households), one for each of the 8 vigilantes.
- Each of the households in the map was assigned a number reflecting the sector and household itself
- This number was then put on a folder to be used for patient records for that family. Family census forms were placed in each family's corresponding file

- A box was developed with dividers for each month and sector, to enable follow-up of cases
- Shelves were divided into two parts, one for the drugs making up the revolving fund (for sale), and another for donated drugs and commodities (free)
- During service delivery in the centro comunitario, the following takes place:
 - The patient is greeted
 - The FC uses the hoja de registro to classify the illness or condition and determine what care needs to be given
 - The patient is treated or referred and counseled
 - The FC then notes the case on the revised form (3CC) for community-based AEIPI AINM-C
 - If follow up is required, a note is placed in the box in the corresponding month and sector
 - The hoja de registro for that case is placed in the corresponding family file

Facilitadora Comunitaria in her centro comunitario, Momostenango, NGO Wukup B'atz

Patients waiting to be seen by the Facilitador Comunitario, Quiche

4. Systematization of growth monitoring and counseling

In 2003, networks and NGOs completed the training of their 828 vigilantes. The vigilantes are those responsible for growth monitoring and counseling, supervised by the 113 FCs. Some NGOs have systematized this activity, while others have not. The project will work to improve the systematization of this activity more in 2004.

5. Systematization of community participation and evaluation

Community participation and evaluation of centros comunitarios is also systematized within the project. At the end of each month, data from each centro is analyzed and the summary reported using a series of posters designed for that purpose. Centros chart the occurrence of childhood illnesses, immunizations, and attention to women in fertile age. Growth monitoring is charted compared to the total children under 2 years of age, including whether or not the child has been found to be growing well. This information is to be then presented to and discussed with the community health committee as well as the community at large.

J. Result: Systematization of case reporting and monitoring of progress

Systematic collection of field data, data entry, and systematic monitoring of indicators are often areas of weakness among NGOs. For this reason, the project has worked hard to strengthen these abilities among project supported NGOs. As a result, all networks and NGOs are using a standard set of field reporting forms, analyze data monthly and quarterly based on a set of key indicators, and report to networks and the project on a regular basis. Activities conducted in 2003 related to the systematization of reporting and monitoring of progress were as follows:

1. Completion of the final community-based reporting and monitoring system for IMCI AINM-C

Approval for the development of a community based information system: In mid-2002 Pro Redes realized that the current MOH reporting forms (SIGSAs) were not consistent with the terminology used in the AIEPI AIMN-C protocols and therefore would not provide the information necessary to either report progress to USAID or adequately monitor the implementation of the national strategy. This situation was discussed with the MOH/UPS1, and it was agreed that Pro Redes would assume the task of modifying the current SIGSA forms used by MOH (3PS), pilot test the revised forms for several months with the networks and NGOs, and then develop a set of new forms that would be used by the project and might also be used to the SIAS PEC NGO program for reporting of community-based AEIPI AINM-C activities nationwide. The MOH sent a letter to all Area Directors informing them of this pilot test and approving the use of the new forms by Pro Redes Salud. The development of a community-based information system is a project result not originally contemplated under this objective.

Development of draft forms and pilot test: During the first half of 2003, Pro Redes completed the development of a set of draft forms and trained the networks and NGOs in their use. NGOs in turn trained their community level Facilitadores Comunitarios. The forms were then pilot tested, with supervision from NGOs and project staff, from March through mid-May.

Revision of instruments based on the results of the pilot test: Once the pilot test period had been completed, in June project staff, networks and NGOs met in five local teams to review the instruments and provide comments. The project was pleased to see that in most Areas these teams also included personnel from the MOH. In mid-June, 2003 Pro Redes held a meeting with NGO and MOH representatives from the local teams to receive comments.

Modification and finalization of the community-based reporting system for IMCI AINM-C: Instruments were revised in the last week of June by project staff based on the recommendations from these groups.

2. Development and completion of a data entry and analysis system

Reporting is also systematized, with NGO consolidation of service delivery information monthly, and network consolidation quarterly. The project developed a computerized data entry system in Access, and is receiving copies of NGO monthly reports, as well as network quarterly reports, which are entered into this data base on a continuous basis. This system allows for the analysis of the data based on indicators of coverage and quality of care.

3. Reporting of indicators

The project has developed a set of indicators that are used by NGO, network and project technical staff to measure progress and identify weaknesses for further strengthening. Indicators reflect national norms for service delivery.

4. Indicator analysis by technical teams

The project also developed a manual system for analysis of monthly data that is being used by local teams of project technical staff, network and NGOs to measure progress. This helps teams identify issues and focus technical assistance.

K. Result: Systematization of technical supervision

1. Supervisory structure and frequency

Supervision is an important aspect of any program, and one that is often overlooked. Ratios of supervisor to persons supervised is often also too high, which does not allow for frequent supervision. For this reason, Pro Redes has also systematized supervision on all levels, as follows:

- Supervision of networks by project technical coordinators (3) based in Quetzaltenango and Guatemala City. All technical coordinators are health professionals.
- Supervision of NGOs by project departmental coordinators (1 in each of the 8 health areas). All departmental coordinators are either physicians or professional nurses. Departmental coordinators provide continual supervision and support to NGOs in their areas.
- Supervision of NGOs by network project coordinators (1 coordinator per network, and 1 or 2 per NGO). All network project coordinators are either doctors or professional nurses. Network coordinators provide supervision to each of their NGOs twice a month.
- Supervision of NGO technical supervisors by NGO project coordinators (1 coordinator for every 10 supervisors). All NGO coordinators are either physicians or professional nurses. NGO coordinators visit the community level with NGO supervisors twice a week.
- Supervision of facilitadores comunitarios by technical supervisors (1 supervisor for every 5 FCs). All NGO supervisors are either professional nurses or tecnicos en salud rural. This low ratio allows each supervisor to visit each FC weekly.
- Supervision of vigilantes by FCs (1 FC for every 8 vigilantes, and by technical supervisors). All FCs are community members with around a 4 th grade education. Half are women.

2. Transport

Transport is also a key element in program implementation and supervision, and also an area that is often overlooked. For this reason, the project has ensured that transport is available on each level of the supervisory system as follows:

- Project technical coordinators (3) based in Quetzaltenango and Guatemala City: 4 four-wheel drive vehicles, one based in Quetzaltenango.
- Supervision of NGOs by project departmental coordinators (1 in each of the 8 health areas): use of their own vehicles with mileage reimbursal, public transport, use of the 4 wheel drive vehicles mentioned above, vehicle rental. This area has been the weakest, and therefore is being strengthened with the purchase of 3 additional four wheel drive vehicles in 2004.
- Supervision of NGOs by network project coordinators (1 or 2 coordinators per NGO): motorcycles and network vehicles.
- Supervision of NGO technical supervisors by NGO project coordinators (1 coordinator for every 10 supervisors): motorcycles and NGO vehicles.

- Supervision of facilitadores comunitarios by technical supervisors (1 supervisor for every 5 FCs): motorcycles and NGO vehicles.
- Supervision of vigilantes by FCs (1 FC for every 8 vigilantes, and by technical supervisors): bicycles.

3. Development and completion of an instrument for Supportive Supervision

During 2003, the project developed a consolidated instrument to facilitate and standardize the supervision of FCs and vigilantes by NGO technical supervisory staff. The instrument was reproduced and provided to networks and NGOs. It contains a checklist to ensure quality of care related to the classification of illnesses, management of the case, counseling, and follow-up, management of the revolving drug fund, donated medicines and contraceptives, and management of medical wastes. The instrument is presented in this report in Annex B.

Pro Redes Departmental Coordinator and FUNRURAL Network Coordinator visit to a centro comunitario and Facilitador Comunitario in Colomba, Quetzaltenango

4. 2003 supervision, departmental coordinators

The following table presents the level of effort of project departmental coordinators in provision of technical assistance and supervision to NGO in their areas:

Table 7: Technical assistance provided to networks and NGOs by Departmental Coordinators, 2003

Types	Chimal-tenango	Solola	Quiche	Toto-nicapan	Quetzal-tenango	San Marcos	Huehue-tenango (south)
Visits to centros comunitarios to review equipment and supplies	10	27	60	14	74	20	1
Visits to centros comunitarios to supervise service delivery	20	24	60	20	54	26	30
Visits to centros comunitarios to validate the supervision instrument	7	19	2	6	5	7	15
Visits to centros comunitarios to supervise the	20	34	3	6	46	26	30

Types	Chimal-tenango	Solola	Quiche	Toto-nicapan	Quetzal-tenango	San Marcos	Huehue-tenango (south)
revolving drug fund							
Visits to centros comunitarios for integrated monitoring of activities	20	31	60	20	54	15	15
Meetings with NGOs on the information system	20	8	6	8	8	14	4
Meetings with the NGO technical team	22	17	12	40	15	13	10
Meetings to develop monthly plans	12	14	12	10	14	12	4
Meetings to analyze data on service provision	12	10	12	8	13	17	8
Review of plans and budgets	4	14	1	5	11	5	6
Visits to communities with NGOs to determine location of centros comunitarios	15	22	50	6	37	10	2
Meetings with NGOs to strengthen census and mapping	18	12	13	2	7	3	15
Meetings with other community members (mayors, etc.)	23	2	12	4	18	7	2
Support to the NGO during community assemblies	24	1	12	4	4	4	20
Support to the NGO during inauguration of centros	10	5	12	4	0	20	15
Meetings with the NGOs to select personnel	4	8	3	2	2	4	1
Technical assistance support	5	4	2	2	7	1	2

Types	Chimal-tenango	Solola	Quiche	Toto-nicapan	Quetzal-tenango	San Marcos	Huehue-tenango (south)
to NGOs during training of FCs in revolving funds							
Technical assistance support to NGOs during training of FCs in family planning	5	4	2	4	4	1	1
Technical assistance support to NGOs during training of FCs in contraceptive logistics	5	4	2	3	1	1	1
Technical assistance support to NGOs during training of vigilantes	12	7	3	20	25	12	1
Technical assistance support to NGOs during training of FCs in the information system AIEPI AINM-C	4	4	2	3	6	1	1
Technical support to networks during training of NGOs in the revolving funds	5	1	6	2	2	1	1
Local technical team meetings with the NGO	50	27	15	49	23	18	14

MONITORING AND EVALUATION COMPONENT ONE

A. Key Monitoring Indicators for Service Provision and 2003 Results

The following pages of the report present the key monitoring indicators related to the production of services, as set out in the project Monitoring and Evaluation Plan. The full M and E plan and results are presented by Objective in the annexes of this report.

III. Component Two: Strengthening of Networks and NGOs

Objective 2: Create new NGO Networks

This objective is aimed at increasing the number of formal or informal NGO networks working in health in order to achieve greater coverage and reduce the management burden for donor agencies and others wanting to work with NGOs. It calls for all project support to be channelled through formal or informal networks. The 2003 goals for this objective were to have formed at least 7 formal or informal networks since the project began, to be working with at least 12 formal and informal networks, and to have incorporated at least 3 independent NGOs into the new networks. The project has accomplished these goals. Since the project began, a total of 15 new networks have been formed, 10 formal and 5 informal. 73 NGOs have been incorporated into the 10 new formal networks. In total, the project is working with 17 formal and informal networks, 8 formal and 9 informal. Details on these accomplishments are as follows:

A. Types of networks formed

1. Informal networks of SIAS PEC-funded NGOs (and other NGOs) on the departmental level

Objective 2 originally envisioned grouping the NGOs funded by SIAS PEC in each department into formal, legal networks, and then channelling project funding through them. In the beginning of 2002, the project spoke to the NGOs previously funded by the Population Council and PCI to obtain their counsel regarding the formation of legal NGO networks by department, based on NGO participation in SIAS PEC.

The NGOs felt that this was not a good idea for several reasons. First, NGOs working in each department receive funding from SIAS PEC in one year, but then may not receive funding in another year. This instability would thus make the formation of legal networks made up of NGOs receiving MOH funding unfeasible. Second, according to these NGOs, many of the NGOs being funded by SIAS PEC are not the strongest health NGOs in Guatemala. Instead, political factors and influence have led to the formation of new inexperienced and opportunistic NGOs just to obtain funding from the MOH. Undue influence from the central level of the MOH as well as the Areas, and a biased selection process, have led to funding of these NGOs rather than funding of other NGOs with more experience. Indeed, many NGOs we spoke to refused to work with SIAS PEC for this, and other reasons. Therefore, if the project were to legalize groupings of these NGOs and then channel support primarily to those NGOs, in their opinion the project would not be supporting the strongest health NGOs in the country, and the ones with the best chance of long term sustainability.

On the other hand, the NGOs did feel it was important to strengthen local level coordination among NGOs working in each department. They felt that this should be accomplished instead through the strengthening of informal networks made up of all NGOs, including those funded by SIAS PEC. The ideal mechanism was felt to be the Consejo de Salud as it is the official mechanism for coordination established by the MOH and municipal levels, as set out in the Codigo de Salud and the Codigo Municipal. The Consejos de Salud are the bodies responsible for coordinating all NGOs, SIAS and non-SIAS, in a given geographical area. For this reason, in early 2002 the project selected the Consejos as the informal network bodies to be strengthened in the local level coordination of the NGOs, including those NGOs receiving funding from SIAS PEC in any given year. Strengthening and formation of Consejos continued in 2003, as discussed below under Objective 8.

2. Formal networks of NGOs, including members funded and not funded by SIAS PEC

The NGOs previously funded by the Population Council and PCI felt that all NGOs would be most interested in joining each other and forming formal, legal, networks based on affinity. In fact, these NGOs were already planning to form legal networks, joining with other strong NGOs. For this reason, they suggested that the project offer legal support to all NGOs interested in forming legal networks, and not tie this into the source of funding the NGOs may or may not receive, including that of SIAS PEC. For this reason, the new legal networks formed by the project include NGOs that have various sources of funding not including the MOH, as well as NGOs that are currently receiving funding from the MOH under SIAS PEC each year.

B. Result: 17 formal and informal NGO networks attended by the project, 2003

- **Formal NGO Networks**

- Red para el Desarrollo Sostenible (REDDES)
- Federación de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)
- Corporación de Organizaciones de Desarrollo Integral (CONODI)
- Coordinadora Integral de Asociaciones Marquenses (CIAM)
- Red Wukup B'atz
- Red RONDICS
- FUNRURAL
- ASINDES

- **Informal NGO Networks**

- Foro de Redes de ONGs en Salud de Guatemala
- Consejo de Salud – Departamento de Quetzaltenango
- Consejo de Salud – Departamento de San Marcos
- Consejo de Salud – Area de Quiche
- Consejo de Salud – Area de Ixil
- Consejo Municipal de Salud – Concepción Tutuapa
- Consejo Municipal de Salud – San Pedro Necta
- Consejo Municipal de Salud – Santa Barbara
- Consejo Municipal de Salud - Barillas

C. Result: 10 new formal NGO Networks legalized

1. Red para el Desarrollo Sostenible (REDDES)
2. Federación de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)
3. Corporación de Organizaciones de Desarrollo Integral (CONODI)
4. Coordinadora Integral de Asociaciones Marquenses (CIAM)
5. Red Wukup B'atz
6. Red RONDICS
7. Red de Estudio para el Desarrollo Integral Socioeconómico “Redis Q’Anil”
8. Asociación de Entidades de Desarrollo Humanitario (ENDESA)
9. Coordinadora de Asociaciones Maya Indígena del Norte (CAMINO)
10. Red San Pablo

D. Result: 5 new informal Networks formed

1. FORO de Redes de ONGs en Salud
2. Four District/Municipal level Consejos de Salud (in San Marcos, Huehuetenango). For details, please see the section on Consejos de Salud in this report.

E. Result: 73 NGOs incorporated into the 10 new formal, legal networks

Table 8: Number of NGOs by network

Network	Number of Member NGOs
Red para el Desarrollo Sostenible (REDDES)	16
Federación de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)	10
Corporación de Organizaciones de Desarrollo Integral (CONODI)	16
Coordinadora Integral de Asociaciones Marquenses (CIAM)	3
Red Wukup B'atz	4
Red RONDICS	7
Red de Estudio para el Desarrollo Integral Socioeconómico "Redis Q'Anil"	4
Asociación de Entidades de Desarrollo Humanitario (ENDESA)	5
Coordinadora de Asociaciones Maya Indígena del Norte (CAMINO)	5
Red San Pablo	3
Total	73

Objective 3: Encourage the creation of one or more umbrella NGO networks

The goal of the project under this objective was to form an umbrella network of networks that included the NGOs previously funded by PCI or the Population Council and those funded by SIAS PEC, if possible by the end of the project. This objective has also been met by the project. An umbrella network of network has been formed, made up of 7 NGO networks and an estimated 150 NGO members. This umbrella network is the FORO de Redes de ONGs en Salud en Guatemala. The FORO has not only been formed, but has also had an active role on the national stage as an advocacy body in the health sector and has won commitments from political parties for inclusion in 2004, as described below.

