

Calidad en Salud

**Better Health for
Women and Children**

**Quarterly Report
Second Quarter, 2004**

For:
USAID/Guatemala
OUT-HRN-I-800-98-00035-00

Submitted by:
University Research Co., LLC

Distribution: Baudilio Lopez, USAID/Guatemala

Table of Contents

1. EXECUTIVE SUMMARY.....	1
1.1. RESULT 1: INCREASED USE OF MATERNAL CHILD HEALTH SERVICES PROVIDED BY THE MSPAS AND ASSOCIATED NGOS.....	1
1.1.1. Family Planning.....	1
1.1.2. AIEPI AINM-C Clinical Institutional Component.....	4
1.1.3. Micronutrients.....	5
1.1.4. AIEPI AINM-C Integrated Case Management (AA-MC).....	5
1.1.5. OR on AEC.....	6
1.2. RESULT 2: IMPROVE HOUSEHOLD HEALTH PRACTICES.....	6
1.3. RESULT 3: MCH AND NGOS ARE BETTER MANAGED.....	7
1.3.1. Logistics.....	7
1.3.2. Monitoring and Evaluation.....	8
1.3.3. Planning and Programming.....	8
1.3.4. Supervision – Facilitation.....	8
1.3.5. Finance and Administration.....	9
1.4. RESULT 4: COMMUNITY PARTICIPATION AND EMPOWERMENT.....	9
1.4.1. Community Participation Model.....	9
1.4.2. AIEPI AINM-C Promotion and Prevention (AA-PP).....	9
1.5. RESULT 5: INCREASED USE OF MCH SERVICES BY IGSS.....	9
2. MSPAS RESULTS.....	10
2.1. RESULT 1: INCREASE IN THE USE OF MOTHER AND CHILD HEALTH SERVICES PROVIDED BY THE MSPAS AND ITS PARTNER NGOS.....	10
2.1.1. Family Planning Results.....	10
2.1.2. Child Health (Clinical IMCI) Results.....	15
2.1.2.1. Collaborative Teams.....	15
2.1.2.2. Collaborative improvement teams for hospital pediatric care.....	18
2.1.3. AIEPI AINM-C Case Management (AA-MC) Results.....	20
2.1.4. Micronutrients Results.....	22
2.1.5. OR on AEC-PS Results.....	24
2.2. RESULT 2: ADOPTION OF HEALTH PRACTICES WITHIN THE HOME WHICH FAVOUR CHILD SURVIVAL AND REPRODUCTIVE HEALTH.....	26
2.2.1. Summary of IEC/BCC Objectives and Strategies.....	26
2.2.2. General IEC/BCC Capacity Building.....	27
2.2.3. Specific IEC/BCC Results for Family Planning.....	28
2.2.4. Specific IEC/BCC Results for IMCI.....	29
2.2.5. Specific IEC Results for AIEPI AINM-C.....	30
2.2.6. Specific IEC/BCC Results for IGSS.....	31
2.3. RESULT 3: MCH PROGRAMS AND ITS PARTNER NGOS ARE BETTER MANAGED.....	32
2.3.1. Logistics Results and Plans.....	32
2.3.2. Monitoring and Evaluation Results.....	35
2.3.3. Planning and Programming Results.....	37
2.3.4. Supervision – Facilitation Results.....	40
2.3.5. Financial Management and Administration Results.....	41
2.4. RESULT 4: GREATER COMMUNITY PARTICIPATION AND EMPOWERMENT.....	43
2.4.1. Community Participation Sub-component Results.....	43
2.4.2. AIEPI AINM-C Promotion and Prevention Component Results.....	46
3. RESULT 5 IGSS: IMPROVED USE OF VARIOUS MATERNAL-CHILD HEALTH SERVICES PROVIDED BY THE IGSS.....	49
3.1. SUB – RESULT 1: MORE FAMILIES USE MATERNAL-CHILD HEALTH SERVICES.....	49
3.1.1. Family Planning Results.....	50

3.1.2.	<i>AIEPI AINM-C Results</i>	53
3.1.3.	<i>IEC Results</i>	56
3.2.	RESULTS 2: MATERNAL CHILD PROGRAMS ARE BETTER MANAGED.....	56
3.2.1.	<i>Support System Results</i>	56

Anexos

Annex A- Monitoring indicators, baseline data and results for the MSPAS

Annex B- Monitoring indicators, baseline data and results for the IGSS

Annex C- Resumen de Capacitados por Componente durante el Segundo Trimestre

Acronyms

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

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

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

1. EXECUTIVE SUMMARY

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

1.1.1. Family Planning

The following is a summary of monitoring results including couple years protection (CYP) and new acceptors of family planning (FP) methods both nationwide and in the eight priority areas.

CYPs Nationwide and in 8 Priority Areas

Data are included for the months of April (26/26 DAS), May (25/26 DAS); for the month of June data are provided for 2/26 areas nationwide, including 0/8 priority areas. The new SIGSA application had not been yet installed at national level it means that this trouble continues.

Calidad en Salud have not operative personnel at national level but the FP program have created a FP services need which is growing to a critical mass population demanding FP services.

Overall, 67.4% of the target for CYPs in the second quarter of 2004 has been achieved (Table 1) 59.6% for the MSPAS and 91.3% for IGSS. The MSPAS cumulative percentage for CYPs is -40.4 percentage points below the goal, while IGSS is -8.7 percentage points below its goal at 91.3%. The MSPAS data availability still represents a MIS main challenge.

During the second quarter of 2004, the PNSR have worked to continue introducing a wide-ranging package of FP services in health centres, posts and hospitals under maternal mortality program. The increased access to AQV will make certain that those in need of services receive them and that follow-up of treatment is enforced.

Table 1-Number of CYPs Nationwide by Target Achieved, MOH & IGSS, 2004

Nationwide	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	104,698	99,053	94.6%	104,698	70,569	67.4%	418,794	169,622	40.5%
MOH *	78,891	74,621	94.6%	78,891	47,010	59.6%	315,566	121,631	38.5%
IGSS	25,807	24,432	94.7%	25,807	23,559	91.3%	103,228	47,991	46.5%

* Preliminary data

In the 8 Priority Areas

37.9% of the annual target was achieved by the end of the second quarter (Table 2). CYPs in the 8 priority areas are related to report non-appearance from all areas for June and availability of FP methods in health centres and posts. The number of CYPs for the MSPAS is the result of the acceptance of injectables (55.5 %).

Table 2-Number of CYPs in 8 Priority Areas by Target Achieved, MOH 2004

	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MOH*	24,530	23,429.1	95.5%	24,530	13,712	55.9%	98,121	37,141.5	37.9%

* Preliminary data (5/8 areas)

The number of CYPs by method for the MSPAS in the 8 priority areas also was measured (Table 3). 63.5% of CYPs came from injectables, followed by a 22.6% in female sterilization. Also a 0.89% came from LAM, SDM and other natural methods, data included by first time in SIGSA but not reported at second quarter yet.

Table 3-Number of CYPs in 8 Priority Areas by Method, MOH, 2004

FP Method	MOH Q1 2004	MOH Q2 2004	TOTAL
Depo Provera	14319	9270	23589
Condom	960	744	1704
IUD	970	784	1753
Oral pills	687	452	1139
AQV male	44	0	44
AQV female	5973	2431	8404
LAM	109	31	141
SDM	348	0	348
Natural Others Methods	20	0	20
Total CYPs	23429	13712	37142

The number of CYPs by method for MSPAS and IGSS nationwide was measured (Table 4). The 43.6% came from injectables, in addition to AQV-female acceptance (25.3%).

Table 4-Number of CYPs by Method, MOH and IGSS, 2004

FP Method	MSPASQ1 2004	MSPASQ2 2004	IGSS Q1 2004	IGSS Q2 2004
Depo Provera	38950	28560	4,598	1,826
Condom	6202	5202	1,167	421
IUD	3794	3262	1,757	1,456
Norplant/Jadelle	-	-	154	2,296
Oral Contraceptives	3816	2665	798	401
AQV-male	385	165	396	231
AQV- female	20779	6864	15,279	16,456
LAM	210	292	45	50
SDM	466	-	238	422
Natural Others	20	-	-	-
Total CYPs	74,621	47,010	24,432	23,559

New FP Acceptors Nationwide and in the 8 Priority Areas

Data are included for the months of April. (26/26), May (25/26); for the month of June data are provided for 2/26 areas nationwide, including 0/8 priority areas.

Nationwide, the goal for new FP acceptors was 31.0 percentage points (Table 5). But, at MSPAS data from almost all areas for the second quarter are missed. Some 61.3 % of new acceptors prefer *Depo Provera* nationwide and 70.1% in the eight priority areas. Accumulated data show the MSPAS is at -69.8% of its target while IGSS is at - 62.4% of its target. Social security data reflects the impasse to provide FP services that still a big obstacle to overcome.

Table 5-New Family Planning Acceptors Nationwide Provided by the MOH and IGSS, 2004

Nationwide	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	65,622	66,739.0	101.7%	65,622	14,755	22.5%	262,489	81,494	31.0%
MOH*	57,824	59,716	103.3%	57,824	10,052	17.4%	231,296	69,768	30.2%
IGSS	7,798	7,023	90.1%	7,798	4,703	60.3%	31,193	11,726	37.6%

* Preliminary data

In the 8 priority areas, the MSPAS fails its new acceptor goal by -69.4% (Table 6). The small number of new acceptors abide by more of 80% data missed it will increase during 2004 as the new government allows FP services rolled-out and HIS improves.

Table 6-Number of new acceptors in 8 priority areas by target and achieved, MOH, 2004

8 Priority Areas	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MSPAS*	19,697.5	22,613.0	114.8%	19698	1,524	7.7%	78,790	24,137	30.6%

* Preliminary data x/8 areas, March

Table 7-Number of New acceptors by Method, MOH and IGSS, 2004

FP Method	MSPAS Q1 2004	MSPAS Q2*2004	IGSS Q1 2004	IGSS Q2 2004
Depo Provera	40,783	5272	2,786	1,154
Condom	5,314	1245	1,379	294
IUD	850	68	502	416
Norplant	-	-	44	656
Oral Contraceptives	9762	1659	589	254
AQV-male	35	15	36	21
AQV-female	1,889	624	1,389	1,496
LAM	840	1169	179	201
SDM	233	-	119	211
Natural Others	10	-	-	-
Total New Users	59,716	10,052	7,023	4,703

Table 8-Number of New Acceptors by Method, MOH and IGSS Combined, 2004

FP Method	2004
Depo Provera	49995
Condom	8232
IUD	1836
Norplant	700
Oral pills	12264
AQV male	107
AQV female	5398
LAM	2389
SDM	563
Naturals Others	10
Total CYPs	81494

1.1.2. AIEPI AINM-C Clinical Institutional Component

During this quarter, the strengthening of the district collaborative improvement teams continued and the following activities were implemented: 1) monitoring of indicators: identifying stable indicators and verifying them; 2) documenting best practices; 3) reinforcing the topic “cycles of rapid improvement” (PEVA); and, 4) coordinating with UPS II for the institutionalization of the process, and 4) tutorial monitoring in all the district implanting IMCI.

For the process of the hospital collaborative teams, the following activities were carried out: 1) adaptation of the basic reference guide for hospital pediatric care; 2) evaluation instruments; and, 3) design of support tools.

District Collaborative Teams

In district collaborative improvement teams developed the process of testing and measuring changes and documenting the changes being tested while identifying those practices that have achieved significant and sustainable improvements. These practices will be considered to be the best practices.

In order to carry out the monitoring activity, 17 districts with collaborative learning teams were visited at least 2 times during the quarter. The systematization of these best practices is still in process. However, the practices most commonly implemented to improve the processes have been observed to be the following:

- Tutorials for couples
- Feedback for the staff on weaknesses encountered during the evaluation of the registration sheets
- In-service training based on the algorithm
- Inter-district meetings

Other best practices being implemented that have had good results are:

- Triage at the moment the patient enters the health service
- Creation of health care models for children under 5

- BRES on a daily basis to guarantee adequate supplies
- Chats with the users in the waiting room
- Database for the filing system of the patient files
- Notebooks for house visits for referred serious cases and to patients who attend programmed appointments

It is planned, during the next quarter, to systematize the changes documented to define the best practices, and prepare a document that consolidates all the interventions tested in the districts during this initial phase. This document will contribute to the appropriation of these best practices in other improvement processes that take place during the subsequent expansion and institutionalization.

Collaborative improvement teams for hospital pediatric care

From April to June 2004, the following activities took place related to the collaborative improvement teams for hospitals model: 1) adaptation of the basic reference guide; and, 2) revision and testing of the baseline evaluation instruments; design of the support tools for hospital pediatric care; algorithms; registration sheets; and, design of case studies.

UPS III, the programs (IRA, ETAA, PROSAN, vectors, ITS/VIH/SIDA and PNI), the authorities of the 13 hospitals and the pediatric personnel, IGSS, USAC, OPS/OMS, JHPIEGO, national referral hospitals (Roosevelt and San Juan de Dios), have revised and endorsed the content of the Basic Reference Guide for Hospital Treatment to reduce the mortality rate in children under 5 that are attended in the district, departmental and regional hospitals in the 8 Health Areas of the Agreement No. 520-0428.

The validation of the instruments was developed and coordinated by UPS III of MS and as an additional result of the revision, the following support tools were developed: 1) algorithms for hospital care; 2) the registration sheet; and, 3) the case studies.

Tutorial Monitoring

From April through June 2004, the tutorial monitoring of institucional IMCI continued in order to improve the implementation of IMCI of staff performance. The methodology used was the facilitator's companion to the staff attending children under 5 years of age.

From January 1 through June 30, 2004, the coverage of tutorial monitoring reached 65% for doctors, professional and auxiliary nurses in health centers and 55% for auxiliaries in health posts.

1.1.3. Micronutrients

During the second quarter of 2004, the following results were obtained in the micronutrient component: technical assistance was given to PROSAN for the standardization process, in accordance with the instructions of the new authorities related to the norms for the different levels of health care; the validation and development of the changes was completed, as well as the reproduction and distribution throughout the country of the poster on the normative aspects of micronutrients; and, support was given to the review process for the hospital reference guide for the IMCI strategy, with emphasis on the chapter on nutrition, to incorporate everything contemplated in the norm on micronutrients and breastfeeding.

1.1.4. AIEPI AINM-C Integrated Case Management (AA-MC)

During the second quarter of 2004, minimal results were obtained in the Integrated Case Management component of the AIEPI AINM-C strategy, due to delays in receiving guidelines from the new authorities of the Ministry of Public

Health and Social Assistance. Among the results, the following can be mentioned: technical assistance was given to the personnel of the Food and Nutritional Security Program (PROSAN) to implement the normative process, in accordance with the MSPAS' guidelines given on norms for the different levels of health care; and, participation took place in meetings on the AIEPI AINM-C strategy follow-up and to review the materials that are available in the country for its implementation. Support was given to the process of reviewing the IMCI strategy hospital reference guide.

1.1.5. OR on AEC

Institutionalization of the AEC-PS variant: Currently, the San Marcos Health Area has assumed the role of completing the process at the local level, taking the necessary steps at the central level to obtain the appropriate resources for activity implementation. The local MSPAS authorities in San Marcos have committed themselves to implement the process, give it continuity, and to take all the steps needed to assure availability of funds in the future.

Information, coordination and evaluation meetings were held in the Health Areas and at the central level with UPS I.

Basic health services involving MIC were provided in 100 % of the community centers in the 3 jurisdictions.

Systematic implementation, on a monthly basis, of growth monitoring in the 3 jurisdictions occurred.

The collection of monitoring and cost information for the final report on the Operations Research (IO) study was 100 % completed.

A draft of the final report on the Operations Research was prepared and delivered to the MSPAS and USAID authorities, including the monitoring data, baseline and final line survey. The only pending item is the completion of the cost study, which is 95% completed.

Due to a lack of available funds, the MSPAS is evaluating the possibility of not continuing to finance the AEC PS variant, if there is no fully documented legal commitment between the Ministry and USAID.

There are economic constraints on the part of the MSPAS to comply with the necessary financing for continuing the Extension of Coverage variant, AEC PS.

1.2. Result 2: Improve Household Health Practices

The IEC/BCC interventions, which lend support to all three major *Calidad en Salud* components -Family Planning (FP), Integrated Management of Childhood Illnesses (IMCI) and the combined Integrated Child, Maternal and Women's Care in the Community (AIEPI AINM-C) strategy- correspond with Result 2. This result has two major objectives, one at the MSPAS and partner NGO central level, and the other at the operative (Health Area, health services and community) level. The first objective focuses on institutionalizing behavior change communication (BCC) and behavior change interventions (BCI) for health in the Ministry of Health (MSPAS). In order to accomplish this objective, in the second quarter of 2004, the *Calidad en Salud*'s IEC/BCC team continued to hold coordination/ technical assistance meetings with the two communication-related units in the MSPAS -the Health Promotion and Education Department (PROEDUSA) and the Social Communication Unit. The IEC/BCC team also continued to coordinate activities and materials' development with other programs of the MSPAS, especially with the National Reproductive Health Program (PNSR), the Food and Nutrition Security Program (PROSAN), and the Services Provision Unit in the first level of care (UPS1) who implements the AIEPI AINM-C strategy through partner NGOs.

