NGO NETWORKS PROJECT
PRO REDES SALUD

FINAL REPORT
2004

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Table of Contents

Annexes

NGO Networks Project
Pro Redes Salud
Final Report
2004

Executive Summary

A. Background

After a generation of civil war the Peace Accords called for more democratic systems of governance. The government has been working to improve access to health services, including vulnerable populations in the highland Mayan area, through contracting of NGOs to provide basic primary health services in rural areas. NGOs play an important role in the provision of basic health services in Guatemala. USAID has recognized the important role played by NGOs in health and has played a valuable part in the strengthening of NGOs. Prior to the implementation of this project, the Mission supported two NGO initiatives.

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

The NGO Networks Project, Pro Redes Salud, began in September, 2001 and ended in September, 2004. It contributed to Mission Strategic Objective 3: Better health for women and children, and addressed the following IRs:

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

The project was focused on the 7 highland Mayan departments, and the following technical areas:

Integrated Child Health*:* Detection, case management and referral of diarrheal disease in children under five, detection, case management and referral of respiratory infections among children under five, growth monitoring and counseling of children under two, micronutrient supplementation (vitamin A and iron) among children under two

Integrated Reproductive Health: prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral, promotion of exclusive breastfeeding and proper infant nutrition, family planning promotion and service delivery, detection and referral for breast cancer, screening and referral for cervical cancer, prevention and referral of STDs, HIV/AIDS

Objectives

1. **Strengthen NGOs:** Strengthen each NGOs capacity to provide quality child health and reproductive health services among children under five and women in fertile age, manage its program more effectively and improve sustainability.
2. **Create new NGO networks:** Assist interested NGOs in the formation of formal and informal NGO networks and channel support through networks.

3. **Encourage the creation of one or more umbrella NGO network:** Seek the opportunity to unify NGO networks into one or more umbrella networks, if possible and feasible.
4. **Expand geographic and service coverage through NGO networks:** Expand primary care coverage to high risk rural Mayan populations
5. **Promote NGO-NGO training and technical assistance:** Strengthen NGOs to provide training and TA to other NGOs, depending on the strengths of each one
6. **Incorporate family planning and IMCI protocols into NGO service delivery:** Incorporate family planning and community-based Integrated Management of Childhood Illnesses (IMCI) into NGO service delivery.
7. **Strengthen MOH-NGO coordination:** Strengthen the coordination between NGOs and the MOH at all levels.
8. **Design and implement an MOH-NGO collaboration model:** Improve collaboration among area and district offices and NGOs through the development of and support for a departmental collaboration model in one department.
9. **Assist NGOs to sustain their reproductive and child health services:** Provide support to networks and NGOs to improve the sustainability of their primary care services when USAID support ends.

C. Project Components

For conceptual and practical purposes, Pro Redes Salud was divided into two major components.

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

D. NGO Networks and AmeriCares funding for Pro Redes Salud

Pro Redes Salud had two sources of funding: the USAID/NGO Networks project, the subject of this final report, was the initial funding source. In 2002, the project received additional funding from USAID/AmeriCares. Achievements of the AmeriCares funding are in the AmeriCares report.

I. Component One: Expansion of geographic and service coverage through NGO networks

Objective 4: Expand geographic and service coverage

The purpose of this objective was to expand NGO coverage and services. Pro Redes accomplished this objective with the following results:

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

The first funding round selection funded under this project resulted in grant funding to 5 NGO networks and 9 NGOs, who expanded coverage to 112,000 population in rural areas (an additional expansion to 205,000 population was funded under the AmeriCares project, for a total Pro Redes Salud coverage of 317,000).

B. Result: Expansion of coverage to an additional 8.4% population
This expansion represented an 8.4% increase in coverage of RCH services in the 7 highland departments (an additional 15% increase in geographical coverage was provided with funding from AmeriCares, bringing the total geographic expansion provided by Pro Redes Salud to 23.4%).

C. Result: Focus of efforts on priority districts
There are a total of 38 priority districts in the 7 highland departments. A comparison of the 38 districts with the districts covered by NGOs funded or strengthened by Pro Redes Salud (NGO Networks and AmeriCares projects combined) revealed the following: 92% (35) of the 38 districts were covered by NGOs; 100% of the NGOs (25) working in the 35 priority districts received strengthening and/or funding from the project; 25.7% (9) of the 35 priority districts were covered by NGOs funded directly by the project; 52% (13) of the 25 NGOs covering the 35 districts were members of NGO networks supported by the project

D. Result: Expansion of RCH service delivery package provided by NGOs
Objective 4 called for as many of the priority RCH services listed in the project description to be provided by NGOs as possible. Pro Redes Salud expanded the services provided by NGOs to include the following:

Integrated Child Health: Detection, case management and referral of diarrheal disease in children under five; detection, case management and referral of respiratory infections among children under five; growth monitoring and counseling of children under two; micronutrient supplementation (vitamin A and iron) among children under two
Integrated Reproductive Health: Prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral; promotion of exclusive breastfeeding and proper infant nutrition; family planning promotion and service delivery; screening and referral for cervical cancer; prevention and referral for STDs
Additional services: In addition, the project included other technical areas and services in the basic RCH package that were not included in the project description. These are an integral part of the new national community-based IMCI protocolsn (AIEPI AINM-C). They were: Detection, case management and referral of febrile illnesses (such as malaria and dengue); detection, case management and referral of cases of ear and throat infections.

E. Result: Implementation of innovations in RCH service delivery
With MOH approval, Pro Redes Salud used the opportunity presented by the project to test innovations in service delivery through NGOs, as follows:

- Innovations in focus of care, organizational structure and roles
  - Focus preventive and curative services on the populations of highest risk– children under 5 years of age and women in fertile age
  - Empower the community to play an increased role in the prevention, detection and management of cases through the strengthening of the FC as the person primarily responsible for case management and community organization
  - Enable the FC to better attend his or her community and increase access to services by reducing the total population and number of VS that fall under his or her responsibility: Each

FC had a centro comunitario that covered no more than 1,000 inhabitants (167 families), and was responsible for 8 VS (one for every 20 families).
  - Strengthen supervision of FCs through the use of nurses as supervisors, using a methodology of supportive supervision
  - Increase community access to services and improve FC performance by increasing the pay of the FC and increasing his or her time commitment
- Application of a checklist to ensure the quality of centros comunitarios
- Implementation of revolving drug funds in centros comunitarios
- Systematization of the provision of care
- Systematization and strengthening of growth monitoring and counseling
- Development, implementation of a community-based information system for AIEPI AINM-C
- Systematization and implementation of supportive supervision

F. Result: Implementation of an OR, Pro Redes innovative model to be successful

From 2003-2004 the Ministry of Health implemented an operations research activity to compare the national Extension of Coverage model (EC-ONG), with the innovative model implemented by Pro Redes (AEC ONG) and a model of service delivery through health posts implemented by the MOH with assistance from URC/Calidad en Salud (AEC PS). The research covered a period of 11 months. Key resuts were as follows:

Community participation

- Pro Redes had the greatest proportion of mothers that had participated in a community assembly or meeting to discuss community health problems (15.1%), followed by AEC PS (9.5%) and EC ONG (7.8%)
- Pro Redes showed the greatest proportion of use of centros comunitarios (35.9%) compared to EC ONG (16.5%) and AEC PS (10.3%).

Child Health

- Pro Redes had the greatest proportion of children under 5 with child health cards (63.5%) compared with EC ONG (57.3%) and AEC PS (58.3%))
- Pro Redes registered the highest DPT 3 coverage (100%), followed by both EC ONG and AEC PS with 90%.
- Pro Redes registered the highest SPR coverage (100%), followed by AEC PS with 82% and EC ONG with 78%
- In all three models, including Pro Redes, children were found to have introduced liquids other than breast milk at an age over 6 months, and foods at an age over 7 months.
- Pro Redes also had the greatest proportion of children 0-23 months who were weighed in the past 2 months (72%) compared to AEC PS (76%) and EC ONG (67%)
- Pro Redes and EC ONG had a higher proportion of mothers who received counseling (62%) as compared to AEC PS (55%).
- Pro Redes had the highest proportion of children who had received vitamin A in the past 6 months (52.6%), compared to AEC PS (48%) and EC ONG (46.9%)
- Pro Redes had the highest proportion of cases of diarrhea treated with ORS (57%), followed by AEC PS (55.7%) and EC ONG (48.2%).

Reproductive Health

- Pro Redes had the greatest proportion of women with a prenatal card (11.9%), followed by EC ONG (11.7%), and AEC PS (9.3%)
- Pro Redes had the greatest average number of prenatal visits per woman (3.9 visits each), as compared to EC ONG (3.7 visits each) and AEC PS (3.6)
- Pro Redes had the greatest use of centros comunitarios for prenatal care (30%) followed by EC ONG (2.1%) and AEC PS (7.8%)
- Pro Redes had the greatest use of centros comunitarios for postnatal care (28.1%), followed by EC ONG (16%), and AEC PS (10.2%).

Family Planning

- Pro Redes had the greatest number of users obtaining methods from centros comunitarios (33.1%), followed by EC ONG (13.8%) and AEC PS (13.1%).

IEC

- Pro Redes had the greatest proportion of mothers who had heard an IEC message in the past 3 months (36%), followed by AEC PS (31.2%) and EC ONG (28.5%)
- Pro Redes had the greatest proportion of mothers who had heard a message related to maternal health (15.5%), followed by EC ONG (14.9%), and AEC PS (6.7%)
- Pro Redes had the greatest proportion of mothers who had seen the IEC material on family planning methods (54.5%), followed by AEC PS (47.9%) and EC ONG (40.8%)

Analysis of Costs

- Pro Redes cost/person was found to be Q32.68 during the 11 months of the study. This was similar to the cost/person of EC ONG (Q31.89) and higher than the cost/person of AEC PS (Q23.16).

G. Result: Pro Redes innovations incorporated into the MOH Extension of Coverage

In mid-2004, the MOH/UPS1 informed Pro Redes Salud of its interest in including some of the key project innovations in the national Extension of Coverage program. These innovations had been transferred to the MOH by the end of the project. They included changes in the organizational structure of the program and personnel roles to a model similar to that of Pro Redes Salud (an FC, centro comunitario and 8 VS per 1,000 population); change in the role of the FC to provide direct patient care based on the AIEPI AINM-C protocols; supervision of FCs by nurses (EAs) instead of FIs; incorporation of the new AIEPI AINM-C computerized information system into the SIGSAs; use of the checklist for quality centros comunitarios; use of the supportive supervision checklist; use of the revised AIEPI AINM-C training modules for FCs that include practice in health centers and hospitals; use of the new distance training modules for AIEPI AINM-C for refresher training and training of new personnel.

H. Result: Project-funded communities incorporated into MOH funding

In June, 2004, the MOH/UPS1 agreed to assume the coverage of those communities covered by Pro Redes, 317,000 population in the 8 health areas, when project funding ended. The NGO selection process was implemented in July, 2004, with Pro Redes staff acting as observers. The final results of the selection process are presented in the Sustainability section, below.

Objective 6: Incorporate family planning and community AIEPI AINM-C protocols into service delivery

The purpose of this objective was to incorporate family planning and community AIEPI AINM-C into network and NGO service delivery. Pro Redes Salud accomplished this objective. LOP goals for the objective were:

AIEPI

- 100% of 5 networks and 9 NGOs implementing AIEPI
- 50% of other NGOs in the 5 networks working in health implementing AIEPI

AINM-C

- 100% of 5 networks and 9 NGOs implementing AINM-C
- 50% of other NGOs in the 5 networks working in health implementing AINM-C

Family Planning

- 100% of 5 networks and 9 NGOs implementing family planning
- 50% of other NGOs in the 5 networks working in health implementing family planning

A. Result: 100% of 5 networks and 9 NGOs implementing AIEPI

All of the 5 NGO networks and 9 grantee NGOs funded under this project successfully integrated AIEPI planning into service delivery. The total population served was 112,000 in 7 highland departments.

B. Result: 86.4% (38) of other NGOs in the 5 networks working in health (44) implementing AIEPI

86% of the 44 NGOs working in community health in the 5 networks successfully incorporated AIEPI into service delivery.

C. Result: 100% of 5 networks and 9 NGOs implementing AINM-C

All of the 5 NGO networks and 9 grantee NGOs funded under this project successfully integrated AINM-C into service delivery. The total population served was 112,000 in 7 highland departments.

D. Result: 86.4% (38) of other NGOs in the 5 networks working in health (44) implementing AINM-C

86% of the 44 NGOs working in community health in the 5 networks successfully incorporated AINM-C into service delivery.

E. 100% of 5 networks and 9 NGOs implementing family planning

All of the 5 NGO networks and 9 grantee NGOs funded under this project successfully integrated family planning into service delivery. The total population served was 112,000 in 7 highland departments.

F. 86.4% (38) of other NGOs in the 5 networks working in health (44) implementing family planning

86% of the 44 NGOs working in community health in the 5 networks successfully incorporated family planning into service delivery.

G. Result: 100% of all NGOs in community health in the highlands trained in family planning, AIEPI and AINM-C

When both NGO Networks and AmeriCares funding were combined, a total of 100% of NGOs working in health in the 8 health areas were found to have been trained in AIEPI, AINM-C and family planning:

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- 18 NGOs with grants serving 317,000 population (112,000 population this project, 205,000 population AmeriCares),
- 52 NGOs with MOH funding serving 1,580,509 population (this project alone),
- 57 NGOs working in health in the 8 networks (44 this project and 13 AmeriCares).

MONITORING AND EVALUATION COMPONENT ONE

There were three sources of data related to the key indicators for this component of the project, as set out in the approved Monitoring and Evaluation Plan. The following pages of the report present graphics comparing the results from these three sources of data in relation to each of the key indicators of coverage and quality of care. The three sources were:

- **The project monitoring system**: Monitoring data covers the period from the initiation of service delivery in January, 2003 through June, 2004, a period of 18 months, and is reported from all 5 NGO networks and 9 grantee NGOs.
- **Baseline and final household survey data**: The baseline survey was conducted before service delivery began in October, 2002, while the final survey was conducted at the end of the project in 2004. Data is statistically representative of not only each of the 5 grantee networks, but also each of the 9 individual NGOs.
- **The Operations Research:** The data from the OR covers 11 months, from April, 2003 to February, 2004. Data was collected from a sample of communities within each of the three models of service delivery under investigation. Three of the Pro Redes Salud NGOs participated in the OR. Results of the OR are also presented above.

II. Component Two: Strengthening of Networks and NGOs

Objective 2: Create new NGO Networks

This objective was aimed at increasing the number of formal or informal NGO networks in health. Pro Redes Salud accomplished this objective. The LOP goals were as follows:

- 7 formal or informal networks formed
- 12 formal or informal networks being served by the project
- 8 NGOs incorporated into NGO networks

A. Result: Formation of 13 new formal NGO Networks (excluding ASOREDES)

By the end of the project, this support and encouragement had led to the formation of 13 new NGO legal networks. The networks are listed in the body of the report.

B. Result: Formation of 24 new informal networks
By the end of the project 24 new departmental and municipal level consejos de salud had also been formed in the 7 highland departments. The detail is provided in the body of the report.

C. Result: Formation of a total of 31 new formal and informal NGO networks
In total, the project formed 31 new networks - 13 formal and 18 informal (excluding the national NGO federation ASOREDES).

D. Result: 33 formal and informal NGO networks served by the project
In total, Pro Redes Salud served 33 formal and informal NGO networks:

- 8 formal, legal grantee networks (this project and AmeriCares)
- 24 Consejos de Salud on the area and district levels
- Asociación de Redes de ONGs de Guatemala (ASOREDES)

E. Result: 94 NGOs incorporated into new NGO networks
A total of 94 NGOs were incorporated into the 13 new formal networks formed by Pro Redes Salud. This list does not include the NGOs incorporated into the 24 new informal networks or the 150 NGOs incorporated into the national federation ASOREDES.

Objective 3: Encourage the creation of one or more umbrella NGO networks
The purpose of this objective was to form an umbrella network of networks that included the NGOs previously funded by USAID/PCI or the USAID/Population Council and those funded by the MOH, if possible, by the end of the project. This objective was also achieved by the project through the following:

A. Result: Formation of the first national federation of NGO networks (ASOREDES) in Latin America
The project achieved the formation of a national federation of NGO networks, ASOREDES. ASOREDES is the first NGO network federation in Latin America. Other well-known networks in health in Latin America such as PROCOSI and NicaSalud are second tier entities made up of primarily if not exclusively of NGOs. In comparison, ASOREDES is a third tier entity – consisting entirely of networks. The formation of the federation was an important project result and one particularly difficult to achieve. ASOREDES was formed, legalized, strengthened and set-up by the end of the project.

B. Result: Development and implementation of a successful strategy for federation formation, legalization and strengthening
The formation of ASOREDES was the result of a strategy that was implemented over the life of the project. The steps in the strategy were as follows. Detail may be found in the body of the report:

Step 1: Assist NGOs to form legal networks and incorporate networks into the project
Step 2: Provide opportunities for networks to get to know and trust each other
Step 3: Identify an opportunity and encourage the networks to form a federation
Step 4: Legalize the federation and position it for sustainability

C. Result: NGOs previously funded by USAID/PC and USAID/PCI founding members of ASOREDES

Objective 3 specifically mentioned inclusion of the NGOs previously funded by USAID/PCI and USAID/Population Council in the federation. This was also achieved by the project. The three formal NGO networks consisting of NGOs previously funded by USAID/Population Council and USAID/PCI were legalized, received strengthening from Pro Redes throughout the project, are founding members of ASOREDES and serve on the federation's Board of Directors.

Objective 1: Strengthen NGOs

The purpose of this objective was to build upon Mission work to date to further strengthen network and NGO capacities to provide quality RCH services among children under five and women in fertile age, manage programs more effectively and improve sustainability. Pro Redes Salud met this objective. The specific LOP goals for this objective were as follows:

- 100% of 5 grantee networks strengthened in administration-finances
- 100% of 5 grantee networks with strengthening plans
- 100% of 5 grantee networks with revolving drug funds

AIEPI

- 100% of technical staff, FCs and VS of 5 networks and 9 NGOs trained in AIEPI
- 100% of non-grantee NGOs in the 5 networks trained in AIEPI
- 100% of MOH-funded NGOs trained in AIEPI

AINM-C

- 100% of technical staff, FCs and VS of 5 networks and 9 NGOs trained in AINM-C
- 100% of non-grantee NGOs in the 5 networks trained in AINM-C
- 100% of MOH-funded NGOs trained in AINM-C

Family Planning

- 100% of technical staff, FCs and VS of 5 networks and 9 NGOs trained in family planning
- 100% of non-grantee NGOs in the 5 networks trained in family planning
- 100% of MOH-funded NGOs trained in family planning

A. Result: 100% of 5 networks, 9 grantee NGOs, 44 NGO members and 52 MOH NGOs strengthened

Specific achievements related to the LOP goals were as follows:

- 100% of 5 grantee networks strengthened in administration-finances
- 100% of 5 grantee networks with strengthening plans
- 100% of 5 grantee networks with revolving drug funds

AIEPI

- Training 100% of technical staff, FCs and VS of 5 networks and 9 NGOs in AIEPI
- Training 100% of member NGOs (44) working in health in 5 networks in AIEPI
- Training 100% of MOH-funded NGOs (52) in AIEPI

AINM-C

- Training 100% of technical staff, FCs and VS of 5 networks and 9 NGOs in AINM-C
- Training 100% of member NGOs (44) working in health in 5 networks in AINM-C

- Training 100% of MOH-funded NGOs (52) in AINM-C

Family Planning

- Training 100% of technical staff, FCs and VS of 5 networks and 9 NGOs in family planning
- Training 100% of member NGOs (44) working in health in 5 networks in family planning
- Training 100% of MOH-funded NGOs (52) in family planning

B. Result: All of the NGOs previously supported by USAID/PCI and USAID/Population Council strengthened

All of the NGOs previous supported by USAID/Population Council received strengthening from the project.