A. Result: Incorporation of NGOs funded by PC and PCI into legal networks

As noted in the 2002 Annual Report, the formal networks of ex-Population Council NGOs, FESIRGUA, and the two networks made up of ex-PCI supported NGOs, REDDES and CONODI were formed in early 2002. These networks continued to receive strengthening from Pro Redes in 2003, as described in detail below under Component II, network and NGO strengthening. All 3 networks are members of the FORO de Redes de ONGs en Salud.

B. Result: Formation of an umbrella network of networks (Federation)

In 2003, the project achieved the objective of creating an umbrella network of networks, commonly referred to as a Federation. This was a result of the project strategy which we have been implementing over the life of the project, as described in detail in previous project reports:

1. Strategy for the formation of an umbrella NGO network

To review, our strategy for the formation of an umbrella network has been:

- 1) Assist NGOs to form legal networks and incorporate the networks into the project
- 2) Provide opportunities for the networks to get to know and trust each other
- 3) Identify an opportunity for the formation of the umbrella network, and encourage the NGO networks to form an umbrella network
- 4) Support the activities of the umbrella network through the rest of the project

Step 1

Assist NGOs to form legal networks and incorporate the networks into the project:

- Number of new legal networks formed: 10
- Number of legal networks incorporated into the project: 8

Step 2

Provide opportunities for networks to get to know and trust each other: Opportunities have included:

- Training together
- Meetings together
- Development of the following:
 - Community baseline survey
 - Revolving medicine funds
 - Community-based AIEPI AINM-C information system
 - Analyses of goals and achievements
 - Development of network Strengthening Plans and plans for sustainability

Step 3

Identify an opportunity for the formation of the umbrella network, and encourage the NGO networks to form an umbrella network:

As a result of this strategy, in the last semester of 2003 an informal umbrella network was formed. The umbrella network is the FORO de Redes de ONGs en Salud de Guatemala. The FORO formed in order to advocate for NGO participation in the health sector of the new government, which will take power in early 2004. This umbrella network consists of 7 of the project-funded NGO networks, as follows:

- 1) FESIRGUA (ex—PC NGOs)
- 2) REDDES (some ex-PCI NGOs)

- 3) CONODI (some ex-PCI NGOs)
- 4) FUNRURAL
- 5) CIAM
- 6) RONDICS
- 7) Wukup B'atz

C. Result: Support to the Foro de Redes de ONGs en Salud in 2003

Step 4

Support the activities of the umbrella network through the rest of the project:

Specific activities conducted in support of the FORO in 2003 are listed below. Documentation is presented for these activities in this report in Annex C:

- 1) Linking the FORO with the Policy Project for technical assistance,
- 2) Support to meetings between the FORO, Policy and Pro Redes to determine actions necessary for political advocacy in health, and work on those actions jointly,
- 3) Development and reproduction of a unified position document in health
- 4) Support to a press conference to present the FORO and its position document in health
- 5) Newspaper advertisements and publications to present the FORO and its position document in health as well as the results of the political forum
- 6) Support for a national level political forum for presidential candidates
- 7) Newspaper advertisements and publications to present the FORO and its position document in health as well as the results of the political forum
- 8) Support to a half day meeting between the FORO and the Union Nacional para la Esperanza (UNE), one of the political parties selected in the first round.
- 9) Support to a half day meeting between the FORO and the Gran Alianza Nacional (GANAN), the other political party selected in the first round.

1. FORO position document and points

In September, the FORO developed a position document to be given to all political parties. The document, entitled *Derecho a la Salud y Situación de las Comunidades Postergadas*, outlines 9 basic points the NGO networks considered important as the basis for a discussion. In brief, these were:

- Establish a platform in the health sector for the analysis and implementation of sectoral reform that includes the participation of NGOs.
- Strengthen the MOH, with emphasis on the local level
- Ensure the continuity of the SIAS PEC program with increased emphasis on MCH and taking into account the variants in the model that have proven efficiency and are being applied by other organizations (Pro Redes, etc.)
- Strengthen social participation from decision making through to social audit
- Decentralize the health services, strengthening the departmental and municipal consejos
- Institutionalize the strategy AIEPI AINM-C and reproductive health into service provision
- Integrate traditional medicine and therapies into the health system
- Ensure efficient access to medicines to the population

- Increase the social investment in health

2. *The public forum: Derecho a La Salud y La Situacion de las Comunidades Postergadas en Guatemala*

On October 2, 2003, the Foro de Redes de ONGs en Salud en Guatemala held a public forum in the Hotel Camino Real in Guatemala City. Participants included representatives from the major political parties GANA, UNE, DIA, UD and URNG as well as over 500 representatives from NGOs, the MOH, the major universities and donor organizations, including USAID. The purpose of the event was to present the FORO, the contents of a proposal elaborated by the FORO consisting of 9 points, and to hear the position of each political party on the health sector and involvement of NGOs. During the meeting, 7 principal points of consensus and commitments were identified by the parties that spoke. These were:

- Emphasize remote populations in health following the Peace Accords
- Reorient the MOH, decentralizing control and improving coordination, with emphasis on the municipal level and Consejos de Salud
- Recognize the strategic participation of NGOs in the health sector
- Emphasize primary and preventive health care in maternal child health including family planning
- Strengthen social participation from decision making through to social audits
- Incorporate traditional medicine into the health system with emphasis on cross culturality
- Increase the percentage of the gross national product for health and make the management of funds more transparent

3. *Meeting with GANA and results*

The project also supported one-on-one meetings between the Foro and each of the political parties selected in the first voting round, UNE and GANA. In December, GANA was selected in general elections, and is currently taking power. During the meeting between the Foro and GANA, consensus was reached on the following points related directly to the NGOs:

On MOH leadership and decentralization:

- Create consensus and include strong participation of all institutions working in the health sector, including NGOs
- Strengthen the Consejo Nacional de Salud as the national coordinating body (GANA invited the Foro to sit on the Consejo)
- Establish systems for the control of NGOs in PEC based on agreements and social audits in order to improve the quality of services and including the participation of the municipality and local authorities
- Place emphasis on decentralization as soon as possible, strengthening the capacities of the districts to assume responsibility
- Conduct an evaluation of decentralization within the first year (GANA invited the Foro to form part of the team)

On AEIPI and reproductive health:

- Promote and institutionalize the strategy AIEPI. Ensure the necessary medicines and supplies.
- Provide integrated reproductive health including modern methods of contraception
- Strengthen SIAS PEC NGOs in the delivery of integrated child health and adolescent health, ensuring accessibility of supplies and medicines
- Incorporate new cadres of professionals that are now training in Cuba to provide care where there is currently no access

On medicines:

- Strengthen PROAM
- Create an intersectoral group to evaluate the use and accessibility of medicines
- Strengthen the use of generic drugs
- Develop regional warehouses to facilitate access to generic medicines
- Facilitate the participation of NGOs in an intersectoral body related to use of medicines
- Strengthen SIAS PEC NGOs to deliver integrated care, improving access to supplies and medicines
- Form an intersectoral group to participate in the process of the contrato abierto (GANA invited the Foro to participate in this group)

FORO results to date

We consider the formation of the umbrella network to be an important project result, and one particularly difficult to achieve. The FORO has already had an impact on the networks as it has shown them that they have more power nationally if they join together. It has already also had an impact on the health policies of the political parties as they have now included a focus on the extension of primary care and NGOs in their platforms, and have invited the NGOs to participate actively with the MOH on the national level. The FORO has identified a set of activities to be implemented in 2004 with support from Pro Redes Salud, which involve establishing a regular platform for coordination with the new government as well as a workshop to determine whether or not the FORO should become a legal entity or remain an informal umbrella network of networks in health.

Objective 1: Strengthen NGOs

The purpose of this objective is to build upon Mission work to date to further strengthen each NGOs capacity to provide quality reproductive and child health services among children under five and women in fertile age, manage its program more effectively and improve its sustainability. This objective has been achieved by the project. Under this project, strengthening has been provided not only to ex- PCI and Population Council funded NGOs and SIAS PEC funded NGOs, as outlined in the objective, but also among 8 networks and their NGO members working in health. The tables below attempt to capture the dimension of this support.

A. Result: Strengthening of 100% of the NGOs previously supported by PCI

All of the NGOs previous supported by the Population Council are receiving continuing strengthening from the project. All were incorporated into the formal, legal network FESIRGUA in early 2002. They are receiving strengthening in technical areas to provide quality RCH care, in administration and finances to improve program management, and in sustainability.

All of the NGOs previous supported by PCI are also receiving continuing strengthening from the project. All were incorporated into the formal, legal networks REDDES or CONODI in early 2002. They are also receiving strengthening in technical areas to provide quality RCH care, in administration and finances to improve program management, and in sustainability.

B. Result: Strengthening of 1005 of the 52 NGOs currently funded by SIAS PEC

All of the NGOs receiving funding through SIAS PEC are also receiving strengthening from the project. As mentioned above, these NGOs are being incorporated into the informal departmental networks, Consejos de Salud, and many are also members of the 8 legal NGO networks being supported by the project. All are receiving strengthening in technical areas to provide quality RCH care, while those who are members of project networks are also receiving support in administration and finances to improve program management, and in sustainability.

C.Result: 16 Networks and 129 NGOs receiving strengthening from Pro Redes Salud

- NGO Networks: 16
 - 8 formal, legal networks
 - 7 Consejos de Salud on the departmental/area and district levels
 - Foro de Redes de ONGs en Salud de Guatemala

- NGOs: 129
 - 18 NGOs with grants, members of the 8 formal, legal networks (first and second funding rounds)
 - 63 NGO members of the 8 formal, legal networks (first and second funding rounds)
 - 52 NGOs funded by SIAS PEC

D. Result: 100% of 116 NGOs in each department receiving strengthening from the project

This approach to network and NGO strengthening has allowed the project to provide strengthening to 100% of the 116 NGOs currently working in each of the highland departments, either because they are currently funded by the MOH and have therefore received significant strengthening of their technical capacities (52 NGOs or 45% of the total), because they are project grantee NGOs (20 or 27% of the total), or because they are a member of one of the project NGO networks (83 or 72% of the total). Support has also extended to NGO network members working in health in Jalapa, Ixcán and Alta Verapaz. The following table presents details by department.

Table 9: Proportion of NGOs that are being strengthened by the Project, by health area

Department	NGOs in the department	NGOs funded by MOH SIAS-PEC receiving strengthening from Pro Redes (2003)	Grantee NGOs receiving strengthening from Pro Redes	NGOs in project funded networks receiving strengthening from Pro Redes	Proportion of total NGOs receiving strengthening from Pro Redes
Chimaltenango					
	Coop San Juan Comalapa	Coop San Juan Comalapa			

Department	NGOs in the department	NGOs funded by MOH SIAS-PEC receiving strengthening from Pro Redes (2003)	Grantee NGOs receiving strengthening from Pro Redes	NGOs in project funded networks receiving strengthening from Pro Redes	Proportion of total NGOs receiving strengthening from Pro Redes
	Ixin Acuala	Ixin Acuala		Ixin Acuala	
	Xilotepeq	Xilotepeq			
	Codesmaj	Codesmaj			
	Adseic	Adseic			
	Ademi*		Ademi	Ademi	
	Behrhorst		Behrhorst	Behrhorst	
	Renacimiento		Renacimiento	Renacimiento	
	Kajih Jel		Kajih Jel	Kajih Jel	
	Chuwi Tinamit		Chuwi Tinamit	Chuwi Tinamit	
	Asecsa			Asecsa	
	Share			Share	
	TPS			TPS	
	Ej. de Salvac.			Ej. de Salvacion	
Solola	14	5	5	10	100%
	La Inmaculada	La Inmaculada			
	Vivamos Mejor	Vivamos Mejor			
	Prodesca	Prodesca	Prodesca	Prodesca	
	Ixim Achi-Adiia	Ixim Achi-Adiia			
	Rixiin Tinamit			Rixiin Tinamit	
	Adim			Adim	
	Adimcg			Adimcg	
	Asecsa			Asecsa	
	Share			Share	
	Cedec			Cedec	
Quiche	10	4	1	7	100%
	Codeco	Codeco			
	Funrural	Funrural		Funrural	
	Copinconuf	Copinconuf			
	Ccam	Ccam			
	Fundadese	Fundadese		Fundadese	
	Mashenos	Mashenos			
	Ixmucane	Ixmucane			
	Asoderq	Asoderq			
	La Inmaculada	La Inmaculada			
	Corsadec		Corsadec	Corsadec	
	Asecsa			Asecsa	
	Share			Share	
Ixil	12	9	1	4	100%
	Todos Nebajenses	Todos Nebajenses			
	Corsadec		Corsadec	Corsadec	
	Asecsa			Asecsa	
Quetzaltenango	3	1	1	2	100%
	Fundatec	Fundatec			

Department	NGOs in the department	NGOs funded by MOH SIAS-PEC receiving strengthening from Pro Redes (2003)	Grantee NGOs receiving strengthening from Pro Redes	NGOs in project funded networks receiving strengthening from Pro Redes	Proportion of total NGOs receiving strengthening from Pro Redes
	Ceiba	Ceiba			
	Adiss	Adiss	Adiss	Adiss	
	Corsadec	Corsadec		Corsadec	
	Cruz Roja	Cruz Roja		Cruz Roja	
	Apics	Apics			
	Aprosadi	Aprosadi			
	Nuevos Horizontes	Nuevos Horizontes		Nuevos Horizontes	
	ABC	ABC	ABC	ABC	
	Cedec	Cedec		Cedec	
	Funrural		Funrural	Funrural	
	Timach			Timach	
	Idei			Idei	
	Pies de Occidente			Pies de Occidente	
	Belejeb Batz			Belejeb Batz	
	Amupedi			Amupedi	
	Amcpasa			Amcpasa	
	Adisdogua			Adisdogua	
	Asecsa			Asecsa	
	Yun Qax			Yun Qax	
	Covesp			Covesp	
	Asedai			Asedai	
	Cindehs			Cindehs	
	Ixchel			Ixchel	
San Marcos	24	10	3	20	100%
	Acdisecc	Acdisecc			
	Txoiija	Txoiija			
	Adiss	Adiss		Adiss	
	Centro Medico	Centro Medico			
	Los Diamantes	Los Diamantes			
	Cruz Roja		Cruz Roja	Cruz Roja	
	Adasp		Adasp	Adasp	
	Yun Qax			Yun Qax	
	Aprosami			Aprosami	
	Timach			Timach	
	Amdi			Amdi	
	Asecsa			Asecsa	
	Share			Share	
	Centinela			Centinela	
	Ixchel			Ixchel	
	Adifco			Adifco	
	Deco			Deco	
	Diurano			Diurano	
	Apdiam			Apdiam	
	Apazsam			Apazsam	

Department	NGOs in the department	NGOs funded by MOH SIAS-PEC receiving strengthening from Pro Redes (2003)	Grantee NGOs receiving strengthening from Pro Redes	NGOs in project funded networks receiving strengthening from Pro Redes	Proportion of total NGOs receiving strengthening from Pro Redes
	Acdisec			Acdisec	
Huehuetenango	21	5	2	17	100%
	Tetz Qatanum	Tetz Qatanum			
	Adeco	Adeco	Adeco	Adeco	
	Assaba	Assaba			
	Pueblos Unidos	Pueblos Unidos			
	Hoja Blanca	Hoja Blanca		Hoja Blanca	°
	Enlace	Enlace			
	Kaibil Balam	Kaibil Balam			
	Eb Yàjaw	Eb Yàjaw	Eb Yajaw	Eb Yajaw	
	Acodimm	Acodimm			
	San Juan Atitlan	San Juan Atitan			
	Asocic	Asocic			
	ABC		ABC	ABC	
	Seprodic	Seprodic	Seprodic	Seprodic	
	Asodesi	Asodesi		Asodesi	
	Adives	Adives	Adives	Adives	
	Adad			Adad	
	Share			Share	
	Ahuedi			Ahuedi	
	Asecsa			Asecsa	
	Imdi			Imdi	
	Prohuehue			Prohuehue	
	Asodehue			Asodehue	
Totonicapan	22	14	5	14	100%
	Wukup Batz	Wukup Batz	Wukup Batz	Wukup Batz	
	La Inmaculada	La Inmaculada			
	CMM	CMM		CMM	
	ELA	ELA	ELA	ELA	
	Asecsa			Asecsa	
	Ati			Ati	
	Cdro			Cdro	
	Wajxaquib Batz			Wajxaquib Batz	
	Cdro			Cdro	
	Concertep			Concertep	
	10	4	2	9	100%
Total 7 Areas	116	52 (45%)	20 (17%)	83 (72%)	100%