Through the inter-institutional and inter-agency group known as the GTI-IEC¹, the IEC/BCC team continued to provide technical assistance, administrative coordination and financial support for the development of IEC strategies, materials and their implementation. The GTI-IEC for reproductive health/ family planning (RH/FP) met regularly during the second quarter of 2004, and participated in the follow-up workshop to finish the IEC/BCC strategy on sexual and reproductive health of adolescents and youth (SSRA) carried out in June 2004.

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

As in the first quarter of 2004, during the second quarter the pace of project/ MSPAS activities continued to be slow due to the new government's concentration in the definition of health policies, revision of norms, integration of programs and appointment of new personnel.

The AIEPI AINM-C Coordinator and the IEC/BCC and Growth Promotion Advisor traveled to Nicaragua to attend the regional conference on Community-based Growth Promotion sponsored by USAID/ BASICS that was held from May 10-14. At the conference, the *Calidad en Salud* IEC/BCC team displayed an exhibit of all AIEPI AINM-C materials and gave three presentations on: a) the advantages of integrating women's and maternal-neonatal health to community IMCI, b) the operations research to improve growth monitoring and promotion conducted in Ixil and c) the analysis of the data contained in over 6,000 Vigilante Notebooks. These topics represent major *Calidad en Salud* contributions and are good examples of the integration of the IEC/BCC support component in the AIEPI AINM-C strategy

1.3. Result 3: MCH and NGOs are Better Managed

1.3.1. Logistics

During the second quarter of the year 2004, *Calidad en Salud* continued to work together with the MSPAS and IGSS, in the process of on-going improvement to the logistics systems.

Despite the slowness of activities due to the changes in new Ministry officials and to the undecided situation of the IGSS's family planning program, this has been a very productive quarter for the logistics component when numerous activities and products were successfully finalized and delivered.

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

During this quarter, the principal accomplishments were: a) training in logistics management to USME personnel and hands on training in the use of the computerize module for the staff from *Medicamentos* of the MSPAS, b) analysis and generation of a report for the first national inventory of contraceptives for the MSPAS, c) further development of a logistics calendar for the MSPAS, d) revision of the 2004 Contraceptive Procurement Tables (CPTs).

1.3.2. Monitoring and Evaluation

SAMIG: The transfer of SAMIG to the MSPAS (UPS1-SIGSA) continued with a study of its capacities, in order to estimate the necessary adjustments and additions to them.

UPS1–MSPAS: Support continued to the National Commission for the Fight against Hunger, SIGSA and UPS1 through the development and/or restructuring of GIS, including information on the presence of NGO partners of USAID who work in the health and nutrition sector (Title II PVOs).

Calidad en Salud: It was not possible to start the institutionalization of the AIEPI AINM-C supervision and monitoring system; the process of digitizing the data in the notebooks of the *vigilantes de salud* in the eight priority areas was finished.

IO-AEC: Support was given to processing the tables of the final evaluation, as well as checking and updating the baseline tables, which were necessary for preparing the final report.

1.3.3. Planning and Programming

Calidad en Salud continued with the actions, negotiation and advocacy with the Director of the SIAS and the Coordinator for the Development of Health Services, entailed in the execution of a Management Capacity Building Plan directed at the technical teams in the health areas and districts of the MSPAS. The plan is in the process of being jointly reviewed by *Calidad en Salud* and the Rafael Landívar University.

Calidad en Salud delivered to USAID an Annex containing the description of all the activities in each component in order to request that the MSPAS - by means of Implementation Letter No. 20 - to incorporate during the last quarter of 2004 the Agreement actions to be implemented at the central level and in the Health Areas. However, many of the described actions are pending implementation during the last quarter of the project.

Calidad en Salud supported the *Unidad Ejecutora* in documenting the findings and results obtained by the Agreement in order to carry out the technical, administrative and financial transfer to the MSPAS programs, at the central level.

A presentation of the project components under Agreement No. 520-0428 was made to the management and technical staff of UPS I, II and III and USME, with the purpose of informing, communicating and socializing the advances and the activities carried out under it in support of the MSPAS.

At the level of the DAS, tutorial workshops were held on planning and programming the Agreement activities for the FP, MNH, clinical IMCI and AINM-C and the support systems components, with the participation of the directors, administrators and the coordinators of the components in the San Marcos, Quetzaltenango, Sololá, Huehuetenango and Chimaltenango Health Areas.

1.3.4. Supervision – Facilitation

During the present quarter, activities in the supervision component focused on consolidating results achieved to-date and supporting the actualization of USME. In spite of the good communication with the chief of the Supervision, Monitoring and Evaluation Unit, Dr. Waleska Zeceña, activities slowly advanced.

1.3.5. Finance and Administration

During the quarter April-June 2004, attention was given to coding and registering in the accounting system the execution by the *Unidad Ejecutora* of counterpart funds for 2002 and a start was made with the information for 2003.

Calidad en Salud supported the improvement in the budgetary and financial execution of the counterpart funds, as well as the procurement of goods and services, at both the central and local levels, using the different contracting mechanisms. For this purpose, visits were made to monitor and supervise; technical assistance was given to the technical, administrative and financial staff; tutorials, activities for sharing information, providing orientation, feedback and reinforcement were carried out; and, support was given for the liquidation and request of new revolving funds.

1.4. Result 4: Community Participation and Empowerment

1.4.1. Community Participation Model

During this quarter, the following activities were carried out: 1) presentation of the component to the new authorities of the MSPAS; 2) planning the follow-up to the 21 communities of Chimaltenango; 3) coordination at the level of the health areas and districts and the communities for the implementation of the plan for follow-up; 4) reinforcement and training in the community participation methodology; 5) design of formats (letter size) for the binder for the physical situational room; 6) distribution of the guide for developing the community situational room; and 6) visits to learn from the implementation of AIEPI AINM-C by the different partners of USAID.

1.4.2. AIEPI AINM-C Promotion and Prevention (AA-PP)

During the present quarter, emphasis was given to advocacy, review of norms, coordination and planning of the activities to be carried out in the expansion of the AIEPI AINM C strategy, in order that the new authorities and officials support them and institutionalize the strategy.

Also, technical assistance was given to central level officials in the review, update and redesign of the IEC materials, and training in the integrated care of children and the newly born. Additionally, visits were made to learn from the implementation of the AIEPI AINM-C strategy, in the areas of Operations Research of the variant of Extension of Coverage to Health Posts.

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

In this second quarter of 2004, an important result was obtained for contraceptive security within the process of institutionalization due to the fact that the IGSS fully paid the debt for the procurement of contraceptive methods from the UNFPA the total quantity of Q. 572,717.19 (\$ 72,495.85 ER: \$ 1.00 = Q. 7.90), thereby demonstrating compliance with the agreement established between both organizations.

The process of training new personnel, together with personnel rotated to the maternal child units and those involved in extension of coverage, continued in the use, knowledge and application of the family planning norms. Also, the services that offer natural methods were increased by training the new personnel and the auxiliary nursing students in the provision of this service.

Another important result was the consolidation of the Villa Nueva pediatric care unit as a model health care and training center for applying the IMCI strategy, including substantive changes in the improvement of the provision of services with quality assurance, and as an example to be projected to the other IGSS units.

The manual for educators of family planning was finished and will be an important and useful tool for the service providers in permitting an adequate education to the users.

2. MSPAS RESULTS

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

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

2.1.1. Family Planning Results

The following is a summary of monitoring results including couple years protection (CYP) and new acceptors of family planning (FP) methods both nationwide and in the eight priority areas.

CYPs Nationwide and in 8 Priority Areas

Data are included for the months of April (26/26 DAS), May (25/26 DAS); for the month of June data are provided for 2/26 areas nationwide, including 0/8 priority areas. The new SIGSA application had not been yet installed at national level it means that this trouble continues.

Calidad en Salud have not operative personnel at national level but the FP program have created a FP services need which is growing to a critical mass population demanding FP services.

Overall, 67.4% of the target for CYPs in the second quarter of 2004 has been achieved (Table 9) 59.6% for the MSPAS and 91.3% for IGSS. The MSPAS cumulative percentage for CYPs is –40.4 percentage points below the goal, while IGSS is –8.7 percentage points below its goal at 91.3%. The MSPAS data availability still represents a MIS main weakness.

During the second quarter of 2004, the PNSR have worked to continue introducing a wide-ranging package of FP services in health centres, posts and hospitals under maternal mortality program. The increased access to AQV will make certain that those in need of services receive them and that follow-up of treatment is enforced.

Table 9-Number of CYPs Nationwide by Target Achieved, MOH and IGSS, First Quarter 2004

Nationwide	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	104,698	99,053	94.6%	104,698	70,569	67.4%	418,794	169,622	40.5%
MOH *	78,891	74,621	94.6%	78,891	47,010	59.6%	315,566	121,631	38.5%
IGSS	25,807	24,432	94.7%	25,807	23,559	91.3%	103,228	47,991	46.5%

In the 8 Priority Areas

37.9% of the annual target was achieved by the end of the second quarter (Table 10). CYPs in the 8 priority areas are related to report absence from all areas for June and availability of FP methods in health centres and posts. The number of CYPs for the MSPAS is the result of the acceptance of injectables (55.5 %).

Table 10-Number of CYPs in 8 Priority Areas by Target Achieved, MOH, 2004

	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MOH*	24,530	23,429.1	95.5%	24,530	13,712	55.9%	98,121	37,141.5	37.9%

The number of CYPs by method for the MSPAS in the 8 priority areas also was measured (Table 10). 63.5% of CYPs came from injectables, followed by a 22.6% in female sterilization. Also a 0.89% came from LAM, SDM and other natural methods, data included by first time in SIGSA but not reported at second quarter yet.

Table 11-Number of CYPs in 8 Priority Areas by Method, MSPAS, 2004

FP Method	MOH Q1 2004	MOH Q2 2004	TOTAL
Depo Provera	14319	9270	23589
Condom	960	744	1704
IUD	970	784	1753
Oral pills	687	452	1139
AQV male	44	0	44
AQV female	5973	2431	8404
LAM	109	31	141
SDM	348	0	348
Natural Others Methods	20	0	20
Total CYPs	23429	13712	37142

The number of CYPs by method for MSPAS and IGSS nationwide was measured (Table 12). The 43.6% came from injectables, in addition to AQV-female acceptance (25.3%).

Table 12-Number of CYPs by Method , MOH and IGSS, 2004

FP Method	MSPASQ1 2004	MSPASQ2 2004	IGSS Q1 2004	IGSS Q2 2004
Depo Provera	38950	28560	4,598	1,826
Condom	6202	5202	1,167	421
IUD	3794	3262	1,757	1,456
Norplant/Jadelle	-	-	154	2,296
Oral Contraceptives	3816	2665	798	401
AQV-male	385	165	396	231
AQV- female	20779	6864	15,279	16,456
LAM	210	292	45	50

FP Method	MSPASQ1 2004	MSPASQ2 2004	IGSS Q1 2004	IGSS Q2 2004
SDM	466	-	238	422
Natural Others	20	-	-	-
Total CYPs	74,621	47,010	24,432	23,559

New FP Acceptors Nationwide and in the 8 Priority Areas

Data are included for the months of April. (26/26), May (25/26); for the month of June data are provided for 2/26 areas nationwide, including 0/8 priority areas.

Nationwide, the goal for new FP acceptors was 31.0 percentage points (Table 13). But, at MSPAS data from several areas are missed. Some 61.3 % of new acceptors prefer *Depo Provera* nationwide and 70.1% in the eight priority areas. Accumulated data show the MSPAS is at -69.8% of its target while IGSS is at -62.4% of its target. Social security data reflects the impasse to provide FP services that still a big obstacle to overcome.

Table 13-New FP acceptors nationwide provided by the MOH and IGSS second quarter 2004

Nationwide	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
Total	65,622	66,739.0	101.7%	65,622	14,755	22.5%	262,489	81,494	31.0%
MOH*	57,824	59,716	103.3%	57,824	10,052	17.4%	231,296	69,768	30.2%
IGSS	7,798	7,023	90.1%	7,798	4,703	60.3%	31,193	11,726	37.6%

In the 8 priority areas, the MSPAS fails its new acceptor goal by -69.4% (Table 14). The small number of new acceptors abide by more of 80% data missed it will increase during 2004 as the new government allows FP services rolled-out and HIS improves.

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

8 Priority Areas	Quarter 1			Quarter 2			Total		
	Target	Achieved	%	Target	Achieved	%	Annual Target	Achieved	%
MSPAS*	19,697.5	22,613.0	114.8%	19698	1,524	7.7%	78,790	24,137	30.6%

The number of new FP acceptors by method for the MSPAS and IGSS was measured (Table 15 & 16). Both tables show the amount of new acceptors by institution and by method, specifically, Depo Provera in MSPAS with 66.6% and IGSS with 33.6%.

Table 15-Number of new acceptors by method, MOH and IGSS, 2004

FP Method	MSPAS Q1 2004	MSPAS Q2*2004	IGSS Q1 2004	IGSS Q2 2004
Depo Provera	40,783	5272	2,786	1,154
Condom	5,314	1245	1,379	294
IUD	850	68	502	416

FP Method	MSPAS Q1 2004	MSPAS Q2*2004	IGSS Q1 2004	IGSS Q2 2004
Norplant	-	-	44	656
Oral Contraceptives	9762	1659	589	254
AQV-male	35	15	36	21
AQV-female	1,889	624	1,389	1,496
LAM	840	1169	179	201
SDM	233	-	119	211
Natural Others	10	-	-	-
Total New Users	59,716	10,052	7,023	4,703

Table 16-Number of new acceptors by method, MOH and IGSS combined, 2004

FP Method	2004
Depo Provera	49995
Condom	8232
IUD	1836
Norplant	700
Oral pills	12264
AQV male	107
AQV female	5398
LAM	2389
SDM	563
Naturals Others	10
Total CYPs	81494

During second quarter of 2004 more progress was made in FP, contributing to the organization of the FP service provision by the recently appointed ministry of health authorities. Some activities were delayed but, *Calidad en Salud* continues providing surgical and clinical equipment to health centres and posts, particularly for IUDs. In hospitals, the provision of surgical equipment for AQV procedures continues and has coincided with some follow up to service delivery, consecutively getting better the provision of services. Instead the capacity for collection, management, analysis and decision-making based on information related to FP has improved through the technical assistance provided to the service units at local level of MSPAS, some key personnel previously trained was dismissed or transfer out the NRHP with consequently loss of continuity and slowing down FP development. In the other hand, the logistics component achieved improvements in contraceptives supply. This achievement has facilitated the measurement of demand for contraceptive methods throughout the service system.

Organization of Reproductive Health and Family Planning

During the second quarter of 2004, a recently appointed person in charge of FP finished the process of establishing the PNSR goals for the year. These goals has been established based on the results of data collected in 2003

including the data on population of reproductive age and data on access to FP providers. *Calidad en Salud* will support to convey these goals in order to continue improving FP services and use the information to make decisions.

Accessibility of AOV services continues to be strengthened during this quarter. With technical support from *Calidad en Salud* the NRHP developed a national AOV family planning program concept paper, aimed at standardizing the performance of the MOH personnel involved in FP services including side effects or complications early detection and appropriated treatment. Currently all national hospitals are in capability to perform female sterilization and more of them do this during C-sections. Next steps must be oriented to put into practice strategies intended to improve interval and post partum procedures and male AOV.

Ongoing TA to the PNSR

Calidad en Salud FP staff continued to provide organizational and management assistance linked to development the FP promotional strategies and also methodology transference and needed supplies projections.

Training

During this year our efforts will hub on follow up trained providers who apply methodologies to make FP program sustainable. *Calidad en Salud* developed a round of follow up visits to 8 Nursing Schools, 14 hospitals, 30 health centres and 12 health posts to support FP service provider's performance.

Norms and guidelines

During June, *Calidad en Salud* provided technical assistance to finish a set of guidelines to regulate Family Planning Service provision. These guidelines were revised by a technical committee and still in process of being approved by the decision-making personnel from the MOH and FP PNSR new authorities.

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

Calidad en Salud provided technical assistance and support to carrying out a teenager's clinic at *San Juan de Dios Hospital*. The clinic provides FP services for teenagers age 10 – 19 and is attend by a multidisciplinary team. 446 patients attended the clinic during the second quarter. The most commonly attended health problems included: overweight, vulvovaginitis, responsible parenthood, FP, growth monitoring, psychological orientation, and dismenorrea. *Calidad en Salud*, in coordination with PNSR, developed a set of norms to provide FP methods at the consulting room. During this quarter *Calidad en Salud* provided all necessary furniture for a training centre that will provide instruction to hospitals across the country in order to pass on differentiated methodologies to treaty teenager's problems.