C. Result: 100% of all NGOs in community health in the highlands strengthened

Pro Redes Salud strengthened 100% of the NGOs working in health in the highlands either because they were one of the 52 NGOs funded by the MOH at the time, because they were one of the 18 grantee NGOs, or because they were one of the 85 NGO members of a grantee networks (this project and AmeriCares combined). Support was also extended to NGO network members working in health in Jalapa, Ixcan and Alta Verapaz.

Summary of strengthening provided to ASOREDES, networks and NGOs, LOP

Groupings of NGOs	**No. of networks and NGOs**	**Topics**	**Number of workshops**	**Duration of each workshop**	**Total participants in events**
Asociación de Redes de ONGs ASOREDES	**7 networks**	Strategic planning, roles of networks with PROCOSI, NicaSalud and others, website development	2 - 2004	1-4 days	26
Grantee networks and grantee NGOs (excludes the 3 networks in AmeriCares)	**5 Networks 9 NGOs**	Training in administration, finances, legal issues, network institutional sustainability, development of revenue generating plans M and E, revolving drug funds, child health, reproductive health, immunizations, family planning, cervical cancer, ITS, growth monitoring and nutrition, , refresher on the community level information system, training in the application of Depo Provera by FCs, training in growth monitoring and counseling to technical	14 – 2002 69 - 2003 42 - 2004 **125 Total**	1 day – 3 weeks	**2002** 17 admin 35 technical 112 FCs **Total 164** **2003** 48 admin 42 technical 110 FCs 799 VS **Total 994** **2004** 17 admin 36 technical 113 FCs 663 VS

		personnel and replicas among FCs and Vigilantes and traditional midwives, refresher training on the development of emergency plans for communities, training in the days method of family planning and replica among FCs and traditional midwives			35 TBAs **Total 894**
Networks and other NGO members (excludes the 3 AmeriCares networks)	5 networks and 53 member NGOs	Administration, finances, legal issues, sustainability, negotiation and consensus, immunizations, child health, reproductive health, immunizations, cervical cancer, family planning, ITS, project cycle, planning, implementation, monitoring, evaluation, project development and funding, pharmaceutical logistics and the implementation of community pharmacies, HIV/AIDS, cervical cancer, gender, self-esteem, productive projects	5 - 2002 31 - 2003 11 - 2004 **47 Total**	1-15 days plus some 2 month courses	**2002** 100 **2003** 383 **2004** 213
NGOs funded by the MOH	52 NGOs	child health, reproductive health, immunizations, family planning, growth monitoring and nutrition, supervision child health, reproductive health, immunizations, family planning, growth monitoring and nutrition, supervision	Central- 2 DAS – 15 MA/FI-26 FC – 11 VS – 127 **181 Total**	5-9 days	**AIEPI** Central : 57 DAS : 143 MA/FI : 509 FC : 719 **1,428 Total** **AINM-C** Central : 51 DAS : 199 MA/FI: 692 VS I: 10,222 VS II: 9,241 **20,405 Total**
Other MOH NGO strengthening	MOH personnel 8 health areas	Strengthening of the NGO selection process (HACyA), strengthening of family	9	2 days	**MOH staff** 196 **NGO staff**

	and 52 NGOs	planning logistics, supervision (URRGE USME) and liquidation of VS training			48

Objective 5: Promote NGO-NGO training and technical assistance
This objective was aimed at assisting NGOs to provide training and TA to other NGOs. This objective was also met and exceeded by the project. NGOs and whole networks were strengthened with training and TA skills, formed training teams, and then trained their NGO network members and others. This strategy resulted in, not only NGO-NGO training, but also NGO and network training of other networks and NGOs.

A. Result: NGO and network training of NGOs and networks in 50 events

1. NGO and network training of NGOs and networks,2002
NGO and network training of NGOs and networks began in 2002. A total of 4 events were held for 39 NGOs in with 60 participants.

2. NGO-NGO and network-network training,2003
This effort intensified in 2003 with the implementation of 33 events for 92 NGOs and networks with 829 participants.

3. NGO and network training of NGOs and networks,2004
NGO and network training of other NGOs and networks was completed in the first half of 2004, with 13 events involving 46 NGOs and networks, and 190 participants.

Objective 9: Assist networks and NGOs to sustain their reproductive and child health services:
This objective was aimed at improving sustainability on two levels: 1) improving network institutional sustainability once the project ended, and 2) ensuring the sustainability of NGO RCH services on the community level. Both parts of this objective were achieved by the project.

A. Result: Network institutional sustainability improved in 100% of networks
The following sections present results related to the first part of this objective, improving the institutional sustainability of networks. The project strategy included analysis of sustainability, training and development of plans, and seed funding for revenue generating activities on the network level including revolving medicine funds and revenue-generating businesses. This objective was met by the project.

1. 100% of networks analyzed sustainability
NGO networks have a variety of members, but at the beginning of their projects had little idea of their NGO member's strengths and weaknesses in health or their capacities for sustainability. The following steps were implemented to meet this project objective:

Step 1: Development of a network self-assessment tool
Step 2: Completion of the self-assessment tool by all networks and member NGOs

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

2. 100% of networks trained in sustainability and developed plans
In 2002, the networks developed specific plans for sustainability including the implementation of revolving drug funds. In 2003-2004, networks implemented their funds. In 2004, networks received additional training in sustainability and developed revenue generating projects which were then with seed funding.

3. 100% of networks developed and implemented revenue-generating activities
The objective of improving network sustainability was met by the project through the development and seed funding of revenue-generating activities, as follows:

a. Revolving Medicine Funds

Seed funding provided to 100% of networks for revolving medicine funds
In 2002 the project began working with the networks and NGOs to establish revolving funds in each network. Plans were developed, personnel trained and seed funds provided for implementation. From April, 2003 to June, 2004, FCs used the medicines for the implementation of AIEPI AINM-C in centros comunitarios, supervised by NGO technical staff and project departmental coordinators. Funds were managed by the networks.

Capital value of revolving funds increased to an average of 166% by July, 2004
When the total capital value of the funds in July, 2004 was compared to the initial value of the seed stock for of the 8 networks funded by Pro Redes Salud (5 networks under this project and 7 networks under AmeriCares), networks were found to have *nearly doubled* the capital value of their revolving funds. The average increase for the 5 networks in this project was *166%*.

Cumulative income for the 5 networks in this project ascended to US $20,000 by July, 2004
Cumulative income from the 5 funds under this project alone was found to have ascended to Q160,000 (US$20,000). Networks and NGOs sold the medicines in their communities at PROAM replacement cost plus 35%, as stipulated for rural areas in PROAM guidelines.

b. Revenue-generating businesses

Networks also developed revenue-generating businesses to improve network sustainability, and were then provided with seed funding. The following table presents the revenue generating activities that were selected and received seed funding from the project. All network businesses were set up and functioning by the end of the project.

Table 18: Network Revenue-generating projects

Network	Revenue-generating project
REDDES	Clinical laboratory
CONODI	Documentation center in health with internet access
ASINDES	Documentation center in health with internet access
RONDICS	Documentation and training center in reproductive and child health

FESIRGUA	Documentation center in adolescent and reproductive health with internet access
Wukup B'atz	Documentation center in health and gender with internet access

B. NGO RCH services sustained on the community level

The following sections present results related to the second part of this objective, improving the sustainability of RCH services on the community level. The project strategy included strengthening of the community base, conversion of revolving drug funds into pharmacies, advocacy with NGOs for continuity, and advocacy with the new MOH authorities to incorporate project communities under Extension of Coverrage. This objective was also met by the project.

1. Community empowerment

The project strategy for assisting NGOs and communities to continue providing RCH services involved ensuring the following for every 1,000 population: a fully supplied and equipped centro comunitario; a community member (FC) trained and equipped to detect and manage cases; a cadre of 8 volunteer community members (VS) trained and equipped to weigh children and provide counseling – one for every 20 households and an established revolving drug fund to ensure the flow of essential drugs. Pro Redes worked to establish this RCH sustainability strategy throughout the LOP. Under this project, 112 rural centros comunitarios were fully equipped and functioning, with 112 trained community members (FCs) attending patients, and a cadre of 828 volunteers equipped, weighing children and providing counseling. In addition, there were 252 traditional midwives included in the project.

2. Conversion of revolving funds into ventas sociales and rural pharmacies

By the end of the project, networks had been assisted to convert their revolving funds into ventas sociales (pharmacies) and botequines rurales (rural pharmacies) linked to the government provider PROAM, thus allowing them to continue to provide their NGOs with basic RCH medicines without additional outside funding while also providing income for the network.

3. Advocacy with NGOs for continuity of services

The project worked closely with the 18 NGOs (9 in this project) to develop plans for continuity in their communities. Nearly all of the NGOs planned to apply to the MOH for funding as a part of Extension of Coverage (94%). Over half planned to generate funds by converting revolving drug funds into rural pharmacies linked to PROAM (61%), as mentioned above. Nearly half mentioned plans to begin charging fee-for-service and to continue selling medicines in the centros comunitarios (44%), or to seek other donor funding (44%). Six NGOs had already secured funding promises from various sources including the local municipality, PVOs and foundations.

4. Transfer of RCH services and communities to the MOH Extension of Coverage program

Pro Redes Salud and USAID also worked closely with the MOH to advocate for the incorporation of project communities into Extension of Coverage when the project ended, thus ensuring the continuity of RCH services in these areas. In late 2003 the MOH agreed to the transition, an MOU was developed and signed by the Minister of Health. In 2004, however, the government changed hands. Positions were filled gradually by the new administration during the first quarter of the year. Pro Redes met repeatedly with the MOH/UPS1 in the first half of 2004 to explain the project, transfer innovations and coordinate the transition. In mic-2004, the MOH agreed to absorb project communities and began the process of selecting NGOs to provide services in communities covered by USAID/Pro Redes Salud. A circular

was sent by the MOH/UPS1 to all MOH health areas naming Pro Redes Salud departmental coordinators as observers during the selection process. In the following days, project observers informed Pro Redes of progress and anomalies during the selection process. Several letters were written to the MOH/UPS1, and to USAID, keeping them informed.

A total of 29 districts were included in the MOH selection process. In 76% (22) of these, NGOs were selected that were either Pro Redes grantees or NGO members of Pro Redes supported networks strengthened by the project. In 59% (13) of the 22, NGOs were selected for the same areas in which they were already working. In 41% (9) of the 22, the MOH selected other Pro Redes-related NGOs for communities previously attended by other Pro Redes NGOs. In these instances, the incoming NGOs plan to work with the FCs and VS trained by the outgoing NGOs. At the present time, the MOH is signing agreements with the selected NGOs to begin service delivery in project communities.

MONITORING AND EVALUATION: COMPONENT II

A. Key Monitoring Indicators and 2004 Results
The full M and E plan is presented in the annexes of this report.

IV. Coordination

Objective 7: Strengthen MOH-NGO coordination
This objective was aimed at improving coordination between NGOs and the MOH at all levels. This objective was achieved by the project through the following:

A. Strengthening MOH-NGO coordination 2001
- Development of an MOU
- Presentation of the project to central and area levels
- Comparison of community lists and location of NGOs

B. Strengthening MOH-NGO coordination 2002
- Joint presentation of the project to networks and NGOs during the Convocatoria
- Joint network and NGO selection
- Joint design of an innovative model of service delivery
- Joint development of training and IEC materials for AIEPI AINM-C
- Joint training of MOH-funded NGOs
- Meetings with UPS1 and the areas to explain the project to the area staff and present the MOU
- Selection of communities for NGO projects
- Meeting with UPS1 and the districts to explain the design of the service delivery model and the innovations to be tested through the project
- Involvement in field visits to NGOs and the final selections

C. Strengthening MOH-NGO coordination 2003

- Joint design and implementation of the cascade training of the 52 MOH-funded NGOs in AIEPI AINM-C and family planning in the eight highland health areas
- Joint development and implementation of an operations research activity
- Training of area and district NGO supervisory personnel in the MOH model for supervision – URRGE USME
- Development of an MOU outlining the responsibility of each partner in the transition of funding of project-funded communities to the MOH under Extension of Coverage
- Incorporation of NGOs into area and district technical teams and area and district Consejos de Salud
- Incorporation of networks and NGOs in other coordination groups on area and district levels, including committees on maternal and infant mortality, immunization, donor coordination, urban and rural development
- Coordination between the project, networks and NGOs on the local level related to the opening of centros comunitarios and service delivery.
- Coordination between the MOH and NGOs during community assemblies and selection of personnel, establishment and inauguration of centros comunitarios, provision of supplies for vaccination activities, and visits to project sites to observe provision of care.

D. Strengthening MOH-NGO coordination 2004

- Joint presentation to the new authorities on area and district levels
- Continued NGO involvement in area and district level technical teams, Consejos de Salud and in other coordination groups
- Coordination to improve referral
- Completion of Vigilante training in AINM-C among MOH-funded NGOs
- Joint meetings to review and finalize the OR comparing service delivery models
- Coordination related to the transition of communities to the MOH
- Technology transfer to the MOH to improve the quality of MOH-NGO centros comunitarios
- Technology transfer to the MOH to improve the quality of training of NGOs
- Technology transfer to the MOH to improve the supervision of NGOs
- Technology transfer to the MOH to improve reporting and analysis of community data on AIEPI AINM-C by NGOs

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

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

A. Result: Support to 24 Consejos de Salud

During the LOP, Pro Redes Salud provided assistance to 24 Consejos de Salud on area and district levels. A list of these Consejos is provided in the body of the report.

B. Result: Formation of 18 new consejos - 317% increase as a result of project support

This support resulted in a significant increase in the number of Consejos de Salud from 6 at the beginning of the project in 2001 to 24 in 2004. The 18 new consejos represent a 300% increase in the 7 highland departments.

Coordination with other Partners
Coordination took place with the following other partners during the LOP: Details on this coordination are provided in the body of the report.

- Population Council and their NGOs
- Project Concern International and their NGOs
- URC/Calidad en Salud
- APROFAM
- JHPiego
- University Rafael Landivar
- Instituto Nacional de Cancerologia (INCAN)
- Georgetown University

V. Lessons learned and recommendations for the future
A detailed list of lessons learned and recommendations is provided at the end of the report.

NGO Networks Project
Pro Redes Salud
Final Report
2004

I. Program Description

A. Background

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

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

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

In Guatemala NGOs play an important role in the provision of basic health services, particularly among rural populations. Over the past 30 years or more the NGO sector has grown significantly in size. Hundreds of NGOs, small and large, have arisen to assist the most vulnerable populations improve their well being. According to a directory of NGOs published by the Foro de Coordinaciones de ONGs en Guatemala (Feb., 2002), there were 420 NGOs working in Guatemala, 164 of these working in health. During project implementation Pro Redes Salud identified 116 NGOs working in community level health in the 7 priority highland departments alone.

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

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

The NGO Networks Project, Pro Redes Salud, began in September, 2001 and ended in September, 2004. It represented a continuation of Mission support to the NGO sector in Guatemala and built upon these previous efforts to further unite and strengthen NGOs and NGO networks working in health. The project contributed to the successful achievement of Mission Strategic Objective 3: Better health for women and children. Project objectives addressed the following Intermediate Results:

IR 1: More rural families use quality maternal child health services and have better household practices

IR 2: Public health programs are well managed

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

Geographical Focus: 7 highland Mayan departments

- Quetzaltenango
- San Marcos
- Huehuetenango
- Totonicapan
- El Quiche including the area of Ixil
- Solola
- Chimaltenango

Technical Areas: Integrated reproductive and child health

Integrated Child Health

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

Integrated Reproductive Health

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

Objectives

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

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

2. **Create new NGO networks:** Assist interested NGOs in the formation of formal and informal NGO networks and channel support through networks.

3. **Encourage the creation of one or more umbrella NGO network:** Seek the opportunity to unify NGO networks into one or more umbrella networks, if possible and feasible.

4. **Expand geographic and service coverage through NGO networks:** Expand primary care coverage to high risk rural Mayan populations through:

   - geographical expansion into high risk rural communities where no services are currently available, and/or
   - Provide assistance to networks and member NGOs to improve and expand their service package in existing areas.

5. **Promote NGO-NGO training and technical assistance:** Strengthen NGOs to provide training and TA to other NGOs, depending on the strengths of each one.

6. **Incorporate family planning and IMCI protocols into NGO service delivery:** Incorporate family planning and community-based Integrated Management of Childhood Illnesses (IMCI) into NGO service delivery.

7. **Strengthen MOH-NGO coordination:** Strengthen the coordination between NGOs and the MOH at all levels.

8. **Design and implement an MOH-NGO collaboration model:** Improve collaboration among area and district offices and NGOs through the development of and support for a departmental collaboration model in one department.

9. **Assist NGOs to sustain their reproductive and child health services:** Provide support to networks and NGOs to improve the sustainability of their primary care services when USAID support ends.

C. Project Components

For conceptual and practical purposes, Pro Redes Salud was divided into two major components. Each of these contributed to project objectives, as discussed below.

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

D. NGO Networks and AmeriCares funding for Pro Redes Salud

It is important to note that Pro Redes Salud had two sources of funding. The USAID/NGO Networks project, the subject of this final report, was the initial funding source for Pro Redes Salud. This funding enabled the project to fund a first round of NGO networks and NGOs, provide them with training and grants for field implementation, train other member NGOs, train the NGOs funded by the MOH under Extension of Coverage, implement an operations research activity, and work to improve network

sustainability. As mentioned above, the funding for the NGO Networks project began in September, 2001.

In early 2002, Pro Redes Salud was presented with the opportunity to expand the project further with funding from USAID/AmeriCares. With this second source, the project was able to fund a second round of NGO networks and NGOs, provide them with training, grants for field implementation, training of other members NGOs and so on. This report for the most part presents data from the NGO Networks project alone, however at times the AmeriCares results are also mentioned to give a broader idea of the results of the Pro Redes Salud project as a whole.

E. Organization of the NGO Networks Final Report

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

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

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

Objective 4: Expand geographic and service coverage

Objective 4 called for the expansion of health coverage, subject to the availability of funds, in two ways: 1) expansion of geographic coverage to rural areas where no RCH services were previously available, and/or 2) expansion of the service delivery package to include as many of the priority RCH services as possible. The project was asked to work with those NGOs previously funded through USAID projects and those funded through the Extension of Coverage program of the MOH, and to provide these support directly or in collaboration with the MOH, APROFAM and others.