Other Areas					
Ixcán	Ascvinu			Ascvinu	
Jalapa	Coop. El Recuerdo			Coop. El Recuerdo	

Alta Verapaz	Ideas Positivas			Ideas Positivas	
	3			3	

E. Strengthening being provided

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

- To improve their administrative and financial systems
- To provide quality technical care
- To improve program sustainability (more detail on support in this area is provided under Objective 9 in this report)

F. Training strategies

The training strategy being implemented by Pro Redes Salud involves a mixed approach including:

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

G. Timing of technical training in AEIPI AINM-C and family planning, and the initiation of service delivery

Training in AEIPI AINM-C and family planning began in 2002 as soon as the training and IEC materials had been completed by Calidad en Salud and were reproduced by the project. The training through to the level of FCs took 5 weeks in November-December, 2002 and was done back-to-back. Similarly, training of vigilantes took place once Calidad en Salud had completed the IEC and training materials for that group in June. Once the project was given the go-ahead to reproduce these materials, training of vigilantes took place. Timing of the training and initiation of service delivery was as follows for the first funding round of networks and grantee NGOs:

2002

- July-October: NGO set up and staffing, community mobilization, mapping and census activities, selection of FCs, vigilantes and midwives, identification of centros comunitarios, baseline survey conducted, modification of AEIPI AINM-C and family planning protocols and IEC materials by Calidad en Salud and materials reproduced by Pro Redes Salud, drugs ordered for revolving funds
- November: training of network and NGO technical staff in AEIPI AINM-C and family planning (2 weeks), census completion, selection of FCs and vigilantes,
- November-December: training of FCs by networks and NGOs in AEIPI AINM-C and family planning (3 weeks), set up, inauguration of centros comunitarios

2003

- January: service delivery began in all areas with immunizations, growth monitoring and counseling

- January-February: drugs received, repackaged, distributed to networks, then NGOs and centros comunitarios
- March: the rest of service delivery began in all areas
- May: Modification of vigilante materials completed by Calidad en Salud and materials reproduced by Pro Redes
- June: training of vigilantes by NGOs began during monthly meetings so as not to disrupt service delivery in the centros comunitarios

H. Result: Strengthening of 109 networks and NGOs in 236 training events among 20,188 participants in 2003

The following sections of the report provide information on the strengthening provided to first round networks and NGOs and NGOs funded by SIAS PEC in 2003. The dimension of this support is summarized in the following table:

Table 10: Summary strengthening of networks and NGOs, first funding round and SIAS PEC, 2003

Groupings of NGOs	No. of networks and NGOs	Topics	Number of workshops	Duration of each workshop	Total participants in events
Legal networks and grantee NGOs (first funding round only)	5 Networks 9 NGOs	Administration, finances, legal issues, M and E, revolving drug funds, child health, reproductive health, immunizations, family planning, cervical cancer, ITS, growth monitoring and nutrition	69	1-5 days	3,104
Legal networks and other NGO members (first funding round only)	FESIRUGA 9 REDDDES 16 CONODI 14 Wulup Batz 4	Administration, finances, legal issues, sustainability, commercialization sustainability issues, negotiation and consensus, immunizations, child health, reproductive health, immunizations, cervical cancer, family planning,	30	1-15 days plus some 2 month courses	389

		ITS			
NGOs funded by SIAS PEC	52 NGOs	child health, reproductive health, immunizations, family planning, growth monitoring and nutrition, supervision	137	5-9 days	16,695
Total	109 networks and NGOs		236 events	1-15 days + some 2 month courses	20,188

I. Strengthening of 5 grantee networks and 9 grantee NGOs, 2003

1. Result: Financial-administrative strengthening of 61 persons in 2 events:

In 2003 two training sessions on finances and administration were held for networks and grantee NGOs. A total of 61 participants received financial-administrative strengthening from grantees, 21 from the 5 networks, and 40 from the 9 NGOs. Training was as follows:

- a. Training in the new NGO laws:** In 2003, the Guatemalan government passed new tax laws to increase control over NGOs. At the request of the networks, on January 19, Pro Redes supported the participation of representatives from the five NGO networks in an event held in the Hotel Marriott regarding the new laws affecting NGOs in Guatemala. At total of 48 participants attended this one-day training session: 17 from the networks and 31 from the NGOs.
- b. Training in financial and counterpart reporting:** In 2003 grantees performed reasonably well in their financial reporting, however the project was able to identify problems common to many. In addition, most networks and NGOs were under-reporting counterpart funding. Therefore on February 29-31, Pro Redes supported a three-day training of network and NGO financial staff to improve their financial and counterpart reporting. In preparation for the event, the project developed a counterpart manual and simplified counterpart forms. The event was held in Panajachel. A total of 13 participants attended this training: 4 from the networks and 9 from the NGOs.

Training of network and NGO financial and administrative staff in financial systems and counterpart reporting

2. Result: Technical strengthening of 3,043 persons in 67 events

In 2003, a total of 67 training workshops were held on technical topics for networks and grantee NGOs. A total of 3,043 persons within network and NGO grantee projects received technical strengthening, 51 from the 5 networks, 2,701 from the 9 NGOs, and 1 from the MOH. In addition, 10 project staff were also trained. Training consisted of the following:

- a. **AIEPI AINM-C cascade training of vigilantes by grantee networks and NGOs in Module I:** In 2002, first round networks and NGOs completed the training of their technical staff and FCs in AIEPI AINM-C. Training of vigilantes was delayed in 2003 awaiting the completion of training modules by Calidad en Salud and the MOH. Once these were approved, training began in June. In 2003, 9 vigilante trainings were conducted in Quetzaltenango, Totonicapan, Huehuetenango, Chimaltenango, San Marcos, Solola and Quiche. These trainings were 2 to 3 days in duration and covered Module I (out of 3 modules). A total of 29 NGO trainers trained 778 vigilantes during these training sessions. Pretest scores ranged from 43-89, while post test scores ranged from 70-95.
- b. **AIEPI AINM-C cascade training of vigilantes by grantee networks and NGOs in Module II:** Following training in Module I, grantee networks and NGOs then conducted training among vigilantes in Module II. In 2003, 9 vigilante trainings were conducted for vigilantes in Module II in Quetzaltenango, Totonicapan, Huehuetenango, Chimaltenango, San Marcos, Solola and Quiche. These trainings were 2 to 5 days in duration. A total of 25 NGO trainers trained 779 vigilantes during these training sessions. Pretest scores ranged from 45-70, while post test scores ranged from 60-87.
- c. **AIEPI AINM-C cascade training of vigilantes by grantee networks and NGOs in Module III:** Following training in Module II, grantee networks and NGOs then conducted training among vigilantes in Module III, the final training module. In 2003, 9 vigilante trainings were conducted in Module II in Quetzaltenango, Totonicapan, Huehuetenango, Chimaltenango, San Marcos and Solola. These trainings were 2 to 4 days in duration. A total of 30 NGO trainers trained 793 vigilantes during these training sessions. Pretest scores ranged from 45-91, while post test scores ranged from 60-97.

Training of vigilantes in growth monitoring

- d. **Training in the project information system for the reporting of AIEPI AINM-C:** In January, 2003 the project conducted a two-day training with the 5 grantee networks and 9 grantee NGOs to introduce them to the community-based information system for AIEPI AINM-C and family planning to be piloted by Pro Redes, discussed above, and to obtain their comments before putting the forms into their pilot draft. The event was held in Panajachel. A total of 42 participants attended this workshop: 7 from the networks and 35 from the NGOs. Participants provided valuable comments that were taken into account before the forms were reproduced and distributed for the pilot test.

Training of NGO technical personnel in the AIEPI AINM-C information system

- c. **Network and NGO replicas of training in the project information system for the reporting of AIEPI AINM-C and family planning activities, with Facilitadores**

Comunitarios: Once the central level training had been completed in January, the networks and NGOs conducted a cascade training of their staff and FCs. Nine training sessions were conducted throughout the highlands in February and March, ranging in 1-3 days in length. A total of 28 NGO trainers trained 110 Facilitadores Comunitarios in the new community-based information system.

- d. Revision of the draft AIEPI AINM-C information system following the pilot test:** The draft AIEPI AINM-C and family planning information system forms were then pilot tested by networks and NGOs for three months, from March through May. Once the pilot test period had been completed, in June Pro Redes brought the networks and NGOs together to discuss the forms and make changes. Prior to the overall meeting, smaller meetings were first held throughout the highlands by local technical teams that included MOH personnel. Each of these local groups selected a representative to attend the workshop and relay the local results to the overall group. A total of 14 participants attended the June workshop in Quetzaltenango, 3 from the 5 networks, 10 from the 9 NGOs and 1 from the MOH. Following this meeting, the AIEPI AINM-C and family planning information system for the community level was put into final form, reproduced and distributed to the networks and NGOs.

Network and NGO review of AIEPI AINM-C and family planning information system after the pilot test period

- e. Additional training in family planning:** The AIEPI AINM-C training conducted with network, NGO and community-level personnel in 2002 included some information on family planning. Upon analysis of contents, however, the project staff felt that more training was needed. For this reason, the project sponsored a two-day training in family planning for the five networks and 9 grantee NGOs in February, 2003. The event was held in Panajachel, with support from APROFAM. A total of 31 participants attended: 4 from the networks and 27 from the NGOs. The pretest score averaged 61, while post-test score was 92.

Training of network and NGO technical staff in family planning

- f. Training in the APROFAM family planning logistics system:** In addition, as the project had signed a Memorandum of Understanding with APROFAM, it was important that the grantees also learn to handle the contraceptive logistics and reporting system they would be using. For this reason, the project sponsored a two-day training in family planning for the five networks and 9 grantee NGOs also in February, 2003. The event was conducted by APROFAM and was held in Panajachel. A total of 39 participants attended: 9 from the networks, 20 from the NGOs and 10 from Pro Redes. The pretest averaged 80, while the post-test was 95.

APROFAM training of networks and NGOs in the family planning logistics system

- g. Network and NGO replicas of training in family planning and APROFAM logistics system among FCs:** As with the information system, once the central level training had been completed in February, the networks and NGOs then conducted cascade training of their staff and FCs in family planning and logistics. In the months of February and March, 8 training sessions were conducted in different departments throughout the highlands, ranging from 2-3 days in length. A total of 28 NGO trainers trained 99 FCs in family planning and APROFAM logistics. Pretest scores ranged from 38-64, while post-test scores ranged from 72-93.
- h. Network and NGO training of FCs and other NGO staff in the Revolving Medicine Funds:** Once the five network revolving fund plans had been approved by Pro Redes in January, networks were given the go-ahead to train their grantee NGOs. Nine training sessions were conducted by networks and NGOs throughout the highlands in the first half of 2003, ranging from 1-2 days in length. A total of 22 network and NGO trainers trained 103 FCs and NGO personnel in the management of revolving drug funds.
- i. Training in STIs:**
Once the training of vigilantes by grantee networks and NGOs had been completed, the project sponsored a 4 day training on sexually transmitted infections. This was held in Quetzaltenango with assistance from APROFAM. Special focus was on adolescents. In this event, 3 trainers trained a total of 37 participants, 5 from networks and 32 from grantee NGOs.
- j. Training in cervical cancer:**
Following the training in STIs, the project sponsored a 2 day training for grantee networks and NGOs in cervical cancer. This was conducted with assistance from the Universidad Rafael Landivar. In this event, 2 trainers trained a total of 38 participants, 6 from the networks and 32 from the grantee NGOs.
- k. Other training of grantee NGOs by networks:**
In addition, during 2003 3 networks provided additional training to their grantee NGOs. A total of 8 events were held on the following topics: immunology and immunizations, mistca de trabajo, diabetes, supervision, sale of contraceptive methods, teamwork, self-esteem, and habits of highly effective people. In these events, 11 trainers from the networks and NGOs trained a total of 160 participants.

J. Strengthening of grantee networks and other member NGOs, 2003

1. Result: Development of 4 network Strengthening Plans, including plans for financial sustainability

The final network Strengthening Plans are presented in Annex D of this report. Development of the Plans was as follows:

REDDES: On March 3, 2003 the Plan was presented and approved unanimously by the Board of Directors and 80% of the NGO membership. On March 12th, the network REDDES presented its Network Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, as well as the results from two other diagnostics implemented by REDDES: A SWOT analysis done with 16 NGO members, and a network evaluation done in December, 2002. The network also presented its Global Plan for the period 2002-2004. REDDES began implementation of its plan in 2003.

FESIRGUA: On March 26th, the network FESIRGUA presented its General Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, and monitoring network monitoring visits to 9 NGOs. The Plan was developed by members during a 2-day workshop supported by Pro Redes Salud. FESIRGUA began implementation of its plan in 2003.

CONODI: On May 2, 2003 the project funded a meeting of the 14 NGOs in the network CONODI to analyze the results of the network Diagnostico and develop a Strengthening Plan. In June, CONODI presented its Network Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, the only analysis done by the network to date. CONODI began implementation of its plan in 2003.

Wukup B'atz: In June, 2003 the project funded a meeting of the 4 NGOs in the network Wukup B'atz to analyze the results of the network Diagnostico and develop a Strengthening Plan. On July 10th, the network Wukup B'atz presented its Network Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, the only analysis done by the network to date. Wukup B'atz began implementation of its plan in 2003.

FUNRURAL: Seven NGOs from the network FUNRURAL completed the diagnostico instrument. Data was entered, the network was given its report and offered funding for a workshop to analyze results and develop a network Strengthening Plan, however the network has decided not to implement a plan. Some strengthening has been provided by the network to members, however, as noted below.