Equipment for FP during 2004, Second Quarter

Calidad en Salud provided 9 IUD insertion kits, 2 Minilap kits, 12 complete sets for FP clinics, 26 radio-recorder, and 10 TV-VCR sets to MOH hospitals. These donations were made in order to meet increased demand for FP services and also to improve FP promotion activities.

Limitations

- FP Program at MSPAS requires to be strengthened and consecutively advance FP activities. At the present time FP technical activities rely on unsteady personnel from UE.
- New authorities must be informed on FP program activities to assure transference of technical background to accomplish actions necessary to improve FP at public health sector

- Even though extensive improvements are being made in the logistics system, new MOH authorities wishes to change some information instruments with detrimental on accuracy and credibility of collected data going on client delivery methods
- The MSPAS information system continues to be an obstacle for decision-making, as information data arrive behind schedule and are often deficient.

2.1.2. Child Health (Clinical IMCI) Results

Introduction

During this quarter, the strengthening of the district collaborative improvement teams continued and the following activities were implemented: 1) monitoring of indicators: identifying stable indicators and verifying them; 2) documenting best practices; 3) reinforcing the topic “cycles of rapid improvement” (PEVA); and, 4) coordinating with UPS II for the institutionalization of the process.

For the process of the hospital collaborative teams, the following activities were carried out: 1) adaptation of the basic reference guide for hospital pediatric care; 2) evaluation instruments; and, 3) design of support tools.

2.1.2.1. Collaborative Teams

During this quarter, the principal purpose was to help the districts deepen their understanding of the process of testing and measuring changes and documenting the changes being tested while identifying those practices that have achieved significant and sustainable improvements. These practices will be considered to be the best practices. The documentation of the best practices is indispensable for strengthening those districts that have not been able to maintain stable indicators. It helps the teams to be better informed and to recognize the ways in which positive indicators can be sustained while expanding and institutionalizing best practices. The expansion of this methodology for improvement from the pilot districts to the other districts will be facilitated as a result of the documentation already obtained on the best practices.

Monitoring of the effect/result indicators of quality care

In order to carry out the monitoring activity, 17 districts with collaborative learning teams were visited at least 2 times during the quarter. The monitoring activity in each district was carried out in the following manner: First, those indicators that had remained at a stable value were identified, that is, between 85 and 100%, during at least the last eight consecutive weeks. Second, the registration sheets from the weeks showing stability were reviewed for the exactness of the data during six weeks on these indicators. The indicators that were revised are the following.

Table 17- Stable Indicators and Districts in which they were revised

Process to be improved	Indicador	No. of districts in which it was revised
Process 1: Each girl and boy under 5 receives integrated health care in accordance with the IMCI algorithm.	% of boys and girls from two months to less than 2 years who were verified for eating habits and nutrition	15
	% of boys and girls from two months to less than 5 years who were adequately classified in accordance with the correct evaluations	7
	% of boys and girls under 5 whose registration sheet indicates that they were verified for SGP	1
	% of boys and girls under 5 who had the vaccinations that they needed today that were identified and that YES they were vaccinated	2
	% of boys and girls from two months to less than 5 years that did NOT need antibiotics in accordance with the classification and YES they were prescribed	2
Process 2: The registration sheets of those children under 5 are completely and adequately filled out.	% of boys and girls from two months to less than 5 years for whom the registration sheets are completely and adequately filled out	7

In four districts, it was confirmed that the data being reported coincided completely, that is, the measurements were proved to be exact on reviewing the registration sheets.

In 9 of the districts, the data did not exactly coincide. The principal reasons for this were the following: a) the teams were not using standardized criteria for the measurements, such that on performing the verification the result was not the same; b) there was a lack of understanding on the part of some of the team members that participated in the measurements, as to how the registration sheets should be correctly filled out. However, it was evident that the teams were committed to the processes of both measurement and implementation of the improvements.

Lastly, it was verified that in four of the districts, the information was not consistent; for example, it was not possible to find the registration sheets that had been reported; in one of the cases, it was reported that five registration sheets had been evaluated but not more than three of them for that week could be found. The pertinent feedback was given and exercises were carried out on how to fill out the registration sheets, and how to correctly evaluate them. The orientation on the measurement process and implementation of improvements was repeated.

Among the important lessons learned during the monitoring process were the following:

- When the measurement is carried out in a structured manner from the beginning, the indicators will be stabilized more quickly and will stay that way.
- The greater the involvement of the health area team accompanying the measurement process, the more importance given by the district teams to the process and, as such, more commitment is shown.
- Frequent follow-up supports the commitment of the district teams to the measurement process.

Documentation of best practices

Once the validity of the data was confirmed, the changes that led to the improvement were documented, together with their respective procedures, for which an instrument was created. In this instrument, the information of the indicators with stable values was copied, as well as their verification and the documentation of the best practices.

The documentation was retrospective, that is, it was done on the basis of the measurements and interventions carried out during the months that had elapsed since the collaborative learning model was first used. From now on, the districts should continue documenting their successful practices, in order to continually learn from the process.

The systematization of these best practices is still in process. However, the practices most commonly implemented to improve the processes have been observed to be the following:

- Tutorials for couples
- Feedback for the staff on weaknesses encountered during the evaluation of the registration sheets
- In-service training based on the algorithm
- Inter-district meetings

Other best practices being implemented that have had good results are:

- Triage at the moment the patient enters the health service
- Creation of health care models for children under 5
- BRES on a daily basis to guarantee adequate supplies
- Chats with the users in the waiting room
- Database for the filing system of the patient files
- Notebooks for house visits for referred serious cases and to patients who attend programmed appointments

It is planned, during the next quarter, to systematize the changes documented to define the best practices, and prepare a document that consolidates all the interventions tested in the districts during this initial phase. This document will contribute to the appropriation of these best practices in other improvement processes that take place during the subsequent expansion and institutionalization.

Training for the district teams on “cycles of rapid improvement” PEVA and documentation of best practices

As part of the process of follow-up and technical assistance to the districts participating in the collaborative learning model, the standardization on site (in the district) for all the district team was considered. The standardization was necessary due to the fact that, on previous visits, it was noted that part of the district teams did not clearly understand the improvement process in which they were participating, and in what consisted the PEVA cycle (cycle of rapid improvement).

At the same time, the district teams were given training on how to carry out the documentation process for the interventions that led to the improvement, giving them the instrument that was developed for this purpose.

A total of 194 persons in the 17 districts were trained, together with two persons from UPS II who will participate in the future follow-up to the collaborative learning model.

Coordination with UPS II for the institutionalization of the process

The authorization of the visits and accompaniment of these two persons to the districts with the collaborative learning model was coordinated with the Chief of the *Unidad de Provisión de Servicios II*, UPS II (Dr. Nancy Pezzarosi). During these visits, the nominated UPS II technical assistants absorbed the methodology and actively participated in the training. Currently, in coordination with UPS II, it is being determined how to carry out the follow-up with the districts involved in the initial phase and the expansion to the other districts.

2.1.2.2. Collaborative improvement teams for hospital pediatric care

Introduction

From April to June 2004, the following activities took place related to the collaborative improvement teams for hospitals model: 1) adaptation of the basic reference guide; and, 2) revision and testing of the baseline evaluation instruments; design of the support tools for hospital pediatric care; algorithms; registration sheets; and, design of case studies.

Results

Revision of Basic Reference Guide

UPS III, the programs (IRA, ETAA, PROSAN, vectors, ITS/VIH/SIDA and PNI), the authorities of the 13 hospitals and the pediatric personnel, IGSS, USAC, OPS/OMS, JHPIEGO, national referral hospitals (Roosevelt and San Juan de Dios), have revised and endorsed the content of the Basic Reference Guide for Hospital Treatment to reduce the mortality rate in children under 5 that are attended in the district, departmental and regional hospitals in the 8 Health Areas of the Agreement No. 520-0428. The controversies related to the technical content, especially on the newly born and the topic of resuscitation, were reconciled and agreement reached in a meeting specifically held to treat the topic, in which UPS III and the chief of Neonatology of the General Hospital San Juan de Dios participated as representatives of the MSPAS, together with JHPIEGO, *Calidad en Salud*, represented by the neonatologist and the facilitator for the Basic Reference Guide for the treatment of serious cases in hospitals.

Table 18- Personnel who participated in the revision and endorsement of the Basic Reference Guide for Hospital Treatment of children under 5

No. of hospitals	No. of programs	No. of hospital participants	No. of central level pediatricians	<i>Unidad ejecutora</i>	<i>Calidad en Salud</i>	JHPIEGO	OPS
13	7	37	10	1	4	1	1

Evaluation of the baseline for hospital pediatric treatments

Protocol, adaptation and validation of the evaluation instruments

The proposal was prepared for the baseline evaluation in 13 hospitals of the 8 Health Areas of the Agreement, and the generic material used in Nicaragua and Eritrea was revised and analyzed. The baseline contemplates the analysis of the support systems (infrastructure, personnel, medicines, inputs, laboratory and bio-security) and the clinical area where the care of prevalent childhood illnesses is evaluated (triage, cough or difficulty in breathing, diarrhea, fever, severe malnutrition, VIH/SIDA, vaccination and newly born).

The validation of the instruments by the central level team took place in the Amatitlán hospital, with the participation of UPS III, *Unidad Ejecutora* and *Calidad en Salud*. As an additional result of the revision, the

following support tools were developed: 1) algorithms for hospital care; 2) the registration sheet; and, 3) the case studies. The use of these support tools was validated by the UPS III team using study cycles from the reference guide and resolution of cases of sick children.

Next Steps

Improvement of District Collaborative Teams

The performance of the collaborative teams will continue to be strengthened: the documentation of the result indicators will be supported; the best practices documented; the last learning session will be prepared, which will be oriented toward the documentation of best practices; and, the expansion to the rest of the districts.

Collaborative Improvement Teams for Hospital Pediatric Care

The activities anticipated for the next quarter are the baseline, the learning session I using the results of the evaluation to design an improvement plan, and then enter the first action period during six weeks prior to the second learning session.

Tutorial Monitoring

From April through June 2004, the tutorial monitoring of institucional IMCI continued in order to improve the implementation of IMCI of staff performance. The methodology used was the facilitator's companion to the staff attending children under 5 years of age.

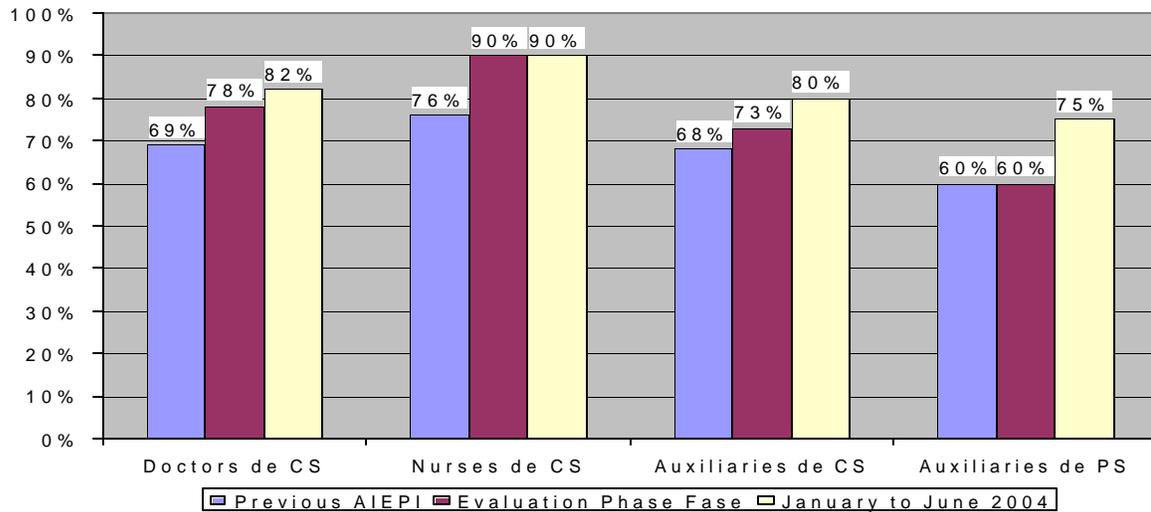
From January 1 through June 30, 2004, the coverage of tutorial monitoring reached 65% for doctors, professional and auxiliary nurses in health centers and 55% for auxiliaries in health posts.

Table 19- Percentage of trained personnel in the strategy under tutorial monitoring from January 1 through June 30, 2004

Personnel	Number of trained personnel	Number of personnel with tutorial monitoring	Percentage of trained personnel
Health Centers Doctors	130	85	65
Health Center Nurses	113	73	65
Health Centers Auxiliaries	484	314	65
Health Posts Auxiliaries	389	213	55

It is observed that all personnel with tutorial monitoring from January to June, 2004, have been improving specially auxiliary nurses from health centers and posts in relation to doctors and professional nurses. The following table describes the comparative data between personnel and the different phases of monitoring.

Graph 1- Percentage of personnel applying the AIEPI strategy from January 1 – June 30, 2004



According to the described results, there is a need to continue the rest of the year with the tutorial monitoring to the personnel without reinforcement and there is also a need to increase the personnel performance at a health and posts level.

Limitations

District Collaborative Teams

Difficulties were experienced when continuing to measure the results indicators and the documentation of best practices, making it necessary to plan a new round to support the teams in tabulating the indicators and documenting the best practices.

Collaborative Improvement Teams for Hospital Pediatric Care

Some of the dates fixed for some activities had to be changed due to the multiple actions that the UPS III supervisors had to carry out in an improvised manner.

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

Introduction

The results obtained by the Integrated Case Management component of the AIEPI AINM-C strategy during the second quarter of 2004 were limited. Special circumstances affecting all the activities of *Calidad en Salud* were caused by the delay of the new authorities in the Ministry of Public Health and Social Assistance in providing the operative guidelines. Results that were achieved occurred mainly at the central level and included: Institutionalization of the Integrated Case Management component 1) participation continued in meetings with the AIEPI AINM-C team for strategy follow-up; and, 2) participation in meetings to review the materials that are available in-country to implement the AIEPI AINM-C strategy.

Institutionalization

This year, the process of institutionalization of the Integrated Case Management component was strengthened in the following aspects: a) active participation in the processes developed by the AIEPI AINM-C team to achieve the continuance and expansion of the strategy by the new authorities of the Ministry of Public Health and Social Assistance; and, b) technical assistance to PROSAN for the completion of the various matrix of the program norms, which are directed at the different levels of health care depending if it is for prevention or treatment, and that should include all that is contemplated in the new norms, in accordance with the guidelines provided by the new authorities.

Coordination and Planning

During the second quarter of 2004, activities related to planning and coordination had the following achievements: a) participation in meetings with the AIEPI AINM-C strategy team at the central level to review the different materials that are available to implement at the AIEPI AINM-C strategy; b) collaboration in the preparation of the operations research report, especially in the qualitative aspects.

Materials

During the second quarter, activities were carried out related to different materials of the component, the most important being: a) the reproduction and distribution of the registration sheets of children and women, in coordination with the IEC component; b) participation continued in the review of the Basic Reference Guide for the Hospital Treatment of Prevalent Childhood Illnesses, which involved making contributions to the team reviewing the chapters on nutrition and support and that ensuring that changes were incorporated by a consultant in charge of this process; and, c) continuance was given to processing the authorization for the delivery of the final materials for integrated case management.

Supervision, Monitoring and Evaluation

During the learning visits that were realized, not only to the NGO partners of USAID that are implementing the AIEPI AINM-C strategy, but also by those working with PROREDES, and in extension of coverage under agreements with the MSPAS, it was found that, in the great majority of Community Centers, there is no availability of registration sheets and that there also continues to be a lack of supply of some basic medicines, both for health care of children, as well as those for women. There are many problems with the health service providers related to the registration of the information in the SIGSA 3 PS, especially in the classifications and the delivery of medicines. New personnel were identified who had not received training in integrated case management, both MA and FC. All these problems were encountered in administrators as well as providers of health services.

Limitations

- Due to the change of authorities and the instructions received to not carry out any activities in the DAS, all the processes to provide tutorials and follow-up to integrated case management continue in suspense. There was minimal advance in activities programmed at this level for the second quarter, especially in reinforcement and delivery of the final version of the protocols, counseling materials and registration sheets to the training teams, and from these to the health service providers.
- The difficulties continue in the MSPAS to process the disbursements to the NGOs Administrators and Providers of Health Services, who have indicated that this has been one of the fundamental factors in delaying the provision of services required to implement integrated case management in an adequate manner, especially in the purchase of basic medicines and reproduction of materials.