The project achieved this objective by:

- Expanding geographic coverage through 5 networks and 9 NGOs to 112,000 population in high risk rural communities where services did not previously exist, an expansion of 8.4% over the MOH NGO coverage in the 7 highland departments,

- Expanding the service delivery package provided by NGOs to include the priority RCH services as well as others not included in the program description,
- Providing support to the NGO networks and NGOs previously funded through the Population Council and PCI as well as other NGO networks,
- Providing support to the 52 NGOs funded by the MOH under Extension of Coverage,
- Providing support to 53 other NGO members of the 5 grantee NGO networks (44 working in community level health),
- Focusing efforts on high risk communities and priority districts in the 7 departments,
- Developing and implementing innovations in the delivery of primary care through NGOs
- Successful comparison with other models of service delivery through NGOs in the operations'research
- Ensuring continuity of RCH service provision in expanded areas through funding by the MOH
- Incorporating key project innovations into the national Extension of Coverage program of the MOH

A. The first round NGO network and NGO selection process

1. Groundwork

Preparation for the expansion of service delivery to high risk areas began with the identification of high risk communities in the 7 priority departments needing support, and the development of key materials to be given to interested NGOs and networks during the first national Convocatoria.

Identification of high risk areas: In early 2002 USAID held a series of meetings with the MOH and its partners regarding the nutrition crisis in the country. During these meetings, the project was given lists of districts with high rates of malnutrition among children under five. This information came from two sources: 1) a study of children entering in first grade, and 2) anthropometric studies conducted by the MOH and NGOs on the household level, and formed the basis of the district selection for network and NGO grants. Pro Redes technical staff also met with MOH area directors and personnel to ensure that the communities identified in the project's final list for the first national Convocatoria were those considered to be the highest priority by the health areas and were not already covered by NGOs funded by the MOH. The final list of communities was presented to interested NGOs and networks in the national event.

Proposal format and selection criteria: During the same period project technical staff reviewed examples of proposal formats and selection criteria from other NGO projects and developed materials that were given to interested parties during the first national Convocatoria.

Proposal format: The project used a simplified "menu" type proposal format in order to make proposal development easier for those NGOs that might not have much experience in proposal development. This standard simplified format presented clearly the technical areas and activities desired by Pro Redes Salud and USAID, as well as the priority geographical areas to be covered.

Selection criteria: Selection criteria were developed for both technical and administrative/financial areas. These selection criteria were given to the NGOs with the packet during the national Convocatoria.

Relationship of the selection criteria to the proposal format: Each of the criterion referred to specific pages on the standard proposal format, making comparison of proposals much easier during the selection process

Grant agreement form: Pro Redes administrative staff also worked closely with JSI and a local lawyer during this time to develop an agreement instrument that would be used by the project for the agreements with the networks. The final agreement form was approved by USAID prior to the signing of grants.

2. The National NGO Convocatoria: 158 participants from 101 NGOs, networks and others

Once the groundwork had been completed, the project called all interested NGOs and NGO networks to a half-day meeting on March 19, 2002 in the Hotel Melia in Guatemala City. This was the first Convocatoria held by the project. The second was related to the second round of networks and NGOs and the additional AmeriCares funding. The steps in this process were as follows:

National request for proposals: The project decided to request proposals from networks and NGOs using an all-inclusive and transparent process that would allow any and all to participate. An ad was placed in the largest national newspaper calling all interested in NGOs and NGO networks. NGOs and networks that had been identified by the project were also contacted directly.

Generation of high levels of interest: The interest generated by the request for proposal was beyond project expectations. A total of 158 participants attended the NGO network and NGO Convocatoria, representing 101 NGOs and NGO networks, the MOH and several other institutions.

Event jointly held with the MOH/UPS1, USAID and the project: The Convocatoria was held jointly by the project with USAID and the MOH/UPS1, each of whom made presentations. A set of proposal materials was made available to interested NGOs and networks at the end of the event, as discussed above.

3. Proposals received: 70 from 12 NGO networks and 52 NGOs

The final date for receipt of NGO network and NGO proposals was April 18, 2002. The number of proposals received also exceeded project expectations. By this date, Pro Redes had received 70 proposals from 12 networks and 52 NGOs, some of whom presented several proposals for different geographical areas. The networks and NGOs presenting proposals were as follows:

Table 1: 12 NGO networks and 52 NGOs presenting 70 proposals, first funding round, NGO Networks project

Network	NGO	Department
1. SEKER	Kojsamaj Junam	Chimaltenango

2. CIAM	ADIFCO	San Marcos
	DIURANO	San Marcos
	Cruz Roja	San Marcos
	APAZSM	San Marcos
	APDIAM	San Marcos
3. Wukup B'atz	ELA	Totonicapán
	CONSERTEP	Totonicapán
	Wukup B'atz	Totonicapán
4. Coord. de ONGs San Marcos	ADIPO	San Marcos
	SINTRACIM	San Marcos
5. ASECSA	ACODIMAM	Quetzaltenango and San Marcos
	ADI	Quetzaltenango and San Marcos
	CERNE	Chimaltenango
6. ASODESMA	AASDIMA	Quetzaltenango
	ADIM	San Marcos
	ADRIM	San Marcos
	Asoc. Des. Marquense	Quetzaltenango
7. ASODESO	Asoc. Fe y Amor	Sololá
8. CONODI (ex-PCI network)	ACMPASA	Quetzaltenango
	AMUPEDI	Quetzaltenango
	ADIM	Totonicapán
	CMM	Totonicapán
	ADIMC	Sololá
	AINCO	Huehuetenango
	Pro Huehue	Huehuetenango
	CORSADEC	Huehuetenango and Quetzaltenango
	Salud Sin Limites	El Quiche and Totonicapán
9. FUNRURAL	San Pedrana	Chimaltenango
	ADASP	San Marcos
	Esquipulas R.L.	Huehuetenango
	FUNRURAL	Quetzaltenango
10. REDISQAMIL	EDS	Quetzaltenango
	Nuevos Horizontes	Quetzaltenango and San Marcos
	Coop. Monja Blanca	Quetzaltenango
	ARTEXCO	Totonicapán, Huehuetenango, Sololá, Quetzaltenango and San Marcos
11. REDDES (ex-PCI Network)	APROSAMI	San Marcos
	Yun Q'ax	San Marcos and Quetzaltenango
	Acuala	Chimaltenango
	Kajih Jel	Chimaltenango
	Chuiwi Tinamit	Chimaltenango

	ATI	Totonicapán
	Eb Yajaw	Huehuetenango
	Timach	Quetzaltenango
	ADIVES	Huehuetenango
12. FESIRGUA (Ex-Pop Council Network)	Aq'bal Prodesca	Sololá
	Renacimiento	Chimaltenango
	Proyecto Candelaria	Chimaltenango
	ADSEIC	Chimaltenango
	CESERCO	Totonicapán
	Belejeb B'atz	Quetzaltenango
	PRODIRAK	Quetzaltenango
Total	**52 NGOs**	

Table 2: Proposals received by department (Note: none received for Ixil)

Department	No. of Networks	No. of NGO Proposals
Chimaltenango	5	10
San Marcos	7	16
Quetzaltenango	7	19
Totonicapán	5	10
Solota	4	4
Huehuetenango	4	10
El Quiche	1	1
Total	**12 NGO Networks**	**70 proposals**

4. The Pre-Selection process

Once proposals had been received, the project implemented a pre-selection process. This process involved the formation of selection committees for each health area and the systematic review and rating of each NGO network and NGO proposal received using a transparent process which did not allow for bias by committee members. This process was an important innovation in the selection of NGOs for grants, as the MOH has had problems in the past with biases during selection. Steps in the process implemented by Pro Redes Salud were:

Finalization of technical and financial-administrative rating forms: Separate forms for the rating of NGOs based on technical and financial-administrative criteria were finalized before the pre-selection event. Each of the rating forms included 9 indicators, for a possible total of 100 points. The technical rating form involved rating of each NGOs experience level, proposed location and population size, proposed technical elements, level of proposed community participation, and coordination with the MOH and other key partners. The financial-administrative rating form involved rating of each NGO's financial system, procurement system, fixed asset control system and audit history.

Formation of selection committees: Eight selection committees were then formed. Seven of these were health area committees made up of personnel from the MOH health area level and Pro

Redes Salud, while the eighth committee was made up of representatives from the MOH central level (UPS1) and project personnel. The seven area selection committees were tasked with reviewing all of the NGO proposals for each of their areas, while the eighth committee reviewed the proposals from the NGO networks themselves. All teams consisted of technical team members, who used the technical rating instrument to review proposals, and financial-administrative members, who used the financial-administrative rating instrument during proposal review.

Table 3: Composition of selection committees by health area, first funding round, NGO Networks project

Committee Members	Net-works	Quetzal-tenango	Huehue-tenango	San Marcos	Totoni—capan	El Quiche	Chimal-tenango	Solola
Technical teams								
Pro Redes Director	X							
Pro Redes Technical Supervisor				X	X	X	X	X
Pro Redes Dept. Coords.		X		X	X	X	X	X
MOH UPS 1 technical	X							
Area Director				X	X			
Area Coord. PEC	X (Ixil)	X	X (2)	X	X	X	X	X
Municipal Coord. PEC				X				
Adminis-trative teams								
Pro Redes Admin. staff			X	X				
HOPE Consultant	X							
HOPE Admin. staff		X						

MOH UPS 1 Admin	X							
Area Admin.		X (2)	X	X	X	X	X	X

Implementation of the Pre-Selection Workshop: The pre-selection workshop was held in Quetzaltenango in the Bella Luna Hotel on April 24-25, 2002. The request for area participation was sent by the MOH/UPS1 to the area directors and signed by the Vice Minister. The event began with an introduction to Pro Redes Salud and an explanation of the innovative selection process by the project director, followed by questions and answers.

Pre-Selection Workshop with MOH health areas and UPS1, first round NGOs

Once the process was clear, the group broke into selection committees and began reviewing and rating proposals. Key elements of this process, were as follows:

- Each team member was tasked with reviewing each NGO proposal independently and giving each one a score. No discussion of proposals was permitted among committee members at this stage. Technical members used the technical rating sheet while financial-administrative members used the financial-administrativie rating sheet. This independent review is a critical aspect of the process as it ensures that each team member has an equal voice in the rating of each NGO, and does not allow the opinion of one person – such as the area director – to dominate.

- Once this task was completed and all proposals had been independently scored using the standard instruments, the *scores for each proposal were entered on a flip chart by each committee and the average scores calculated*. This is also a critical aspect of the process as it allows all team members to see the independent scores, and makes the average score for each NGO completely transparent. It is important to note here that *no independent scores may be seen by another member of the team until all members have completed the review of all proposals*. This is to prevent one committee members scores influencing another.

- Thus, in each committee each NGO proposal received *two final average scores, one technical and one financial-administrative, and an average score.* These were clearly shown to the committee on the flipchart.

- Committees were then asked to rank the proposals based on the average technical score first and then taking the average administrative-financial score into account. Technical scores took precedence for this reason: NGOs who have weaknesses in their financial or administrative capacities can be strengthened, but it takes years of experience for an NGO to learn how to provide basic primary care and work well with rural communities. An NGO that has years of technical experience is much more desirable than an NGO that does not.

- Once the proposals were ranked, committees then pre-selected at least 2 NGOs for field visits to offices and the community level. *Selection for field visits was based on the average technical scores, taking the average administrative-financial score into account. During this phase of the process, committees were allowed to discuss the proposals in detail*.

For the most part the NGO proposals pre-selected for field visits in the first funding round were those that received the highest average technical scores. In some instances an NGO proposal ranking high technically was not selected because of its much lower score in administration-finances, or because the NGO proposal targeted a low priority geographical area.

Development of field visit instruments: Once the pre-selection was completed, the plenaria divided into a technical team and financial-administrative team. These teams worked on standard field visit instruments which were then used by each committee during visits to the pre-selected NGOs.

Field visits to NGO offices and the community level: Committees then visited the pre-selected NGOs. Field visits included a visit to the offices of the NGO by both technical and financial-administrative team members from each committee, and also – *very importantly* – field visits by technical team members to the *community level*. Pre-selected NGOs were *asked to identify communities that they currently attended and they felt would best reflect their capacities for service delivery, and these were the ones visited no matter where they were located*. In other words, the team visited the NGO operations where they were currently taking place, even if these were not in the department where the NGO had presented a proposal. This is also a critical element in the final selection process that must not be left out. *A selection process based only on the proposal and an office visit leaves out the most important aspect of the NGO selection: the ability of the NGO to provide quality technical services on the community level.* It also opens the process up to the selection of NGOs that sound good on paper and look good in their offices, but whose ability to perform will ultimately not meet expectations. Team members used the standard technical and financial-administrative field instruments mentioned above to rate the pre-selected NGOs.

5. Final selection of NGO networks and NGOs

Once the field visits were completed, each selection committee then met and made its final selection and recommendations to Pro Redes Salud. Recommendations were made to the project in writing by each team, and signed by all members.

6. ***Negotiations and signing of grant agreements***

Once the final selection had been completed, the project negotiated final overall budget assignments and locations with the selected NGO networks and NGOs and signed the approved grant agreements on May 27, 2002.

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

The first funding round selection funded under this project resulted in grant funding to 5 NGO networks and 9 NGOs, who expanded coverage to 112,000 population in rural areas where no RCH services were previously available (an additional expansion to 205,000 population was funded under the AmeriCares project, for a total Pro Redes Salud coverage of 317,000). The populations covered by the 5 NGO networks and 9 grantee NGOs under the NGO Networks project are presented below.

Table 4: Expansion of coverage to 112,000 population by 5 networks and 9 NGOs, NGO Networks Project

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

C. Result: Expansion to an additional 8.4% population in the highlands

This expansion represented an 8.4% increase in coverage of RCH services in the 7 highland departments as illustrated below (an additional 15% increase in geographical coverage was provided with funding from AmeriCares, bringing the total geographic expansion provided by Pro Redes Salud to 23.4%)

Table 5: Expansion of coverage of 8.4% over MOH NGO coverage, first round networks and NGOs, NGO Networks Project

Department	MOH - funded NGO coverage before the project began (2001)	Additional geographic coverage provided by NGO networks and NGOs, NGO Networks project	Proportional increase in coverage of RCH services provided by the project under this project, by department
Chimaltenango			
NGOs	5	3	60%
Population	80,510	19,000	24%
Sololá			

NGOs	5	1	20%
Population	126,932	9,000	7%
El Quiche			
NGOs	9	1	11%
Population	286,845	15,500	5%
Quetzaltenango			
NGOs	9	1	11%
Population	124,269	18,500	15%
San Marcos			
NGOs	6	1	17%
Population	159,240	20,000	13%
Huehuetenango			
NGOs	16	1	6%
Population	423,796	15,500	4%
Totonicapán			
NGOs	5	1	20%
Population	132,898	14,500	11%
Total 7 departments			
NGOs	**55**	**9**	**16.4%**
Population	**1,334,490**	**112,000**	**8.4% increase in coverage**
TOTAL			**112,000**

D. Result: 100% of the 25 NGOs working in 35 priority districts funded/strengthened

When the project began in early 2002, it was presented with a list of priority districts as defined by the MOH. USAID and its partners were also involved in identifying districts with high rates of malnutrition. The first list identified 23 districts, while the second identified 17 in the highland departments. Two of these districts were on both lists, bringing the total number of priority districts in the 7 highland departments to 38.

The table below compares these 38 districts with the districts covered by NGOs who were in turn funded or strengthened by Pro Redes Salud (NGO Networks and AmeriCares projects combined). This comparison shows the following coverages:

- 92% (35) of the the 38 districts were covered by NGOs, while 3 still lacked NGO support (San Jose Ojetenan and Ixchiguan in San Marcos, and Tectitan in Huehuetenango)
- 100% of the NGOs (25) working in the 35 priority districts had received strengthening and/or funding from the project
- 25.7% (9) of the 35 priority districts were covered by NGOs funded directly by the project
- 52% (13) of the 25 NGOs covering the 35 districts were members of NGO networks supported by the project

Table 6: 100% of the 25 NGOs working in 35 priority districts were funded or strengthened by Pro Redes Salud

	Priority Districts according to	**Priority districts according to nutritional status**	**Those covered by MOH-funded NGOs (2004) strengthened by the**	**Those covered by project**	**Proportion of districts covered by NGOs**

	the MOH	**information, 2002**	**project** (those in bold also in Pro Redes networks)	**funded networks and NGOs**	**strengthened or funded by the project**
7 departments					
	23	**17**	**29**	**9**	**100%**
Solola					
	San Lucas Toliman			**Aq'bal PRODESCA***	
	Santiago Atitlan		**Aq'bal PRODESCA***		
	Santa Clara la Laguna		**Aq'bal PRODESCA***		
	Nahuala		La Inmaculada		
Total	**4**	**0**	**3 (2 NGOs)**	**1 (1 NGO)**	**100%**
Quiche/Ixil					
		Nebaj	Todos Nebajenses	**CORSADEC**	
		Cotzal	Todos Nebajenses	**CORSADEC**	
		Chajul	Todos Nebajenses	**CORSADEC**	
		Patzite		**CORSADEC**	
	Chichicastenango		**FUNDADESE** CCAM Ninos Mashenos		
	Joyabaj		ASODERQ		
	San Pedro Jocopilas		**FUNDADESE**		
	Chiche		COPINCONUF		
	San Antonio Ilotenango		La Inmaculada		
Total	**5**	**4**	**9 (7 NGOs)**	**4 (1 NGO)**	**100%**
Quetzaltenango					
	Concepcion Chiquirichapa		**CORSADEC***		
	San Martin Sacatepequez		**CEDEC**		
	Cabrican		FUNDATEC		
	San Francisco La Union		**ABC**		
Total	**4**	**0**	**4 (4 NGOs)**	**0**	**100%**
San Marcos					
	Concepción Tutuapa	Concepción Tutuapa		**ADASP***	
		San Jose Ojetenan			No NGO
		Ixchiguan			No NGO
	Tajumulco		CDRIM		
Total	**2**	**3**	**1 (1 NGO)**	**1 (1 NGO)**	**50%**
Huehuetenango					
		San Mateo Ixtatan	**ADIVES**		
		Concepción Huista	Pueblos Unidos		
		San Rafael la Independencia			No NGO

		San Rafael Petzal	**Eb'Yajaw***		
	San Juan Atitan	San Juan Atitan	San Juan Atitan		
		Todos Santos	**IMDI**		
		Colotenango	ACODIMM		
		Santa Barbara		**Eb Yajaw***	
		Tectitan			No NGO
		Santiago Chimaltenango		**ABC**	
	San Juan Ixcoy		**SEPRODIC**		
	San Pedro Necta		**ASODESI**		
	Nenton		**ASODESI**		
	Aguacatan		Tetz Qatanum		
	San Gaspar Ixchil		ACODIMM		
Total	**6**	**10**	**15 (9 NGOs)**	**2 (1 NGOs)**	**87%**
Totonicapan					
	Momostenango		La Inmaculada **Wukup B'atz***	**Wukup B'atz*** **ELA**	
	Santa Maria Chiquimula		**ELA**		
Total	**2**	**0**	**2 (3 NGOs)**	**1 (2 NGOs)**	**100%**

*** first round NGOs being funded under the NGO Networks project**

E. Result: Provision of priority RCH services by networks and NGOs

1. Provision of priority services listed in the project description

Objective 4 called for as many of the priority RCH services listed in the project description to be provided by NGOs as possible. Pro Redes Salud provided the following priority RCH services through all NGO networks and grantee NGOs, as follows:

Integrated Child Health

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

Integrated Reproductive Health

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

This represents most of the services listed in the project description. The technical areas not included, primarily due to project time constraints, were breast cancer and HIV/AIDS. Service delivery was based on the implementation of the new national protocols for community based IMCI and the integrated care of women and children (AIEPI AINM-C) including immunizations and family planning.