3. Result: 4 Networks and 44 NGOs (100% of total NGO members) included in Strengthening Plans

Table 11: Number of NGO members included in network Strengthening Plans, first round networks (63 in first and second round combined)

Network	Total members	No. and proportion of NGOs in strengthening plan
CONODI	14	14 (100%)
FESIRGUA	10	10 (100%)
Wukup B'atz	4	4 (100%)
REDDES	16	16 (100%)
Total	44	44 (100%)

4. Network Strengthening Plans

The following table presents the needs identified in the self-assessment and the corresponding activities programmed for strengthening, by network. Network Plans are presented in Annex D of this report. Plans related directly to sustainability are presented in the sustainability section of this report, below:

Table 9: Summary of network strengthening plans, CONODI, FESIRGUA, Wukup B'atz, and REDDES

Network and NGOs	Weakness identified	Strengthening activity
CONODI (14)		
NGOs: ACOMPASA AHUEDI AINCOS AMDI AMUPEDI Asoc. de Promotores CENTINELA CMM CORSADEC COVESP Pro Huehue Wajxaqib Batz ADIM ADIMCG AGAIM	Weaknesses in NGO processes including statutes, assemblies, accounting methods	Training of network and NGOs to improve statutes, knowledge of the organization of an NGO, general and extraordinary assemblies, and accounting methods
	Weaknesses in project formulation	Training of networks and NGOs in project development
	Lack of training in the new AIEPI AINM-C protocols	Training of member NGOs in AIEPI AINM-C, to the FC level
FESIRGUA (10)		
NGOs: ASECSA Belejeb Batz ADEMI CDRO Coop. El Recuerdo Pies de Occidente Renacimiento IDEI Rixiin Tinamit PRODESCA	Lack of training in the new AIEPI AINM-C protocols and need for monitoring of implementation	Training of member NGOs in AIEPI AINM-C and monitoring of implementation, to the FC level
	Weaknesses in the implementation of family planning	Training of member NGOs in updated contraceptive technology and review of implementation
	Weaknesses in knowledge about STIs and HIV/AIDS and program implementation	Training of member NGOs in STIs and HIV/AIDS and integration into existing programs
	Weaknesses in knowledge about cervical cancer and program implementation	Training of member NGOs in cervical cancer and its integration into existing programs
	Weaknesses in monitoring of member programs, logistics, service provision, planning,	Implementation of monitoring of NGO programs, logistics, services, planning, counseling and IEC materials

	counseling and IEC materials	
	Lack of a network information system	Development of a network information system
	Lack of NGO organization and administration manuals	Training of NGOs to develop organization and administration manuals
	Lack of cost analysis among NGOs	Training of NGOs to conduct a cost analysis
	Need to re-structure accounting among NGOs according to international accounting standards	Training of NGOs in national accounting standards for re-structure of accounting systems
	Lack of sufficient understanding of the project cycle	Training of NGOs in the project cycle, planning, implementation, monitoring, evaluation
	Lack of computer skills for data analysis	Training of network and NGO staff in computer skills, EPI Info
	Lack of computer skills among NGO directors	Training of network and NGO directors in Windows applications
	Weaknesses in management skills	Training in program management
Wukup B'atz (4)		
NGOs: ELA Wukup Batz CONCERTEP ADISDOGUA	Lack of training in the new AIEPI AINM-C protocols and need for monitoring of implementation	Training of member NGOs in AIEPI AINM-C and monitoring of implementation, to the FC level
	Need for strengthening in implementation of productive projects including bancos comunales, agricultural projects, self-employment projects	Training of member NGOs in productive projects including bancos comunales, agricultural projects, self-employment projects
	Need for strengthening in gender and equity and their application to health and other projects	Training of member NGOs in gender and equity and their application to health and other projects
	Lack of NGO organization and administration manuals, and lack of understanding of their use	Training of NGOs to develop organization and administration manuals, and training of NGO personnel in their use
	Lack of understanding of the new laws and fiscal responsibilities of NGOs	Training of NGO members in the new laws and fiscal responsibilities of NGOs
	Lack of sustainability plans for the network and NGOs	Workshop with the network and NGOs to develop sustainability plans

REDDES (16)		
NGOs: ATI APROSAMI IMDI	Lack of training in the new AIEPI AINM-C protocols and need for monitoring of implementation	Training of member NGOs in AIEPI AINM-C and monitoring of implementation, to the FC level
ASOCVINU Eb Yajaw ACUALA	Weaknesses in knowledge about cervical cancer and program implementation	Training of member NGOs in cervical cancer and its integration into existing programs
GENESIS Kajih Jel	Lack of sustainability plans for the network and NGOs	Workshop with the network and NGOs to develop sustainability plans
Chuwi Tinamit Yun Qax ADECO	Lack of updated statutes, internal policies, tax controls and tax declarations	Assistance to the network and member NGOs to update statutes, develop internal policies, tax controls and tax declarations
ADIVES TIMACH ADAD	Lack of computer software in basic accounting and assets among member NGOs	Installation and training of NGOs in the use of computer software in basic accounting and assets for member NGOs
ASODESI SEPRODIC	Weaknesses in project development among NGOs	Training in project development for member NGOs
	Lack of ability to analyze costs, benefits and results of projects, especially income-generation projects within the network	Training of the network in the analysis of costs, benefits, results of income-generating projects

5. Result: Financial-administrative strengthening of 141 participants in 10 events

In 2003, a total of 141 participants from networks and member NGOs received financial-administrative strengthening in 10 training and other strengthening activities based on network and NGO priorities, as follows:

a. FESIRGUA: Training in the legal framework and fiscal responsibilities of NGOs

On June 11, the project funded FESIRGUA in the training of member NGOs in the new laws and responsibilities regarding NGOs. The training was held in Tecpan and conducted by Chile Monroy and Associates. A total of 34 participants attended the training 4 from the network, 30 from member NGOs.

b. FESIRGUA: Training in sustainability

On June 12, the project funded FESIRGUA in the training of member NGOs in the basic concepts regarding NGO sustainability. The training was held in Tecpan and conducted by a consultant contracted by the network. A total of 16 participants attended the workshop, all from the member NGOs.

- c. FESIRGUA: Training in international accounting norms for NGOs**
On June 11 and 12th, the project funded FESIRGUA in the training of member NGOs in international accounting norms. The training was held in Totonicapan. A total of 10 participants attended the training, all from member NGOs.
- d. FESIRGUA: Training to update administrative manuals**
On June 17 to 20, the project funded FESIRGUA in the training of member NGOs to update administrative manuals. The training was held in Solola and conducted by a consultant contracted by the network. A total of 20 participants attended the training, all from member NGOs.
- e. REDDES: Training in commercialization and marketing of products**
From August 27 to October 23, the project funded REDDES in the training of representatives of member NGOs in commercialization and marketing of products. The training was provided by the Universidad Rafael Landivar. It was attended by 3 participants from the network and member NGOs.
- f. REDDES: Training in warehouse and inventory management**
From August 27 to September 23, the project funded REDDES in the training of a network representative in warehouse and inventory management. The training was provided by the Universidad Rafael Landivar. It was attended by 1 person from the NGO network coordinator.
- g. REDDES: Training in administrative techniques**
From August 28 to October 30, the project funded REDDES in the training of a network representative in administrative techniques. The training was provided by the Universidad Rafael Landivar. It was attended by 1 person from the NGO network coordinator.
- h. Wukup B'atz: Training in organizational manuals, internal work policies and procedures**
On September 10, the project funded the network Wukup B'atz in the training of member NGOs in organizational manuals, internal work policies and procedures. The training was conducted by an external consultant contracted by the network. It was attended by 6 participants from member NGOs.
- i. Wukup B'atz: Training in gender theory as applied to the AEIPI AINM-C strategy**
On December 18-19, the project funded the network Wukup B'atz in the training of member NGOs in gender theory as applied to the AEIPI AINM-C strategy. The training was held in Quetzaltenango and conducted by the NGO SEPREM. It was attended by 20 participants from member NGOs.
- j. CONODI: Training in updated administration and finance methods**
From December 8 to 12, the project funded CONODI in the training of member NGOs in updated administration and finance methods. It was attended by 30 participants from member NGOs.

6. Result: Technical strengthening of 220 persons in 20 events

In 2003, a total of 229 persons from networks and non-grantee member NGOs received financial-administrative strengthening in 20 training and other strengthening activities based on network and NGO priorities, as follows

a. REDDES: Training in project development

From August 23-25, the project funded REDDES project development. The training was conducted by the Universidad Rafael Landivar and attended by 1 person from the NGO network coordinator.

b. REDDES: Training in cervical cancer

On October 16, the project funded REDDES in cervical cancer. The training was conducted by the Universidad Rafael Landivar and attended by 1 person from the network coordinator.

c. REDDES: Training in computer skills

From August 23-25, the project funded REDDES in the training of member NGO in computer skills. The training was conducted by the Universidad Rafael Landivar and attended by 5 participants from the NGO network coordinator and member NGOs.

d. REDDES: Training in negotiation, conciliation and arbitraje

From August 16-20, the project funded REDDES in negotiation, conciliation and arbitraje. The training was conducted by the Universidad Rafael Landivar and attended by 1 person from the NGO network coordinator.

e. REDDES: Training in negotiation and consensus

From August 19-21, the project funded REDDES in negotiation and consensus. The training was conducted by the Universidad Rafael Landivar and attended by 3 participants from the NGO network coordinator and member NGOs.

f. FESIRGUA: Training in reproductive health

From November 25-28, the project funded FESIRGUA in the training of member NGOs in reproductive health. The training was conducted by the network, INE and APROFAM and attended by 23 participants from member NGOs.

g. FESIRGUA: Training in cervical cancer and women's health problems in Guatemala

On October 16, the project funded FESIRGUA in the training of member NGOs in cervical cancer and women's health problems. The training was conducted by the network, INE and APROFAM and attended by 3 participants from the network and member NGOs.

h. CONODI: Assessment of strengths and weaknesses and development of the network Strengthening Plan

On May 2, the project funded CONODI in the assessment of strengths and weaknesses and development of the network Strengthening Plan with member NGOs. The event was conducted by the network and attended by 19 participants from member NGOs.

f. Training of FCs in AEIPI AINM-C

As noted in previous reports, strengthening in this area among non-grantee NGOs began in 2002 with the training of network trainers. In 2002, these network trainers in turn trained technical staff among non-grantee NGOs. In 2003, the training cascade continued among these non-grantee NGOs, with the training their Facilitadores Comunitarios and other community level personnel. A total of 11 training events were held by 4 networks, with a total of 163 participants trained among non-grantee NGOs as follows:

FESIRGUA: From May 5-21, FESIRGUA and the NGO IDEI trained 20 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Quetzaltenango.

FESIRGUA: From June 11-12, FESIRGUA held a workshop with member NGOs to review and adapt the AEIPI AINM-C strategy and methodology. This event was held in Chimaltenango and attended by 11 participants from member NGOs. The event was conducted by FESIRGUA.

FESIRGUA: On August 12, FESIRGUA held a workshop with member NGOs to receive feedback regarding the implementation of AEIPI AINM-C. This event was held in Chimaltenango and attended by 17 participants from member NGOs. The event was conducted by FESIRGUA.

FESIRGUA: From October 13-24, FESIRGUA and the NGO Pies de Occidente trained 17 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Quetzaltenango.

FESIRGUA: From November 11-20, FESIRGUA and the NGO ASECSA trained 15 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Chimaltenango.

FESIRGUA: From December 3-19, FESIRGUA and the NGO Cooperative el Recuerdo trained 20 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Jalapa.

FESIRGUA: From December 3-19, FESIRGUA and the NGOs Renacimiento and ADEMI trained 20 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Chimaltenango.

REDDES: From November 17-21, the NGO Yun Q'ax and REDDES trained 12 technical staff from member NGOs in AEIPI AINM-C. The event took place in Guatemala City.

Wukup B'atz: From 8-19 of December, 5 trainers from the network FESIRGUA trained 4 technical staff from NGO members of the network Wukup B'atz. The training was held in Quetzaltenango. A network from the second funding round was also included in this training.

CONODI: From June 23 to July 4, 7 trainers from the network and NGOs trained 17 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Quetzaltenango.

CONODI: From April 25 to May 9, 4 trainers from the network and NGOs trained 7 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in San Marcos.

K. Strengthening of 52 SIAS PEC funded NGOs in the 7 departments, 2003

In 2003, Pro Redes continued to work closely with the Ministry of Health and Calidad en Salud in the cascade training of the SIAS PEC funded NGOs in AIEPI and AINM-C. Partners met twice to revise the budget and responsibilities of each one as implementation proceeded in 2003. The steps in the cascade for 2002-2003, partner responsibilities, and training conducted in 2003 were as follows:

1. Steps in the cascade training 2002-2003

The steps in the cascade methodology for this training:

- Step one: Central level TOT (completed in 2002)
- Step two: Training of trainers in each of the eight highland health areas (completed in 2002)
- Step three: Area training of NGO technical personnel (MA, FI) in case management and promotion and prevention (continued from 2002)
- Step four: NGO training of FCs in AIEPI (case management)
- Step five: NGO training of FCs and vigilantes in AINM-C (prevention y promocion)

The first two steps of the cascade were completed by partners in 2002. The cascade process continued with the training of NGO and community personnel – steps four and five - in 2003.

2. Partner responsibilities in each step of the cascade

The following table illustrates the types of support that was provided by each partner in 2003 in steps 3-5 of the process, based on revisions made in January 2003.

Table 10: Partner responsibilities 2003 during steps 3-5 of the AEIPI AINM-C training cascade

Step and training	Pro Redes	Calidad en Salud	Unidad Ejecutora/MOH
3. Training of MAs, FIs in AIEPI and AINM-C by Area teams	Watches for AIEPI Trainers	Monitoring	100% Cost of area trainings + IEC materials + scales
4. Training of FCs by NGOs in case management (AEIPI)	Watches for AEIPI Monitoring	Monitoring	100% Cost of pending area trainings + IEC materials + scales
5. Training of 12,763 FCs and vigilantes by NGOs in promotion and prevention (AINM-C)	100% of the cost of the first 5 days of training Note: the rest of the cost of	Monitoring 100% of IEC and training	100% of the lunches for participants + 100% of the cost of the manual for the vigilante trainer, 100% of the cost of the

Step and training	Pro Redes	Calidad en Salud	Unidad Ejecutora/MOH
	the training (the last 4 days) is being paid for by the NGOs out of their MOH funding	materials (except the manuals for the vigilante trainer, participants and community participation)	P and P participants manual, and 100% of the community participation manual
Other support: IEC materials for Centros Comunitarios and Supervision materials	60% of the cost of reproduction of monitoring forms.	100% of the cost of the recordatorio familiar, trifoliales and recordatorio clinico, IEC materials for child health, guides for supervision, supervision training materials and modules, and 40% of the monitoring forms	100% of the community participation manual

4. Result: Technical strengthening of 1,074 participants in 14 events in community-based IMCI

In 2003, a total of 14 workshops were held to train MAs, FIs and FCs in AEIPI (case management). A total of 1,074 persons from SIAS PEC funded NGOs received this training as follows:

- a. **Step three: Training of SIAS NGO technical staff MAs and FIs in case management (AIEPI):** Most health areas completed this step in 2002, however 72 MA's and FI's were pending training at the beginning of 2003. Three 5-day training sessions were conducted during the first quarter of the year in Solola, Chimaltenango and Huehuetenango. Pro Redes provided trainers for all events, and timers for all participants. The training was funded by the Unidad Ejecutora. The UE also provided all necessary training and IEC materials. Calidad en Salud monitored the training.
- b. **Step four: Training of NGO FCs in AIEPI:** This step in the cascade was scheduled for 2003. A total of 11 ten-day training sessions were held in 6 health areas – Chimaltenango, Quiche, Ixil, Totonicapan, San Marcos and Quetzaltenango. A total of 1,002 participants (719 FCs) attended this training. Pro Redes provided timers for all participants. As with the previous activity, this training was funded by the Unidad Ejecutora. The UE also provided all necessary IEC materials. The NGOs conducted the training. Calidad en Salud monitored the training.

5. Result: Technical strengthening of 692 technical staff and 9,264 vigilantes in 112 events in AINM-C

In 2003, a total of 112 workshops were held to train MAs, FIs and vigilantes in AINM-C (promotion and prevention). In these workshops, a total of 692 MAs and FIs were trained, while 9,264 vigilantes were trained in Module I, and 7,111 vigilantes were trained in Module II. All MAs, FIs and vigilantes were from SIAS PEC funded NGOs. Training was as follows:

- a. **Step three: Area training of NGO MAs and FIs in AINM-C (Promotion and Prevention):** In 2003, 15 five-day training sessions for MAs and FIs were held in AINM-C throughout the highlands. A total of 692 NGO personnel received this training – MAs, FIs and others. The training was funded by the Unidad Ejecutora. The UE provided all necessary training and IEC materials. Pro Redes provided trainers. Calidad en Salud monitored the training.

b. Steps four and five: Training of NGO vigilantes in AINM-C (Promotion and Prevention): In 2003, Pro Redes funded 103 two-three day training workshops for vigilantes in promotion and prevention (AINM-C). These vigilantes work with the NGOs that are currently funded under the SIAS PEC NGO program for the extension of coverage in the 8 highland health Areas. NGOs conducted the training. Pro Redes supported the first five of nine days of training. They cover the training of all of Module I and two of the three days of Module II. In 2003, training covered 9,264 vigilantes in Module I and 7,111 vigilantes in Module II. The other four days, covering one day of Module II and the three days of Module II, are to be supported by the NGOs themselves out of their current budgets. Calidad en Salud provided IEC materials to NGOs for this training and monitored the training.

Since this training was complex, involving multiple NGOs and support from various partners, Pro Redes, the Unidad Ejecutora and the MOH held two joint orientation meetings with MOH Area personnel and representatives of the SIAS PEC funded NGOs before beginning the training. Pro Redes developed written guidelines for the reimbursal of expenses that were explained to NGOs during these meetings.

The first meeting was held on April 29-30 in Quetzaltenango and was attended by 73 participants from the NGOs.

The second meeting was held on May 5-7 in Chichicastenango and was attended by 42 participants from the NGOs.

Once the training had been scheduled in each Area, NGOs were given Module I by Calidad en Salud, and training began. The summary of training provided in 2003 is as follows:

Training in module I: From May through October, Pro Redes supported 58 three-day training sessions based on module I for SIAS PEC funded NGOs throughout the highlands. A total of 206 NGO trainers trained 9,264 vigilantes in these workshops. The following pages include a detailed training report on these activities. According to Calidad en Salud, a total of 11,543 vigilantes have actually received training in Module I. These are not reported here as they have not yet presented their liquidation of expenses to the project.

Training in module II: From May through October, Pro Redes supported 45 two-day training sessions based on module II for SIAS PEC funded NGOs throughout the highlands. A total 164 NGO trainers trained 7,115 vigilantes in these workshops. According to Calidad en Salud, a total of 11,249 vigilantes have actually received training in Module II. These are not reported here as they have not yet presented their liquidation of expenses to the project.