2.1.4. Micronutrients Results

Introduction

During the second quarter of this year, there was minimal advancement in activities related to micronutrients due to the change of authorities in the Ministry of Public Health and Social Assistance (MSPAS). The technical assistance was mainly focused on strengthening the technical staff in the Food and Nutritional Security Program (PROSAN), responsible for the micronutrient norms in the MSPAS. The work products related to micronutrients during the second quarter of 2004 included the following: 1) technical assistance to the PROSAN staff for the standardization in accordance with the guidelines of the new authorities, related to the supplementation of iron and folic acid, vitamin A and exclusive breastfeeding to the sixth month, as well as monthly growth monitoring; 2) coordination with PROSAN for the reproduction and distribution of the poster on the normative aspects of iron, folic acid, vitamin A and iodine, in coordination with the IEC component; and, 3) support for the continuing process of reviewing and adapting the Basic Reference Guide for Hospital Treatment of Prevalent Childhood Illnesses, to incorporate everything related to the micronutrient norms.

Standardization

During this quarter, the aspects related to the norms were strengthened with PROSAN. The following products are a result of this strengthening process: 1) technical assistance to incorporate in the new scheme in accordance with population groups and both preventive and treatment aspects, the normative aspects related to the weekly supplementation of iron and folic acid in the three priority population groups, and the semiannual supplementation of vitamin A; 2) coordination between PROSAN and PROEDUSA was supported, in order to incorporate in the standardization of PROEDUSA, the promotional and social mobilization aspects related to micronutrients and adequate practices of breastfeeding and infant nourishment; and, 3) all the normative aspects of micronutrient supplementation were incorporated during the process of reviewing and adapting the Basic Reference Guide for Hospital Treatment of Prevalent Childhood Illnesses.

Materials

The following results were obtained with relation to materials in the micronutrient component during the present quarter: a) the reproduction and distribution to the 26 Health Area Directorates of 5,000 copies of the poster on the normative aspects of micronutrients (iron, folic acid, vitamin A and iodine), in coordination with the PROSAN technical staff and the IEC component, which will be used by all the health services as a reminder and guide in the process of providing health care to all the different population groups; b) support was given to the community participation component and IEC for the final design of the section on micronutrient supplementation in the proposed binder for the situational room; and, c) during the process of reviewing AIEPI AINM-C materials at the national level, it was assured that the norms for micronutrient supplementation would be included in the strategy.

Supervision, Monitoring and Evaluation

During this second quarter, learning visits were made to the NGO partners of USAID that are implementing the AIEPI AINM-C strategy, as well as those working with PROEDES. Visits were also made to those NGOs working in extension of coverage under agreements with the MSPAS. During these visits, it was possible to determine that in some cases the weekly supplementation of iron and folic acid for pregnant women and during the six months postpartum had been implemented, but has been less frequent for children from six months to less than five, and only on very rare occasions has it been incorporated in the weekly supplementation of women from 15 to 19.

Limitations

The limitations experienced in the second quarter of 2004 were the result of not being able to advance in the activities programmed at the Health Area level, which were postponed in the absence of guidelines from the new authorities.

With reference to financial aspects: the delays in transferring the disbursements from the MSPAS to the NGOs working in extension of coverage continued to limit the availability of iron and folic acid required for implementation of the new norm on weekly supplementation.

With respect to the registration of information on the weekly supplementation, the limitation consisted in the fact that the *Unidad Ejecutora* had to delay the reproduction and distribution of the new SIGSAS, which would have permitted this information to be registered.

Table 20-Percentages Of Exclusive Breastfeeding Up To The Sixth Month, Supplementation Of Vitamin A, And Supplementation Of Iron And Folic Acid To Pregnant Women By Health Area

Departments	% of exclusive breastfeeding at 6 months	% of pregnant women supplemented with Folic Acid	% of pregnant women supplemented with iron	% of infants from 6 to < 36 months supplemented with Vitamin A
Alta Verapaz	104,8	87,1	81,1	51,5
Baja Verapaz	76,8	91,1	87,3	68,6
Chimaltenango	84,2	71,0	77,9	101,8
Chiquimula	72,4	94,7	90,1	43,3
El Progreso	71,9	82,8	80,6	60,1
Escuintla	64,0	68,1	60,0	49,2
Guatemala	79,8	98,1	98,3	71,5
Huehuetenango	89,8	78,9	70,8	39,1
Izabal	77,8	59,5	56,6	23,6
Jalapa	69,4	66,2	60,0	71,3
Jutiapa	89,7	61,2	67,4	100,2
Petén	93,3	74,0	74,6	27,7
Quetzaltenango	97,5	64,7	61,7	79,9
Quiché	84,9	84,2	84,6	64,6
Retalhuleu	104,5	71,4	65,2	41,5
Sacatepéquez	93,1	73,1	74,8	75,9
San Marcos	92,7	79,4	80,8	48,4
Santa Rosa	74,3	80,9	81,0	68,7
Sololá	103,0	56,6	59,1	50,8
Suchitepéquez	74,7	68,5	41,5	89,9
Totonicapán	100,9	98,6	97,9	2259,9
Zacapa	68,0	38,5	44,8	47,8
Total	85,6	78,8	76,2	62,7

2.1.5. OR on AEC-PS Results

Introduction

During the quarter from April to June, the following results were obtained in the Operations Research, which is comparing two variants of the extension of coverage model: Expansion of Extension of Coverage in Health Posts (AEC- PS), and Expansion of Extension of Coverage with Non-Governmental Organizations (AEC- ONG).

Results

Institutionalization

In the San Marcos Health Area, the local staff has the intention and commitment to continue with the process started with AEC-PS, and have taken all the necessary steps to assure financing.

In San Marcos, the AEC-PS variant of the model has the support and commitment of the MSPAS personnel, who are leading the process that at the beginning counted with the technical support of the Operations Research Manager, the Principal Investigator, and the Director and central level staff of *Calidad en Salud*.

Staffing

The San Marcos Health Area staff have assumed leadership of the process and are following-up at the local level, on a monthly basis, with the monitoring, supervision and evaluation processes. Additionally, they have taken all the necessary steps to assure the financing to maintain the implementation of the activities. Actions have been taken at the central level to assure the counterpart funds for financing the Expansion of the Extension of Coverage in health posts in San Marcos.

Timeline

The final line survey for the Operations Research was completed; a draft of the final report was prepared, which included the analysis of the baseline and final information, as well as the monitoring data; the documentation was delivered to USAID and to the MSPAS, for their review and analysis; and, the only pending item is the report on the costs of the *canasta básica* or basic package, which is 95 % advanced. Additionally, health services are being provided with Integrated Case Management (MIC) and monthly growth monitoring and promotion in the 56 communities in the three jurisdictions of AEC-PS in San Marcos.

Communication

An open and continuous communication has been maintained with the technical team in the health area. A monthly meeting on the AEC-PS variant of the model is held with the Health Area Directorate (DAS) during which advancements being achieved in the Operations Research indicators are monitored. For this purpose, the service production indicators are monitored.

Meetings have been held with the new central level MSPAS authorities in UPS I on the development of the Operations Research process at the level of the Health Area Directorates in the Quetzaltenango, San Marcos and Totonicapán departments. The central level approval of the MSPAS is pending for the communication of the most important findings of the Operations Research study.

Operational Activities

With respect to the variant of the model to expand the Extension of Coverage in Health Posts (AEC-PS) in the department of San Marcos, all the institutional and community staff are providing health services with Integrated

Case Management (MIC) in the three jurisdictions of the health districts of San Marcos, San Pedro Sacatepéquez and San Pablo. During the last quarter, the most important activities carried out with this variant of the model were that every two weeks, the Health Area Directorate (DAS) personnel carried out supervision and tutorial training activities in the 3 jurisdictions.

Investigation Component

- In this component the most important achievements were:
- Preliminary Final Report on Operations Research: The last draft of the preliminary final report has been prepared, and the only missing item are the costs of the *canasta básica* or basic package, which is 95% complete and will be finalized in July.
- Monitoring: This has been completed and all the monitoring data was included in the preliminary report, already finalized. The review and analysis of the information included in the preliminary final report has been completed.
- Final Line Survey for the Operations Research: The final line survey was finished and delivered together with the analysis that includes the comparison of the data with the baseline and the monitoring data.
- Cost-Effectiveness Study: Almost all the information (95%) has been obtained, leaving pending only the calculation of the *canasta básica* of services compared with the costs to be added to the final report.

Limitations

The AEC-PS variant of Extension of Coverage depends, to a large extent, on the availability of resources to be provided by the Ministry. Currently, the problems in this respect are:

- There is no economic liquidity in the MSPAS, and the payments of stipends for the community personnel, per diems, and administrative resources have been suspended. The situation has upset the community voluntary staff and, additionally, there is the possibility that they will cease to perform their duties.
- The MSPAS has been analyzing the AEC-PS process and has indicated to the Health Areas that, in the absence of any legal commitment on the part of the MSPAS, it will not continue financing the process.
- There is no guaranteed availability of vehicles for monitoring activities of the health districts by the Health Areas, nor of the jurisdictions by the districts. *Calidad en Salud* has helped provide transport for monitoring and tutorial activities, but this does not assure that, in the future, the MSPAS will have the capacity to provide the same support at the local level.

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

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

2.2.1. Summary of IEC/BCC Objectives and Strategies

The IEC/BCC interventions, which lend support to all three major *Calidad en Salud* components -Family Planning (FP), Integrated Management of Childhood Illnesses (IMCI) and the combined Integrated Child, Maternal and Women's Care in the Community (AIEPI AINM-C) strategy- correspond with Result 2. This result has two major objectives, one at the MSPAS and partner NGO central level, and the other at the operative (Health Area, health services and community) level. The first objective focuses on institutionalizing behavior change communication (BCC) and behavior change interventions (BCI) for health in the Ministry of Health (MSPAS). In order to accomplish this objective, in the second quarter of 2004, the *Calidad en Salud*'s IEC/BCC team continued to hold coordination/ technical assistance meetings with the two communication-related units in the MSPAS -the Health Promotion and Education Department (PROEDUSA) and the Social Communication Unit. The IEC/BCC team also continued to coordinate activities and materials' development with other programs of the MSPAS, especially with the National Reproductive Health Program (PNSR), the Food and Nutrition Security Program (PROSAN), and the Services Provision Unit in the first level of care (UPS1) who implements the AIEPI AINM-C strategy through partner NGOs.

Through the inter-institutional and inter-agency group known as the GTI-IEC², the IEC/BCC team continued to provide technical assistance, administrative coordination and financial support for the development of IEC strategies, materials and their implementation. The GTI-IEC for reproductive health/ family planning (RH/FP) met regularly during the second quarter of 2004, and participated in the follow-up workshop to finish the IEC/BCC strategy on sexual and reproductive health of adolescents and youth (SSRA) carried out in June 2004.

The second IEC/BCC objective under Result 2 - improved health knowledge, attitudes and practices of women of reproductive age and mothers of children less than 5 years in the home - is being addressed through technical assistance to the MSPAS in the execution of the three inter-related IEC/BCC strategies for FP, IMCI and AIEPI AINM-C. Through the GTI-IEC, *Calidad en Salud* is also influencing the programmatic focus of its member organizations, most of which are presently implementing the AIEPI AINM-C strategy growth promotion and prevention component and are interested in implementing a standardized SSRA intervention. At the institutional level the IEC/BCC strategies for FP, IMCI and AIEPI AINM-C case management component focus on improving interpersonal and intercultural relations, communication and counseling (IPC/C) between providers and users in hospitals, health centers, health posts and community centers. These IEC/BCC strategies also support national campaigns scheduled by the MSPAS and special events during international and national celebrations. The community promotion and prevention component of the AIEPI AINM-C strategy is based on six IEC/BCC tactics that have been developed under *Calidad en Salud*'s integrated communication strategy: 1) mass media (radio), 2) IPC/C between community providers and caregivers during both growth monitoring and promotion (GMP) sessions and home visits, 3) group communication during group and community sessions, 4) special campaigns designed and scheduled by the MSPAS, but requiring local adaptation, 5) educational entertainment during local events and

² GTI-IEC members include the Social Communication Unit, and the Promotion and Health Education Department of the MSPAS, other MSPAS programs as needed, *Unidad Ejecutora*, ADEJUC/ Promasa, American Red Cross, APROFAM, CARE, Celsam, CRS, *Cruz Roja Guatemalteca*, HOPE, IGSS, JHPIEGO/ MNH, PAHO, PASMO, Population Council, *ProRedes Salud*, Save the Children, SHARE, UNICEF and *Calidad en Salud*.

festivities, and 6) community mobilization and participation. The IEC/BCC support system is, thus, intimately linked to *Calidad en Salud*'s Result 4, which reports on community participation and the AIEPI AINM-C strategy.

As in the first quarter of 2004, during the second quarter the pace of project/ MSPAS activities continued to be slow due to the new government's concentration in the definition of health policies, revision of norms, integration of programs and appointment of new personnel.

The AIEPI AINM-C Coordinator and the IEC/BCC and Growth Promotion Advisor traveled to Nicaragua to attend the regional conference on Community-based Growth Promotion sponsored by USAID/ BASICS that was held from May 10-14. At the conference, the *Calidad en Salud* IEC/BCC team displayed an exhibit of all AIEPI AINM-C materials and gave three presentations on: a) the advantages of integrating women's and maternal-neonatal health to community IMCI, b) the operations research to improve growth monitoring and promotion conducted in Ixil and c) the analysis of the data contained in over 6,000 Vigilante Notebooks. These topics represent major *Calidad en Salud* contributions and are good examples of the integration of the IEC/BCC support component in the AIEPI AINM-C strategy

2.2.2. General IEC/BCC Capacity Building

General

IEC/BCC institutionalization plans have included: 1) assisting PROEDUSA and the Social Communication Unit to better define their role as leaders and managers of IEC/BCC interventions, 2) encouraging both the Social Communication Unit and PROEDUSA to take the lead in the GTI-IEC coordination, 3) reviewing lines of communication, role and functions of the IEC Health Area Coordinators and teams, and 4) including IEC/BCC activities in regular annual programming (POA) at the central and area levels. These received only limited attention this quarter due to PROEDUSA's focusing on a baseline study for a project with financial assistance from Sweden and technical assistance from PAHO and to the recent change in the Head of the Social Communication Unit.

Calidad en Salud's proposal to transfer to PROEDUSA the IEC/BCC framework, strategies, methodologies, materials (final arts) and instruments was well received, but has suffered numerous delays. At present, sessions are scheduled to begin in August; therefore, the computer and printer offered have not been donated. In view of PROEDUSA's contradictory interests, *Calidad en Salud*'s IEC/BCC component has made a shift in its approach and has proposed that the two GTI-IEC groups (for RH/FP and for child health) be coordinated by specific programs instead of PROEDUSA. That is, the RH/FP GTI-IEC could be coordinated by the PNSR while the child health and nutrition GTI-IEC could be coordinated by the new Infectious and Preventable Diseases program (which integrates ARI, gastrointestinal diseases, immunizations, environment, dengue and malaria) and the PROSAN. However, it is the view of the programs that coordinating a GTI-IEC could subtract from its dedication to MSPAS matters.

Discussion about the formation of a MSPAS IEC Council (akin to the GTI-IEC) with representatives from all the major MSPAS programs (normative) and operational units (UPS1, 2, and 3) to focus on IEC/BCC issues have continued, but have not materialized, due in part to changes in personnel. The PROSAN will have a new director as of July 2004 (Dr. Iván Mendoza). Only the National AIDS Program is working closely with the Social Communication Unit to form the Council. The National AIDS Program is also forming a GTI-IEC of institutions and partner NGOs working on RTIs and HIV/AIDS.

The monitoring and supervision system and instruments –including the SIGSA 6 instrument for IEC which summarizes monthly and quarterly IEC activities- has been reviewed again by PROEDUSA, the Health Area IEC Coordinators and SIGSA and a final version has been produced. Although PROEDUSA has indicated that they will not promote its use until next year, some IEC Coordinators have started to use it.

Calidad en Salud IEC/BCC participated in several meetings with the MSPAS units and programs: a) with the PNI to provide technical assistance and materials to their IEC/BCC strategy for the Latin America Immunization Week held from April 24-30, b) with PROEDUSA and the PNSR to review materials in progress, and c) with PROSAN for final production of a poster on micronutrients supplementation.

Several meetings of the GTI-IEC took place during the second quarter of 2004 to review the family planning video and the Standard Days Method (SDM) user card. In June the last of three workshops to develop the IEC/BCC strategy for adolescent sexual and reproductive health (SSRA) was held with technical and financial assistance from *Calidad en Salud*.