2. Additional services provided

In addition, the project included other technical areas and services in the basic RCH package that were not included in the project description. These are an integral part of the new national community-based IMCI protocolsn (AIEPI AINM-C). They were:

Integrated Child Health

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

F. Result: Development and implementation of innovations in NGO RCH service delivery

On June 24, 2002 Pro Redes presented a document to the MOH/UPS1 outlining a proposal for innovations in the national MOH NGO service delivery model, to be tested by the project. This proposal was reviewed favorably by UPS1.

It was decided that Pro Redes Salud would use the opportunity presented by the project to test these and other innovations, with joint monitoring of progress during project implementation and joint evaluation at the end of the project in 2004. The joint study took the form of an operations research (OR) activity conducted by the MOH/UPS1, Pro Redes Salud and URC/Calidad en Salud.

The innovative model implemented by Pro Redes Salud is referred to in the OR as Extension de Cobertura-ONG (AEC-ONG). The final OR study may be found in the annexes of this report. The following is a summary of the innovations that were tested during the life of the project as AEC-ONG by Pro Redes Salud:

1. Factors held constant

In order to ensure that the AEC-ONG model with innovations tested by the NGOs under Pro Redes Salud would be replicable by the MOH in the future, certain parameters were held constant and therefore did not vary from the MOH model of Extension of Coverage. The principal factors held constant were the following:

Grant amounts to NGOs based on US$5 per person*:* This is the per capita amount used for NGO grants by the MOH Extension of Coverage. Thus, any improvements in service delivery provided by this revised model would have an increased chance of replicability by the MOH in the future as the cost of the model would be similar to that being implemented by the MOH-funded NGOs.

Job titles and salaries: With the exception of the innovations presented below, the job titles and salaries of each health worker in the AEC-NGO model were the same as those of the Extension

of Coverage NGO model of the MOH. This variable was also held constant in order to increase the chances of replicability, as UPS1 felt that it would be simpler for the MOH to modify the terms of reference for a health worker in Extension of Coverage that it would be to modify the titles themselves.

Patient care based on the national norms: All patient care provided under the project was based on national standards for case management, prevention and promotion, using the training materials and supporting IEC materials and protocols approved by the MOH under the AIEPI AINM-C norms. This was done to ensure that the innovative model being implemented by Pro Redes Salud stayed within the national norms for patient care.

2. Innovations in focus of care, organizational structure and roles

Focus preventive and curative services on the populations of highest risk– children under 5 years of age and women in fertile age: NGOs funded by the MOH through Exension of Coverage provide health services to the entire population. The need to attend the whole population reduces the time available to actively seek cases among those most vulnerable, and represents an additional cost in the provision of care. In the AEC-ONG model implemented by Pro Redes Salud, in contrast, both preventive and curative care were focused on the most vulnerable – children under 5 and women in fertile age. This modification was made in order to allow the NGOs, Facilitadores Comunitarios (FCs) and Vigilantes (VS) to better use existing resources and increase access to basic care for those most at risk of illness and death.

Empower the community to play an increased role in the prevention, detection and management of cases through the strengthening of the FC as the person primarily responsible for case management and community organization: Under the current MOH Extension of Coverage NGO model, case management is the responsibility of a Médico Ambulatorio (MA), who visits each centro de convergencia (2,000 population) once a month. Community organization is the responsibility of a Facilitador Institucional (FI). The principal role of the FC is to support the MA and the FI. This strategy limits population access to basic services as the community has no one available full time who is trained to provide care.

Fortunately, in 2002 Guatemala developed simplified protocols for the community-based management of childhood illness and reproductive health (AIEPI AINM-C) which permit a community member with a 4-6 grade education – the FC – to detect, classify and manage the most common causes of illness among these groups. Training of the FC in AIEPI AINM-C allows the community to take greater responsibility for its own health, and reduces dependence on ambulatory physicians.

In the AEC-ONG model implemented by Pro Redes Salud, the FC assumed the principal responsibility for case management on the community level. FCs from each community with a minimum of 4 years of schooling were selected by their community and then trained in the use of the AIEPI AINMC protocols. The training lasted 3 weeks and included hands-on practice in health centers and hospitals. The FCs received supportive supervision weekly (see supervision, below) to reinforce what was learned during basic training. This innovation in the Extension of

Coverage NGO model simplifies service delivery, increases community involvement and empowerment, and improves accessibility to care.

Enable the FC to better attend his or her community and increase access to services by reducing the total population and number of VS that fall under his or her responsibility: Under the current MOH Extension of Coverage NGO model, each FC is responsible for approximately 2000 inhabitants (333 families) and supervises around 16 Vigilantes. This may be reasonable given the limited role of the FC under the MOH Extension of Coverage model. The AEC-ONG model implemented by Pro Redes Salud, however, increased the responsibilities of the FC, as discussed above. This increased responsibility required some modifications in the organization of care as well. Under the Pro Redes model, the FC was responsible for fewer population, fewer families and fewer Vigilantes. Each FC had a centro comunitario that covered no more than 1,000 inhabitants (167 families), and was responsible for 8 VS (one for every 20 families). This innovation in the Coverage Extension model permited the FC to attend fewer families and provide closer support to volunteers.

Provide basic training in AIEPI AINM-C to NGO technical staff and FCs prior to initiation of service delivery on the community level, and implement distance education for new arrivals: In the current MOH Extension of Coverage model, NGO staff contracted by the MOH did not receive basic technical training prior to beginning service delivery. This was due in part to an assumption by the MOH that the NGOs would not need basic technical training. Instead, NGOs were expected to train community FCs and VS on an in-service basis during monthly meetings. This has proven to be unworkable, since both NGOs and community workers need to be trained first in basic skills. Once the AIEPI AINM-C protocols were been completed in 2002, a training cascade of MOH-funded NGOs in Extension of Coverage was carried out (see below under Component II), however problems arose with communities, districts and areas as it was difficult to take NGO staff and FCs away from service delivery once it had begun. For this reason, the AEC-ONG model trained NGOs and FCs in the new simplified protocols before community level service delivery began, and then developed a distance training method for continuing education and induction of new staff. The training was based on the AIEPI AINM-C protocols being used by the MOH in the Extension of Coverage but was modified to integrate the two components and to provide additional time for practice in hospitals and health centers.

Strengthen supervision of FCs through the use of nurses as supervisors, using a methodology of supportive supervision: The basic technical training of NGO staff and FCs is not sufficient in itself to ensure that the FC is able to provide quality care on the community level. Therefore, Pro Redes Salud also made adjustments to the supervision of the FC. Under the current MOH Extension of Coverage model, the FC is supervised by an FI, not by a medical professional. This may be appropriate if the FC is not responsible for patient care. Given the increased responsibility of the FC in the Pro Redes model, however, it was important that the FC receive ongoing hands-on supportive supervision from a health professional. Therefore, the Pro Redes incorporated the figure of the Enfermera Ambulatoria (EA). Each EA was responsible for no more than 5 FCs to ensure frequent visits to each one. During the supervision visit, the principal role of the EA was to provide supportive supervision to the FC based on record review and observations of the FC as he or she provided care. In other words, the role of the EA during

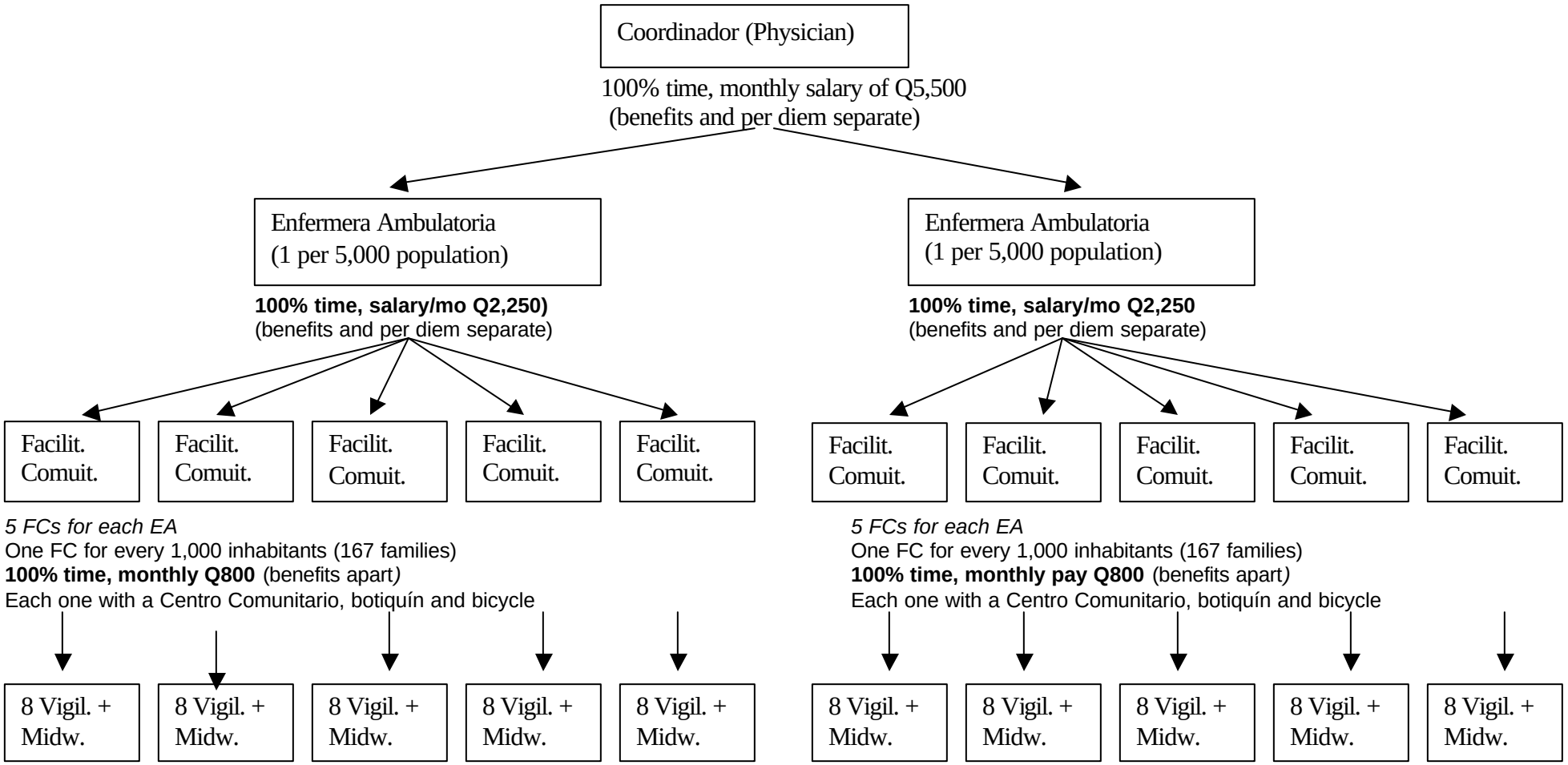
the visit was to strengthen the capacities of the FC, not to provide direct patient care for children under 5 or women in fertile age. Those cases relating to AIEPI AINM-C were handled by the FC. The EA intervened in cases of emergency, those not relating to AIEPI AINM-C or during immunization activities.

Increase community access to services and improve FC performance by increasing the pay of the FC and increasing his or her time commitment: Under the current MOH Extension of Coverage model, the FC is paid an honorarium of Q500 and is expected to work part time (4 hours per day). This may be sufficient given the limited role of the FC under the current MOH model. Under the AEC-ONG model implemented by Pro Redes Salud, however, the increased responsibility of the FC required an increase in time commitment and therefore an increase in pay. In the AEC-ONG model, the FC was engaged to work full time and paid an honorarium of up to Q800 per month. The project wanted to pay the full minimum wage to FCs, however the MOH felt it would not be replicable in the future.

3. Diagram of the Pro Redes Salud service delivery model

A diagram of the Pro Redes Salud service delivery model AEC-ONG is presented below. The diagram presents the structure for a population of 10,000, the standard size of an NGO jurisdiction in Extension of Coverage as defined by the MOH.

Graph 1: Pro Redes Salud Service Delivery Model - *10,000 Population*



5 FCs for each EA
One FC for every 1,000 inhabitants (167 families)
100% time, monthly Q800 (benefits apart*)*
Each one with a Centro Comunitario, botiquín and bicycle

8 Vigilantes and 1 or more traditional midwives per FC
Each FC divided his or her area into 8 sectors of 20 families each, and identified a Vigilante that lived in each sector. Each FC also identified one or more trained traditional midwives (most sought after by the community) to include in the Health Committee. Pay of Q50 per month to Vigilantes and midwives for monthly meetings.

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4. Application of a checklist to ensure the quality of centros comunitarios

Pro Redes Salud developed a standard checklist to ensure the quality of NGO centros comuntarios. The use of this checklist ensured that centros comunitarios were established in locations that allowed separate entry for patients and were not in the house of the FC, had sufficient light and space for patient care, ensured patient privacy, and counted on the basic furniture, protocols, paperwork, IEC materials, equipment and pharmaceuticals for quality care. In general, centros comunitarios were equipped with a simple table and two chairs, a platform often made of pine with a foam mattress for the examination of patients, and a locking cabinet for medicines and supplies. Where possible the room was divided, often by a hanging curtain, to provide privacy. Light was either provided by an electric bulb or by a window. Meetings with community members were generally held outside on a porch or under a tree. Centros were also supplied by the project with hanging pediatric scales, and a revolving drug fund – rural botequin – consisting of a limited supply of basic drugs and contraceptives as established in the AIEPI AINM-C and family planning protocols. This innovation was important to ensure that patients were provided with an adequate location for patient care, and that the FC and VS had the equipment and materials necessary to do their work. At the current time, the MOH Extension of Coverage program does not have a set of minimum quality standards for NGO centros de convergencia. As a result, patients are often examined in inappropriate situations in the house of the FC, with the exam taking place in his or her bed and little privacy for the consultation.

5. Implementation of revolving drug funds in centros comunitarios

At the beginning of each NGO project, grantee networks and NGOs developed plans for revolving drug funds based on guidelines developed by Pro Redes Salud. They were then provided with a 6 month seed lot of pharmaceuticals, limited to those in the AIEPI AINM-C protocols. These drugs were then used as the basis of revolving drug funds managed by FCs in their centros comunitarios and were sold at subsidized prices established by the government drug procurement entity PROAM. Family planning methods were also sold at subsidized prices, based on the rates established by APROFAM.

6. Systematization of the provision of care in the centros comunitarios

Pro Redes Salud also developed innovations designed to systematize the provision of care itself in the centros comunitarios. This is often a weakness in NGO service delivery settings, including those NGOs funded by the MOH. Systematization included the following:

- Community maps (croquis) were put up on the walls to orient service delivery
- The census data for each community was also put up on the walls and used to divide the community maps into sectors (20 households), one for each of the 8 vigilantes.
- Each of the households in the map was then assigned a number reflecting the sector and household itself
- This household number was then put on a folder, which contained the patient records for that family (the hojas de registro for each patient visit and the household census)
- A box was developed with dividers for each month and sector, to enable tracking and follow-up of casesm and orient home visits by VS

- Shelves were divided into two parts, one for the drugs making up the revolving fund (for sale), and another for donated drugs and commodities (free)
- During service delivery in the centro comunitario, the following took place:
  - The patient was greeted
  - The FC used the hoja de registro AIEPI AINM-C and the standard protocols to classify the illness or condition and determine what care needed to be given
  - The patient was then treated or referred and counseled
  - The FC then noted the case on the new form (3C/C) for community-based AIEPI AINM-C (see the innovation in the AIEPI AINM-C information system, below)
  - If follow up was required, a note was placed in the box in the corresponding month and sector to inform the appropriate VS
  - The hoja de registro for that case was then placed in the corresponding family file

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

Patients waiting to be seen by the Facilitador Comunitario, El Quiche, NGO CORSADEC

7. Systematization and strengthening of growth monitoring and counseling

In 2003 networks and grantee NGOs completed the training of their 828 VS. Vigilantes were those responsible for growth monitoring and counseling, supervised by the 112 FCs. In the last months of 2003, Pro Redes Salud conducted a survey of field implementation by VS, identified weaknesses, developed new materials, and provided additional strengthening to networks, NGOs and community personnel in growth monitoring and counseling, as follows:

Survey on growth monitoring and counseling
Field visits to centros comunitarios shortly after VS training revealed weaknesses in data registry, counseling and the use of growth monitoring and counseling materials. Many growth monitoring sessions were found to not be well organized. Vigilantes went from house to house to inform people when the session would take place as there was no fixed day each month when the session would be held, and the functions and roles of community personnel were not clearly cefined. Vigilantes were being asked to spend a lot of volunteer time on assigned tasks but lacked sufficient incentives, and the information generated during the growth monitoring sessions was not being used to promote action from the community. Field visits also revealed that VS lacked basic skills in individual counseling. They were found to have difficulty with the analysis of changes in weight, with the participatory counseling method (as opposed to reading the written messages on the counseling materials), with the negotiation and agreement process regarding behavior change, and with provision of handouts to the mother. VS were also not using the recipes included in the counseling materials properly. They had read the recipes but had never prepared them or used them in demonstrations.

Development of new materials

As a result of these findings, in January, 2004, Pro Redes Salud developed new materials to strengthen and improve counseling techniques, promote better use of the existing counseling materials and systematize the strategy. These new materials included the following:

Guidelines for the systematization of growth monitoring and promotion

The guidelines included the principles of effective growth monitoring programs; initiation, organization and supervision of growth monitoring activities; feedback and the use of information to promote action from the community; functions and responsibilities of community personnel; and retention of VS.

Audio and print IEC materials to improve group counseling

A total of 14 short audio programs were developed to assist VS with group education in their sectors. These were based on radio spots developed by URC/Calidad en Salud. The programs are on two CDs and include the following topics: eight on feeding practices, two on danger signs (dehydration and pneumonia), two on pregnancy spacing, one regarding the use of the CD equipment and one on the use of the programs with groups. Two printed guides were developed as well. One guide includes information on the use of the CD equipment, and the other on the use of the programs.

Video to improve counseling skills

A video entitled *Jacinto Aprende A Comer: Cinco Pasos Para Dar Consejería* was also developed. The video presents the main steps in the counseling process in a gradual and systematic way so that NGO personnel, FCs and VS can easily imitate them. This video was used as a tool during training.

TOT guide and three training modules

Three training modules were developed to reinforce three content areas: counseling, health talks to groups, and the use of recipes during demonstrations, and a training of trainers (TOT) guide was also developed to train NGO technical staff in the use of these three modules with FCs and VS.