6. Result: Technical strengthening of 48 participants in a workshop on family planning logistics

In addition to the support outlined above, Pro Redes also funded a 2-day workshop held by UPS I with the NGOs from the SIAS PEC program. The event was conducted by APROFAM. The purpose of the event was to improve NGO understanding of the APROFAM logistics system. The

event was held in Quetzaltenango on June 12th and 13th. There were 48 participants from NGOs, districts and Areas. The pre-test average score was 6.6, and post-test was 8.5.

7. Result: Strengthening of MOH supervision in 8 workshops for 153 participants in 8 departments/areas

At the request of the MOH/UPS1, the project provided support to SIAS PEC through 8 events, one in each department/area. The events were held by the MOH/UPS1 and focused on improving supervision of SIAS PEC NGO activities through the application of URRGE-USME. A total of 7 trainers trained 153 participants in these workshops.

L. Other strengthening of SIAS PEC and NGOs not specified in Objective 1

1. Result: Development of an innovative variation in service delivery through NGOs

As mentioned in earlier reports, the project worked closely with the MOH to develop a variation on the national model for primary care service delivery through NGOs. This model was developed in 2002, and is being implemented by all project funded networks and NGOs. The development and implementation of an innovative variation on the national model was not contemplated in the original goals for Objective 1.

2. Result: Implementation of an Operation's Research activity to compare models of primary care service delivery

As mentioned earlier in this report, in 2003 the Ministry of Health began implementation of an operations research activity designed to compare the cost and efficiency of AIEPI AINM-C and family planning service delivery among two variations in the national model of primary care service extension in highland communities, as compared to the national model being implemented through NGOs by SIAS PEC. This research is being supported jointly by the MOH, Calidad en Salud, and Pro Redes. It is hoped that the results of this study will provide valuable information to the MOH to further improve it's the extension of coverage through NGOs and/or through Puestos de Salud. Data relating to inputs, process and results is being collected from the control (SIAS PEC) and each of the two variations in three study departments (Quetzaltenango, San Marcos and Totonicapan). The control and two variations being compared are as follows:

1. Variation: Ampliación de Extensión de Cobertura a través de Puestos de Salud (**AEC P/S**), being implemented by the MOH with assistance from Calidad en Salud
2. Variation: Ampliación de Extensión de Cobertura a través de ONGs (**AEC-NGO**), being implemented by NGO networks and NGOs, with assistance from Pro Redes Salud
3. Control: SIAS Proceso de Extensión de Cobertura a través de ONGs (**PEC**)

Baseline data collection and report

The study began in January-March, 2003 with the collection of baseline data. In the last quarter of 2002, Pro Redes provided Calidad en Salud with the baseline instrument used by the project to collect data in the first round communities. This baseline instrument was revised slightly by Calidad en Salud and Pro Redes, and then used to collect baseline data in the three departments for the operations research activity. The baseline was funded by Pro Redes and Calidad en Salud. The baseline data was analyzed and the report finalized in mid-year.

AIEPI AINM-C technical indicators and supervision

In the first half of 2003, Pro Redes met with Calidad en Salud to define the key indicators and data that would be collected from each strata. Indicators were put into final and summary data collection forms were developed. Pro Redes Salud provided Calidad en Salud with a copy of the supervision form used to monitor project NGOs in the field, discussed above in this report, for modification and use in the Puesto de Salud variation.

Production data

Data was collected on the two variations and the control from April through September. This constituted the first 6 months of the study. In October, the final data was analyzed and a preliminary mid-term report developed. The preliminary report was reviewed by partners and finalized in November.

Cost indicators and monitoring data

In the first half of 2003, Pro Redes met with Calidad en Salud to present our financial reporting system and review proposals for the collection and analysis of cost information. In the second half of the year, a cost reporting form was developed with the joint participation of Pro Redes, UPS1 and Calidad en Salud. Data relating to the cost of the provision of these services will be entered into the cost reporting forms by each partner in 2004.

3. Result: Favorable mid-term OR evaluation for the project's innovative model of primary care service delivery

A mid-term evaluation of preliminary OR results was presented to the MOH in mid-November, 2003. The powerpoint presentation given to the MOH is presented in Annex E of this report. The variant being implemented by Pro Redes did very well in this first report when compared to the other variant AEC PS being implemented by Calidad en Salud, and in comparison with the control AEC PEC being implemented by the Ministry of Health. This was especially interesting given that patients in the Pro Redes variant are attended by community personnel (FCs), whereas the other two models are based on attention provided by physicians or nurses.

The results of the mid-term evaluation of the OR were as follows:

Community participation

- The variants (Pro Redes and AEC-PS) showed 100% of vigilantes participating, compared to PEC with 50%
- Pro Redes had the highest proportion of comites de salud with 100% compared with 86% in AEC-PS. No information was available for PEC.

Child Health

- The two variants and control all met the 50% goal for DPT 3 coverage
- Pro Redes met the goal of 50% for SPR coverage, followed by PEC with 30% and AEC PS with 22%
- Pro Redes and AEC PS found similar proportions of children to be growing well during the period (70% - 93%). No data was available for PEC.
- Pro Redes had a higher proportion of children under 5 detected with pneumonia (5% to 8.5% per month) compared to AEC PS (1% to 1.7% per month). No data was available for PEC.

- Pro Redes and AEC PS both had a high rate of appropriate treatment of pneumonia with antibiotics, finishing with 98.4% to 100% by the last month of the period.
- AEC PS had a higher proportion of children under 5 detected with diarrhea (0.2% to 4.6% per month), followed by Pro Redes (2% - 3.3%). PEC reported the fewest cases detected with diarrhea (0.5%-1.3% per month).
- Pro Redes had the highest proportion of cases of diarrhea treated with ORS (100%), except in the last month when this fell to 67%. In the variant AEC PS the proportion treated with ORS varied widely month to month (39% - 100%). No data was available for PEC.

Reproductive Health

- AEC PS had the highest proportion of pregnant women in prenatal control (2.4% - 56.7% per month). This was followed by Pro Redes (8%-30% per month). PEC had the least (3%-6%)
- Pro Redes had the highest proportion of postpartum women in posnatal control (2.8% - 5.5% per month), followed by AEC PS (0.8% - 1.9%). No data was available for PEC.

Family Planning

- Pro Redes had the highest number of new users (depo, condoms, orals)(3-47 per month), followed by AEC PS with 11-31 per month). No data was available for PEC.
- Pro Redes had the highest number of APPs (.8 – 8.8 per month), followed by AEC PS (2.6-6.3 per month). No data was available for PEC.

The project will continue to collect service production data and cost data for the last 5 months of the study, from October to February. These will be analyzed in March. The final household survey is also planned for March. The results of the final survey will be compared with the baseline data that was gathered in the first quarter of 2003 and presented in a final report in April, 2004.

4. Result: Development of a community-based information system for AIEPI AINM-C

Also as mentioned in other reports, the project has worked with the MOH and NGOs to develop a community-based information system for the collection of AEIPI AINM-C and family planning information from centros comunitarios. The development of this system is discussed more in detail in other sections of this report. This activity was not contemplated in the goals for Objective 1, however was identified as necessary by the project, NGOs and the MOH during project implementation.

5. Result: Strengthening of supervision of NGOs funded by SIAS PEC

The project has not only provided strengthening to NGOs funded by SIAS PEC, but has also assisted the MOH in strengthening the supervision system for this program, as well as the implementation of HACyA. These activities are reported in the training section of this report. Strengthening of the MOH supervision system URRGE-USME and strengthening of HACyA were not listed in the goals for Objective 1, but were also identified as important areas needing strengthening by the MOH as well as the project during implementation.

6. Result: Expansion of the national AIEPI AINM-C strategy to the vast majority of NGOs working in community based primary care in the highlands of Guatemala, and some NGOs in other regions

Objective 1 outlined the need to train NGOs previously funded by the Population Council and PCI as well as the NGOs funded by SIAS PEC in IMCI. The strategy selected by the project, has resulted

not only in the training of these NGOs, but also the training of many others who are also members of the grantee networks. As a result, the project has expanded knowledge of the national AEIPI AINM-C strategy and family planning to the vast majority, if not 100%, of the NGOs working in community-based primary care, as well as to other NGOs working in other regions. This goal was also not listed among the principal goals for Objective 1.

Objective 5: Promote NGO-NGO training and technical assistance

The aim of this objective is to assist NGOs to provide training and TA for other NGOs, depending on the strengths of each. This objective has been achieved by the project. NGO-NGO training and TA has gone well beyond assisting ex-PCI and ex- Population Council NGOs to train other NGOs, as envisioned in the Objective. Indeed, whole networks have been assisted to develop training and TA skills, form training teams, and then train their NGO network members as well as other networks and NGOs. This has resulted in, not only NGO-NGO training, but also network-network training. The table below described the NGO-NGO and network-network training supported by the project in 2003.

A. Result: 3 networks trained 30 NGOs in 4 events with 60 participants, 2002

NGO-NGO and network-NGO training began in 2002. In summary, 3 networks of NGOs trained 39 NGOs in as follows:

- FESIRGUA: trained 9 NGOs
- CONODI: trained 14 NGOs
- REDDES: trained 16 NGOs

There were a total of 4 events, with 60 participants. Topics included: AIEPI AINM-C and family planning, analysis of strengths and weaknesses of the networks and NGOs, and development of network Strengthening Plans.

B. Result: 11 networks and NGOs trained 92 networks and NGOs in 33 events with 829 participants, 2003

This effort intensified in 2003 with not only NGO-NGO training but also network-network training, as described below.

Table 11: NGO-NGO, network-NGO and network-network training and TA, 2003

Training Network/NGOs	Month	Topic	Participant NGOs	No Participants
CONODI	February 6	Revolving drug fund	2 NGOs	14
REDDES	February 11	Revolving drug fund	6 NGOs	16
REDDES	June 5	Revolving drug fund	6 NGOs	7
FESIRGUA	February 13	Revolving drug fund	3 NGOs	11
APROFAM	February 25,26	Contraceptive methods	8 networks, 18 NGOs	31
APROFAM	February 28, 29	Family planning logistics	8 networks, 18 NGOs	39
CONODI	December 8-12	Improved methods in administration and finances	14 NGOs	30
EB Yajaw and Wukup	February	Community participation,	3 networks, 18 NGOs	76

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Training Network/NGOs	Month	Topic	Participant NGOs	No Participants
B'atz		census and mapping		
FUNRURAL	February 10, 11	Revolving drug fund	2 NGOs	13
APROFAM	July 24-25	Family planning logistics	7 networks, 13 NGOs	75
Wukup B'atz	March 11	Revolving drug fund	2 NGOs	14
Aq'bal PRODESCA	April-May	Centro comunitario service delivery methods	3 networks, 18 NGOs	64
SEPREM	December 18-19	Gender theory and its application to AEIPI AINM-C	1 network, 4 NGOs	20
CONODI	May 2	Analysis of the Diagnostico and development of a network Strengthening Plan	14 NGOs	19
APROFAM	June 12,13	Family planning and logistics	21 (SIAS PEC funded NGOs)	48
Yun Qax	17-21 Noviembre	Training of member NGOs in AEIPI AINM-C	12 NGOs	12
CONODI	November 12	Teamwork	1 network, 1 NGO	13
CONODI	November 18	Self-esteem	1 network, 1 NGO	7
CONODI	April 25 – May 9	Training of member NGOs in AEIPI AINM-C	7 NGOs	7
CONODI	June 25 – July 4	Training of member NGOs in AEIPI AINM-C	14 NGOs	17
FUNRURAL	March 3	Mistica de trabajo	2 NGOs	16
FUNRURAL	February 28	Immunology and immunizations	2 NGOs	16
FUNRURAL	November 18	Techniques in the sale of contraceptives	2 NGOs	28
SINTRAICIM	December 11	Habits of effective people	1 network, 4 NGOs	14
APROFAM	October 14-17	STIs and adolescents	8 networks, 18 NGOs	89
FESIRGUA	May 5-21	Training of member NGO FCs in AEIPI AINM-C	1 NGO	20
FESIRGUA	October 13-24	Training of member NGO FCs in AEIPI AINM-C	1 NGO	17
FESIRGUA	November 11-20	Training of member NGO FCs in AEIPI AINM-C	1 NGO	15
FESIRGUA	November 24- Jan. 15, 2004	Training of member NGO FCs in AEIPI AINM-C	1 NGO	23
FESIRGUA	December 3-19	Training of member NGO FCs in AEIPI AINM-C	1 NGO	20
FESIRGUA	June 11,12	AEIPI AINM-C materials and methods review	9 NGOs	11
FESIRGUA	August 12	AEIPI AINM-C training methods review	9 NGOs	17
FESIRGUA	December 8-19	Training of networks in AEIPI AINM-C	2 networks, 4 NGOs	10
11 networks and NGOs	33 events		92 networks and NGOs	829 participants

C. Result: Other achievements not specified in Objective 5

The project also achieved the following, not specified as results in Objective 5:

- Formation of training teams in each of the 8 networks in various technical areas including family planning, AEIPI, AINM-C, cervical cancer
- Training of member NGOs by network training teams
- Training of NGOs and other networks by network training teams

Objective 9: Assist networks and NGOs to sustain their reproductive and child health services:

This objective is aimed at improving network and NGO sustainability of primary care services once project funding has ended. The steps outlined in the Objective for strengthening of sustainability were as follows:

- 1) assistance in conducting a sustainability analysis,
- 2) assistance in the development of sustainability strategies and plans
- 3) provision of seed funds for revenue-generating activities identified by networks

The three steps outlined in the Objective have been completed by the project, and implementation of plans are in process.

In addition, the project has achieved the following:

- Designed and implemented a strategy for support to network and NGO sustainability, following the steps outlined in the Objective, above
- Designed and implemented a strategy for the sustainability of RCH services implemented by NGOs on the community level, and
- Obtained a commitment from the MOH to assume funding of the NGOs and their community RCH services when project funding ends.

A. Strategy for support to network and NGO sustainability

1. Support to an analysis of sustainability

Step 1: Develop a self-assessment instrument for networks and member NGOs

Step 2: Implement self-assessment by networks and NGOs

Step 3: Develop a data base, enter self-assessment data and produce reports for networks and NGOs

2. Support to the development of strategies and plans for sustainability

Step 4: Assist networks and NGOs to analyze results and develop Strengthening Plans, including sustainability activities

3. Seed funding to assist networks and NGOs develop and implement income generating activities

Step 5: Provide seed funding to networks and NGOs for sustainability activities outlined in their Strengthening Plans

B. Result: Analysis of strengths, weaknesses and sustainability by 8 NGO networks and 73 NGOs

The 8 grantee networks have a variety of members, but at the beginning of their projects had little idea of their NGO member's strengths and weaknesses in health or their capacities for sustainability. Following the project strategy, the following has been implemented to meet this project objective:

Step 1: Development of a network self-assessment tool

In the first half of 2002 the project developed a detailed network self-assessment tool with 5 modules, one of which was financial sustainability. This tool was tested and validated with the first round networks. The tool is in the annexes of the 2002 Semi-Annual Report.

Step 2: Completion of the self-assessment tool by all networks and member NGOs

All 8 networks were given this tool and conducted self-assessments among their 73 NGO members. The first round networks and NGOs completed their assessments in the second semester, 2002. The second round completed their assessments in the first semester, 2003.

Step 3: Development of a data base, data entry, analysis and production of reports

A data base was designed by the project in the first half of 2002. Once the networks had completed their assessments, data was entered and reports were provided to each network and member NGO. Reports for first round networks and NGOs were completed in the last semester of 2002. Reports for the second round of networks and NGOs were completed in the first semester of 2003.

C. Result: Analysis of results and development of Strengthening Plans by 7 networks and 63 NGOs

Step 4: Analysis of results and development of Strengthening Plans

Once the assessments were completed, the project assisted the networks and their members with an analysis of the results and the development of Strengthening Plans, which include plans for commercial activities designed to ensure financial sustainability. Networks were also given an opportunity to share their plans with each other, discuss, and make changes as necessary. The plans for first round networks and NGOs were completed in the first semester, 2003. The plans for the second round of networks and NGOs were completed in the second semester of 2003.