Area and Community Level

The second workshop of IEC Health Area Coordinators (26 social workers) was held on May 24-25, 2004 with technical and financial assistance from *Calidad en Salud*. In this meeting the Social Communication Unit presented its communication campaign for the rainy season. *Calidad en Salud* reviewed with the new Head of this Unit the IEC/BCC the communication plans (*a la carte*) developed last year for diarrhea, respiratory infections, dengue and malaria, which were included in the campaign. Due to lack of financial support, however, the campaign was not strong and the emphasis went to immunizations. *Calidad en Salud* adapted the training guide developed by ProRedes together with an IPC/ counseling video; Health Area IEC Coordinators were trained in the topic and a copy of the video was provided by *Calidad en Salud* to each of them. The final version of the family planning video was also presented at the training workshop and the instrument SIGSA 6 for IEC activities was reviewed. PROEDUSA still needed prompting to carry out this workshop, apparently failing to understand that the 26 Area IEC Coordinators need specific guidelines to function as IEC managers at the Area level and to replicate contents with the operative level of the MSPAS and that quarterly meetings serve these purposes.

The *Calidad en Salud* IEC/BCC team has also provided financial and technical support to IEC Area Coordinators to carry out workshops of District level IEC coordinators. In June, workshops were financed and attended in San Marcos and Quiché. The Health Area IEC Coordinator in Quiché is new, so direct technical assistance was provided to her also. A difficulty encountered –not uncommon in the MSPAS- was that the former IEC Coordinator in Quiché did not leave anything in her office regarding IEC/BCC guidelines, plans and materials nor was there a period of overlap between them. The IEC Coordinator in Alta Verapaz –although not in a priority area- requested technical assistance to develop and start carrying out an IEC strategy to promote adolescent sexual and reproductive health in that Area. Therefore, she was provided with the strategy document developed by the GTI-IEC and coordination was made with PASMO who has a manual with activities and materials to train adolescents in this topic.

This quarter a series of interviews with IEC Health Area Coordinators were initiated in order to prepare for the final *Calidad en Salud* evaluation report and to provide recommendations to PROEDUSA and programs. Interviews were conducted in Chimaltenango, Quiché and San Marcos.

2.2.3. Specific IEC/BCC Results for Family Planning

IEC/BCC Strategies

Through the *Unidad Ejecutora*, the IEC/BCC component has participated in the revision of the programs' norms (reproductive health, integrated child health and nutrition).

A final workshop to develop the IEC/BCC Sexual and Reproductive Health Strategy for Adolescents (SSRA) was carried out in June 24-25. PROEDUSA, the Integrated Child and Adolescent Health Program (SINA, which is now a component of the PNSR), the HIV/AIDS program, representative from the Ministry of Education, PAHO, two youth representative from *Conjuve* (A National Youth Confederation) and other GTI-IEC members participated in the workshop. The situational analysis, audiences' definition, emphasis behaviors, IEC sub-strategies or tactics identified in previous workshops were reviewed. In addition, the specific messages and IEC products to be produced by participating organizations and agencies were identified and implementation and monitoring plan were developed. The final strategy document will be circulated to all GTI-IEC members for final comments. It is expected that this plan will standardize the implementation of SSRA activities and messages nationwide, albeit with local adaptation. The main IEC sub-strategies in the SSRA IEC/BCC strategies include: promotion of adolescent-friendly spaces in health services, peer education through youth leaders, and mass media. The strategy seeks to reduce unwanted pregnancies and STIs/ HIV in adolescents and youth through the promotion of healthy behaviors.

IEC/BCC Materials for FP

Several new FP IEC print materials and user guides were produced and distributed this quarter: a brochure on prenatal care, an “All about the IUD” poster for providers as part of the re-launching strategy of this method , a poster with a protracted FP balanced-counseling algorithm (printed with Population Council/ FRONTIERS funds), and the Standard Day Method (SDM) User Card. Also, the all FP methods poster was reprinted. In addition, the FP video was produced. A FP counseling pocket guide developed by the FP component was reviewed. Materials still awaiting final revision, authorization and printing are: the adolescent brochure on abstinence, the men’s involvement in RH brochure and the integrated women’s health card. The latter has been reviewed by the PNSR, but needs to be reviewed also by the new PROSAN director as there is still no consensus on whether the “minimum weight gain” during pregnancy curve/ table should be included in the card given its operational implications (availability of adult scales, training of providers and compliance with weighing pregnant women).

IEC/BCC Training for FP

Except for the workshop of IEC Health Area Coordinators and financial and technical support provided for health area IEC team workshops in Chimaltenango, Quetzaltenango, Sololá and San Marcos, no other FP training activities were conducted in the second quarter of 2004. In San Marcos, however, the training on the SDM User Card was tested and as a result a final TOT guide has been developed. The TOT guide was also reviewed by the PNSR and *Calidad en Salud* FP Advisor and will be used in training during the third quarter of 2004.

IEC/BCC Monitoring and Evaluation for FP

As mentioned, the monitoring and supervision instruments developed in 2002 and the SIGSA 6 IEC/BCC form developed last year were again reviewed by PROEDUSA. However, this department had decided to begin using them in 2005. *Calidad en Salud* has proposed testing their use in priority areas and several of them have adopted the system.

Tutoring/ supervision and monitoring of IEC/BCC FP activities and use of materials remains a challenge.

Behavior and Product Trial of the Standard Days Method Card

As previously reported, results of the pre-test and behavior trials of the Standard Days Method (SDM) User Card showed that it is feasible that eligible and motivated women successfully use this natural family planning method. Two version of the SDM User Card (Maya and Ladino) each with two calendars (2004/05 and 2005) were produced this quarter together with a TOT training guide. The latter was pre-tested with Area and District IEC Coordinators in San Marcos. The SDM User Card is presently being distributed and training on its use will be carried out next quarter. The tool was also incorporated to the IEC SSRA adolescent strategy to address the topic of fertility awareness.

2.2.4. Specific IEC/BCC Results for IMCI

IEC/BCC Materials for IMCI

There were no major achievements under the IEC/BCC for IMCI component this quarter. As mentioned, program norms were reviewed through the *Unidad Ejecutora* who was participating in the process. The printing and distribution of 50,000 vaccination brochures in support of the Immunization Week held from April 24-30 was accomplished. In addition, the pediatric/ hospital IMCI procedures manual was reviewed by the IEC/BCC team with a focus on consistency with the Extension of Coverage growth monitoring procedures and with complementary feeding guidelines promoted elsewhere as well as consistency of illustrations. Finally, a micronutrients poster, which includes micronutrient-rich foods, supplements and fortified foods, was produced and distributed this quarter (5,000 copies).

2.2.5. Specific IEC Results for AIEPI AINM-C

IEC/BCC Strategies

In addition to the meetings with new MSPAS authorities, separate meetings were also held with: a) the Presidential Commissioner to End Hunger, b) the First Lady and her adviser on nutrition, c) Fundazúcar and c) the National MSPAS Inter-programmatic Coordinator for Nutrition to continue advocacy for AIEPI AINM-C as the priority community-level strategy to prevent malnutrition. Key MSPAS staff (IMCI, UPS1 and PNSR) was invited to the regional conference on Community-based Growth Promotion sponsored by USAID/ BASICS held in Nicaragua from May 10-13 where they listened to presentations from Guatemala and the rest of the region. These efforts have contributed to the MSPAS adoption of the AIEPI AINM-C strategy and current plans to expand it –with modifications- to 102 priority Municipalities (41 during phase 1 and 62 during phase 2) together with the Front to combat Hunger, as the main health sector strategy under food and nutrition security.

Several meetings were also held with PAHO Washington officials regarding the launching of the international infant and young child feeding guidelines at the regional level which will take place in September 2004. AIEPI AINM-C was presented to PAHO as the strategy to implement young child feeding guidelines and to evaluate their being put into practice by mothers/families through growth monitoring. A copy of all AIEPI AINM-C materials was provided to PAHO.

IEC/BCC Strategies and Materials for AIEPI AINM-C

To comply with plans to strengthen and expand AIEPI AINM-C, UPS1 is conducting the revision and modification of all AIEPI AINM-C materials. Changes are limited and mostly involve producing condensed versions of some materials (with less pages and text). Some modifications on content –such as eliminating the use of first doses of antibiotics by community level personnel - have been introduced and could diminish the response capacity of community health workers. Other changes, such as producing two referral forms, one for the child and another for the woman, do not seem particularly appropriate given the integration of care that is central to AIEPI AINM-C.

The IEC/BCC team has provided to UPS1: a) final arts of all AIEPI AINM-C materials to UPS, b) specifications of all materials (including size, type of paper, and other characteristics.), c) printing costs of each material, and d) estimations of the numbers to be produced. In addition, *Calidad en Salud* is paying for the graphic artist who is doing the modifications (she was formerly trained by and worked for the *Calidad en Salud* IEC/BCC team in these materials). A member of *Calidad en Salud* (Angelica Bixcul) is also accompanying the revision and modification process. Unfortunately, no one from the IEC/BCC team who designed, pre-tested and produced these materials was invited to participate. The IEC/BCC Advisor has strived to exert pressure to maintain growth monitoring procedures including the monthly weight gain table and complementary feeding guidelines and to keep an integrated women and child approach indirectly through the PROSAN, INCAP and the World Bank Advisor (Hedi Deman).

Several of the USAID PVOs have printed additional quantities of AIEPI AINM-C materials this quarter: CARE (250 Vigilante Notebooks and 600 counseling card sets), CRS (150 counseling card sets), Project Concern International, SHARE (600 counseling card sets) and Save the Children. To all of them, *Calidad en Salud* has provided final arts.

The IEC/BCC Advisor continues to provide support to the Community Participation component of the project. This quarter the binder version of the *sala situacional* summary tables was designed. This version of the tables was deemed necessary because frequently community centers cannot accommodate posters – they either do not have enough space or are mobile. To test this version of the *sala situacional* tables, the Community Participation assistant distributed binders to 21 communities in Chimaltenango where she is strengthening the community participation process, and the IEC/BCC Advisor distributed 40 binders to communities in Sacapulas where she has attended training of vigilantes and growth monitoring sessions.

Photographs were taken to illustrate the vigilante growth promotion manual and a draft has been developed. Given the changes that UPS1 is introducing to AIEPI AINM-C materials, the manual focus has been limited to growth

promotion/ community participation (in the analysis of growth monitoring data and the identification of local solutions) and will be discussed and reviewed with the new Head of PROSAN.

See other AIEPI AINM-C achievements under Result 4.

IEC/BCC Training for AIEPI AINM-C

No training on AIEPI AINM-C was conducted this quarter. However, the IEC/BCC Advisor attended training of vigilantes and growth monitoring sessions in two jurisdictions of Sacapulas, Quiche. She also attended (April 16-18) training conducted by ProRedes Salud on IPC/ counseling using a new video produced by that project. Finally, the IEC/BCC Advisor reviewed the TOT guides for: a) integrated case management, b) growth promotion and illness prevention, and c) community participation for final publication.

IEC/BCC Monitoring and Evaluation for AIEPI AINM-C

With technical and financial assistance provided by Calidad en Salud, monitoring/ supervisory visits to approximately 25 NGOs in 10 Health Areas to document the manner in which the strategy has been implemented by different USAID partners (CARE, CRS, Save the Children and SHARE), the original extension of coverage NGOs and the model through MSPAS services implemented in San Marcos as part of the operations research. The IEC/BCC Advisor worked on the protocol, data collection forms, pre-testing in Chimaltenango and developed matrices for data summary. Visits to the USAID PVOS and to San Marcos' experimental model took place in April and May. Visits to the MSPAS extension of coverage NGOs took place in June after UPS1 authorized the visits. The IEC/BCC Advisor participated in visits to San Marcos, Huehuetenango, Quiche and Ixil. It is expected that joint summary, analysis, interpretation and report will be completed the following quarter.

In an effort to evaluate coverage, the effect of growth promotion on the growth of children and errors committed by the vigilantes when recording growth monitoring, more than 6,700 (61 percent) of the vigilantes notebooks used in 2003 were retrieved. The data in all of them have now been entered and preliminary analysis on coverage, nutritional status, the percentage of children "not growing well" (not gaining minimum weight), and the percentage of children "not growing well in two consecutive sessions" have been obtained. Results indicate that, on the average, vigilantes weighed 6 children under two years of age (range is 0 to 21) each time.

Following *Calidad en Salud's* plan of analysis, a public health student from the Manoff Group Inc. (ProRedes partner organization) has also analyzed 200 cases in ProRedes vigilantes' notebooks. She presented her results to the IEC/BCC Advisor, which indicates that the ProRedes NGO vigilantes are performing considerable mistakes when recording weight data, especially when adding the weight gain to the actual weight in order to calculate expected weight next month. This information points to the need to produce the "long" minimum expected weight (MEW) table with gains already added.

See other AIEPI AINM-C achievements under Result 4.

2.2.6. Specific IEC/BCC Results for IGSS

No specific support was provided to IGSS this quarter. An IGSS representative, however, has continued to participate in GTI-IEC meetings including the workshops to develop on the adolescent sexual and reproductive health strategy.

Constraints

- As in the first quarter of 2004, during the second quarter the pace of project/ MSPAS activities continued to be slow due to the new government's concentration in the definition of health policies, revision of norms, integration of programs and appointment of new personnel (for instance the Social Communication Unit). Transferal sessions to PROEDUSA were repeatedly postponed this quarter, and are now scheduled in August.

- In view of PROEDUSA's lack of involvement, *Calidad en Salud's* IEC/BCC component has made a shift in its approach and proposed that the two GTI-IEC groups (for RH/FP and for child health) be coordinated by specific programs instead of PROEDUSA. That is, the RH/FP GTI-IEC could be coordinated by the PNSR while the child health and nutrition GTI-IEC could be coordinated by the new Infectious and Preventable Diseases program (which integrates ARI, gastrointestinal diseases, immunizations, environment, dengue and malaria) and the PROSAN. However, it is the view of the programs that coordinating a GTI-IEC subtracts from their dedication to MSPAS priorities.
- PROEDUSA still needed prompting to carry out the IEC Health Area Coordinator workshop this quarter, apparently failing to understand that the 26 Area IEC Coordinators need specific guidelines to function as IEC managers at the Area level and to serve as a link with the operative level of the MSPAS. In our view, quarterly meetings are the mechanism to provide these guidelines, to discuss progress and make plans.
- Unfortunately, no one from the IEC/BCC team who designed, pre-tested and produced all AIEPI AINM-C materials (job aids, instruments and distribution materials) was invited to participate in the revision and modification process of these materials being conducted by UPS1.
- The reduction in the project's IEC/BCC staff created several constraints this quarter in terms of the production capability of this component. Given the number of requests from NGOs and UPS1 to provide them with IEC background documents, specifications and final arts of print materials, and master radio spots, Patricia Ceballos was re-hired for a limited number of hours.

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

- | |
|---|
| <ul style="list-style-type: none"> • Management Systems Improvements are implemented to increase effectiveness of MCH Service Delivery • Improved Program Planning, Monitoring and Evaluation through the Use of Quality Data |
|---|

2.3.1. Logistics Results and Plans

During the second quarter of the year 2004, *Calidad en Salud* continued to work together with the MSPAS and IGSS, in the process of on-going improvement to the logistics systems.

Despite the slowness of activities due to the changes in new Ministry officials and to the undecided situation of the IGSS's family planning program, this has been a very productive quarter for the logistics component when numerous activities and products were successfully finalized and delivered.

During this quarter, the principal accomplishments were: a) training in logistics management to USME personnel and hands on training in the use of the computerize module for the staff from *Medicamentos* of the MSPAS, b) analysis and generation of a report for the first national inventory of contraceptives for the MSPAS, c) further development of a logistics calendar for the MSPAS, d) revision of the 2004 Contraceptive Procurement Tables (CPTs).

Training

During this quarter, two training activities were implemented.

Training in Logistics Management to USME and Staff from *Medicamentos*: At the request of the director of the USME Dra. Waleska Zeceña, a one day workshop was held to expose the USME personnel as well as the staff from Medicaments to the procedures and forms backing up the logistics system of the MSPAS.

It was a very productive meeting where participants received hands on training in the use of the logistic forms, particularly how to effectively process the Balance Requisition and Delivery of Supplies (BRES), the main logistics form that is the foundation for an effective logistics management system within the MSPAS.

Due do some comments from participants it was mentioned at the meeting that the main obstacle for processing the BRES is the human factor, the attitude and willingness to cooperate in this important task and the resistance to complete this elaborate task in part due to limited human resources.

Hands on training to staff from *Medicamentos* in the use of logistics module and support to upgrade it: During a meeting held in the first quarter of this year, the new of *Medicamentos* Dr. Julio Valdez had the chance to review the logistics module at work through the successful implementation of the module by the Health Area Directorate of Guatemala. During this meeting he requested if Calidad en Salud could provide technical assistance to enhance the module by building its capability to monitor cost, providers, and to process purchase and payment orders based on the rules of open contract (*contrato abierto*).