Training of networks, NGOs, FCs and Vigilantes

Once the new materials had been developed, Pro Redes Salud conducted five three-day TOT sessions in March and April 2004 for grantee NGO technical staff. Each session was attended by 17-20 participants. A total of 25 Technical Coordinators, 61 Technical Supervisors and four other staff members were trained. Following the TOTs, the three training modules and the TOT guide were revised and the final versions distributed among grantee networks and NGOs for the replica cascade.

In May 2004, the technical staff from all grantee NGOs used the final three training modules to in turn train their FCs and Vigilantes in counseling, use of the audio programs and recipe preparation. A total of 322 FCs and 2,503 VS were trained (this project and AmeriCares combined). Pro Redes Salud provided each network, grantee NGO and centro comunitarios with CD players for their use.

8. Development, implementation of a community-based information system for AIEPI AINM-C

NGOs are often weak in the systematic collection and analysis of community level data. For this reason, the project developed and implemented an innovative community-based information system for AIEPI AINM-C and worked to strengthen these abilities among project supported NGOs. As a result, by the end of the project all networks and NGOs were using a standard set of field reporting forms, entering service production data into a computerized data base, analyzing their data monthly and quarterly based on a set of key indicators of coverage and quality of care, and reporting to their networks and the project electronically on a regular basis. Steps in the development and completion of this community-based computerized reporting and monitoring system for AIEPI AINM-C were as follows:

Approval for the development of a community based information system: In mid-2002 Pro Redes Salud realized that the community level MOH reporting forms (3 P/S and 6 P/S) were not consistent with the terminology used in the AIEPI AIMN-C protocols and therefore would not provide the information necessary to either report project progress to USAID or adequately monitor the implementation of the national strategy. Although the MOH norms regarding the SIGSA (the MOH information system) mentioned community level forms (C/Cs), they had not yet been developed by the MOH. Instead, the MOH was using forms developed for the health post level (P/S) that had been slightly adapted for the community.

This situation was discussed with the MOH/UPS1, and it was agreed that Pro Redes Salud would assume the task of developing forms for the community level focusing on AIEPI AINM-C (C/C forms), pilot test them for several months with the networks and NGOs, and then finalize community level forms. These would first used by the project and then possibly taken up by the MOH Extension of Coverage program. The MOH sent a letter to all area directors informing them of this pilot test and approving the development and use new forms by the networks and NGOs funded through Pro Redes Salud**.**

Development of draft forms and pilot test: During the first half of 2003, Pro Redes completed the development of a set of draft community level AIEPI AINM-C forms (3 C/C and 6 C/C) and trained the networks and NGOs in their use. NGOs in turn trained their community level FCs. The forms were then pilot tested by all networks and NGOs, with supervision project staff, from March through mid-May, 2003.

Revision of instruments based on the results of the pilot test: Once the pilot test period had been completed, in June, 2003 project staff, networks and NGOs met in five local teams to review the instruments and provide comments. In some areas teams also included personnel from the MOH. In mid-June, 2003 Pro Redes Salud met with NGO and MOH representatives from the local teams to receive comments.

Modification and finalization of the AIEPI AINM-C community-based reporting system: Instruments were revised in the last week of June, 2003 by project staff based on the recommendations from these groups. The forms were then reproduced and sent to the NGOs and the FCs for use in the centros comunitarios during the LOP.

Development and intallation of a computerized program for data entry and analysis
The project then developed and installed a simple program for the computerized entry and analysis of data by each NGO, the network and the project as a whole. The program was developed in ACCESS, a program that is easy to use, is already installed in most computers as a part of Microsoft Word, and is infinitely expandable. Data entry and consolidation using this program was as follows:

- Each month, each NGO supervisor entered the service production data from his or her 5 centros comunitarios (using the data in the monthly consolidated form 6C/C, which also includes consolidation of data from the Vigilante cuaderno). This was all the data entry necessary.
- The computer program then consolidated this data for the NGO and presented not only total numbers related to service provision, but analyzed and presented the data based on specific indicators of coverage and quality of care, by supervisor or overall.
- The NGO then sent the results electronically to Pro Redes Salud where the computer in the project not only retained each NGOs information but also combined it with the other NGOs and networks in the project, presenting service production and an analysis of the data for each NGO and the project as a whole based on specific indicators of coverage and quality of care.

9. ***Systematization and implementation of supportive supervision***

Supervision is also an important aspect of any program, and one that is often under-rated and problematic due to lack of systematization or transport. Ratios of supervisor to persons supervised is often also too high. For this reason, Pro Redes Salud implemented innovations in supervision, as follows:

Reduced ratio of supervisor-person supervised, increased frequency of supervisory visits

- Each NGO had one project coordinator and a set of supervisors (EA), one for every 5,000 population served. In a population of 10,000 (an MOH jurisdiction), the structure was equal to one coordinator, responsible for supervising two technical supervisors (EAs). This ratio allowed NGO coordinators to visit each supervisor frequently, including visits to the field. All NGO coordinators were either physicians or professional nurses.

- Technical supervisors (EAs) were in turn responsible for the supervision of 5 FCs. In a population of 10,000, the structure was equal to two EA and 10 FCs. All NGO supervisors were either professional nurses or tecnicos en salud rural. This low ratio allowed each supervisor to visit each FC weekly.

- FCs were in turn responsible for 1,000 population and the supervision of 8 VS, each of whom covered 20 families (a sector of the community). In a population of 10,000 a total of 10 FCs were responsible for supervising 80 Vigilantes. All FCs were community members with at least a 4^{th} grade formal education.

Systematization of supervision, change of emphasis towards supportive supervision

In 2003, Pro Redes Salud developed a supervisory instrument to standardize the supervision of FCs and VS by NGO technical supervisory staff. NGOs were given training in supervisory techniques to change the way supervision is often conducted towards a more supportive-facilitative approach. The supportive supervision instrument is a checklist designed to ensure quality of care related to the classification of illnesses, the management of the cases, counseling, and follow-up, management of the revolving drug fund, donated medicines and contraceptives, and management of medical wastes. By the end of the project all NGOs were using the instrument during supervision. The instrument was left in the centro comunitario after the supervisory visit, thus allowing the FC to review recommendations and leaving a record of supervision conducted in that centro for anyone else who might visit.

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

Transport

Transport is also a key element related to supervision and an area that is often overlooked or given little priority by program managers. For this reason, the project ensured that appropriate transport was available on each level of the system as follows:

- NGO project coordinators: motorcycles
- NGO supervisors: motorcycles
- FCs: bicycles.

G. Timeline

1. Setup, community organization, selection of 112 FCs, 828 Vigilante, 252 traditional midwives

Networks and grantee NGOs developed their first year plans and budgets following the signing of agreements in June, 2002. Proposed plans and budgets for 2002 were negotiated with the project, and agreed upon in early July. In July-August, networks and NGOs hired their staff and strengthened their central and local offices with the necessary equipment and supplies including motorcycles for supervisory personnel. In August-September, 2002 networks and NGOs conducted community assemblies to introduce the project and select community members as FCs, VS and to identify traditional midwives. The Mayan highland area is mountainous, communities are remote and rural households are scattered. NGO teams and their volunteers had to travel long distances to complete these tasks. A total of 112 FCs, 828 Vigilantes and 252 traditional midwives worked in this project alone among first round networks and NGOs.

2. Set up and inauguration of 112 centros comunitarios

Networks and NGOs then began the process of setting up their 112 centros comunitarios and sponsored official opening ceremonies with speeches by municipal authorities and representatives of the Ministry of Health and lunches prepared by community members. Centros comunitarios in the Pro Redes Salud project were for the most part small, one-room structures made of adobe with either a tin or tile roof and dirt or cement floor. They were donated by the communities and tended to be located in a room in the local primary school, adjoining the local municipality, or in a room built

specifically for this purpose adjoining the house of the FC. As mentioned above, the community health team working out of each centro comunitario consisted of 1 FC, 8 VS and several traditional midwives.

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

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

3. Community Data Collection (mapping and census)

In September-October, 2002 NGOs and community volunteers mapped their communities and collected census data. The community maps were drawings of each community that identified and numbered each household. Following the mapping, a full community census was conducted by NGOs and FCs to collect basic information about each family including specific data on the vaccination coverage of children under 5.

Community mapping, Wukup B'atz, Totonicapan

4. Household baseline survey

In October, 2002 network and NGO technical staff were brought together in Quetzaltenango to learn about the household baseline survey and to select four teams of bilingual data collectors from among themselves. These NGO data collectors were then trained to collect baseline data from households using a standardized baseline instrument developed by the project. Following the training, the four field teams worked in the field for three weeks to collect the household level data under the close supervision of a professional researcher firm. Data collection was completed by the end of the month. Once data was collected, the research firm cleaned and tabulated the results, and provided the project, networks and NGOs with baseline household survey results.

Training in the baseline survey

baseline data collection

5. Training

During the last quarter of 2002, Pro Redes Salud implemented the AIEPI AINM-C cascade training of networks, NGOs and FCs in preparation for service delivery. Detailed information on the training of first round networks and NGOs is presented under Component II: Network and NGO Strengthening of this report, below.

AIEPI AINM-C training of first round network and NGO

coordinators and supervisors, Centro de Salud, Solola

Grantee network and NGO training of Facilitadores Comunitarios, Wukup B'atz

6. Service delivery

First round network and NGO service delivery began in January, 2003, and continued through July, 2004, a period of 18 months. Specific interventions were introduced gradually, and continued through the LOP as follows:

- January, 2003 – July, 2004: vaccinations, growth monitoring, promotion of breastfeeding and proper infant nutrition
- March, 2003 – July, 2004: diarrheal disease, respiratory infections, ear and throat problems, febrile illnesses, micronutrient supplementation, prenatal and postnatal care
- July, 2003 – July, 2004: family planning and counseling
- October, 2003 – July, 2004: detection and referral of cervical cancer

7. Final household survey

The final household survey was conducted by a survey firm in April, 2004. Data was collected in May-June, cleaned and analyzed in July-August, and the final reports presented to the project in early September, 2004. The final household survey results and their comparison to the baseline household survey may be found in the annexes of this report.

H. Operation's research

1. Description of the study

Models compared

As mentioned earlier in this report, from 200-2004 the Ministry of Health implemented an operations research activity designed to compare the cost and efficiency of AIEPI AINM-C and family planning service delivery among two variations in the national model of primary care service extension in highland communities and the national model being implemented by the MOH through NGOs. This research was supported jointly by the MOH, URC/Calidad en Salud, and Pro Redes Salud. During this period, data relating to inputs, process and results was collected from the control and each of the two variations in three study departments (Quetzaltenango, San Marcos and Totonicapan). The control and two variations compared were as follows:

1. Extension of coverage through health posts (AEC PS), implemented by the MOH with assistance from URC/Calidad en Salud
2. Extension of coverage through NGOs (AEC-NGO), implemented by NGO networks and NGOs, with assistance from Pro Redes Salud
3. MOH Extension of Coverage through NGOs (EC-ONG)

Baseline survey data collection and report

In the last quarter of 2002, Pro Redes provided URC/Calidad en Salud with the baseline instrument used by the project to collect data among its network and NGO grantee communities. This baseline instrument was revised slightly by URC/Calidad en Salud and Pro Redes, and then used to collect baseline data for the OR in the three departments. The OR baseline was conducted in January-March, 2003 and funded jointly by Pro Redes and URC/Calidad en Salud. The baseline report was finalized in mid-year, 2003.

Monitoring indicators and supervision
In the first half of 2003, Pro Redes met with URC/Calidad en Salud to define the key monitoring indicators and data that would be collected from each model. Indicators were selected and data collection forms were developed. Pro Redes Salud provided URC/Calidad en Salud with a copy of the supervision form used to monitor project NGOs in the field, discussed above in this report, for modification and use in the AEC-PS variation.

Data collection and preliminary report
Information on service provision was collected from each of the three models from April, 2003 through September, 2003. This constituted the first 6 months of the study. In October, 2003 the data was analyzed and a preliminary mid-term report developed. The preliminary report was reviewed by partners and finalized in November, 2003.

Final data on production gathered and analyzed
The final data on service production was collected on the two variations and the control from January through February, 2004. This constituted the final months of the OR study.

Cost indicators and monitoring data
In the first half of 2003, Pro Redes also met with URC/Calidad en Salud to present the project financial reporting system and review proposals for the collection and analysis of cost information. In the second half of 2003 a cost reporting form was developed with the joint participation of Pro Redes Salud, the MOH/UPS1 and URC/Calidad en Salud. Data relating to the cost of the provision of these services during the OR was entered into the cost reporting forms by each partner in 2004.

Final household survey
Once the monitoring data and cost data had been entered, a firm was contracted by URC/Calidad en Salud and Pro Redes Salud to conduct a final household survey in the geographical areas covered by the two variations and the control. The final household survey was conducted in the first semester of 2004.

Draft final report presented to the MOH and USAID
The data was then analyzed by URC/Calidad en Salud, and a draft final report presented jointly by URC/Calidad en Salud and Pro Redes Salud to USAID and the Ministry of Health in June, 2004. Comments were received and provided to URC/Calidad en Salud for incorporation into the final report.

Draft Final report
In August, 2004, URC/Calidad en Salud presented a second draft final report to USAID and then to Pro Redes Salud. The project was asked to review the document and make comments, for the

preparation of a final report. This was done in August-September. The final OR report wads pending at the end of the project.

2. Favorable OR report on the Pro Redes Salud innovative model of primary care

The innovative model of service delivery (AEC ONG) implemented by Pro Redes Salud was found to have performed well according to the results of the draft final report. The satisfactory results were particularly interesting given that patients in the Pro Redes Salud model were being attended by FCs, whereas the other two models were based on service delivery provided by physicians or nurses. The draft final OR reports may be found in the annexes of this report. In summary, the results of the draft final OR report were as follows:

Community participation

- Pro Redes had the greatest proportion of mothers that had participated in a community assembly or meeting to discuss community health problems (15.1%), follwed by AEC PS (9.5%) and EC ONG (7.8%)
- Pro Redes showed the greatest proportion of use of centros comunitarios (35.9%) compared to EC ONG (16.5%) and AEC PS (10.3%).

Child Health

- In the Pro Redes model, children under 5 receiving care were found to have visited the FC an average of 1.5 times each, compared with 1.9 visits per child in the model attended by physicians (EC ONG) and 0.9 times per child in the puesto de salud model (AEC PS)
- Pro Redes had the greatest proportion of children under 5 with carnets (63.5%) compared with EC ONG (57.3%) and AEC PS (58.3%))
- Pro Redes registered the highest DPT 3 coverage (100%), followed by both EC ONG and AEC PS with 90%.
- Pro Redes registered the highest SPR coverage (100%), followed by AEC PS with 82% and EC ONG with 78%
- In all three models, including Pro Redes, children were found to have introduced liquidos other than breastmilk at an age over 6 months, and foods at an age over 7 months.
- Pro Redes had the greatest proportion of children 0-23 months with carnets (69%) compared with AEC PS (55%, and EC ONG (55%)
- Pro Redes also had the greatest proportion of children 0-23 months who were weighed in the past 2 months (72%) compared to AEC PS (76%) and EC ONG (67%)
- Monitoring data also showed that Pro Redes had the greatest proportion of children under 2 in growth monitoring (98.8%) as compared to AEC PS (80%). No data was available for EC ONG.
- Pro Redes and EC ONG had a higher proportion of mothers who received counseling (62%) as compared to AEc PS (55%).
- All models had a high proportion of children growing well. Pro Redes (86%), AEC PS (94%), and EC ONG (87%).
- Monitoring data showed the same result with 81.4% growing well in AEC PS and 92.5% growing well in Pro Redes
- Pro Redes had the highest proportion of children who had received vitamin A in the past 6 months (52.6%), compared to AEC PS (48%) and EC ONG (46.9%)

- Pro Redes had the highest proportion of cases of diarrhea treated with ORS (57%), followed by AEC PS (55.7%) and EC ONG (48.2%).

Reproductive Health

- EC ONG had the highest proportion of women who had received prenatal care in their last pregnancy (68.5%) followed by AEC PS (62.1%) and Pro Redes (55.9%)
- Pro Redes had the greatest proportion of women with a prenatal card (11.9%), followed by EC ONG (11.7%), and AEC PS (9.3%)
- Pro Redes had the greatest average number of prenatal visits per woman (3.9 visits each), as compared to EC ONG (3.7 visits each) and AEC PS (3.6)
- Pro Redes had the greatest use of centros comunitarios for prenatal care (30%) followed by EC ONG (2.1%) and AEC PS (7.8%)
- EC ONG had the higest proportion of women who had received postnatal care after their last birth (27.9%), follwed by AEDC PS (21.1%) and Pro Redes (18.2%)
- Pro Redes had the greatest use of centros comunitarios for postnatal care (28.1%), followed by EC ONG (16%), and AEC PS (10.2%).

Family Planning

- AEC PS had the highest proportion of women using a contraceptive method (19.9%), follwed by EC ONG (16.7%) and Pro Redes (14.9%)
- Pro Redes had the greatest number of users obtaining methods from centros comunitarios (33.1%), fillowed by EC ONG (13.8%) and AEC PS (13.1%).
- Pro Redes had the greatest proportion of unsatisfied demand for contraception (86.1%), followed by EC ONG (84.8%) and AEC PS (81.6%)

IEC

- Pro Redes had the greatest proportion of mothers who had heard an IEC message in the past 3 months (36%), followed by AEC PS (31.2%) and EC ONG (28.5%)
- Pro Redes had the greatest proportion of mothers who had heard a message related to maternal health (15.5%), followed by EC ONG (14.9%), and AEC PS (6.7%)
- Pro Redes had the greatest proportion of mothers who had seen the IEC material on family planning methods (54.5%), followed by AEC PS (47.9%) and EC ONG (40.8%)
- AEC PS had the greatest proportion of mothers who had heard a family planning message (31.2%), followed by Pro Redes (26.1%) and EC ONG (20.6%)
- EC ONG had the greatest proportion of mothers who had heard a message on child health (63.5), follwed by AEC PS (60.1%) and Pro Redes (58.5%)

Analysis of Costs

- Pro Redes cost/person was found to be Q32.68 during the 11 months of the study. This was similar to the cost/person of EC ONG (Q31.89) and higher than the cost/person of AEC PS (Q23.16).

I.. MOH incorporation of Pro Redes innovations into the national Extension of Coverage program

In mid- 2004, the MOH/UPS1 informed Pro Redes Salud of its interest in including some of the key project innovations in the national Extension of Coverage program. The innovations being considered by the MOH for future use include:

- Changes in the organizational structure of the program and personnel roles to a model similar to that of Pro Redes Salud, with an FC, centro comunitario and 8 VS per 1,000 population
- Change in the role of the FC to provide direct patient care based on the AIEPI AINM-C protocols, including the use of basic medicines,
- Supervision of FCs by nurses (EAs) instead of FIs
- Incorporation of the new AIEPI AINM-C computerized information system into the SIGSAs
- Use of the checklist for quality centros comunitarios among MOH-funded NGOs
- Use of the supportive supervision training manual and checklist
- Use of the revised AIEPI AINM-C training modules for FCs that include practice in health centers and hospitals
- Use of the new distance training modules for AIEPI AINM-C for refresher training and training of new personnel

Pro Redes Salud transferred all of these materials and concepts to the MOH/UPS1 and met with relevant persons within the MOH/UPS1 to explain them in detail before the end of the project.