D. Result: Support to the implementation of network Strengthening Plans, including sustainability activities, among 7 networks and 63 NGOs

1. Networks and NGOs included in Strengthening Plans

FESIRGUA	10 NGOs
REDDDES	16 NGOs
CONODI	14 NGOs

RONDICS	7 NGOs
CIAM	6 NGOs
ASINDES	6 NGOs
Wukup Batz	4 NGOs
TOTAL	63 NGOs

2. Strengthening network administration and finances, 2002

Strengthening of networks and NGO members in administration and finances began in mid-2002, before the self-assessments were completed, as described in previous reports. This was because many networks were new and needed immediate assistance, and because NGO capacities in this area were already known to be weak.

Even before self-assessments were completed, Pro Redes assisted the networks with legalization (as necessary), setting up of offices, office and training equipment, hiring of key staff, review and establishment of management policies, review and improvement of financial systems, improved planning and budgeting, and establishment of revolving drug funds. Since 2002, Pro Redes has provided extensive training and hands-on technical assistance to all networks during these processes.

3. Strengthening networks in technical areas, 2002

Strengthening of networks and NGO members also began in 2002, even before the self assessments were completed. This was done because none of the networks or their members was familiar with the national primary care strategy AEIPI AINM-C or the national strategy for family planning outlined in the AEIPI AINM-C protocols. It was therefore not necessary to wait for the analysis of the self-assessments to begin technical strengthening.

Technical strengthening began in the second half of 2002 with the formation of teams of network trainers in AEIPI AINM-C and family planning, one for each network. Following the training, networks implemented training of AEIPI AINM-C and family planning among non-grantee NGO members, and all trained members were fully equipped with scales, protocols and IEC materials to assist them in the implementation of what they had learned. Networks have also been strengthened in family planning, cervical cancer, STIs, and community participation among other topics.

4. Continuing strengthening of networks, 2003

Details on strengthening provided to networks and NGOs in 2003 is presented in the training section of this report, above.

E. Provision of seed funds to networks for financial sustainability

1. Result: \$72,964 seed funding to 5 networks for revolving drug funds (first round)

In 2002, the project began working with the networks and NGOs to establish revolving drug funds in each network. Plans were developed, personnel trained and seed funds provided for implementation. Progress on these funds is provided below. In summary, activities conducted related to this sustainability strategy in 2002 and 2003 were as follows:

2002:

4. Formation of the Comisión de Fondos Revolventes de Medicina, made up of representatives of the 5 networks
5. Development of guidelines for revolving funds by the project and in consultation with the Comisión
6. Dissemination of guidelines among all networks
7. Network development and presentation of documents describing their network Revolving Drug Fund presented to the project, revised and finalized
8. Project estimation of seed pharmaceutical needs for each Fund
9. Request for pharmaceuticals, competitive bidding and selection of vendors in the US by Project Hope
10. Purchase of seed pharmaceuticals, and shipment to Guatemala, by Project Hope
11. Receipt of seed pharmaceuticals by the Knights of Malta

2003

- 1) Network training of grantee NGOs and community members in the administration of their Revolving Drug Fund
- 2) Receipt of seed pharmaceuticals by Pro Redes in late January
- 3) Preparation of pharmaceuticals for each network by Pro Redes, in February
- 4) Repackaging of some medicines into smaller bottles, for use in centros comunitarios, in February
- 5) Distribution of seed pharmaceuticals to networks in February
- 6) Network distribution of seed pharmaceuticals to NGOs and centros comunitarios in March
- 7) From April-December, 2003, FCs used pharmaceuticals for the implementation of AIEPI AINM-C in centros comunitarios, supervised by NGO technical staff and project departmental coordinators
- 8) From April-December, networks began repurchasing pharmaceuticals. Some networks are now in their third cycle, as described more in detail below.

Pro Redes has provided significant technical assistance to the networks and the NGOs in the implementation of their revolving funds. The first table presented below shows the total value of the seed pharmaceuticals provided to the five networks and their grantee NGOs in 2003, in Quetzales and US dollars, at the replacement costs cited by the government drug provider, PROAM. Networks and NGOs are selling these medicines in their communities at PROAM cost plus 35%, as stipulated for rural areas in PROAM guidelines. The total value of the seed pharmaceuticals for the 5 networks was \$72,963.85.

Table 12: Value of the seed pharmaceuticals, by NGO and network, 2003

Network	NGO	February shipment	March shipment	TOTAL
CONODI	CORSADEC	26,256.38	2,873.12	29,129.50
	Total CONODI	Q26,256.38	Q2,873.12	Q29,129.50
Wukup B'atz	Wukup B'atz	24,791.42	2,409.36	27,200.78
	Total Wukup Batz	Q24,791.42	Q2,409.36	Q27,200.78
FESIRGUA	PRODESCA	13,679.50	1,500.17	15,179.67
	Renacimiento	14,772.02	1,625.19	16,397.21
	Total FESIRGUA	Q28,451.52	Q3,125.36	Q31,576.88
REDDES	Chuwi Tinamit	7,292.44	808.45	8,100.89
	Kajih Jel	7,611.26	843.06	8,454.32
	Eb Yajaw	26,199.20	2,903.13	29,102.33
	Total REDDES	Q41,102.90	Q4,554.64	Q45,657.54
	TOTAL QQ			Q204,298.79
TOTAL \$\$			\$ 72,963.85	
@7.8 QQ/US\$				

The second table, below, presents the income generated from the sale of these medicines in 10 months in 2003 (from March to December). The 5 networks and 9 NGOs in the first funding round generated \$9,503 in income from the revolving drug funds during this period. Most networks have turned their funds around two or three times to date.

Table 13: Income from the Revolving Medicine Funds, first round networks and NGOs, 2003

Network	NGO	Total
FESIRGUA	Renacimiento	3,847.13
	PRODESCA	5,334.76
	Total FESIRGUA	Q9,181.89 (\$1,147.73)
REDDES	Chuwi Tinamit	4,729.87
	Kajih Jel	3,005.20
	Eb Yajaw	10,028.39
	Total REDDES	Q17,763.46 (\$2,220.44)
FUNRURAL	ADASP	11,166.06
	FUNRURAL	16,748.20
	Total FUNRURAL	Q27,914.26 (\$3,489.29)
Wukup Bat'z	Wukup Bat'z	15,446.57
	Total Wukup Batz	Q15,446.57 (\$1,930.82)

CONODI	CORSADEC	5,717.86
	Total CONODI	Q5,717.86 (\$714.73)
TOTAL QQ		\$76,024.04
TOTAL \$\$ @7.8 QQ/US\$		\$9,503

The following pages of this report provide graphics regarding income growth from revolving drug funds in each network quarterly in 2003, as well as for the project as a whole. This reflects income generated each quarter in thousands of quetzales.

In 2004, the project will assist interested networks in modifying their revolving drug funds as *ventas sociales* or rural pharmacies, allowing the networks and NGOs to provide basic medicines to women and children without additional outside funding, while increasing income for the networks.

2. Result: \$19,364 seed funding provided to 4 first round networks for additional revenue-generating activities

Pro Redes also provided seed funding to 4 of the 5 project networks for activities designed to improve financial sustainability, based on the network strengthening plans. The 5th network, FUNURAL, did not request additional support as it is already fully sustainable. Seed funding for income generating activities to improve network financial sustainability is presented below, as follows:

Table 13: Seed funding for sustainability and income-generating activities of networks

Network	No. NGOs	Activity
REDDES	Network and 16 NGOs	8-day workshop over a 4 month period with members to develop sustainability strategies and plans for the network and NGOs
		\$2,500 seed funding for the development of a commercial projects in natural medicine
		\$ 5,128 seed funding for the development of a network commercial project relating to the sale of the collar (days method of family planning) including training and purchase of 400 collares
FESIRGUA	Network, 10 NGOs	3-day workshop to review the new NGO laws, fiscal responsibilities, cost analysis methods, and present examples of NGOs that are sustainable. Development of a sustainability plan for each NGO and the network
		\$3,750 seed funding to the network for the development of a commercial project involving a center for distribution of medicines and other supplies.
CONODI	Network, 14 NGOs	\$2,986 seed funding for the development and legalization of rural pharmacies (<i>ventas sociales</i> , <i>botequines rurales</i>) as a commercial project for the network and NGOs. Seed pharmaceutical were provided to the network in 2003.

Network	No. NGOs	Activity
Wukup Batz	Network, 4 NGOs	Training in and development of strategic plans
		Training of technical staff in productive projects (communal banks, agricultural projects, self employment projects) plus training of community level personnel
		\$5,000 seed funding to establish a photocopy service to generate funding for the network

3. Additional network analysis and seed funding for productive activities in 2004

The recent project review proposed additional activities for network strengthening, particularly for FESIRGUA and CONODI. The review team felt that REDDES and Wukup Batz may not be sustainable or need to revise their structure before additional support is provided. Additional support to network sustainability is outlined in the 2004 Action Plan.

F. Support to NGOs to sustain their RCH services

1. Result: Development and implementation of a strategy for the sustainability of NGO community RCH services

As mentioned above, the project has also developed a specific sustainability strategy for the continuity of RCH services on the community level. This strategy has also been in place and in full implementation since the beginning of the project. To review, the strategy involves:

- 1) Mobilizing communities,
- 2) Setting up and fully equipping community health centers in locations donated by communities,
- 3) Involving communities in the selection of FCs and volunteers,
- 4) Training, equipping and empowering community members to detect, manage and refer priority illnesses and conditions among children under 5 and women in reproductive age,
- 5) Establishing revolving drug funds in each of the community health centers, and
- 6) Activating, training and equipping a base of volunteers to conduct growth monitoring and counseling, detection of illnesses and referral.

This strategy is designed to ensure that at the end of the project funding, if no other source of support for the RCH projects existed, NGOs and their communities will be able to sustain these basic primary care services in the long term as each community will be able to count on a fully supplied and equipped health center, a trained community member to can detect and manage cases – one for every 1000 population - a cadre of volunteer community members trained and equipped to weigh children and provide counseling – one for every 20 households - and an established revolving drug fund to ensure the flow of inexpensive essential drugs.

Since the beginning of the project, Pro Redes has worked to establish this RCH sustainability strategy with networks, NGOs and their communities. Under this project, there are now 113 of these rural community centers fully equipped and functioning in this project, with 113 trained community members attending patients, and a cadre of 828 volunteers equipped, weighing children and

providing counseling. In addition, there are 252 traditional midwives included in the project. We also have established 113 community-level revolving drug funds, one in each NGO and community.

2. Result: Advocacy with the MOH for the inclusion of project-funded NGOs into the SIAS PEC program once USAID funding ends

The project has also worked closely with the MOH to advocate for the inclusion of project-funded NGOs into the SIAS PEC program once USAID funding ends. The umbrella network, the FORO de Redes de ONGs has also received support and been active in advocating NGO involvement in the provision of primary care. This lobbying by the networks, and the positive measures by the MOH to include funding in the 2004 budget make the sustainability of these RCH services in project communities more secure. 2003 results have been as follows:

Support from the MOH for the absorption of project funded NGOs into SIAS PEC:

- 1) An MOU was developed and presented to the MOH for consideration. It was signed by the Minister of Health and the Director of Pro Redes Salud in mid-December. The MOU outlines the responsibilities of each party during the transition of the NGOs from project to MOH funding.
- 2) The MOH has set aside funding from the national budget to absorb these NGOs, community health workers, community health centers, and volunteers into the MOH Proceso de Extension de Cobertura as of August 1, 2004 when project funding ends,
- 3) The MOH and Pro Redes have done a financial analysis and provided the MOH with projected funding requirements for NGOs through the MOH in 2003, by area and NGO.

Support to continued coordination with the networks and NGOs under the new administration:

- 1) The umbrella network of networks, the FORO de Redes de ONGs en Salud, discussed above under Objective 3, has received extensive project support in lobbying the political parties for the continuation of the Proceso de Extension de Cobertura and continued involvement of NGOs in the delivery of services
- 2) The political party taking power, GANA, has invited the FORO to select two members to sit on the National Health Committee, and to participate in the selection of drug companies for the contrato abierto.

MONITORING AND EVALUATION: COMPONENT II

A. Key Monitoring Indicators and 2003 Results

The following pages of the report present the key monitoring indicators related to the strengthening of networks and NGOs, as set out in the project Monitoring and Evaluation Plan. The full M and E plan is presented in the annexes of this report.

IV. Coordination

Objective 7: Strengthen MOH-NGO coordination

This objective is aimed at improving coordination between NGOs and the MOH at all levels. In 2001, before the project began, this coordination was described as weak at best. The project was tasked with improving this situation at all levels to assist the MOH and NGOs to work together toward common health goals through the promotion of coordination mechanisms and collaboration at district levels. This objective has been achieved by the project. Pro Redes and project funded networks and NGOs have worked closely with the MOH at all levels, improving trust and respect among all partners, and working together towards the achievement of common goals.

A. Result: Improvements in central level coordination

In 2003, Pro Redes Salud, its NGO networks and NGO grantees continued to work closely with the MOH. Coordination on the central level included the following:

1. Joint training of SIAS PEC funded NGOs in AIEPI AINM-C and family planning

As discussed above, Pro Redes Salud, the Unidad Ejecutadora of the MOH and Calidad en Salud worked closely together during this year in the training of the SIAS PEC funded NGOs in AIEPI (Manejo de Casos), AINMC (Prevencion y Promocion) and family planning in the eight highland health areas. Joint support for the cascade training of NGO FCs and vigilantes will be completed in 2004.

2. Joint development and implementation of OR comparing service delivery models

As discussed above, the project also continued to work closely with the MOH/UPS1 and Calidad en Salud in the development and implementation of an operations research activity comparing two variations in the national primary care service delivery model: AEC-ONG (Extension de Cobertura por medio de ONGs, being implemented by Pro Redes) and AEC P/S (Extension de Cobertura por medio de Puestos de Salud, being implemented by the MOH with assistance from Calidad en Salud), with one control, the SIAS PEC NGO program (the Proceso de Extension de Cobertura, implemented by the MOH). The OR activity is ongoing through 2004.

3. Project support to SIAS PEC supervision system for NGOs (URRGE USME)

As mentioned above, the project also provided assistance to the MOH/UPS1 in the training of Area and District NGO supervisory personnel in the MOH model for supervision – URRGE USME. This model is designed to assist the Areas and districts improve the supervision of the NGOs currently funded under SIAS PEC.

4. Memorandum of understanding and coordination of the transition of funding of project NGOs to SIAS PEC in 2004

As mentioned above under the section on sustainability of community level RCH services, the project worked with the MOH in 2003 to develop and sign an MOU outlining the responsibility of each partner in the transition of funding of project funded NGOs to funding from the MOH under the SIAS PEC program. This transition will take place when project funding to networks and NGOs ends in July, 2004. A copy of the MOU may be found in Annex F of this report.

B. Result: Improvements in coordination on Area and District levels

1. Inclusion Area and District level technical teams

In 2003, project staff, networks and NGOs also worked closely with the MOH on Area and District levels. NGOs and project staff joined Area and District technical teams during monthly meetings to analyze the health situation and coordinate activities. Detail on project involvement in these groups is included in the table related to departmental coordinator activities, below.

2. Inclusion in other coordination groups

Project staff, networks and NGOs also joined other coordination groups on Area and District levels, including committees on maternal and infant mortality, immunization, donor coordination, urban and rural development and municipal consejos. Detail on involvement in these groups is also included in the table, below.

3. Coordination related to service delivery

Coordination between the project, networks and NGOs intensified on the local district level in 2003 as the networks and NGOs opened their centros comunitarios and began service delivery. Districts supported NGOs during community assemblies and selection of personnel, establishment and inauguration of centros comunitarios, provision of supplies for vaccination activities, and visits to project sites to observe provision of care. This coordination will continue in 2004 as NGOs begin the transition to MOH funding in August.

Objective 8: Design and implement an MOH-NGO collaboration model

The purpose of this objective is to improve collaboration among area and district offices and NGOs through the support for a departmental collaboration model in one department, which could be expanded to other departments over time. The project has met this objective through support to the official national MOH-NGO collaboration models - the Consejos de Salud - on departmental and municipal levels in all 8 health areas.

A. MOH-NGO collaboration models selected

1. Departmental Consejo de Salud

In 2002, Pro Redes selected the national model for NGO-MOH coordination on the local level, the departmental Consejo de Salud, as the model to be supported during the life of the project. The project has been active in the development of these Consejos and their implementation, not only in one department, but in all 8 health areas. The Consejo de Salud on the departmental level is established within the Coding de Salud as the official mechanism for coordination in health. It includes NGOs currently supported by SIAS PEC as well as other NGOs working in health in each department.