During this quarter, meetings were held to review needs requirements and to initiate work. The team of developers from Calidad en Salud and SIGSA worked closely with the staff from *Medicamentos* in the development of these new capabilities to the module providing along the way hands on training in its use. Work has been completed and has met the expectations of interested parties. As with other work done to the logistics module, Calidad en Salud's contribution was targeted to help the SIGSA in its development, ensuring ownership from the beginning and building the necessary in-house capacity to modify the module in the future, thus, institutionalizing the module from the start.

Analisis and Report Generation For The National Inventory Of Contraceptives:

Calidad en Salud's logistics staff supported the counterparts within the MSPAS in the analysis of inventory data and in the generation of the inventory report. As part of the institutionalization of this important bi-annual activity, Calidad en Salud supported and encourage the personnel from the National Reproductive Health Program in taking the lead towards generating the final report. Using the report generator developed by Calidad en Salud, all reports and graphs for the final report were printed and pasted into the report. An analysis (generation of reports for the inventory) that was done by hand in previous years, is now fully automated. The main outcomes of the national inventory can be summarized as follows:

- 100% of the DAS submitted the information, a clear process of institutionalization of this activity
- At the DAS level, 100% of them were above the minimum level (for all four methods).
- Service delivery units reported an improvement in their stock levels of oral contraceptives, from 71% in 9/2003 to 93% in 3/2004.
- Service delivery units reported an improvement in their stock levels of condoms, from 65% of them stocked with condoms in 9/2003 to 91% in 3/2004.
- Service delivery units reported an improvement in their stock levels of injectables, from 76% of them stocked with injectables in 9/2003 to 96% in 3/2004.
- Service delivery units reported an improvement in their stock levels of Copper T, from 88% of them stocked with Copper Ts in 9/2003 to 99% in 3/2004.

An important result of the inventory is that the life expectancy of the injectable is rather low, with an average of roughly 11 years left. This has been conveyed to the directive of the NRHP and UNFPA as well to ensure that injectables are managed according to the FEFO logistic procedure. In addition, it was advised to UNFPA that all future shipments of injectables must have no less than four years of useful life left.

Documents

Logistics Calendar

As per feedback received from PROEDUSA and the office of Medicaments of the MSPAS, new modifications to the content and to the pictures were made to the calendar. During the following days, the new version will be presented to the MSPAS for review and final approval so that the design and printing stages can be completed.

Meetings

During this quarter, three meetings were held with the staff from Medicaments with the purpose of sharing plans and how they can be integrated for the benefit of logistics management of contraceptives and medicines. Calidad en Salud recommended the development of a plan by the office of *Medicamentos* so that activities could better benefit their needs for improving logistics of medicines. A draft plan was submitted and is currently being reviewed by Dr. Julio Valdez, direct advisor for medicines to the Minister.

Contraceptive Procurement Tables

The 2004 CPTs were revised in order to identify whether or not the shipments requirements for 2004 and estimated in November of 2003 are in-tune with expected consumption trends. This revision led to some decisions for the MSPAS supply situation and worth listing below:

- Consumption of condoms is on the rise, given the current stock levels and programmed shipments for the remaining of the year, no changes are required for condoms CPT.
- Consumption of injectables is also increasing, at the time of the revision of the CPTs, there were 15 months of stock, given the programmed shipments, it has been recommended to cancel two shipments programmed for November, leaving at end of year stock of approximately 16 months.
- Oral consumption is increasing slowly, at the time of the revision of the CPT, there were 8 months of stock. With current trend in consumption and the programmed shipments, it was recommended that the last shipment scheduled for November be cut in half. This will leave a balance of approximately 13 months as of December 2004.
- Copper T is increasing at a rate of 10% over the last year. Given the current stock level and the programmed shipment, at the end of the year there will be approximately 14 months of stock. No changes were recommended for Copper T.

For the Guatemalan Social Security Institute, all shipments programmed were recommended to be cancelled. The levels of supply of services have decreased dramatically due to the current indecision about the status of the organizations family planning program.

Limitations

The main limitation remains the fact that the new administration is still undergoing a process of induction. This situation has caused that certain activities continue to be rescheduled.

There is still no counterpart identified for continuing the efforts towards achieving contraceptive self reliance in Guatemala.

2.3.2. Monitoring and Evaluation Results

Introduction

During this quarter, the technical support for this sub-component was focused on reactivating and initiating many of the processes that could not be carried out during the first quarter, with emphasis continuing to be placed on the institutionalization and completion of the activities both proposed and developed with the MSPAS. Following-up with the proposed activities, continuation was given to the process of transferring SAMIG to the MSPAS (UPS1-SIGSA). It was not possible to start the institutionalization of the AIEPI AINM-C supervision and monitoring system; however, the process of digitizing the notebooks of the *vigilantes de salud* in the eight priority areas was completed. Support continued with the information systems of the National Commission for the Fight against Hunger, SIGSA and UPS1 through the development and/or restructuring of GIS, as well as mapping the information on the PVOs participating in the USAID Title II program.

Objectives of the Monitoring Sub-Component

- Complete the institutionalization, transfer and improvement of the technology and the software packages that were developed with technical support from *Calidad en Salud*.
- Initiate the institutionalization of the AIEPI AINM-C supervision and monitoring system that was developed with technical support from *Calidad en Salud*.
- Reactivate the transfer of the collection, processing and analysis of the principal FP, IMCI and AIEPI AINM-C indicators for the National Program of Reproductive Health.

SAMIG

In accordance with the directives given by the new authorities and the UPS1 work plans, the validation and analysis of the capacities of SAMIG to support UPS1-SIGSA was started, this with the aim of estimating and defining the necessary adjustments and additions to be made to the SAMIG tools.

SIGSA-SUI

The central level approval was obtained for the *Unidad Ejecutora* to print for the eight priority DAS, the forms that were modified in 2003, these being: 3 P/S³, 3C/S, 5A⁴, 5B, 5C, 6 monthly⁵, 6 monthly annex, 6 quarterly, 6 quarterly annex, 6 annual, and 18⁶. These were distributed to the DAS in Quetzaltenango, San Marcos, Totonicapán, Chimaltenango, El Quiche and Huehuetenango, leaving pending the remaining two priority DAS.

PNSR-MSPAS

In coordination with the new Director of the National Program of Reproductive Health (PNSR), the process of transferring the databases containing the available family planning information (new users and CYPs) was started. The program epidemiologist was delegated the responsibility for giving continuity to this process. The general outlines for the information transfers were decided with the program epidemiologist, as well as the processes carried out by *Calidad en Salud* for the collection, processing and analysis of the information. It is expected that the process will be completed during the month of July.

³ The 3 P/S and 3 C/S forms are the daily report on consultations at the level of the health posts and centers.

⁴ The 5 A, B and C forms are the register of immunizations and micronutrient supplementation for children, women who are pregnant and of fertile age, and adults in general.

⁵ The 6 monthly, 6 monthly annex, 6 quarterly, 6 quarterly annex, 6 annual forms are where the information obtained in the 3 forms is consolidated.

⁶ The 18 form is the weekly report on obligatory notification illnesses.

UPS-1 –MSPAS

As part of the support to this unit, it was determined to analyze the current capacities of SAMIG and any necessary improvements to it, and then produce a document that would detail the capacities of administration and finance and the service provision modules.

Calidad en Salud

Geographic Information System

In continuance of the technical support provided to the Presidential Commission for the Fight against Hunger to develop a Geographic Information System, information has been included on the PVO partners of USAID and the activities being carried out under the Title II program.

Redesign and adjustment of the AIEPI AINM-C monitoring system

At this moment, the MSPAS (UPS1) is evaluating the process of implementing the strategy, including the supervision and monitoring system. Due to this, it was not possible to carry out any activities within this process. Anticipating this situation, the work plan was restructured to include this activity in the last quarter, in the hope that it can be carried out (See report on supervision and AIEPI AINM-C).

Electronic processing of the *Vigilante* Notebook

The digitizing process was completed, achieving the inclusion of almost 50,000 children representing 20% more than the projected figure, thereby increasing the average number of children per notebook to 7.7. Table 1 presents the number of notebooks collected and the percentage by area, as well as the total of children weighed and the average per notebook.

Table 21-Total number and percentage of the notebooks collected by health area

DAS	Vigilante Notebooks Distributed	Vigilante Notebooks Received in CS	%	Children Weighed	Average # of children per notebook
Sololá	1021	511	50.00%	3016	5.9
Quetzaltenango	1010	822	81.40%	6109	7.4
Huehuetenango	3014	1114	37.00%	8606	7.7
El Quiché	2519	1089	43.20%	8992	8.3
Ixil	787	464	59.00%	3915	8.4
Chimlaltenango	819	697	85.10%	5962	8.6
Totonicapán	1174	657	56.00%	4210	6.4
San Marcos	1407	1113	79.10%	8808	7.9
Total	11751	6467	55.00%	49618	7.7

IO-AEC

As part of the process to help complete the operations research, support was given in processing the tables for the final evaluation, as well as checking and updating the baseline tables, which were necessary for the preparation of the final report (See report in the IO AEC-PS section).

Limitations

During this second quarter, the principal limitation continued to be the impossibility of carrying out the programmed activities, due to lack of approval of the new authorities.

The availability of time and technical resources on the part of both SIGSA as well as UPS1 to support the continued validation of SAMIG was also a limitation.

2.3.3. Planning and Programming Results

Results

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

Calidad en Salud continued with the actions, negotiation and advocacy with the Director of the SIAS and the Coordinator for the Development of Health Services, entailed in the execution of a Management Capacity Building Plan directed at the technical teams in the health areas and districts of the MSPAS. The plan is in the process of being jointly reviewed by *Calidad en Salud* and the Rafael Landívar University (URL).

The UPS I and II coordinators and the USME team coincided in the importance of strengthening the management and response capacity of the health personnel in the areas and districts. Meetings were held with the Dean of the Health Sciences Faculty and the Coordination of the Masters in Public Health of the URL, in order to inform and communicate the methodological steps for the design of the proposed plan to the officials of the MSPAS.

General Planning

During this quarter, activities were carried out to transfer and institutionalize in the MSPAS the actions under the agreement. The Agreement is integrated by all its counterparts who are committed to guarantee that the processes, actions, activities, inputs, supplies and resources are adopted as part of the new policies and technical or administrative norms in the different units, with the adjustments required by the new authorities.

For the purpose of complying with the provisions of the agreement, *URC/Calidad en Salud* has held meetings with the highest authorities of the MSPAS, to make different presentations aimed at fully informing of the activities being implemented under the project. Some topics were developed in these meetings, among them:

- Follow-up on “Implementation Letter No. 20” that USAID – through its Health Office – had sent to the MSPAS for the purpose of following-up on the activities linked to the implementation of the final phase of Agreement No. 520-0428.
- An acceleration of the technical and administrative processes that guarantee the achievement of the Agreement objectives and assure the total usage of the donation funds.
- With the change of authorities in the National Program of Reproductive Health, the *Unidad Ejecutora* and *Calidad en Salud* were requested to hold meetings for initiating the process of transferring the interventions to the MSPAS program staff.

- A presentation of the project components under Agreement No. 520-0428 was made to the management and technical staff of UPS I, II and III and USME, with the purpose of informing, communicating and socializing the advances and the activities carried out under it in support of the MSPAS.
- UPS II officials made a presentation on the proposed new MSPAS model for health care and its administration, which is centered around three important axis: the Modernization of the State, the Reform of the Health Sector, and Compliance with the Peace Accords
- The MSPAS authorities requested that *URC / Calidad en Salud* support the program to combat poverty and reduce infant malnutrition in the 102 municipalities prioritized by the government, of which 32 municipalities are geographically located in the highland Health Areas supported under the project. A document has been prepared that organizes the Agreement activities reprogrammed for July to September 2004, the fixed expenditures of the *Unidad Ejecutora* and the funds for completing pending agreement activities in the 8 DAS in western Guatemala. An apportionment of MSPAS counterpart funds has been proposed for the first phase of the Fight against Hunger in 41 municipalities and in the second in 61 municipalities, which would include:
 1. An allotment of equipment for growth promotion under the AIEPI-AINMC strategy.
 2. Review and reproduction of educational materials of the AIEPI-AINMC strategy.
 3. Technical assistance to standardize the NGO procedures for extension of coverage.

The following table summarizes the above mentioned allotments:

Table 22- Summarizes the above mentioned allotments

Activities	Assigned Budget
1. Reprogrammed agreement activities (July to September 2004) (Annex 1)	Q2,237,541.28
2. Fixed expenditures for the <i>Unidad Ejecutora</i> (Annex 2)	Q700,878.72
3. Funds to complete activities in 8 DAS of western Guatemala	Q800,000.00
<i>Sub Total</i>	Q3,738,420.00
MSPAS allotment to Fight against Hunger 1st. phase in 41 municipalities: Allotment of equipment for growth monitoring under AIEPI AINMC AIEPI-AINMC project education material Technical assistance to standardize extension of coverage in the NGOs	Q2,337,647.40 Q1,052,955.00 Q1,804,000.00
<i>Sub Total</i>	Q5,194,602.00
2nd. phase in 61 municipalities: (materials, equipment and technical assistance)***	Q6,066,977.60
<i>Sub total</i>	Q6,066,977.60
<i>Total</i>	Q15,000,000.00

Development, Implementation of the POA 2004

- Visits were made to present the technical and administrative support under the Agreement that *Calidad en Salud* and the *Unidad Ejecutora* could continue providing to strengthen the new Area Directors and Financial Managers and to provide follow-up to the processes and actions that each component will continue implementing in the Quetzaltenango, San Marcos, Sololá, Huehuetenango, Quiche, and Chimaltenango Health Areas.
- In the Sololá and Quetzaltenango DAS during the quarter, the project provided logistic support to priority municipalities during the *Semana Nacional de Vacunación de las Américas*; support was given to the training of nurses in the Colomba, Flores CC, and Coatepeque districts in how to insert the Copper T; logistical support for IEC promotion activities; a plan to introduce a management and quality focus to strengthen staff performance was supported; and, assistance was given to program the component activities that were being carried out under the Agreement.
- In the Quiche, San Marcos, and Quetzaltenango DAS, the activities continued to be implemented by area technical teams; there is a continuous process for monitoring and supervising the data of the services being provided; and, the improvement in FP or immunization coverage is rewarded with notes or memos congratulating the staff in the districts. It was noted that the supervision-facilitation was not carried out in a systematic manner, due to a lack of financial resources for the mobilization of the personnel.

Coordination

The MSPAS through UPS I requested financial support to carry out research to identify the necessities for improvement in the provision of health services at the primary care level, that would have a national scope and involve all the organizations providing or administering extension of coverage services in the 21 Departmental Directorates (DAS). *Calidad en Salud* responded to this request by providing materials and basic inputs to be used for printing the instruments and documents required for the research.

Special Activities

Plan to Institutionalize Quality Assurance in the Health Services

Within the framework of the institutionalization of the quality assurance processes, a workshop on quality assurance and teamwork was held in June for SIAS staff, with the participation of 28 officials from the SIAS, UPS II and USME Directorates. The staff indicated that the workshop was very productive and that it was necessary to give continuity to this type of event every two months. The workshop allowed the new officials of the MSPAS to get to know each other and they committed themselves to improve the communication and coordination between both units.

Limitations

- It was not possible to implement all the follow-up activities for each component, by decision of the MSPAS authorities.
- The disbursement of counterpart funds for the implementation and execution of activities in the Health Areas that should have continued during the second quarter of 2004, was not approved.

2.3.4. Supervision – Facilitation Results

Actualization of the USME Team

At the request of USME, a workshop was held to up-date staff on concepts such as supervision, monitoring, evaluation, management, leadership, and quality assurance. The workshop lasted for two days and was facilitated by Lic. Mélida De León, a professor in the Public Health Masters Program in the URL, with a course on human resources. The entire staff of USME participated in this workshop. As a result of the workshop, it was agreed that the supervision instrument used by USME to supervise the Health Areas would be reviewed. This review is directed toward organizing the indicators to be monitored, in accordance with the management model proposed for the MSPAS in 2004.

This review process has been accompanied with support from *Calidad en Salud*, at the request of the general director of the SIAS, and has not yet been concluded.

Supervision, Monitoring and Evaluation System at the Community Level

The supervision, monitoring and evaluation system at the community level has been reviewed by the UPS I team that are coordinating the expansion of the AIEPI AINM-C strategy. The idea is to incorporate the system within the strategy at the inception of implementation and not for it to be a separate system. UPS I has been given electronic copies of the system definition and of the instruments to be used.

Coordination with USME on the Execution of Counterpart Funds

The programming of activities to be financed with counterpart funds has been reviewed with Dr. Waleska Zeceña, chief of the Supervision, Monitoring and Evaluation Unit of the MSPAS. It was agreed that the activities to be carried out during the next quarter would be the following:

- Supervision from the central level to the DAS, from the DAS to the Districts, and from the Districts to the Health Posts.
- Actualization of the new personnel in supervision, monitoring and evaluation.
- Monitoring of the supervision coverage at the different levels of health care and management.