J. Community funding assumed by the MOH

In June, 2004, the MOH/UPS1 agreed to assume the coverage of those communities covered by Pro Redes, 317,000 population in the 8 health areas, when project funding ended. The NGO selection process was implemented in July, 2004, with Pro Redes staff acting as observers. Observations and recommendations regarding the strengthening of this process in the future are presented in this report in the section entitled Lessons learned and recommendations. The final results of the selection process were are presented in the Sustainability section of this report, below.

Objective 6: Incorporate family planning and community AIEPI AINM-C protocols into service delivery

The purpose of this objective was to incorporate family planning and community AIEPI AINM-C into network and NGO service delivery. LOP goals for this objective were:

AIEPI

- 100% of 5 networks and 9 NGOs implementing AIEPI
- 50% of non-grantee NGOs in the 5 networks working in health implementing AIEPI

AINM-C

- 100% of 5 networks and 9 NGOs implementing AINM-C
- 50% of non-grantee NGOs in the 5 networks working in health implementing AINM-C

Family Planning

- 100% of 5 networks and 9 NGOs implementing family planning
- 50% of non-grantee NGOs in the 5 networks working in health implementing family planning

Pro Redes Salud accomplished this objective, with the following results:

AIEPI
- 100% of 5 networks and 9 NGOs implementing AIEPI
- 86.4% (38) of non-grantee NGOs working in health (44) implementing AIEPI

AINM-C
- 100% of 5 networks and 9 NGOs implementing AINM-C
- 86.4% (38) of non-grantee NGOs working in health (44) implementing AINM-C

Family Planning
- 100% of 5 networks and 9 NGOs implementing family planning
- 86.4% (38) of non-grantee NGOs working in health (44) implementing family planning

A. National materials used for training in AIEPI AINM-C and family planning

Objective 6 recommended that the project use NGO-developed materials for the training of project networks and NGOs in community-based IMCI and family planning. This recommendation was due to the fact that the government of Guatemala had not yet approved the national strategy for community based IMCI and family planning (AIEPI AINM-C) when the project description was written. In early 2002, however, following a joint visit to Honduras that included Pro Redes Salud, the AIEPI AINM-C strategy was adopted by the Ministry of Health and national materials were subsequently developed. For this reason, the project used the official materials in the training of networks and NGOs instead. The project also used the official MOH materials on family planning and birth spacing as well as the materials and logistics system developed by APROFAM. It is interesting to note that the AIEPI materials developed by URC/Calidad en Salud and the MOH were based on earlier community based IMCI materials (MINEC) developed by USAID/Population Council. Many of the Pro Redes Salud NGOs were involved in the development of these earlier IMCI materials.

B. Trainers

Objective 6 also mentioned the promotion of training of networks and NGOs by other networks and NGOs, and the training of networks and NGOs by APROFAM. The project followed these guidelines, using the following variety of sources as trainers of networks and NGOs: Training in AIEPI AINM-C was conducted by project personnel, NGO networks, NGOs and MOH personnel, while training in family planning was conducted by project personnel, networks, NGOs and APROFAM. Detail on training is presented in the strengthening section of this report, below.

C. Result: 9 grantee NGOs in 5 networks trained in family planning, AIEPI and AINM-C

The 5 NGO networks funded under this project have a total of 9 grantee NGO members. The NGO Networks project provided significant strengthening to these NGOs for the expansion of RCH services, particularly in family planning and AIEPI AINM-C. Training information is reported in the training section of this report.

D. Result: 100% of 9 grantee NGOs in 5 networks incorporated family planning into service delivery, 112,000 population

Following training, all of the 5 NGO networks and 9 grantee NGOs funded under this project successfully integrated family planning into service delivery. The total population served was 112,000 in 7 highland departments.

E. Result: 100% of 9 grantee NGOs in 5 networks incorporated AIEPI and AINM-C into service delivery, 112,000 population

Following training, all of the 5 NGO networks and 9 grantee NGOs funded under this project also successfully integrated AIEPI and AINM-C into service delivery. The total population served was 112,000 in 7 highland departments.

F. Result: 100% of non-grantee NGOs in health (44) trained in family planning, AIEPI and AINM-C

The 5 NGO networks funded under this project have a total of 53 NGO members, 44 of whom work in community level health. The NGO Networks project provided significant strengthening to these NGOs for the expansion of RCH services, particularly in family planning and AIEPI AINM-C. Information on the training of these NGOs is provided in the training section of this report. The following table lists the names and locations and each of the 53 NGOs and the 44 working in health, by network. Population coverages are provided for the 44 NGOs that are working in community level health.

Table 7: 53 NGO members of the 5 project-supported NGO networks who received strengthening under the NGO Networks project (44 NGOs working in community health)

Network	NGOs	Departments	Municipios	Population coverage of those NGOs working in community health
REDDES	ATI	Totonicapan	Totonicapan	75,000
	Yun Qàx	San Marcos and Quetzaltenango	Jornadas medicas only	10,000
	ASODESI	Huehuetenango	San Pedro Necta	32,404
	ASOCVINU	Ixcan	Ixcan	38,000
	ADAD	Huehuetenango	Democracia	10,000
	Chuwi Tinamit	Chimaltenango	Chimaltenango	3,000
	ACUALA	Chimaltenango	Patzun	3,000
	ADECO	Huehuetenango	Barillas	13,000
	ADIVES	Huehuetenango	San Mateo Ixtatan	29,915
	Eb Yajaw	Huehuetenango	Malacantancito, San Sebastián, Chiantla, San Rafael Petzal	55,345
	IMDI	Huehuetenango	Todos Santos	18,000
	Kajih Jel	Chimaltenango	Patzicia	3,500
	SEPRODIC	Huehuetenango	Santa Eulalia, San Juan Ixcoy, Soloma	64,000
	GENESIS	Guatemala	Coordinating NGO	Coordinating NGO
	TIMAX	San Marcos and Quetzaltenango	Jornadas medicas only	15,000
	15 NGOs (14 in health)		**TOTAL**	**370,164**
FESIRGUA	IDEI	Quetzaltenango	Valle Palajuj Noj	20,000
	Pies de Occidente	Quetzaltenango	San Juan Ostuncalco, Valle Palajuj Noj	20,000
	ASECSA	National	National	100,000
	Coop. El Recuerdo	Jalapa	San Pedro Pinula	40,000
	Renacimiento	Chimaltenango	Patzun	30,000
	ADEMI	Chimaltenango	Santa Apolonia	20,000
	Belejeb Bàtz	Quetzaltenango	San Juan Ostuncalco, Colomba	30,000

	CDRO	Totonicapan	Santa Maria Chiquimula, Momostenango	20,000
	Rixin Tinamit	Solola	Santiago Atitlan, San Juan la Laguna, Sta. Maria Visitación	40,000
	PRODESCA	Solola	Santa Lucia Utatlan	36,593
	10 NGOs (all in health)		**TOTAL**	**306,593**
CONODI	Ideas Positivas	Alta Verapaz	Fray Bartolomé de las Casas	13,221
	Wajxaquib Batz	Totonicapan	San Cristóbal Toto, San Francisco el Alto	3,300
	AHUEDI	Huehuetenango	Chiantla	1,500
	AMUPEDI	Quetzaltenango	Olintepeque	4,000
	APROSAMI	San Marcos	San Miguel Ixtahuacan	13,000
	AMDI	San Marcos	San Miguel Ixtahuacan	13,000
	CMM	Totonicapan	San Cristóbal Toto	20,490
	AMCPASA	Quetzaltenango	Colomba, Costa Cuca	18,406
	ADIM	Solola	Nahuala	810
	ADIMCG	Solola	Nahuala	18,000
	CORSADEC	Quiche	Olintepeque, Concepción	14,750
	AGAIM	Sacatepequez	Antigua	pend
	ADECS	pend	pend	pend
	OASIS	pend	pend	pend
	AINCOS	pend	Pend	No work in health
	Centinela	San Marcos	Tecun Uman	2,000
	COVESP	Quetzaltenango	Quetzaltenango	No work in health
	PROHUEHUE	Huehuetenango	Huehuetenango	pend
	18 ONGs (16 in health)		**TOTAL**	**122,477**
Wukup B'atz	ELA	Totonicapan	Santa Maria Chiquimula	62,934
	CONCERTEP	Totonicapan	Pend	No work in health
	ADISDOGUA	Quetzaltenango	Quetzaltenango	Pharmacy only
	Wukup B'atz	Totonicapan	San Francisco el Alto, Momostenango, San Andres Xecul	44,541
	SINTRAICN	San Marcos	pend	Food distribution
	ADIPO	San Marcos	pend	Food distribution
	Assoc. Ixmucane	pend	pend	No work in health
	Assoc. para el Desarrollo del Quiche	El Quiche	pend	No work in health
	8 NGOs (2 in health)			**107,475**
FUNRURAL	FUNRURAL ONG	Quetzaltenango	Coatepèque y Colomba	20,000
	ADASP	San Marcos	Concepción Tutuapa	15,000
	2 NGOs (2 in health)		**TOTAL**	**35,000**
Grand Total	**53 NGOs 44 in health)**			**941,709 population (health only)**

G. Result: 86% (38) of the 44 other NGOs in health in 5 networks incorporated family planning into service delivery, 809,870 population

Following training, 86% of the 44 NGOs working in community health in the 5 networks successfully incorporated family planning into service delivery.

H. Result: 86% (38) of the 44 other NGOs in health in 5 networks incorporated AIEPI and AINM-C into service delivery, 809,870 population

Following training, 86% of the 44 NGOs working in community health in the 5 networks incorporated AIEPI AINM-C into service delivery.

I. Result: 100% of the MOH-funded NGOs (52) trained in family planning, AIEPI and AINM-C

Pro Redes Salud provided significant technical strengthening to the 52 NGOs funded by the MOH Extension of Coverage program in 2003-2004, nearly half of whom (40.4%) were found to also be members of grantee networks (this project and that of AmeriCares). Strengthening was designed to assist these NGOs to also expand the use of new methodologies and improve the quality of RCH service provision in the areas in which they worked. The population coverage of these NGOs was 1,580,509.

Table 8: 52 NGOs funded by the MOH Extension of Coverage program in 2003-2004 that received training in family planning and AIEPI AINM-C under the NGO Networks project (those in bold are also members of project-supported NGO networks)

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

	Eb Yajaw	Chiantla	38,523
		Malacantancito	9,047
	Acodimm	Colotenango	12,855
		San Ildefonso Ixtahuacan	15,446
	Pueblos Unidos	Concepción Huista	9,745
		Jacaltenango	12,756
		Jacal Concepcion	10,285
	Asocic	Cuilco	19,380
	Hoja Blanca	Cuilco	5,623
	Enlace	La Democracia	11,359
		La Libertad	14,815
	Kaibil Balam	La Democracia	12,848
		La Libertad	11,393
	Asodesi	Nenton	10,852
		San Pedro Necta	22,294
	San Juan Atitan	Huehuetenango	15,084
	Seprodic	San Juan Ixcoy	17,056
		San Pedro Soloma	25,006
	Adives	San Mateo Ixtatan	34,252
	14 NGOs (6 in grantee networks)	**TOTAL**	**541,749**
Ixil	Todos Nebajenses	Chajul	22,895
		Nebaj	37,278
		San Juan Cotzal	13,911
	I NGO	**TOTAL**	**74,084**
Quetzaltenango	Fundatec	Cabrican-Huitan	10,970
	Ceipa	Coatepeque	23,818
	Adiss	Colomba	8,891
		Genova	15,118
	Corsadec	Concepción Chiquirichapa	12,870
	Cruz Roja	El Palmar	6,965
	Apics	Quetzaltenango	14,042
	Aprosadi	Quetzaltenango	13,438
	Nuevos Horizontes	San Carlos Sija	7,524
	ABC	San Francisco La Union	9,905
	Cedec	San Martin Sacatepequez	13,837
	10 NGOs (6 in grantee networks)	**TOTAL**	**136,378**
San Marcos	**Acdisec**	Comitancillo	20,831
		Tajumulco	15,141
	Assoc. Txolja	Comitancillo	17,037
	Adiss	Malacatan	25,395
	Centro Medico Coatepeque	Malacatan	22,863
		Nuevo Progreso/Ocos	31,162
		Pajapita	10,344
		Tecun Uman	9,768
	Los Diamantes	Malacatan/Catarina	10,303
	5 NGOs (2 in a grantee networks)	**TOTAL**	**162,844**
Solola	La Inmaculada	Nahuala	21,586
		Santa Catarina Ixtahuatan	8,376
		Palopo	5,196
	Vivamos Mejor	San Pablo y Santa Cruz la Laguna	11,469
	Prodesca	Santa Clara la Laguna	9,107

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

L. Summary Result: 100% of all NGOs in community health in the highlands trained in family planning, AIEPI and AINM-C

When both NGO Networks and AmeriCares funding were combined, a total of 100% of NGOs working in health in the 8 health areas were found to have been trained in AIEPI, AINM-C and family planning, as follows:

-
- 18 NGOs with grants serving 317,000 population (112,000 population this project, 205,000 population AmeriCares),
- 52 NGOs with MOH funding serving 1,580,509 population (this project alone),
- 57 NGOs working in health in the 8 networks (44 this project and 13 AmeriCares).

Table 9: 100% of all NGOs working in community health in each health area strengthened in AIEPI, AINM-C and family planning by Pro Redes Salud

Department	NGOs working in health	NGOs funded by the MOH that received strengthening from Pro Redes (2003)	Grantee NGOs that received strengthening from Pro Redes	NGOs working in health in grantee networks that received strengthening from Pro Redes	Proportion of total NGOs that received strengthening from Pro Redes
Chimaltenango					
	Coop San Juan Comalapa	Coop San Juan Comalapa			
	Ixin Acuala	Ixin Acuala		Ixin Acuala	
	Xilotepeq	Xilotepeq			
	Codesmaj	Codesmaj			
	Adseic	Adseic			
	Ademi		Ademi	Ademi	
	Behrhorst		Behrhorst	Behrhorst	
	Renacimiento		Renacimiento	Renacimiento	
	Kajih Jel		Kajih Jel	Kajih Jel	
	Chuwi Tinamit		Chuwi Tinamit	Chuwi Tinamit	
	Asecsa			Asecsa	
	TPS			TPS	

	Ej. de Salvac.			Ej. de Salvacion	
	Fund. Contra el Hambre			Fundacion contra el Hambre	
	Ariden			Ariden	
	Udenov			Udenov	
	Aseldergua			Aseldergua	
	Oasis			Oasis	
Solola	**19**	**5**	**5**	**14**	**100%**
	La Inmaculada	La Inmaculada			
	Vivamos Mejor	Vivamos Mejor			
	Prodesca	Prodesca	Prodesca	Prodesca	
	Ixim Achi-Adiia	Ixim Achi-Adiia			
	Rixiin Tinamit			Rixiin Tinamit	
	Adim			Adim	
	Adimcg			Adimcg	
	Asecsa			Asecsa	
	Cedec			Cedec	
Quiche	**9**	**4**	**1**	**6**	**100%**
	Codeco	Codeco			
	Funrural	Funrural		Funrural	
	Copinconuf	Copinconuf			
	Ccam	Ccam			
	Fundadese	Fundadese			
	Mashenos	Mashenos			
	Ixmucane	Ixmucane			
	Asoderq	Asoderq			
	La Inmaculada	La Inmaculada			
	Corsadec		Corsadec	Corsadec	
	Asecsa			Asecsa	
Ixil	**11**	**9**	**1**	**3**	**100%**
	Todos Nebajenses	Todos Nebajenses			
	Corsadec		Corsadec	Corsadec	
	Asecsa			Asecsa	
Quetzaltenango	**3**	**1**	**1**	**2**	**100%**
	Fundatec	Fundatec			
	Ceiba	Ceiba			
	Adiss	Adiss	Adiss	Adiss	
	Corsadec	Corsadec		Corsadec	
	Cruz Roja	Cruz Roja			
	Apics	Apics			
	Aprosadi	Aprosadi			
	Nuevos Horizontes	Nuevos Horizontes		Nuevos Horizontes	
	ABC	ABC	ABC	ABC	
	Cedec	Cedec		Cedec	
	Funrural		Funrural	Funrural	
	Timach			Timach	
	Idei			Idei	
	Pies de Occidente			Pies de Occidente	
	Belejeb Batz			Belejeb Batz	

	Amupedi			Amupedi	
	Amcpasa			Amcpasa	
	Adisdogua			Adisdogua	
	Asecsa			Asecsa	
	Yun Qax			Yun Qax	
	Covesp			Covesp	
	Proyecto HOPE			Proyecto HOPE	
	Intervida			Intervida	
San Marcos	**23**	**10**	**3**	**18**	**100%**
	Acdisec	Acdisec			
	Txoija	Txoija			
	Adiss	Adiss		Adiss	
	Centro Medico	Centro Medico			
	Los Diamantes	Los Diamantes			
	Cruz Roja		Cruz Roja	Cruz Roja	
	Adasp		Adasp	Adasp	
	Yun Qàx			Yun Qàx	
	Aprosami			Aprosami	
	Timach			Timach	
	Amdi			Amdi	
	Asecsa			Asecsa	
	Ixchel			Ixchel	
	Adifco			Adifco	
	Deco			Deco	
	Sintraicin			Sintraicin	
Huehuetenango	**16**	**5**	**2**	**12**	**100%**
	Tetz Qatanum	Tetz Qatanum			
	Adeco	Adeco	Adeco	Adeco	
	Assaba	Assaba			
	Pueblos Unidos	Pueblos Unidos			
	Hoja Blanca	Hoja Blanca			
	Enlace	Enlace			
	Kaibil Balam	Kaibil Balam			
	Eb Yàjaw	Eb Yàjaw	Eb Yajaw	Eb Yajaw	
	Acodimm	Acodimm			
	San Juan Atitlan	San Juan Atitan			
	Asocic	Asocic			
	ABC		ABC	ABC	
	Seprodic	Seprodic	Seprodic	Seprodic	
	Asodesi	Asodesi		Asodesi	
	Adives	Adives	Adives	Adives	
	Adad			Adad	
	Ahuedi			Ahuedi	
	Asecsa			Asecsa	
	Imdi			Imdi	
	Prohuehue			Prohuehue	
	Asodehue			Asodehue	
Totonicapan	**21**	**14**	**5**	**12**	**100%**
	Wukup Batz	Wukup Batz	Wukup Batz	Wukup Batz	
	La Inmaculada	La Inmaculada			
	CMM	CMM		CMM	

	ELA	ELA	ELA	ELA	
	Asecsa			Asecsa	
	Ati			Ati	
	Wajxaquib Batz			Wajxaquib Batz	
	Cdro			Cdro	
	Concertep			Concertep	
	9	**4**	**2**	**8**	**100%**

Other Areas					
Ixcan	Asocvinu			Asocvinu	
Jalapa	Coop. El Recuerdo			Coop. El Recuerdo	
Sacatepequez	Agaim			Agaim	
Guatemala	Genesis Aseldergua Vision Mundial			Genesis Aseldergua Vision Mundial	
Alta Verapaz	Ideas Positivas			Ideas Positivas	
	6			**6**	

MONITORING AND EVALUATION COMPONENT ONE

There were three sources of data related to the key indicators for this component of the project, as set out in the approved Monitoring and Evaluation Plan. These were:

- **The project monitoring system**: Monitoring data covers the period from the initiation of service delivery in January, 2003 through June, 2004, a period of 18 months, and is reported from all 5 NGO networks and 9 grantee NGOs.