2. District or Municipal level Mesas or Consejos de Salud

In 2002, the Project also identified the nacional model for NGO-MOH coordination on the municipal or district level, variously referred to as the Consejo de Salud Municipal or Mesa de Salud Municipal. The project has also been active in promoting the formation of these groups in all 8

health areas as well. The Consejos Municipal de Salud is established within theCodigo Municipal as the official mechanism for district level coordination in health. It also includes NGOs currently supported by SIAS PEC as well as other NGOs working in health in each district.

3. Phases of support

The following are the three phases of support:

Phase I: This phase of support involves assistance in the formation and organization of a Consejo where one does not already exist. This first phase of support includes:

- Meetings with the area or district director and key actors in the area
- An inventory of institutions that includes their geographical coverage and technical activities
- An area or district health situation analysis
- Socialization meetings with all possible members called by the area or district director and supported by the project to:
 - Motivate the participants to form a Consejo de Salud
 - Inform about the health situation and current coverages

Phase II: Once the group has decided to form a Consejo, the project moves into phase II support and assists the group to:

- Form the Board of Directors
- Develop internal regulations
- Develop a first Action Plan
- Develop Letters of Understanding between partners

Phase III: Once the plans are developed, each Consejo is then assisted to begin implementation. While the project lacks funds to support all activities planned by each Consejo, Pro Redes is currently supporting regular Consejo meetings and assisting in implementation where possible.

B. Result: Strengthening and formation of 7 departmental and district level Consejos or Mesas de Salud

Table 14: Consejo de Salud situation analysis and phase of support

Area Level	District Level	Phase I	Phase II	Phase II
Quetzaltenango		Completed	Completed	Ongoing support
San Marcos		Completed	Completed	Ongoing support
	Concepcion Tutuapa	Completed	Support to NGOs and the Area	
	Tacana	Support to Area and NGOs+		
Huehuetenango	San Pedro Necta	Completed	Completed	Ongoing support

Area Level	District Level	Phase I	Phase II	Phase II
	Santa Barbara	Support to NGOs and the Area+		
	Barillas	Completed	Completed	Ongoing support
Totonicapan		Partially formed		
Quiche		Completed	Completed	Ongoing support
Ixil		Completed	Completed	Ongoing support
Solola		Partially formed		
Chimaltenango		Partially formed		

C. Result: 233% increase in departmental and district level coordination groups – Consejos de Salud since 2001

This support has resulted in a significant increase in Consejo activity from 3 Consejos before the project began in 2001, to 7 Consejos in 2003 – a 233% increase in collaboration groups in project areas. Details on the situation by department and health area are provided below:

Quetzaltenango:

The Consejo de Salud in this department continues to be one of the strongest in Guatemala and is in Phase III. As mentioned in the last report, it is made up of approximately 25 institutions including NGOs (SIAS and non-SIAS), governmental organizations and donor agencies. Leadership is provided by the MOH Area director. The project Departmental Coordinator continued to participate actively in Consejo meetings in 2003. At the present time, she is the Secretary of the Board of Directors. Meetings are held in the Area offices, and in the Escuela Nacional de Enfermeria de Occidente. During this period, the various commissions in the Consejo de Salud were busy with the implementation of their plans of action. Consejos are pending on the municipal or district level. Pro Redes has provided financial support to Consejo activities throughout 2003.

San Marcos:

The Consejo de Salud in this department is also strong and in Phase III. 95% of the NGOs working in health in the department are members (SIAS and non-SIAS). In 2003, the project Departmental Coordinator continued to be an active member and participate in all monthly meetings. Meetings in this period have focused on presentation of advances, coordination of the national vaccination campaigns, monthly situation analyses for each district, and coordination of activities among members. Pro Redes has provided financial support to Consejo activities throughout 2003.

On the district level, the new Consejo Municipal de Salud of Concepcion Tutuapa, formed with assistance from Pro Redes in 2002, moved into Phase II, with the development and implementation of a 2003 action plan. The Departmental Coordinator has continued to support this Consejo in the development of its legal documents, support in health center activities such as vaccination and environmental sanitation, situational analysis, and monitoring of advances in the 2003 action plan. The NGO ADASP is currently the sub-secretary of the group.

The new Consejo Municipal de Salud of Tacana, also formed with assistance from Pro Redes, is in Phase I. The municipal delegate in health has participated in community assemblies and the selection of FCs and vigilantes and has given his support to further work with this Consejo in 2004.

Huehuetenango:

The Area director in this department continues to show little interest in the formation of a Consejo de Salud on the departmental level in spite of project encouragement. However, in 2003 a committee for Cooperacion Externa was formed on the departmental level, with participation from Pro Redes, Calidad en Salud, KFW, OPS, and CARE. This group has met 6 times during the year. The committee has also offered technical and financial support to the Area director for the formation of a departmental Consejo de Salud. As the Area continues to show lack of interest, coordination among NGOs (SIAS and non-SIAS) is being conducted jointly in meetings held by the Pro Redes Departmental Coordinator and the departmental coordinator for the SIAS PEC funded NGOs.

Pro Redes is also working to strengthen Consejos on the district level. In the southern part of Huehuetenango the district of San Pedro Necta has formed a new Consejo Municipal de Salud, with assistance from Pro Redes. This Consejo includes NGOs who work in health in the district (SIAS and non-SIAS) and IGSS as well as the municipality. This group meets monthly to analyze the health situation in the area and review progress.

In the district of Santa Barbara, a new Consejo has also formed, with assistance from Pro Redes, however the district did not assume responsibility or follow up in 2003 except in the case of vaccination coverages, where low rates have obligated the district to improve coordination with other institutions.

In the northern part of Huehuetenango, the district of Santa Eulalia has not yet formed a Consejo Municipal de Salud, however the project Departmental Coordinator has initiated discussions with different sectors (including SIAS and non-SIAS NGOs) to begin one, and the district has shown interest.

In the district of Barillas a Consejo Municipal de Salud exists (including SIAS and non-SIAS NGOs) and has been receiving support from Pro Redes. The project Departmental Coordinator is a vocale. Pro Redes- funded NGOs are on the Board of Directors – ADIVES is the secretary, and ADECO is the treasurer. The project Departmental Coordinator has attended all Board meetings, has supported the district in following up possible cases of chickenpox in one community, in seeking funding for the construction of a district hospital and in funding for a casa maternal. The casa materna is also being supported by ADIVES and the REDDES network coordinator GENESIS, as well as the evangelical and catholic churches.

Totonicapán:

The Consejo de Salud in this department has been in existence for about 8 years. It has an internal policy and around 16 member organizations (including SIAS and non-SIAS NGOs). During its lifetime, however, membership and interest in the Consejo has been variable. Participation has been irregular and there is a lack of continuity in discussions and topics. Although the Consejo met various times in 2002, no meetings were held in 2003 in spite of repeated project offers of support. No Consejos have been formed by the Area on the municipal or district levels. A meeting is tentatively scheduled for the departmental Consejo in January of next year.

El Quiche:

In Quiche there is an established Consejo Tecnico de Salud. The Consejo is chaired by the Area Director and includes representatives from most NGOs working in health (SIAS and non-SIAS). The group meets weekly to review program advances, identify problems and find solutions. When necessary, commissions are formed to address specific problems. The Area has divided the catchment area into sectors, and the Consejo has assigned a group responsible for monitoring progress and reporting on the situation in each sector. Consejos on the municipal level are also in the process of being formed, with support from Pro Redes.

Ixil:

In Ixil, The the departmental coordinating body is the Mesa de Salud. It includes SIAS and non-SIAS funded NGOs. The purpose of the Mesa is the same as the Consejo in El Quiche, mentioned above. Consejos on the municipal level in Ixil are also being formed. Pro Redes provided financial support to activities of the Mesa de Salud in 2003.

Chimaltenango:

In 2002 the project worked with NGOs and the MOH to establish a Consejo de Salud on the departmental level. That year the Consejo was formed, a Board of Directors was elected and internal policies were developed. The project felt that progress was being made. In 2003, however, Consejo did not continue to meet. This was because the current Area director did not want to work with the NGO group that is supporting the idea of a Consejo Departamental. In 2003, the project offered the Area funding for an assembly with NGOs and further work with the Consejo de Salud, but no further progress was made. There also no Consejos de Salud or other coordination bodies on the municipal level.

The real coordinating group for NGOs in Chimaltenango (SIAS and non-SIAS), therefore, is the Coordinadora de ONGs de Chimaltenango. Two of the Pro Redes-funded NGOs are elected representatives of the Coordinadora while the other NGOs working in Chimaltenango are members. For this reason, the project Departmental Coordinator was an active participant in this group in 2003.

Solola:

When the project began in 2002, the Departmental Coordinator found that a Consejo de Salud Departamental had been formed in the past in Solola but that it had become inactive. An inventory of institutions identified many NGOs working in the Area (SIAS and non-SIAS), in addition to USAID projects, the MOH and IGSS. In 2002, the project initiated a series of meetings with key persons to discuss reviving the Consejo de Salud. This resulted in the formation of a Provisional Commission, a convocatoria of NGOs, and the exchange of experiences with the successful Consejo from Alta Verapaz. By the end of 2002, the Provisional Commission involved 5-12 institutions and 9 out of the 10 districts in Solola.

At the beginning of 2003, there was consensus among participants in the Commission regarding plans for the Departmental Consejo de Salud and the Board of Directors for 2003, however the changes in Area Directors – twice - during the year resulted in a change in focus from the continued development of a departmental Consejo de Salud to the formation of decentralized Consejos on the municipal or district level.

In 2003, the topic of the Consejos on the departmental or municipal level (Mesas Departamentales o Municipales de Salud) was included in the Plan Estrategico del Area de Solola 2003-2007 under the section entitled Social Participation. After a long group discussion, it was decided that the process would begin in each municipio with a plan. Pro Redes has been asked to support the planning process in 2004 for the following municipal Mesas de Salud: Solola, San Lucas Toliman and Santiago Atitlan. Pro Redes provided financial support to the process of the Consejos en Solola throughout 2003.

The following table presents a summary of the coordination activities with the MOH undertaken by the Departmental Coordinators in 2003.

Table 15: Departmental Coordinator activities on the Area and Local levels, 2003

Type	Chimal-tenango	Solola	Quiche	Toto-nicapan	Quetzal-tenango	San Marcos	Huehue-tenango (south)
<i>Area Level</i>							
Administrative actions for coordination of training	23	38	2	7	18	8	6
Meetings with the Area technical team	18	30	12	3	11	4	20
Meetings with the Consejo Tecnico	6	3	12	3	2	8	8
Meetings with the Area on other subjects	10	7	12	4	11	11	4
Meetings with Cooperacion Externa	5	1	4	N/A	5	4	6
Meetings with the Maternal-Infant mortality committee	N/A	7	N/A	N/A	2	1	4
Meetings with the Consejo Departamental de Salud	N/A	N/A	12	N/A	20	6	N/A
Meetings with the Consejo Departamental de Desarrollo Urbano y Rural	N/A	N/A	N/A	3	N/A	N/A	N/A
Trainings received in these groups	7	4	3	3	0	3	6
Meetings to develop Area plans and budgets	8	10	1	2	3	6	2
<i>District Level</i>							
Meetings with the Consejo Tecnico de Distrito	20	10	6	9	32	5	6
Meetings with the Consejo Municipal de Salud	0	1	6	1	1	4	6
Meetings with the District on other subjects	3	6	6	4	10	6	2
<i>Coordination with other institutions</i>							
Meetings with other NGOs in the Area	5	6	3	2	10	5	6
Meetings with personnel from Calidad en Salud	6	1	4	1	9	5	3
Meetings with OPS	0	1	2	1	0	0	4
Meetings with UNICEF	0	2	0	0	0	0	1
Meetings with other agencies	6	6	7	1	12	3	2

Coordination with other Partners

A. Calidad en Salud

The project also continued to work closely Calidad en Salud in 2003, primarily on the following:

1. Coordination of the training and equipping of SIAS PEC funded NGOs

- a. Coordination meetings and the revision of the joint budget:** In 2003, Pro Redes met twice with Calidad en Salud and the Unidad Ejecutora to revise the training cascade and redistribute the joint budget based upon real expenditures of each partner in 2003. The revised responsibilities are presented earlier in this report in the section on the SIAS PEC NGO training cascade.
- b. Revision of training and IEC materials:** During 2003, project staff coordinated closely with key staff from Calidad en Salud to review the training and IEC materials used for AIEPI (Manejo de Casos), AINM-C (Promotion and Prevention) and family planning and coordinate reproduction. Pro Redes provided Calidad en Salud with its training modules as the basis for modification of the materials to be used to train the SIAS PEC funded NGOs.
- c. IEC coordination:** The project also continued to work worked closely with key Calidad en Salud staff and others in the review and production of IEC materials through the Inter-Institutional Group (GTI).

2. Joint development of the Operations Research:

As mentioned above, the MOH is conducting an operations research activity in 2003-2004 comparing several variations in the national primary care service delivery model. Calidad en Salud and Pro Redes worked closely together in 2003 to finalize the baseline instrument and the sample, fund the baseline study, identify key technical indicators and determine the way in which cost information will be collected, collect and analyze information and present the mid-term report. Pro Redes will continue to work closely with Calidad en Salud throughout 2004 to support the MOH in the implementation of this research.

B. APROFAM

1. Development of a Memorandum of Understanding

In the first few months of 2003, Pro Redes and APROFAM developed and signed a Memorandum of Understanding. This document outlines the responsibilities of each party in providing NGOs with contraceptives and monitoring service delivery.

2. Joint training of networks, grantee and SIAS PEC funded NGOs

As mentioned above in the training section, Pro Redes and APROFAM trained the networks and NGOs in family planning and the APROFAM logistics system in February. Following this central training, in March NGOs trained the rest of their staffs and their Facilitadores Comunitarios in eight training events that took place in the highland departments. Pro Redes also provided support to

APROFAM and the MOH in the training of all NGOs funded under the SIAS PEC program to improve contraceptive reporting.

3. Provision of contraceptives

In 2003, APROFAM signed agreements with NGOs and provided them with their first stock of contraceptives. Methods include the following:

- Condoms
- IUDs
- Depo-Provera
- Oral contraceptives

Pro Redes paid the cost of transport for the first stock of contraceptives for each NGO. Contraceptives are being sold at APROFAM prices. NGOs are responsible for ordering and paying for the transport of future shipments. APROFAM is collecting monitoring data, while project staff is monitoring provision of services.

4. Monitoring of contraceptive distribution

During 2003, Pro Redes also worked closely with APROFAM in ensuring prompt and accurate reporting of contraceptive use among project funded NGOs. In order to ensure that this system is well done, the project has also developed a computerized data base and is entering NGO monthly reports to APROFAM separately. This will provide the project with timely information on the movement of contraceptives and allow for identification of weaknesses and needs for supervision in the following period.

V. Lessons Learned

1. Expansion of coverage and priority RCH services

- It is important to involve the MOH Areas and Districts in the identification of high risk, uncovered geographical areas for placement of NGO projects. This not only gives the MOH ownership and interest in the projects, but also ensures that NGOs are placed where it is most necessary.
- Many NGOs are willing to move into geographical areas that are new to them, including new departments, new districts, and new communities. They are also willing to take over the most remote areas not previously attended by NGOs.
- It is also important to ask for NGO proposals through a national open convocatoria process that involves the MOH. This lends credibility to the request for assistance, and also allows the project to identify the greatest number of interested NGOs possible. There are many very good NGOs working in health in Guatemala, some of whom may not be known to the donor.
- There is a lot of interest from the MOH in repeating the convocatoria and selection process and extending coverage further into additional uncovered and high risk communities through NGOs, not only in the Mayan highlands but also in other areas of the country. The MOH has approached the project asking about a 3rd funding round.

- There is also a lot of interest from NGOs for participation in the process, and extension into high risk communities, not only in the Mayan highlands but also in other areas of the country. NGOs have also approached the project also asking about a 3rd funding round.