Limitations

During the present quarter, progress has been slow, given that the USME personnel are seldom in the central office. The programmed supervision activities keep the staff out of the city most of the time and, as a result the process of reviewing the instruments has been slow.

2.3.5. Financial Management and Administration Results

Introduction

In the quarter April-June 2004, attention was given to coding and registering in the accounting system the execution by the *Unidad Ejecutora* of counterpart funds, and the liquidations of the revolving funds assigned to the *Unidad Ejecutora* and the 8 priority Health Areas of the Agreement.

With support from *Calidad en Salud*, the *Unidad Ejecutora* improved the quality of the support documentation for the petty cash, revolving funds and payments through administrative action, as well as for registering the budgetary and financial information for the counterpart funds of the 8 Health Areas and the *Unidad Ejecutora*.

Results

Interventions implemented to fulfill main objectives of the component are described below:

Financial Management

The meetings with the MSPAS authorities (General Management, Financial and Budget Directors), together with the Director and the Administrative and Financial Coordinator of the *Unidad Ejecutora*, continued in order to present to them the budgetary and financial requirements for the 2004 counterpart under Agreement No. 520-0428, and also for the procurement of contraceptive methods under the UNFPA Agreement.

Supervision and Monitoring

While assisting in the revision of the support documentation in the *Unidad Ejecutora* and the 8 priority Health Areas of the Agreement, procuring with counterpart funds using different contracting methods (petty cash, revolving fund and payments through administrative action), it is noted that considerable improvements have been made in the application of the procedures; however, improvement is still needed in the different stages of each procurement and the respective recommendations were formulated.

Calidad en Salud and the *Unidad Ejecutora* jointly monitored the register and control of the computer, audiovisual, medical and mass media equipment, purchased by the Quetzaltenango Health Area with counterpart funds.

The following table shows the execution by the 8 Health Areas and the *Unidad Ejecutora* of the counterpart funds, which were assigned in December 2003 and during the first semester of 2004, by means of petty cash, revolving fund and payments through administrative action; not included are the salaries during the first semester of 2004 of key personnel of the *Unidad Ejecutora*.

Table 23- Execution of the counterpart funds, first semester of 2004 (amounts in Quetzales).

	Petty Cash and Revolving Fund		Executed through administrative actions
	Assigned	Executed	
Ixil	143,227.00	90,371.37	114,481.61
Huehuetenango	**380,017.70	258,778.35	62,908.28
Chimaltenango	84,000.00	26,917.14	112,278.44
Quiché	350,000.00	263,262.57	0.00
San Marcos	377,587.10	372,521.86	0.00
Solola	77,754.00	77,733.36	0.00
Totonicapán	*434,800.00	Pending liquidation	0.00
Quetzaltenango	**300,000.00	149,303.68	0.00
Unidad Ejecutora	**423,914.71	291,814.88	287,366.16
Totals	2,571,300.51	1,530,703.21	577,034.49

*In the case of Totonicapán, the amount assigned in petty cash and rotating fund consists of Q157,800.00 transferred in December 2002 and Q277,000.00 transferred in April 2003.

** Within the assigned funds, only the Huehuetenango and Quetzaltenango Health Areas and the *Unidad Ejecutora* have funds pending liquidation.

Coordination

Calidad en Salud and the *Unidad Ejecutora* held meetings with staff from the UNDP and UDAF partner projects and the Health Areas for: i) planning, programming and coordinating technical, administrative and financial activities; ii) evaluating interventions, and analyzing problems and constraints on budget and financial execution; and, iii) improving the procurement of goods and services.

Information regarding the technical and financial progress of the Agreement was presented to staff from the MSPAS (*Gerencia General Administrativa-Financiera*), USAID, *Calidad en Salud* and the *Unidad Ejecutora*.

Training

During the second quarter of 2004, *Calidad en Salud* continued to carry out activities to improve the quality of the budgetary and financial execution of the counterpart funds and, to that end, tutorials were conducted for technical, administrative and financial staff of the *Unidad Ejecutora* and the 8 Health Areas.

Other Activities

Calidad en Salud gave support to the *Unidad Ejecutora* in the delivery of 200,000 SIGSAS (3PS, 3CS, 4CS, 5a, 5b, 5c, 6 monthly, 6 monthly annex, 6 quarterly, 6 quarterly annex, 6 annual), distributed in the Huehuetenango, Quetzaltenango, Totonicapán and San Marcos Health Areas.

With the support of *Calidad en Salud*, the *Unidad Ejecutora* coded and registered in the accounting system, the budgetary and financial information related to the counterpart funds for 2002 and started with the information for 2003.

Calidad en Salud supported the *Unidad Ejecutora* under the Maternal Neonatal Health component with the delivery of 20 sets of childbirth equipment (10 each for the Retalhuleu and Suchitepéquez Health Areas).

Support was given to the *Unidad Ejecutora* for the meetings held with the technical teams in the San Marcos and Quetzaltenango Health Areas, on the transfer and institutionalization process under Agreement No. 520-0428.

Limitations

Despite the actions taken with the MSPAS, it has not been possible to secure any assignment of counterpart funds for this year.

The 8 Health Areas and the *Unidad Ejecutora* do not yet have any counterpart funds to finance activities under the Agreement in 2004. The funds authorized by the MSPAS have served to pay for previously acquired commitments.

The accounting system (software) for the register and control of the counterpart funds in the 8 priority Health Areas has not been implemented nor has the staff been trained.

The human resources for the administration and financial section of the *Unidad Ejecutora* and of the 8 Health Areas have been reduced and, in addition, in the case of the Health Areas they will have to carry out other activities for the MSPAS, relegating activities under the Agreement to a secondary level.

2.4. Result 4: Greater Community Participation and Empowerment

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

2.4.1. Community Participation Sub-component Results

Introduction

Result No. 4, is described as “Greater Community Participation and Empowerment”; the objectives of this result are to increase community responsibility in the improvement of health care services, as well as improve household health practices. These objectives are to be achieved through the following strategies: 1) support for the training of the personnel and the community agents in basic management themes, community participation in IMCI and family planning; and, 2) design and expansion of the processes for community mobilization that have been improved⁷. Apart from these original strategies, there is what is currently considered a third strategy, the implementation of the analysis of the community situational room for decision making at the community level.

⁷ Strategic Plan

Taking into account the result already mentioned, in this quarter there were activities related to coordination and planning; tutorials and follow-up; and, the design, reproduction and distribution of materials. These activities are described below.

Planning and Coordination

- Participation in the meeting to present the project “Better Health for Women and Children” to the SIAS, including the community participation component and a presentation on the objectives, strategies, results and proposed follow-up. One of the working strategies that caught the attention of the MSPAS is the analysis of the community situational room, for decision making since its major interest is to strengthen community participation and empowerment.
- A follow-up plan was developed for the 21 communities of Chimaltenango, in order to strengthen the health committees and key actors in the communities in the implementation of the methodology with emphasis on the development of local action plans, based on an analysis of the community situational room. The results of this plan will be a proposal for follow-up by the MSPAS.
- A coordination meeting was held with the director of the Chimaltenango DAS to inform about the follow-up plan for the 21 communities, which was also presented to the DAS technical team.
- Participation in coordination meetings with coordinators from the NGO partners of USAID, the MSPAS and from *Pro Redes Health*; in order to carry out visits to learn from the implementation of the AIEPI AINM-C strategy, which also includes the community participation component.

Follow-up and Tutorials

Support was given to the Huehuetenango health area, providing reinforcement for the technical personnel in the implementation of the community participation methodology, the component indicators and the monitoring instruments. This reinforcement was given to a total of 74 health providers, prior to the distribution of the manual on the community participation methodology and the guide for developing the community situational room.

On the other hand, support was given to the regional office of CARE in Huehuetenango, which was strengthening the personnel in the NGOs of the MSPAS in the extension of coverage model in 4 municipalities, one of which is under the San Marcos DAS. In total, 19 persons were trained. The personnel being trained committed themselves to replicate it with the FI and MA in the NGO partners of the MSPAS, to implement the community participation methodology with emphasis on the analysis of the situational room and local action plans.

In accordance with the follow-up plan for the 21 communities in Chimaltenango, reinforcement in the implementation of the community participation methodology was given to a total of 164 persons, as follows:

Table 24- Personnel trained and reinforced in the community participation methodology.

AREA	MD	EP	MA	TSR	FI	FC	VS	Others	TOTAL
Chimaltenango			2	1	5	10	51	2	71
Huehuetenango		3		30	41				74
CARE Huehuetenango	3	4	1	4				7	19
TOTAL	3	7	3	35	46	10	51	9	164

Materials

It is important to note that the distribution of the manual on the community participation methodology and the guide for developing the community situational room to the FI and TSR reached 100%.

During this quarter, support was given to 62 communities (21 in Chimaltenango and 41 in El Quiché) for the reproduction of the formats for the community situational room, in order to facilitate the development and the analysis of them in community assemblies or with the key actors in the communities. Also, the formats of the binder (letter size) for the physical community situational room were developed, prior to sounding out the extension of coverage coordinators and the technical and community personnel, who supported the idea of having one binder per community, since it would facilitate for the basic health teams the development and presentation of the community situational room.

Another activity carried out were the visits to learn from the implementation of AIEPI AINM-C in communities of the PEC NGOs, Pro Redes and the partners of USAID. These learning visits also included the verification of the physical community situational room. With relation to the verification of this aspect, in only one community was a presentation of the community situational room seen; however, it did not have a local action plan. It is worth mentioning that, only in two NGOs they had the initiative of developing on the computer the formats for the community situational room, in order to facilitate its development and update in the community centers. Doing it this way reduces the costs involved in developing and updating the community situational room; apart from which the community centers do not have enough space to hang signs and posters of the situational room, another reason why producing these computed formats for is important. It is expected that this initiative of producing the binder with the formats of the community situational room will be endorsed by the UPS 1, at least for the eight priority health areas of the agreement.

Institutionalization

It can be said that the implementation of the community participation methodology is achieving its institutionalization by the MSPAS, since one of the recommendations given by the majority of the extension of coverage coordinators to the NGOs is to develop, update and analyze the community situational room in the communities because it will be an indicator to be weighed and evaluated in the process of the certification of the NGOs by the MSPAS at the end of 2004.

Limitations

- There needs to be more assistance given by the health districts to the NGOs involved in extension of coverage and in the implementation of the community participation methodology.
- There is a lack of resources for the personnel to develop the community situational room
- There is a lack of follow-up to the implementation of the community participation methodology, given that meetings are held at the community level and the situational room is analyzed, but local plans are not developed and as such, there is no significant involvement of the key actors.
- The basic health team is evaluated in the production of coverage of the health programs, more than in health promotion and prevention activities.
- In spite of the fact that community personnel have requested more assistance in community empowerment, there are no specific personnel to give this type of support.
- The lack of implementation of the supervision and monitoring system of AIEPI AINM-C on the part of the MSPAS, has contributed to not attaining nor documenting progress in the goals and indicators (% of community centers with a physical situational room and % of communities in each jurisdiction that have a local action plan).

2.4.2. AIEPI AINM-C Promotion and Prevention Component Results

Introduction

The AIEPI AINM-C strategy focuses on two basic interventions: 1) Integrated Case Management, and 2) Promotion and Prevention. *Calidad en Salud* has strengthened the extension of coverage process in the eight health areas of the agreement No. 520-0428; the promotion and prevention component is very closely linked to results Nos. 2 and 4 because of the participation of the *Vigilantes de Salud* (VS) in growth monitoring and promotion and in the health care of the mothers of the children under the age of two.

During the second quarter of this year, *Calidad en Salud* focused its technical assistance on advocacy for the institutionalization of the AIEPI AINM-C strategy, by means of the expansion of the strategy at the national level and the government policy on the “Fight against Hunger.” For this purpose, coordination and planning activities were carried out related to: updating the norms, review and redesign of the IEC materials, training and a chronogram for the expansion of the strategy at the national level, in 102 prioritized municipalities, in accordance with the criteria of food insecurity, alphabetization and economic potential.

Additionally, support was given to the organization and implementation of the visits to learn from actual experiences in the implementation of the AIEPI AINM-C strategy in the Quetzaltenango, San Marcos and Totonicapán health areas, where Operations Research is taking place.

Institutionalization

During this quarter, *Calidad en Salud* provided technical assistance to officials of the National Program of Reproductive Health in the review and update of the norms for the health care of women and the newborn baby. Similarly, the norms of the National Nutritional Food Security Program to assure that the use of the table of minimum expected weight and the monthly growth monitoring and promotion by the *Vigilantes de Salud* is institutionalized through the health care norms in this health sector.

In UPS1, *Calidad en Salud* provided technical support to the national coordinator of the AIEPI AINM-C strategy, Dr. Enrique Molina, and to Dr. Cristina Maldonado, a consultant to UPS1, in the review of the updated program norms, in the negotiations and advocacy for the use of the weight/age criteria and a preventive focus for growth monitoring.

Coordination and planning meetings for technical support to UPS1, with Dr. Silvia Arbizú, General Coordinator of UPS1. It was agreed that all the materials under the AIEPI AINM-C strategy would be reviewed, together with the adaptations made by other NGOs in this respect, in order to standardize and use them in the strategy expansion at the national level.

As part of the support to the institutionalization of the AIEPI AINM-C strategy, *Calidad en Salud* participated in the regional conference on growth promotion at the community level, together with representatives following persons and institutions: MSPAS officials; Dr. Enrique Molina of the technical coordination of the MSPAS, SHARE, CARE, SAVE THE CHILDREN, CRS, and USAID/Guatemala Mission.

Planning and Coordination

Calidad en Salud carried out coordination and planning activities with officials from UPS1 and *Regulación, Control y Vigilancia de la Salud*, focused on preparing a chronogram of the activities for the expansion of the AIEPI AINM-C strategy at the national level.

Also, coordination and planning meetings were held with MSPAS, UNDP and the *Unidad Ejecutora*, for the implementation of a procurement plan for the materials and equipment for the expansion of the AIEPI AINM-C strategy and to respond to the government policy on the “Fight against Hunger.”

Development of IEC materials

During the present quarter, *Calidad en Salud* supported the UPS1, and the national technical coordinator of the AIEPI AINM-C strategy, in the review, update and redesign of the package of materials, making the minimum necessary adjustments in accordance with the updated norms.

The following table presents the list of the level one and two materials, for children's integrated care that were reviewed and are in the process of redesign and reproduction for expansion at the national level.

Table 25- List of the level one and two materials

No.	Package of Materials for Children	Actors
1	Table for Procedure No.1	MD, EF, MA and AE
2	Written Algorithm	MD, EF, MA and AE
3	Trainer's Manual	Training Units
4	Participant's Manual	MD, EF, MA and AE
5	Scientific Bases	MD, EF, MA and AE
6	Registration sheets 2 months to less than 5 years	MD, EF, MA and AE
7	Registration sheets from 8 days to less than 2 months	MD, EF, MA and AE
8	Sheets for monitoring performance and tutorials No1 and No.2	MD, EF, MA and AE
9	Example of monitoring sheets No.1 and No.2 filled-out	MD, EF, MA and AE
10	Instructive on monitoring performance	MD, EF, MA and AE
11	Indicator Guide	MD, EF, MA and AE
12	Video	MD, EF, MA and AE
13	Community Participation Methodology	All the EBS
14	Community Emergency Plan	MA, EA, FI, FC and VS
15	Guide to the Situational Room	MA, EA, FI, FC and VS
16	Table of Procedures No.2	AE, FI, FC
17	Graphic Algorithm (also registration sheet)	AE, FI, FC
18	Trainer's Manual for areas, districts, and ASS/PSS	MD, EF, MA and AE
19	Participant's Manual	AE, FI y FC
20	Flip chart for counseling	MD, EF, MA, AE, FI and FC
21	Sheets for monitoring performance and for the tutorials	AE, FI and FC
22	Counseling sheets for the care of sick children	MD, EF, MA, AE, FI and FC
23	Trainer's Manual for <i>Vigilantes de Salud</i>	FI and FC
24	Participant's Manual (cases for <i>socio dramas</i> and weighing techniques)	VS
25	Table of Procedures No.3 (material to be consulted)	VS
26	Graphic Algorithm (to detect danger signs and referral)	VS
27	<i>Láminas</i> of counseling	VS
28	Sheets for monitoring performance and tutorials	VS
29	<i>Vigilante</i> Notebook	VS
30	Counseling sheets for the family	FC and VS
31	Carnet	All the providers
32	Boleta de referencia	All the providers

Training

Technical support was given to UPS1 for the organization, planning and coordination at the central level with the *Unidad Ejecutora* and UNDP for the formation of, and contracting of the persons who will form part of the training units at the regional level. There will be 6 teams of four professionals from different disciplines, so that they cover the following areas: training, financial, management and production of services. They will also be responsible for monitoring and supervising the implementation of the expansion of the AIEPI AINM-C strategy at the national level.