- **Baseline and final household survey data**: The baseline survey was conducted before service delivery began in October, 2002, while the final survey was conducted at the end of the project in 2004. Data is statistically representative of not only each of the 5 grantee networks, but also each of the 9 individual NGOs.

- **The Operations Research:** The data from the OR covers 11 months, from April, 2003 to February, 2004. Data was collected from a sample of communities within each of the three models of service delivery under investigation. Three of the Pro Redes Salud NGOs participated in the OR.

The following pages of the report present the results from these three sources of data in relation to each of the key indicators of coverage and quality of care. The final documents – the final survey reports, the draft final OR report, and the results of the monitoring system - are in the annexes of this report. The production of services for AmeriCares networks and NGOs is presented in the final AmeriCares report.

III. Component Two: Strengthening of Networks and NGOs

Objective 2: Create new NGO Networks

This objective was aimed at increasing the number of formal or informal NGO networks working in health in order to achieve greater coverage and reduce the management burden for donor agencies and others wanting to work with NGOs. It called for all project support to be channelled through formal or informal networks. The LOP goals for this objective were as follows:

- 7 formal or informal networks formed since the project began,
- 12 formal or informal networks being served by the project
- 8 NGOs incorporated into NGO networks since project start-up

The project accomplished these goals by:

- Forming 31 new networks - 13 formal and 18 informal (excluding the national NGO federation ASOREDES),
- Serving 33 formal and informal networks (9 formal and 24 informal),
- Incorporating 94 NGOs into the 13 new formal networks alone (excluding those in informal networks and the 150 NGOs incorporated into ASOREDES)

A. Types of networks formed

1. Informal networks on the local level: Consejos de Salud

Objective 2 originally envisioned grouping the NGOs funded by the MOH in each department into legal networks and then channelling project grant funding through them. In the beginning of 2002, the project spoke to the NGOs previously funded by USAID/Population Council and USAID/PCI to obtain their counsel regarding the formation of legal NGO networks by department based on MOH funding, and found that NGOs recommended against it for several reasons: First, NGOs working in each department may receive funding from the MOH in one year and then not receive funding in the next. This instability would make the formation of legal networks consisting of these NGOs unfeasible. Second, some of the NGOs funded by the MOH are not among the strongest health NGOs in Guatemala; political factors and influence have led to the formation of new inexperienced and opportunistic NGOs to obtain MOH funding. Indeed, many of the NGOs we spoke to refused to work with the MOH for this and other reasons. Therefore, if the project were to legalize groupings of MOH-funded NGOs and then channel support primarily to them, the NGOs felt that the project would not be supporting the strongest health NGOs in the country or those with the best chance of long term sustainability.

On the other hand, NGOs did feel it was important to strengthen local level coordination between the MOH and those NGOs working in health in each department. They recommended that this be accomplished by strengthening informal networks made up of all NGOs independent of funding source. The ideal coordination mechanism was felt to be the consejo de salud as it is the official mechanism for coordination established by the MOH and municipal levels, as set out in the Codigo de Salud and the Codigo Municipal. The consejos de salud are the bodies responsible for coordinating all NGOs - MOH and non-MOH funded - in a given geographical area. Given this advice, in early 2002 the project selected the consejo de salud as the informal network body to be strengthened and encouraged on the local level for coordination between the MOH and NGOs.

Detail on the development and strengthening of these consejos is provided in this report in the section on MOH-NGO coordination.

2. Formal, legal networks of NGOs

The NGOs previously funded by USAID/Population Council and USAID/PCI felt that all NGOs would be most interested in joining each other and forming formal, legal networks based on affinity. Some had already begun the process of network formation. They suggested that the project offer legal support to all NGOs interested in forming legal networks, and not tie this into the source of funding the NGOs may or may not receive. For this reason, the new legal networks formed by the project include NGOs that have various sources of funding, as well as NGOs that are currently receiving funding from the MOH under Extension of Coverage. The following section presents results related to the formation of these networks.

B. Formation of networks of ex-PCI and Population Council NGOs

As Pro Redes Salud was starting up in early 2002, three groups of NGOs - many of whose members had been previously supported by USAID - completed the legalization of their formal networks. The networks formed are:

1. **La Red Para el Desarrollo Sostenible (REDDES):** Made up of many of the NGOs previously supported by USAID/Project Concern International,
2. **Corporación de Organizaciones de Desarrollo Integral (CONODI):** Made up of many of the NGOs previously supported by USAID/Project Concern International, and
3. **La Federacion de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)**: Made up of many of the NGOs previously supported by USAID/The Population Council.

These networks presented proposals to the project following the first Convocatoria and NGOs from all three were selected for the implementation of primary care in high risk communities in both the first and second funding rounds. Although these networks formed without the direct assistance of Pro Redes, their formation was directly or indirectly a result of the new USAID project design.

C. Lawyer contracted and network formation guidelines developed

In early 2002, other groups of NGOs also began approaching Pro Redes for assistance in the formation of legal networks. The project consulted with a local lawyer – one with experience in the formation of NGO networks – and decided to contract her to develop a written set of instructions that could be given to NGOs wishing to form a legal network, and assist interested NGOs with the legal work as necessary.

D. Result: 13 new formal NGO Networks legalized (excluding ASOREDES)

By the end of the project, this support and encouragement had led to the formation of 13 new NGO legal networks as follows:

1. Red para el Desarrollo Sostenible (REDDES)
2. Federación de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)
3. Corporación de Organizaciones de Desarrollo Integral (CONODI)
4. Coordinadora Integral de Asociaciones Marquenses (CIAM)
5. Red Wukup B'atz
6. Red de Organizaciones de Desarrollo Integral Comunitario Sostenible (RONDICS)
7. Red de Estudio para el Desarrollo Integral Socioeconómico "Redis Q'Anil"

8. Asociación de Entidades de Desarrollo Humanitario (ENDESA)
9. Coordinadora de Asociaciones Maya Indígena del Norte (CAMINO)
10. Red San Pablo
11. Coordinadora de Entidades de Desarrollo Marquenses (CEDESMA)
12. Red de Desarrollo de San Marcos (REDDESSM)
13. Asociación Coordinadora de Integración Guatemalteca (ACODIGUA)

E. Result: 94 NGOs incorporated into the 13 new legal networks

A total of 94 NGOs were incorporated into these 13 new formal networks formed by Pro Redes Salud. This list does not include the NGOs incorporated into the consejos de salud or the 150 NGO members of the national federation ASOREDES:

Table 10: Number of NGOs incorporated into 13 new formal networks, by network

Network	Number of Member NGOs
Red para el Desarrollo Sostenible (REDDES)	15
Federación de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)	10
Corporación de Organizaciones de Desarrollo Integral (CONODI)	18
Coordinadora Integral de Asociaciones Marquenses (CIAM)	7
Red Wukup B'atz	8
Red de Organizaciones de Desarrollo Integral Comunitario Sostenible (RONDICS)	7
Red de Estudio para el Desarrollo Integral Socioeconómico (Redis Q'Anil)	4
Asociación de Entidades de Desarrollo Humanitario (ENDESA)	5
Coordinadora de Asociaciones Maya Indígena del Norte (CAMINO)	5
Red San Pablo	3
Coordinadora de Entidades de Desarrollo Marquenses (CEDESMA)	4
Red de Desarrollo de San Marcos (REDDESSM)	4
Asociación Coordinadora de Integración Guatemalteca (ACODIGUA)	4
Total NGOs in the 13 new networks	**94**

F. Result: 24 new informal networks formed on the departmental and district levels

By the end of the project 24 new departmental and municipal level consejos de salud had also been formed in the 7 highland departments.

New informal NGO networks in departments and districts - 24

- Consejo de Salud – Departamento de Quetzaltenango
- Consejo de Salud – Departamento de San Marcos
- Consejo de Salud - Totonicapan
- Consejo de Salud – Area del Quiche
- Consejo de Salud – Area de Ixil
- Consejos Municipales de Salud in Quetzaltenango – 8
- Consejos Municipales de Salud in San Marcos – 2

- Consejos Municipales de Salud in Huehuetenango – 3
- Consejos Municipales de Salud in Totonicapan – 2
- Consejos Municipales de Salud in Solola – 2
- Consejos Municipales de Salud in Chimaltenango - 2

G. Result: 33 formal and informal NGO networks attended by Pro Redes Salud:
In total, Pro Redes Salud worked with 33 formal and informal NGO networks, as follows:

- 8 formal, legal grantee networks (this project and AmeriCares)
- 24 Consejos de Salud on the area and district levels
- Asociación de Redes de ONGs de Guatemala (ASOREDES)

Objective 3: Encourage the creation of one or more umbrella NGO networks
The purpose of this objective was to form an umbrella network of networks – a federation - that included the NGOs previously funded by USAID/PCI or the USAID/Population Council and those funded by the MOH, if possible, by the end of the project. This objective was also achieved by the project through the following:

- Formation, legalization and strengthening of the Asociacion Nacional de Redes de ONGs (ASOREDES), made up of 7 NGO networks and and 150 NGO members,
- Inclusion of NGOs previously supported by USAID/PCI and USAID/Population Council as well as many NGOs funded by the MOH

The formation of the federation was an important project result and one particularly difficult to achieve. ASOREDES was formed, legalized, strengthened and set-up by the end of the project. The process and results related to this objective are described below.

A. Result: Formation of the first national federation of NGO networks (ASOREDES) in Latin America
ASOREDES is the first NGO network federation in Latin America. Other well-known networks in health in Latin America such as PROCOSI and NicaSalud are second tier entities made up of primarily if not exclusively of NGOs. In comparison, ASOREDES is a third tier entity – consisting entirely of networks. The federation has already had an impact on the individual NGO network members as it has shown them that they have more power nationally if they join together. It had an impact on the health policies of the leading political parties during the electoral process in 2003 as they included a focus on the extension of primary care and NGOs in their platforms, and invited the NGOs to participate actively with the MOH on the national level. ASOREDES has also been slowly gaining visibility nationally and regionally in 2004.

B. Result: Development and implementation of a successful strategy for federation formation, legalization and strengthening
This achievement was a result of a strategy and a series of activities that were implemented over the life of the project, as follows:

***Step 1:* Assist NGOs to form legal networks and incorporate networks into the project**
The first step in the process was to form NGOs into second-tier networks of NGOs, similar to PROCOSI or NicaSalud. This effort resulted in the formation of 13 new, legal NGO networks, as

mentioned above Eight of the new NGO networks were then incorporated into the project as grantees.

Step 2: **Provide opportunities for networks to get to know and trust each other**
The second step in the process was to provide opportunities for grantee networks to get to know eachother, unify approaches and develop new ways of working in health. This step took time and was achieved through:

- Continual joint training
- Frequent joint meetings
- Joint development and implementation of the following innovations in health:
- The project service delivery model
- The community baseline survey
- Network revolving medicine funds
- The new community-based AIEPI AINM-C information system
- Joint analyses of goals and achievements
- Development and implementation of network strengthening plans
- Networks and NGOs training other networks and NGOs
- Development of revenue generating plans

Step 3: **Identify an opportunity and encourage the networks to form a federation**
The third step was to encourage the networks to form into a network federation. The opportunity for this step presented itself in the last semester of 2003 during the elections when grantee networks and their NGOs decided it was important to actively advocate for continued NGO participation and specific changes in health sector policies. The impending change in government was the catalyst that convinced the networks, who now knew eachother well, to join together into an informal federation. The 7 networks that initially joined together in the federation are as follows:

1) FESIRGUA (ex—PC NGOs)
2) REDDES (some ex-PCI NGOs)
3) CONODI (some ex-PCI NGOs)
4) FUNRURAL
5) CIAM
6) RONDICS
7) Wukup B'atz

The eighth project grantee network, ASINDES, decided not to join, however the federation has recently received word from ASINDES of its interest in becoming a member.

Step 4: **Legalize the federation and position it for sustainability**
The fourth step was to assist the networks to determine if the new organization should be legalized and, if so, position it for sustainability. From September, 2003 through the end of the project in September, 2004, Pro Redes worked to complete step 4, as follows:

Development of an NGO position document in health
In September, 2003 the still-informal federation developed a position document to be given to all political parties. The document, entitled *Derecho a la Salud y Situacion de las Comunidades Postergadas*, outlined 9 basic points the networks considered important as the basis for a

discussion with the political parties. Technical support was provided by the USAID/Policy Project in this process. In brief, these were:

- Establish a platform in the health sector for the analysis and implementation of sectoral reform that includes the participation of NGOs.
- Strengthen the MOH to assume its role as leader in the health sector, with emphasis on the district level
- Ensure the continuity of the MOH Extension of Coverage program and increase emphasis on RCH services, learning from the positive experiences of models with proven efficiency applied by other organizations such as Pro Redes Salud
- Strengthen social participation from decision-making through to social audit
- Decentralize the health services, strengthening the departmental and municipal consejos de salud
- Institutionalize the AIEPI AINM-C strategy and reproductive health in service delivery
- Integrate traditional medicine and therapies into the health system
- Ensure efficient access to basic medicines to the population
- Increase social investment in health

Newspaper advertisements and publications

In September, 2003, Pro Redes funded newspaper advertisements for the upcoming public forum to be hosted by the new federation. Following the public forum event in October, 2003, the project again funded newspaper publications presenting the principal points in the federation's position document in health as well as the results of the public forum.

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

On October 2, 2003, the federation held a public forum in the Hotel Camino Real in Guatemala City. Participants included representatives from the major political parties GANA, UNE, DIA, UD and URNG as well as over 500 representatives from NGOs, the MOH, the major universities and donor organizations, including USAID. The purpose of the event was to present the federation, the contents of the federation document, and to hear the position of each political party on the health sector and involvement of NGOs. During the meeting, 8 principal points of consensus and commitments were identified by the parties that spoke. These were:

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

Meetings with leading political parties GANA and UNE
Following the public forum, Pro Redes Salud supported one-on-one meetings between the federation and each of the political parties selected in the first voting round, UNE and GANA. In December, 2003 GANA was selected in general elections. They took power in early 2004. During the meeting between the federation and GANA, consensus was reached on the following points related directly to the NGOs:

MOH leadership and decentralization:

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

AIEPI AINM-C and reproductive health:

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

Medicines:

- Strengthen PROAM (the government drug supply entity)
- Create an inter-sectoral group to evaluate the use and accessibility of medicines
- Strengthen the use of generic drugs
- Develop regional warehouses to facilitate access to generic medicines
- Facilitate the participation of NGOs in an inter-sectoral body on the use of medicines
- Strengthen the MOH Extension of Coverage program to deliver integrated care, improving access to supplies and medicines
- Form an inter-sectoral group to participate in the process of the contrato abierto (bidding and selection of drug vendors). GANA invited the federation to participate in this group.

Decision to legalize, development of a federation mission statement and strategic plan
In March, 2004, Pro Redes Salud held a 4-day event with the federation to assist them to develop a vision, mission, strategic objectives, strategic programs, policies, first-year objectives, and

organizational structure. During this event the networks in the federation decided to legalize their organization and ratified their first Board of Directors.

ASOREDES members signing the Acta de Constitucion

Legalization of ASOREDES and presentation to selected donors and the press
The Association was formally named and legalized in early 2004 with support from the project. Once this step had been completed, the project assisted the Association to hold a breakfast event where ASOREDES was presented publicly to the MOH, WHO, USAID and the media. This event took place on June 22, 2004 at the Hotel Camino Real in Guatemala City.

Grant agreement signed with ASOREDES for office set up
In July, 2004, Pro Redes signed a grant agreement with the Asociacion to set up their offices. Space was made available for the Asociacion in the offices of one of the NGO networks members - FUNRURAL/ANACAFE. By the end of the project in September, 2004, ASOREDES had equipped and supplied their offices and contracted a coordinator.

Donation of a vehicle by USAID
USAID also instructed the project to donate a vehicle to ASOREDES when the project ended. This vehicle will assist the federation to reach its NGO members and present proposals for donor funding, as well as connect with the new USAID projects in health as they begin later this year.

Development of a federation logo and letterhead
Pro Redes also provided support to ASOREDES in the development of their organization's logo and letterhead. This logo and letterhead were then used to develop banners, business cards and stationery for the new federation.

ASOREDES website developed to increase visibility
In August, 2004, Pro Redes supported ASOREDES in the development of a federation website. Technical assistance was provided by PACT. The website is linked to the PACT website for networks entitled The Impact Alliance (www.impactalliance.org). PACT agreed to waive the intital membership fee for ASOREDES and has given them one year without annual dues. The web site should help ASOREDES to increase national and international visibility, improve connections with other networks as well as PACT itself, and to be better informed about funding opportunities. The new ASOREDES webside may be found at www.asoredes.org

ASOREDES presented to the donor community in a national event
In August, 2004, Pro Redes Salud also provided funding to ASOREDES for a final event designed to launch the federation as a legal entity, and conduct its first annual awards ceremony. Participants included personnel from the MOH, USAID, PAHO, UNDP and other organizations, The event was held at the Hotel Melia in Guatemala City.

C. Result: NGOs previously funded by USAID/PC and USAID/PCI founding members of ASOREDES

Objective 3 specifically mentioned inclusion of the NGOs previously funded by USAID/PCI and USAID/Population Council in the federation. This was also achieved by the project. As noted above, the three formal NGO networks consisting of NGOs previously funded by USAID/Population Council and USAID/PCI were legalized in early 2002. These networks received strengthening from Pro Redes throughout the project and are founding members of ASOREDES. They are also on the federation's Board of Directors.