2. Incorporation of community-based IMCI, reproductive health and family planning, growth monitoring and counseling into NGO service delivery

- NGOs appreciate the opportunity to learn new approaches, new technical areas, and the use of new IEC and training materials and expect to have clear guidelines from the donor and the MOH on what needs to be done. Often new materials, strategies and policies are developed by the MOH but then never given to the NGOs. Training of NGOs in these new materials, strategies and policies unifies the health sector and leads to standardization of service delivery and messages among the population.
- NGOs want to be included in technical teams when new materials and strategies are developed by donors and the MOH. In this project, they appreciated being included in the development of a community based information system and the model of service delivery being implemented by Pro Redes. The Foro de Redes de ONGs has asked the new government to include NGOs in the redesign of the SIAS PEC model for NGOs, in discussions regarding decentralization, and in issues related to drug supply.
- At the beginning of the project, many strong NGOs said they were not interested in learning about the new AEIPI AINM-C strategy, as they (particularly those that were ex-Pop Council NGOs) already had developed MINEC, a strategy for community based IMCI. Now that they know the AEIPI AINM-C strategy, they have asked the project to fund the training of more of their NGO network members. The 7 networks in the Foro have also accepted the new strategy and are recommending its continued use to the new government.
- The sale of contraceptives has proven to be difficult in areas attended by project NGOs as women wanting family planning can obtain the same methods free from the MOH. This has limited the number of CYPs that can be produced by these NGOs alone.
- NGOs have readily accepted the new community-based IMCI and integrated maternal health protocols and have found that community members with a 4th grade education can provide direct patient care if they base their actions on the hojas de registro and protocols. The development and then positive field experience with these materials is a huge step forward for Guatemala as the simplified materials can be used well by community members, who can then be supervised by medical professionals. This means that basic RCH care can now be available to remote rural communities 24 hours a day, in contrast to the once-a-month visit of a doctor now being provided to rural communities through the MOH model of in SIAS PEC.
- The centros comunitarios being implemented by the NGOs funded through SIAS PEC are often in the house of the Facilitador Comunitario and provide no privacy to the patient, nor is care systematized. Patients are often examined on the FCs bed. The project and its NGOs have developed standardized criteria for the establishment of centros comunitarios that improves their quality. Under the project, centros comunitarios must be separate from the house of the FC, with a separate entrance, they must have a separate area for patient exams, with a specific exam bed and a private area for counseling. The MOH has expressed interest in this checklist and would like to use it to analyze all existing centros, rank them, and begin improvements, marking those who meet the quality criteria with a star or other emblem.

- Provision of care itself is also un-systematized in the model being implemented by NGOs funded under SIAS PEC. The maps are on the wall and divided into sectors, and the households are numbered, but that is where the systematization ends. The project and its NGOs have further systematized the provision of care by developing a system for tracking care to individual families, and systematizing follow-up. In each centro comunitario, folders have been opened whose numbers correspond to the sector and household in the census and on the maps. Thus, during a supervisory visit, one can ask to see the folder for a specific household. The folder will contain the census for that family, and the various hojas de registro and other information related to the patient history of family members. Once a patient is seen, the data is put into the corresponding folder, and a note is placed in a box set up to control follow-up. Household visits are then determined by the notes in that month for follow up visits. The MOH has made field visits to project centros comunitarios and is interested in systematizing care with the SIAS PEC NGO model in a similar way.
- At the present time, the MOH has an inadequate form for the collection of data from centros comunitarios on the provision of care related to AEIPI AINM-C. In 2003, a modified form was developed by the MOH, however it is the consensus of Pro Redes, the MOH and Calidad en Salud that this form still does not capture information related to most of the classifications in the strategy. At the request of the MOH, the project and its NGOs have developed a modified set of forms (3CC and 6CC) that are being used by NGOs and FCs to collect data on the provision of care related to AEIPI AINM-C. These forms have been reviewed by the MOH on the area levels and by Calidad en Salud. They should be modified to ensure that they are in line with the most recent versions of the AEIPI AINM-C protocols and hojas de registro, and then incorporated into the MOH information system for SIAS PEC on the community level. NGOs experienced in their use should be part of the team that conducts the final modification.

3. *NGO networks*

- NGO networks are not new in Guatemala. Several informal NGO groupings and legalized networks already exist. NGOs are often members of several. Some networks are long-standing.
- Additional NGOs are interesting in coming together into new networks as they can see the possible advantages for attracting funding. NGOs are interested in forming networks, not only in the Mayan highlands, but also in other departments. NGOs tend to be less sure if these groupings need to be legalized entities, or if they are sufficient as informal groups.
- NGOs form into informal and legal networks when the organizations feel they have something in common. The reason may be that they work in the same geographical area (for instance the informal network the Coordinadora de ONGs de Chimaltenango, or the legal network the Red Kakchiquel), or because they have some philosophical affinity (for instance the informal network La Instancia, or the legal networks FESIRGUA and Wukup B'atz).
- NGO members do not always have a clear idea of the benefits they can get from their network, nor does the network always have a clear idea of the benefits it can provide to the members. The project is working on this through the process of network analysis of needs, development and funding of a strengthening plan.
- NGO networks often also have difficulties sorting out what is the role of the network as separate from that of the member NGOs. For instance, some networks have a member as the

network head, rather than a separate network office and identify. While this may save on costs avoiding the hiring of network-specific staff and the set up of a network office space, it can also lead to confusion as to the distinction between the network and the NGO, leading to resentment and internal conflict.

- Some of the NGO networks in Guatemala are very new, and often have less capacity and experience than their NGO members. This can cause problems when the network is the coordinating body responsible for supervising the implementing NGO members. Although these new networks have received significant strengthening from the project, the project has been of short duration and for this reason the new networks will need additional help and time to gain experience in their new role.
- The networks could benefit from hearing the experiences of successful networks in the country and the region, such as that of ASINDES in Guatemala, PROCOSI in Bolivia and NicaSalud in Nicaragua, though the latter two NGO networks are slightly different than the Guatemalan networks as they include US based PVO members and have received significant funding over a period of years from USAID. The project hopes to give the networks this opportunity in 2004.

4. *NGO umbrella network of networks (Federation)*

- NGOs are aware of the pros and cons of legalizing and not legalizing into networks, and discussions with them are well informed and based on experience.
- There is more caution among NGOs when the discussion involves a network of networks or federation, particularly when it may be legalized, than there is when discussing a network of NGOs. A network of networks or Federation is a third level of coordination, with the simple NGO network a second level, and the NGOs themselves the first. If bringing coordination to the second level of a simple network of NGOs is difficult, then bringing coordination to the third level must be even more challenging. The project will assist the networks in their analysis of this issue in 2004.
- The Foro de Redes de ONGs has taken shape and is at this time an informal grouping of 7 networks that was formed for a specific purpose – lobbying the new government. The members of the Foro, however, are interested into looking into its future and want to discuss this with possible funding sources including the MOH, EU, IDB and USAID.
- The networks in the Foro can see some advantages in continuing together for lobbying purposes, but need to work together in 2004 to more clearly define the role of the federation. It would help if other NGO network federations could talk to them, however there are no federations in the region that we are aware of.

5. *Strengthening of NGOs*

- NGO and network self-assessments revealed management, financial and technical weaknesses that needed strengthening. These assessment reports, conducted among 8 networks and 73 NGOs, are a rich source of information for strengthening the NGO sector working in health. Although the project has worked to implement the strengthening plans developed by each of the 8 networks, the project has been short in duration and there is therefore work that could still be done to strengthen the NGOs, particularly in the area of management, human resources, financial systems and sustainability.

- Learning new approaches and the use of new materials, such as those in the AEIPI AINM-C strategy, takes time and cannot be hurried if it is to be done well. We have found that it takes a minimum of 10 days to train technical staff and 15 days to train FCs. Training must be based on adult learning techniques and therefore include sufficient time for hands-on practice. The training of NGOs funded by SIAS was implemented in much less time – as little as 3 days for technical staff, and 5 for FCs. As a result, those NGOs who received MOH training have asked the project to re-train their personnel using the methodologies developed by the project.
- Good sources of practical experience are the area hospitals and health centers, as well as the centros comunitarios of NGOs that are already set up and functioning and using the AEIPI AINM-C strategy. Area directors and hospital directors in all departments have been very open to allowing not only NGO professional staff, but also community level personnel (FCs and VS) to practice with patients in health centers, and visit severely ill patients in hospitals. Experienced NGOs have also been very open to allowing other NGOs visit their centros comunitarios and talk to their FCs and VS staff.
- It is untrue that cascade training does not work. Every methodology has its pros and cons, and cascade training is no exception. One positive aspect of cascade training is that it trains people as trainers. If the training modules are good and easy to follow, the trainers can then follow them and implement the activity. This not only gets the job done, but also strengthens the knowledge of the persons doing the training. There is no better way to learn material than having to train it. The other clear advantage of a cascade is that it reaches large numbers of people who are scattered over a large geographical area by dividing them into smaller groups in training sessions that can be held simultaneously. The best methodology for us in the implementation of a cascade has been the formation of training teams. We have formed teams within networks, and among NGOs. When there is a team of trainers, the responsibility does not lie with only one person, but rather with a group, thus providing not only moral support but also additional people to answer questions and manage participants. On the other hand, the cascade must be accompanied by supportive supervision. This is often the greatest weakness of a cascade. We have found that NGOs left to themselves often cut the training short or get confused if not given help. The lead trainers do not have to be present during the entire training, but must conduct spot visits to help the training team with any problems it may be having.
- Training is clearly not an end in itself. It is the beginning of a long process of learning. Training should provide basic knowledge and skills to participants, but the real learning will occur following training during daily practice. Centros comunitarios, their FCs and vigilantes are located in remote rural areas, making access difficult. It is vital, however, that they receive continuous supportive supervision by NGO technical staff. The project and its NGOs have developed a checklist for supportive supervision that is to be used in each CC at least once a week. There are many difficulties involved, however, in ensuring that this close supervision takes place. NGOs often lack transport or their technical staff become weary of walking long distances. We have found motorcycles to be useful for male supervisory staff, however few if any female supervisors are willing to use them. If the NGO does not have a four wheel drive vehicle (and most do not), the female supervisors must travel into the communities when a bus or pickup truck is going, and leave when they leave. This can reduce the optimal supervision frequency and time in the centro comunitario. Another difficulty is related to the competing demands upon supervisors from the NGO and the MOH. The NGO may give the supervisors

other tasks do, giving less priority to the field, while the MOH's heavy emphasis on vaccinations (that can only be applied by health professionals according to the norms), means that NGO technical supervisors must spend inordinate amounts of time going door to door vaccinating rather than supervising the FC. Additional MOH priorities, such as the vaccination of dogs against rabies, also take time away from the centro comunitario.

- It is important to ensure that, following training, participants have the equipment and supplies necessary to implement their task. In the centro comunitario this includes the AEIPI AINM-C protocols, cuaderno de vigilante, hanging scales, IEC materials, drugs and medical supplies, contraceptives, and paperwork. Lack of any of these means poor quality of care. Irregular supplies of drugs or any of these materials leads to lack of confidence not only among health care workers, including FCs and VS, but also in the community.

6. Sustainability

- Sustainability is an important topic, and one that is often unclear to NGOs and networks. There are various levels and types of sustainability, and many things that must come into play if sustainability is to be achieved. The project has assisted the communities, NGOs, networks and the federation to reach some of the necessary goals, however there is more still to be done, particularly relating to the financial aspects of sustainability.
- For purposes of discussion, let us say that there are 3 levels of sustainability:
 - Sustainability of RCH services on the community level, with or without support from an NGO
 - Sustainability of the NGO as an entity, apart from any funding it may receive from donors or the MOH
 - Sustainability of the network of NGOs as an organization, apart from the sustainability of the NGO members or any funding it may receive from donors
- Sustainability of RCH services on the community level requires the following (those with * have been achieved with support from the project):
 - * the participation and demand from the community,
 - * a physical location where services can be provided and can serve as the center of activities and that has been fully equipped for service delivery,
 - * community members who have the approval of the community and have been trained in the provision of the services, have some experience and feel confident,
 - * some kind of transport (such as a bicycle) that will allow the community provider to visit households and supervise volunteers,
 - * a continual supply of drugs,
 - * a link with the MOH for referral and vaccines.
 - Once this is established, the element still lacking is some source of funding for basic expenses such as an honorarium for the community member providing care, purchase of basic supplies and drugs once project funding ends.

- In our experience the cost of maintaining a centro comunitario monthly would be around \$175 which would cover \$100 for the FC (at a pay rate of Q800), \$50 for 8 vigilantes (at Q50 per month), and \$25 for miscellaneous supplies.
 - * If the drugs are part of a functioning revolving drug fund, this fund can not only generate money for the repurchase of drugs, but also generate some funds for other things. Sale of contraceptives can also generate funding to cover costs.
 - * (planned for 2004) If the community has a venta social or broadens the revolving drug fund to include other items such as basic commodities (eggs, sugar, etc.) or additional pharmaceuticals, then even more money can be generated.
 - These sources of income, however, may not be sufficient to cover the costs of maintaining a centro comunitario. This depends of course on the pay scales and particularities of the case. Other options open to the community include fee for service and the development of a community insurance scheme.
 - * (planned for 2004) In the case of this project, if the MOH continues to agree to incorporate these centros comunitarios into the SIAS PEC program, covered by either the existing NGO or another NGO, then the funding generated by the revolving drug funds or ventas sociales may go to assist in the sustainability of the NGO or network as the cost of the centro comunitario itself and supply of drugs will be assumed by the MOH.
- Sustainability of the NGO as an organization, aside from donor or MOH funding requires:
 - * legal status, statutes, a board of directors and general assembly
 - * the participation and demand from the NGO members,
 - * a physical location where the NGO can work and can serve as the center of activities and that has been fully equipped for work purposes,
 - * a basic core staff that is trained to do its particular tasks, has experience and feels confident,
 - * some kind of transport (such as a motorcycle, or preferably a four wheel drive vehicle) that is in good condition and will allow the NGO to work on the community level,
 - * a link with the MOH for coordination and updating of knowledge,
 - Once this is established, the element still lacking is some source of funding for basic expenses such as the rent, utilities, supplies and maintenance, and salaries for a core staff once project funding ends.
 - In our experience the minimum cost of maintaining an NGO as an organization would include the payment of rent and utilities, the cost of a minimum staff that could develop projects (a director, technical person, book-keeper, secretary), and the recurrent cost of supplies.
 - * If the NGO has an established revolving drug fund, this fund could not only generate money for the repurchase of drugs, but also generate some funds for other things. Sale of contraceptives may also generate funding to cover costs.
 - * (planned for 2004) If the community has a venta social or broadens the revolving drug fund to include other items such as basic commodities (eggs, sugar, etc.) or additional pharmaceuticals, more money may be generated.

- * (2004) In the case of this project, if the MOH continues to agree to incorporate these NGOs into the SIAS PEC program, the funding generated by the revolving drug funds or ventas sociales may go to assist in the sustainability of the network as the cost of the NGO and centro comunitario itself and supply of drugs will be assumed by the MOH.
 - These sources of income, however, may also not be sufficient to cover the costs of maintaining even the basic costs of an NGO. This depends of course on the pay scales and particularities of the case.
 - * (planned for 2004) Other options open to the NGO include the development of commercial income generating businesses. Some of the project NGOs are good examples of a business orientation and have obtained the minimum level of sustainability with small tiendas, comedores, stores, and even the ownership of buildings. Others have included activities in their strengthening plans.
- Sustainability of the NGO network as an organization, aside from donor or MOH funding requires:
 - * legal status, statutes, a board of directors and general assembly
 - * a physical location where the network can work and can serve as the center of activities and that has been fully equipped for work purposes,
 - * a basic core staff that is trained to do its particular tasks, has experience and feels confident,
 - * some kind of transport (such as a motorcycle, or preferably a four wheel drive vehicle) that is in good condition and will allow the network to work with the NGO members,
 - * a link with the MOH for coordination and updating of knowledge,
 - Once this is established, the element still lacking is some source of funding for basic expenses such as the rent, utilities, supplies and maintenance, and salaries for a core staff once project funding ends.
 - In our experience the minimum cost of maintaining a network as an organization would include the payment of rent and utilities, the cost of a minimum staff that could develop projects (a director, technical person, book-keeper, secretary), and the recurrent cost of supplies.
 - * If the network has an established revolving drug fund, this fund could not only generate money for the repurchase of drugs, but also generate some funds for other things. Sale of contraceptives may also generate funding to cover costs.
 - * (2004) If the network has ventas socialites or broadens the revolving drug fund to include other items such as basic commodities (eggs, sugar, etc.) or additional pharmaceuticals, more money may be generated.
 - These sources of income, however, may also not be sufficient to cover the costs of maintaining even the basic costs of a network. This depends of course on the pay scales and particularities of the case.
 - * (2003-2004) Other options open to the network include the development of commercial income generating businesses. Some NGO networks are good examples of a business orientation and have obtained the minimum level of sustainability with the ownership of buildings, loans to NGO members, and other strategies. The 7 networks

in the project have identified commercial income-generating activities they would like to implement to improve their financial sustainability. The project is supporting the networks in their efforts with seed funding, training and individualized TA.