Implementation

The implementation of actions in the health areas and districts was not given continuity because of the review and update of the norms in accordance with the policies of the new officials. However, the UPS has decided to expand the implementation of the strategy at the national level, and the eight areas of the agreement will receive reinforcement and follow-up jointly with the expansion process, so as not to have to carry out parallel processes of training, supervision and monitoring. Also, the community *vigilantes de salud* are carrying out growth monitoring and promotion.

Supervision, monitoring and evaluation

The supervision and monitoring system of the AIEPI AINM-C strategy at the community level, jointly designed with the normative technical personnel of the MSPAS (normative technical coordinator, personnel from UPS1 and the *Unidad Ejecutora*), was incorporated for implementation with the training, monitoring and supervision plan for the strategy expansion.

Additionally, visits were made to learn from the implementation of the AIEPI AINM-C strategy in the Quetzaltenango, San Marcos and Totonicapán health areas, where the Operations Research of the Extension of Coverage to the Health Posts is being carried out; with the purpose of collecting qualitative information to add to the final report on the investigation project, apart from contributing to the improvement of the implementation of the strategy expansion.

Limitations AIEPI AINM-C Promotion and Prevention Component

- There is no follow-up to the implementation of the AIEPI AINM-C strategy by MSPAS officials until the expansion is carried out.
- The lack of motivation on the part of the community personnel for lack of payment of the stipends.
- The lack of disbursement of counterpart funds has created problems in implementing the follow-up activities at the central level and in the health areas.

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

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

Introduction

In this second quarter of 2004, an important result was obtained in contraceptive security within the process of institutionalization due to the fact that the IGSS fully paid the debt for the procurement of contraceptive methods from the United Nations Fund for Population Activities (UNFPA) the total quantity of Q. 572,717.19 (\$ 72,495.85

ER: \$ 1.00 = Q. 7.90), thereby demonstrating compliance with the agreement established between both organizations.

Another important result was the consolidation of the Villa Nueva pediatric care unit as a model health care and training center for applying the IMCI strategy, including substantive changes in the improvement of the provision of services with quality assurance, and as an example to be projected to the other IGSS units.

Key IGSS Results:

- 100% of the financial payment to UNFPA was complied with, covering the procurement of contraceptive methods under the agreement established between both institutions. The total quantity cancelled was Q. 572,717.19 (\$ 72,495.85 ER: \$ 1.00 = Q. 7.90), thereby demonstrating the institutionalization of contraceptive security.
- 123 members of the personnel from the assistance units of Villa Nueva and Antigua Guatemala, as well as extension of coverage personnel from Quetzaltenango and Zacapa, were trained in the use, knowledge and application of the family planning norms.
- 74 students from the school of nursing and 32 new personnel or those pending training were trained in the offer of natural methods according to the norms of the Institute.
- The Manual for Educators in Family Planning was finished, which will be a very important and useful tool for service providers in permitting an adequate education for the users.
- The Villa Nueva unit was consolidated as a model care unit for implementing the IMCI strategy and as a training center for both institutional personnel and from other organizations.
- Technical assistance was continued to the training centers for family planning and IMCI.

3.1.1. Family Planning

Results

In spite of a history of successes in the 10 years of family planning in the IGSS, confirming that it is a cost-effective service⁸, with official, approved norms and manuals for a good provision of health care, with highly trained personnel, it still has not been granted official status in the internal regulations of the Institute. Also, since December 2003, instructions of a temporary nature were transmitted from central level to the health care units limiting the provision of family planning services exclusively until 54 days postpartum, as much to the affiliates as to the beneficiaries of the social security system. This decision was taken at the same time that a proposal for granting official status to the program was being presented to the Governing Board.

This weakness, of a legal nature, resulted in a highly negative impact on production, especially in the second quarter, because of the significant decrease as much in new users as in demand for the provision of contraceptive inputs.

The IGSS authorities are still in the process of authorizing family planning as an institutional program, with corresponding increased coverage. Positive opinions were obtained from the Maternal Child Actuarial and Statistical Department and the Commission responsible for issuing an opinion on this process. Even the Contracted Services Department (private sector) has requested to be included in the provision of birth spacing services.

The new authorities should be making a decision shortly, based on the evidence presented and the fact that family planning is not just a program that reduces costs and improves the quality of health care, but also that it avoids maternal child illnesses and death.

⁸ Institutional Economic Impact of the Family Planning Program in the IGSS. GSD Consultants, AVSC International, 1999

Indicators

Production of new users of the methods, as per the target for 2004.

During this second quarter 4,703 new couples started using birth spacing, complying with 37.6% of the goal anticipated for the current year. The quarterly injectable continued to be the most preferred method.

Table 26-New acceptors of FP by method, 2004

NEW USERS IGSS 2004						
FP Method	1Q	2Q	Total	Target	%	Mix
Depo Provera	2.786	1.154	3.940	14.081	28,0	33,6%
Condom	1.379	294	1.673	5.779	28,9	14,3%
IUD	502	416	918	2.248	40,8	7,8%
Implants	44	656	700	179	391,1	6,0%
Oral Contraceptives	589	254	843	2.526	33,4	7,2%
AQV-male	36	21	57	324	17,6	0,5%
AQV-female	1.389	1.496	2.885	5.405	53,4	24,6%
Natural Methods	298	412	710	651	109,1	6,1%
Total New Users	7.023	4.703	11.726	31.193	37,6	100,0%

CYP Production as per 2004 Target

The AQV-female is the method that produces the greatest quantity of CYP, followed by the quarterly injectable.

Table 27-CYP production by method and 2004 target

CYPs IGSS 2004						
FP Method	1Q	2Q	Total	Target	%	Mix
Depo Provera	4.598	1.826	6.424	21.933	29,3	13,4%
Condom	1.167	421	1.588	5.030	31,6	3,3%
IUD	1.757	1.456	3.213	7.868	40,8	6,7%
Implants	154	2.296	2450	627	390,7	5,1%
Oral Contraceptives	798	401	1199	3.682	32,6	2,5%
AQV-male	396	231	627	3.564	17,6	1,3%
AQV-female	15.279	16.456	31.735	59.455	53,4	66,1%
Natural Methods	283	472	755	1.071	70,5	1,6%
Total CYPs	24.432	23.559	47.991	103.230	46,5	100,0%

AQV-F Interventions

60% of the AQV-F is for postpartum, abortion or birth spacing.

Table 28-AQV-F interventions

AQV-female	1Q	2Q	Total	CYPs	% CYPs
Caesarean	528	612	1.140	12.540	39,5
Postpartum	642	746	1.388	15.268	48,1
Post-abortion	18	12	30	330	1,0
Birth Spacing	201	126	327	3.597	11,3
Total	1.389	1.496	2.885	31.735	100,0

Natural Family Planning (NFP) Methods

412 new users of natural methods as follows:

Table 29-New acceptors of NFP

Natural Methods	New Users		Total	CYPs	% CYPs
	1Q	2Q			
MELA	179	201	380	95	13
Beads	119	211	330	660	87
Total	298	412	710	755	100

Moment of IUD insertion

The majority of IUDs are inserted during the period of birth spacing.

Table 30-IUD insertions per services facility

IUD Insertion	New Users		Total	CYPs	% CYPs
	1Q	2Q			
Between pregnancies	489	385	874	3.059	95.2
Postpartum	10	29	39	136.5	4.2
Post-abortion	3	2	5	17.5	0.5
Total	502	416	918	3.213	100

Monitoring and Performance Indicators

Support and technical assistance continued to be provided to the two training centers, to the technical group for women's health, and to the commission appointed to issue a report on the access and right to family planning services. The target for percentage of services that offer natural methods was exceeded, due to the training that was given to the new personnel and that rotating to maternal child services, as well as to the students from the Institute school of nursing.

Table 31-Monitoring and Performance Indicators

Indicator	Target for 2,004	% Reached
CYP	103,228	46.5
New Users	31,193	37.6
Governing Board grants official status to FP program	100%	50
Monthly monitoring and technical assistance for the training centers	100%	100
Monthly technical assistance to the group for women's health	100%	100
% of service personnel trained in logistical administration of contraceptive methods	100%	100
% of services with tutorials	65%	65
% of services that offer natural methods	60%	85

Training

Training was given to the personnel in the Villa Nueva and Antigua Guatemala units, as well as the extension of coverage staff from the Quetzaltenango and Zacapa departments, in the use, knowledge and application of the IGSS family planning norms, with the intention of improving performance in counseling as well as in service provision.

Training continued also in the offer of natural methods according to the institutional norms to the students from the IGSS nursing school, the new personnel, as well as the rotating staff providing services in the clinics and hospitals with maternal child care.

Table 32- Personnel Training

FP	Doctors	Nurses	Aux. Nurses	Social Workers	Admin.	Prom.	Educ.	Others	M	F	Total
Counseling, use, knowledge and application of the norms	4	15	50	22	11	2		19	31	92	123
Replicas of natural methods	1	12	75	13	3		2		15	91	106

3.1.2. AIEPI AINM-C

Results

Following the training process for the implementation of the IMCI strategy in compliance with the Management Agreement 01/2004 (January/04) that approved this strategy as the norm for child health care, the authorities and

key staff of the Unit of Villa Nueva requested additional support from the *Calidad en Salud* program to not only comply with integrated case management but also improve the quality of health care.

The necessary technical assistance and logistic support was given by the *Calidad en Salud* program so that, in the short term, the unit could apply the IMCI strategy, complying with the process of care as laid out in the technical norm and its different components (IEC, supplies, information, investigation and supervision, monitoring and evaluation), converting itself in a Model Care Unit and Training Center for institutional and non-institutional personnel.

During the months of April to June 2004, various interventions were carried out to permit the Villa Nueva Unit to improve the quality of health care under the IMCI strategy, amongst which can be mentioned an improved staff performance on being trained in the implementation of the strategy and in the use, knowledge, application and promotion of the family planning services.

Permanent actions of information, education and communication – IEC – were established with the social workers and nursing staff, directed at the mothers of children requiring health care, that generate healthy behavioral practices and the prevention of household illnesses. Also, 20 mothers were trained as promoters of exclusive breastfeeding. Educational materials promoting maternal child health were distributed.

A more integral education process was obtained by also approaching the mothers with educational aspects related to their reproductive health with emphasis on family planning, giving them information based on scientific evidence and materials according to their needs.

The information system was improved and updated, maintaining updated a monthly profile of the illnesses requiring health care, and then carrying out a monthly analysis of this information with the work team. Also, the referrals to level III health care were registered and followed-up and a noteworthy improvement was observed in filling out the clinical case record, especially in registering the nutritional status.

Exit interviews were held with mothers to hear their opinion on the services and carry-out actions to improve the health care being provided. In a sample of 100 interviews, 92% referred to the health care as good, but 50% qualified the waiting time as terrible.

Also, investigations are being carried out on breastfeeding, malnutrition prevalence, vaccination coverage, and control of hospitalization referral cases, from which important information will be obtained for improving these indicators.

Actually, the unit can already function as a training center for applying the strategy for institutional and non-institutional staff, not only for the theoretical part but also the clinical, as an example of teamwork with an evident improvement in its support systems such as logistics, information, supervision and promotion.

The projection of health education and promotion to the community of the Villa Nueva municipality is being contemplated, principally to the companies within its sphere of influence, to initiate a true approximation between the health services of the Institute and its affiliates and beneficiaries, as well as also providing family planning services in their installations.

It is also important to mention that a reduction in waiting time is expected, given that up to now it is a terrible average of 4 hours and 30 minutes. It is planned to reduce it to 2 hours through measures such as staggered appointments, education of the clients to be punctual for their appointments, the commitment that everyone will be attended to, the establishment of special clinics for healthy children and speeding up the internal flow within the unit.

These preliminary results and those still in process are the product of the enthusiasm and optimism shown by the personnel of the Villa Nueva Unit who, with central level support (Training and Development Division, the Maternal Child Hygiene Section, as well as the assistance of the *Calidad en Salud* program) and a positive leadership will certainly reach the planned targets.

Although there is still a lot to do, the pediatric consulting facility at Villa Nueva has taken the first steps in improving the quality of health care, starting with the standardization of care applying the IMCI strategy and substantive changes in the internal processes leading to user satisfaction, which can be adopted and appropriated by other IGSS service units.

Monitoring and Indicator Compliance

Technical assistance was continued, not only for the training centers already formed, but also for the technical group for children's health.

The targets set for the operation of the Villa Nueva Unit as a model care unit and training center for applying the IMCI strategy have been complied with. The other indicators were previously complied with.

Table 33- Monitoring and Indicator Compliance Table

Indicator	Target for 2004	%
% of child care service personnel trained to apply the IMCI strategy	90%	98
Official status for the IMCI strategy by Management Agreement	100%	100
Training of pediatric residents in application of IMCI strategy	100%	100
Induction in the AIEPI AINM-C strategy at levels II and III in the departments of Escuintla and Suchitepéquez	100%	100
% of basic health teams in Escuintla and Suchitepéquez trained in the application of the AIEPI AINM-C strategy	90%	100
% of the auxiliary nursing students trained in the application of the AIEPI AINM-C strategy	100%	100
Monthly monitoring and technical assistance for training centers	100%	100
Monthly technical assistance to children's health group	100%	100
% of case records registering nutritional status	75%	90 ⁹ 100 85
Creation and development of a model care unit and training center in IMCI	100%	100
% of completed vaccination for children 0 to 12 months	80%	71 ¹⁰
% of children less than six months with exclusive breastfeeding	50%	27 ¹¹
% of ORT usage or intake of liquids during episodes of diarrhea	75%	100 ¹²
% of pneumonia cases treated by service providers according to the norm	85%	100 ¹³

⁹ Corresponds to the analysis of 1,649 clinical cards from the following units: Pediatric Hospital, Amatitlán and San Lucas Tolimán.

¹⁰ This indicator in the IGSS is difficult to measure, since access to vaccination is only given if the parents of the child are working and have accredited rights, every 3 months. The population is variable. 71% of the figures correspond exclusively to the Department of Suchitepéquez in 2003.

¹¹ The % of children under the age of 6 months being exclusively breastfed is difficult to modify and must take into account that the working women return to work 54 days after giving birth. In an analysis of 1,121 cases in the pediatric hospitals and clinics,

3.1.3. IEC

Results

The printing of the Manual for Instructors on Family Planning was finished, having counted with the participation of the Maternal Child staff, social workers, instructors and service providers at all three levels of care. It will prove to be a very important educational tool in improving the counseling given with the clinical and community services provided by the Institute.

The Maternal Child section carried out an audit of the IEC materials in the Institute warehouses, in order to effect a new distribution of materials in 100% of the assistance units according to their usage and needs.

3.2. Results 2: Maternal Child Programs are Better Managed

3.2.1. Support System

Results

Prior to finalizing the project, the programming and budget already contemplates the delivery to the IGSS of the minimum equipment, mainly to those services with greater service production in order to increase the quality of service provision in benefit of the health of women and children.

In coordination with the Maternal Child Directorate, the requirements of basic equipment were determined, and the procurement carried out of the medical equipment for setting up the four family planning clinics in the Pediatric Hospital, the Villa Nueva Unit, *Periférica de la zona 5*, and *Hospital de Gineco Obstetricia*. The Directors of the mentioned units will be jointly responsible for the assignment of personnel with the Directorate of Medical and Maternal Child Services.

Also, audiovisual, medical and computer equipment was procured for the other service provision units applying the IMCI strategy and family planning. The official delivery of the equipment is pending for the month of July, during the next quarter.

The last training session in supervision-facilitation for supervisors of social workers and graduated nurses has been jointly programmed with the Training and Development Division for July 8.

In coordination with the Maternal Child Directorate, the tables (CPTs and Pipeline) were reviewed based on the consumption of the contraceptive methods in order to plan or cancel the orders made to UNFPA.

As an important result, the payment of Q. 572,717.19 to UNFPA should be highlighted as a demonstration of the institutionalization of contraceptive security and avoidance of over- or under-supply levels .

Limitations

The main limitation continues to be the lack of a decision at the level of the Governing Board of the Institute to grant official status to the family planning program and extend its coverage. There are favorable opinions and

Quiché, Escuintla, Amatitlán and San Lucas Tolimán, it was found that 27% of the mothers give exclusive breastfeeding, 65% mixed and 8% with no breastfeeding.

¹² Results from review of 1,723 clinical files, daily and weekly registration sheets from the Pediatric Hospital.

¹³ Results from review of 1,723 clinical files, daily and weekly registration sheets from the Pediatric Hospital.

studies on the part of the Actuarial and Statistical, Contracted Services, and Maternal Child Departments and the commission appointed to issue an opinion; the presentation for its probable approval is still pending.