Objective 1: Strengthen NGOs

The purpose of this objective was to build upon Mission work to date to further strengthen network and NGO capacities to provide quality reproductive and child health (RCH) services among children under five and women in fertile age, manage programs more effectively and improve sustainability. The LOP goals for this objective were as follows:

- 100% of 5 grantee networks strengthened in administration-finances
- 100% of 5 grantee networks with strengthening plans
- 100% of 5 grantee networks with revolving drug funds

AIEPI

- 100% of technical staff, FCs and VS of 5 networks and 9 NGOs trained in AIEPI
- 100% of non-grantee NGOs in the 5 networks trained in AIEPI
- 100% of MOH-funded NGOs trained in AIEPI

AINM-C

- 100% of technical staff, FCs and VS of 5 networks and 9 NGOs trained in AINM-C
- 100% of non-grantee NGOs in the 5 networks trained in AINM-C
- 100% of MOH-funded NGOs trained in AINM-C

Family Planning

- 100% of technical staff, FCs and VS of 5 networks and 9 NGOs trained in family planning
- 100% of non-grantee NGOs in the 5 networks trained in family planning
- 100% of MOH-funded NGOs trained in family planning

Pro Redes Salud exceeded this objective by training 100% of the NGOs working in health in the 7 highland departments. Achievements were:

- Strengthening 100% of 5 grantee networks in administration-finances
- 100% of 5 grantee networks with strengthening plans
- 100% of 5 grantee networks with revolving drug funds

AIEPI

- Training 100% of technical staff, FCs and VS of 5 networks and 9 NGOs in AIEPI
- Training 100% of member NGOs (44) working in health in 5 networks in AIEPI
- Training 100% of MOH-funded NGOs (52) in AIEPI

AINM-C

- Training 100% of technical staff, FCs and VS of 5 networks and 9 NGOs in AINM-C
- Training 100% of member NGOs (44) working in health in 5 networks in AINM-C
- Training 100% of MOH-funded NGOs (52) in AINM-C

Family Planning

- Training 100% of technical staff, FCs and VS of 5 networks and 9 NGOs in family planning
- Training 100% of member NGOs (44) working in health in 5 netoworks in family planning
- Training 100% of MOH-funded NGOs (52) in family planning

A. Three groups of networks and NGOs strengthened

Pro Redes strengthened the following three groups of networks and NGOs over the life of the project. The presentation of strengthening results, below, is divided by these groups:

1. Grantee networks and grantee NGO members
2. NGO members of the grantee networks
3. NGOs funded by the MOH under Extension of Coverage

B. Types of strengthening provided

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

- administrative and financial systems
- quality technical care
- program and institutional sustainability

C. Project training strategies

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

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

D. Preparation for strengthening

Before strengthening could begin, the project had to lay the groundwork. Activities included:

1. Preparation for technical strengthening of networks and NGOs in AIEPI AINM-C

Training of project staff in clinical IMCI by Project HOPE: Once the ten project technical staff were hired in early 2002 it became clear that, although they were familiar with IMCI, none had yet received training. Project HOPE therefore conducted an initial training of all project technical staff. This training took place in Quetzaltenango from May 20 to 25th, and served as first step in the preparation for staff training as trainers in community-based IMCI.

Joint trip to Honduras to learn about AIN and its application: In February, 2002 a team of 19 representatives from the MOH, URC/Calidad en Salud, international PVOs and Pro Redes conducted a visit to Honduras to learn about the successful Atencion Integral en Nutricion (AIN) growth

monitoring and counseling program. Three of the project's key technical staff went on this visit. The visit concluded with a decision on the part of the MOH to adopt the AIN methodology and adapt it to Guatemala. The new strategy for Guatemala was named AIEPI AINM-C.

Support to the MOH and the Interagency IEC Group (ITG) in the development and revision of training and IEC materials: In the first half of 2002, Pro Redes technical staff provided feedback to the MOH regarding the development of new training materials for AIEPI AINM-C, in coordination with URC/Calidad en Salud. Feedback was provided during a first training of trainers with the new materials held on the central level, and in individual meetings with key staff from URC/Calidad en Salud. Project staff responsible for behavior change/IEC also worked closely with the Interagency IEC Group in the development of supporting IEC materials. Once the materials had been revised, from August to November, 2002 Pro Redes staff worked with URC/Calidad en Salud and the MOH to train MOH personnel and NGOs in the new protocols. Then, in December, 2002 following training of MOH staff, NGOs and FCs, the project met again with URC/Calidad en Salud and the MOH to discuss modifications to the training strategy and materials based on lessons learned.

2. Preparation for strengthening in revolving drug funds

Negotiations with USAID: In the second quarter of 2002 the project also began negotiations with USAID and Project HOPE to develop revolving drug funds within grantee networks and NGOs. Several meetings were held with USAID, Project HOPE and PROAM, the MOH pharmaceutical supplier for the MOH Extension of Coverage program, to determine the way in which the drug funds would function. In mid-2002, the Mission approved the purchase of six months of seed pharmaceuticals for grantee networks and NGOs.

Selection and purchase of medicines: Pro Redes and Project HOPE determined the basic set of medicines that would be purchased and implemented the purchasing process. It was decided that the drugs that formed the basis of the revolving funds in the rural botequines managed by the FCs would be limited in number to simplify case management, and would reflect only those outlined in the AIEPI AINM-C protocols.

Development of fund guidelines: In the last half of 2002, Pro Redes met with the networks to discuss the funds. The networks formed a joint Comision del Fondo Revolvente de Medicinas (FRM) to assist the project in the development of the general terms for fund implementation. JSI then contracted an international consultant with experience in revolving drug funds to visit Guatemala, meet with FRM Comision and assist the project in establishing general guidelines. The consultant met several times with the Comision and PROAM and visited several examples of revolving funds in action on the community level. Following the consultant's visit, in November, 2002 the project developed a guidelines document and reporting forms. This document and its forms were given to the NGOs in early December, 2002 to assist them in the development of their revolving fund plans**.**

Network revolving fund plans: In December, 2002 the networks developed plans describing the way in which their revolving funds would be handled, and presented them to the project. Plans were reviewed and approved by Pro Redes before the distribution of seed pharmaceuticals to the networks in January, 2003**.**

E. Result: 9 grantee NGO members of the 5 grantee networks strengthened
9 grantee NGOs and 5 networks received engthening from the NGO Networks project. These NGOs are members of the grantee networks, the informal networks on the local level - the consejos de salud – and are members of the federation ASOREDES. Some of these NGOs also receive funding from the MOH. All received strengthening in administration, finances, technical areas and sustainability. Details on the strengthening of these grantee NGOs is provided below.

F. Result: 53 NGO members of the 5 grantee networks strengthened
53 NGO members of the 5 grantee networks received strengthening from the project (44 in health). The members working in health are also members of the consejos de salud, and all are members of ASOREDES. Some of these NGOs are also funded by the MOH. All received strengthening in administration, finances, technical areas and sustainability. Details on the strengthening of these grantee NGOs is provided below.

G. Result: 52 NGOs funded by the MOH Extension of Coverage strengthened
All of the 52 NGOs funded by the MOH in 2003 received strengthening from the project. As mentioned above, these NGOs are members of the informal networks on the local level - the consejos de salud, and many are also members of the NGO networks supported by the project as well as ASOREDES. All received strengthening in technical areas to provide quality RCH care, while those who are members of project networks also received training in administration and finances to improve program management and sustainability. Details on the strengthening of these NGOs is provided below.

H. Result: All of the NGOs previously supported by USAID/PCI and USAID/Population Council strengthened
All of the NGOs previous supported by USAID/Population Council received strengthening from the project. All were incorporated into the formal, legal network FESIRGUA in early 2002. They received strengthening in technical areas to provide quality RCH care, in administration and finances to improve program management, and in sustainability. All of the NGOs previous supported by USAID/PCI also received strengthening from the project. All were incorporated into the formal, legal networks REDDES or CONODI in early 2002. They also received strengthening in technical areas to provide quality RCH care, in administration and finances to improve program management, and in sustainability. Details on the strengthening of these NGOs is provided below.

I. Result: 100% of all NGOs in community health in the highlands strengthened
Pro Redes Salud strengthened 100% of the NGOs working in health in the highlands either because they were one of the 52 NGOs funded by the MOH at the time, because they were one of the 18 grantee NGOs, or because they were one of the 85 NGO members of a grantee networks (this project and AmeriCares combined). Some NGOs are in both lists. Support was also extended to NGO network members working in health in Jalapa, Ixcan and Alta Verapaz. For more details refer to Table 9, above.

J. Summary of strengthening provided to ASOREDES, networks and NGOs under this project
The following table presents a summary of the types of strengthening provided to ASOREDES, the 5 networks, 9 grantee NGOs and 53 other non-grantee NGO members supported by this project, and the strengthening provided to the 52 NGOs funded by the MOH.

Table 11: Summary of strengthening provided to ASOREDES, networks and NGOs, LOP

Groupings of NGOs	No. of networks and NGOs	Topics	Number of workshops	Duration of each workshop	Total participants in events
Asociación de Redes de ONGs ASOREDES	**7 networks**	Strategic planning, roles of networks with PROCOSI, NicaSalud and others, website development	2 - 2004	1-4 days	26
Grantee networks and grantee NGOs (excludes the 3 networks in AmeriCares)	**5 Networks 9 NGOs**	Training in administration, finances, legal issues, network institutional sustainability, development of revenue generating plans M and E, revolving drug funds, child health, reproductive health, immunizations, family planning, cervical cancer, ITS, growth monitoring and nutrition, , refresher on the community level information system, training in the application of Depo Provera by FCs, training in growth monitoring and counseling to technical personnel and replicas among FCs and Vigilantes and traditional midwives, refresher training on the development of emergency plans for communities, training in the days method of family planning and replica among FCs and traditional midwives	14 – 2002 69 - 2003 42 - 2004 **125 Total**	1 day – 3 weeks	**2002** 17 admin 35 technical 112 FCs **Total 164** **2003** 48 admin 42 technical 110 FCs 799 VS **Total 994** **2004** 17 admin 36 technical 113 FCs 663 VS 35 TBAs **Total 894**
Networks and other NGO members (excludes the 3 AmeriCares networks)	5 networks and 53 member NGOs	Administration, finances, legal issues, sustainability, negotiation and consensus, immunizations, child health, reproductive health, immunizations, cervical cancer, family planning, ITS, project cycle, planning, implementation, monitoring, evaluation, project development and	5 - 2002 31 - 2003 11 - 2004 **47 Total**	1-15 days plus some 2 month courses	**2002** 100 **2003** 383 **2004** 213

		funding, pharmaceutical logistics and the implementation of community pharmacies, HIV/AIDS, cervical cancer, gender, self-esteem, productive projects			
NGOs funded by the MOH	52 NGOs	child health, reproductive health, immunizations, family planning, growth monitoring and nutrition, supervision child health, reproductive health, immunizations, family planning, growth monitoring and nutrition, supervision	Central- 2 DAS – 15 MA/FI-26 FC – 11 VS – 127 **181 Total**	5-9 days	**AIEPI** Central : 57 DAS : 143 MA/FI : 509 FC : 719 **1,428 Total** **AINM-C** Central : 51 DAS : 199 MA/FI: 692 VS I: 10,222 VS II: 9,241 **20,405 Total**
Other MOH NGO strengthening	MOH personnel 8 health areas and 52 NGOs	Strengthening of the NGO selection process (HACyA), strengthening of family planning logistics, supervision (URRGE USME) and liquidation of VS training	9	2 days	**MOH staff** 196 **NGO staff** 48

K. Detail on the strengthening of ASOREDES

1. Result: Institutional strengthening of 7 networks and 26 persons in 2 events:

In 2004 two events on institutional strengthening was held for the 7 networks that make up the new national federation of NGOs in health in Guatemala. A total of 26 participants received strengthening as follows:

Seminar-workshop for the federation on strategic planning: From March 1 to 4th**,** Pro Redes supported the participation of representatives from the seven NGO networks that comprise the national federation in an event held in Panajachel, designed to assist the newly formed federation develop a strategic plan. This event resulted in the development of statements regarding the Vision, Mission, Strategic Objectives, Strategic Programs, Policies, First-year Objectives, and Organizational Structure. During this workshop, 26 participants from the NGO members also ratified the membership of the preliminary Board of Directors, which then met with lawyers to obtain legal status. Detail on this training session is provided in the annexes of this report.

Seminar-workshop for the federation with other Latin American networks:
From July 14-16, 2004, Pro Redes provides support to representatives from the seven NGO networks in ASOREDES in an event held in Panajachel designed to provide them with an

opportunity to discuss networking with other strong NGO networks including PROCOSI from Bolivia and NicaSalud from Nicaragua. Networks also attended from Mexico and Argentina. The workshop was conducted by PACT, and attended by 23 participants. Detil on this training is provided in the annexes of this report.

Network solidarity: ASOREDES, PROCOSI, NicaSalud and networks from Mexico and Argentina

L. Detail on the strengthening of 5 grantee networks and 9 grantee NGOs

1. Strengthening 2002

a. Result: Financial-administrative strengthening of 17 persons in 4 events:

Training in project financial-administrative procedures: In early 2002, Pro Redes completed the development of a project Financial-Administrative Manual. On June 13, the project conducted a training of all financial-administrative personnel from the 5 grantee networks and 9 NGOs, using the manual as the basis of the training. This training was in preparation for the first disbursal of funds to grantee networks. At total of 17 persons attended this one-day training session.

Training in the new tax laws: Pro Redes supported the participation of financial and administrative personnel from grantee networks and NGOs in a seminar on June 21 given by Arevalo, Perez, Iralda y Asociados, S.C. (PKF International) to update NGO knowledge regardomg the new tax laws for NGOs. Each network was responsible for disseminating the information among NGO members. A total of 6 persons from the networks and NGOs attended this workshop.

Training in the application of NGO international accounting norms: On October 25, 2002 the project supported the participation of network personnel in a seminar given by Alfonso Orosco y Asociados to update NGO knowledge of the application of international accounting norms. Each network was responsible for disseminating the information received in this training among NGO members. A total of 7 persons from the networks and NGOs attended the workshop.

Self-analysis of the administration of the NGOs: From October 27-29, Pro Redes supported the participation of network and NGO personnel in a seminar given by Landivar University to assist networks and NGOs analyze their administrative systems. A total of 14 persons attended this strengthening.

b. Result: Technical strengthening of 35 NGO technical staff and 112 FCs in 10 events: The service delivery model implemented by Pro Redes Salud called for solid preparation of FCs and NGO technical staff in AIEPI AINM-C. Given the increased responsibilities of the FC in the model, project technical staff felt that the training methodology being used for the strengthening of the MOH-funded NGOs (see below) was not be adequate for project purposes. FCs needed the subject matter (AIEPI and AINM-C) to be presented in an integrated manner and must have time for

practice. Pro Redes therefore modified the trainer's guide and conducted its own cascade training of NGO technical staff and FCs from grantee networks and NGOs. Networks and NGOs were also trained in baseline survey data collection, as follows:

Training in the project baseline survey and data collection: October 2-4, 2002 the project contracted a firm, GETSA, to assist in the training of network and NGO technical staff in the collection of baseline data. This training was conducted in Quetzaltenango over a two-day period. 30 people were trained.

Training of network and NGO technical staff in AIEPI AINM-C: The training of network and NGO technical staff in AIEPI AINM-C took place in Panajachel from November 4 -15 – over a two week period. A total of 35 network and NGO staff were trained as trainers in this workshop.

Network and NGO training of FCs in AIEPI AINM-C: In November and December, network and NGO staff then conducted the training of their FCs in eight sites across the country. Each workshop was three weeks in duration. A total of 112 FCs were trained during these 8 workshops. Both the training of network and NGO technical staff, and the training of FCs included days of practice on the community level, in health centers and in area hospitals.

Baseline survey training, first round networks and NGOs, Quetzaltenango

Training of first round network and NGO staff in AIEPI AINM-C
Centro de Salud, Solola

Network and NGO training of Facilitadores Comunitarios in AIEPI AINM-C, El Quiche, CONODI

AIEPI AINM-C training of Facilitadores Comunitarios
Totonicapan, Wukup B'atz

2. Strengthening 2003

a. Result: Financial-administrative strengthening of 48 persons in 2 events:
In 2003 two training sessions on finances and administration were held for networks and grantee NGOs. A total of 48 financial-administrative staff received strengthening in two events. Training was as follows:

Training in the new NGO laws: In 2003, the Guatemalan government passed new tax laws to increase control over NGOs. At the request of the networks, on January 19, Pro Redes supported the participation of representatives from the 5 NGO networks in an event held in the Hotel Marriott regarding the new laws affecting NGOs in Guatemala. At total of 48 participants attended this one-day training session: 17 from the networks and 31 from the NGOs.

Training in financial and counterpart reporting: In 2003 grantees performed reasonably well in their financial reporting, however the project identified problems common to many. Most networks and NGOs were also under-reporting counterpart funding. Therefore on February 29-31, Pro Redes supported a three-day training of network and NGO financial staff to improve financial and counterpart reporting. The project developed a counterpart manual and simplified counterpart forms for the event, held in Panajachel. A total of 13 participants attended this training: 4 from the networks and 9 from the NGOs.

b. Result: Technical strengthening of 42 technical staff, 110 FCs and 793 Vigilantes in 67 events:

In 2003, 67 training workshops were held on technical topics for networks and grantee NGOs. A total of 42 technical staff, 110 FCs and 793 VS within network and NGO projects received technical strengthening. Training consisted of the following:

AIEPI AINM-C cascade training of VS by grantee networks and NGOs in Module I: In 2002, first round networks and NGOs completed the training of their technical staff and FCs in AIEPI AINM-C. Training of Vigilantes was delayed in 2003 awaiting the completion of training modules by URC/Calidad en Salud and the MOH. Once these were approved, training began in June. In 2003, 9 Vigilante trainings were conducted in Quetzaltenango, Totonicapan, Huehuetenango, Chimaltenango, San Marcos, Solola and Quiche. These trainings were 2 to 3 days in duration and covered Module I (out of 3 modules). A total of 29 NGO trainers trained 778 Vigilantes during these training sessions. Pretest scores ranged from 43-89, while post-test scores ranged from 70-95.

AIEPI AINM-C cascade training of VS by grantee networks and NGOs in Module II: Following training in Module I, grantee networks and NGOs then conducted training among Vigilantes in Module II. In 2003, 9 Vigilante trainings were conducted for VS in Module II in Quetzaltenango, Totonicapan, Huehuetenango, Chimaltenango, San Marcos, Solola and Quiche. These trainings were 2 to 5 days in duration. A total of 25 NGO trainers trained 799 Vigilantes during these training sessions. Pretest scores ranged from 45-70, while post test scores ranged from 60-87.

AIEPI AINM-C cascade training of VS by grantee networks and NGOs in Module III: Following training in Module II, grantee networks and NGOs then conducted training among Vigilantes in Module III, the final training module. In 2003, 9 Vigilante trainings were conducted in Module II in Quetzaltenango, Totonicapan, Huehuetenango, Chimaltenango, San Marcos and Solola. These trainings were 2 to 4 days in duration. A total of 30 NGO trainers trained 793 Vigilantes during these training sessions. Pretest scores ranged from 45-91, while post test scores ranged from 60-97.

NGO training of Vigilantes in growth monitoring

Training in the project information system for the reporting of AIEPI AINM-C:

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

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

NGO training of FCs in the new information system
Network and NGO replicas training of FCs in the project information system for the reporting of AIEPI AINM-C and family planning activities: Once the central level training had been completed in January, the networks and NGOs conducted a cascade training of their staff and FCs. Nine training sessions were conducted throughout the highlands in February and March, 2003 ranging in 1-3 days in length. A total of 28 NGO trainers trained 110 FCs in the new community-based information system.

Revision of the draft AIEPI AINM-C information system following the pilot test: The draft AIEPI AINM-C and family planning information system was pilot tested by networks and NGOs for three months, from March through May, 2003. In June, Pro Redes brought the networks and NGOs together to discuss the forms and make changes. Prior to the overall meeting, smaller meetings were held throughout the highlands by local technical teams that included MOH personnel. Each of these local groups selected a representative to attend the workshop and relay the local results to the overall group. A total of 14 participants attended the June 9-10 workshop in Quetzaltenango from the networks, NGOs and MOH. Following this meeting, the AIEPI AINM-C and family planning information system for the community level was put into final form, reproduced and distributed to the networks and NGOs.

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

Additional training in family planning: The AIEPI AINM-C training conducted with network, NGO and community-level personnel in 2002 included the subject of family planning. After a review of field performance, however, project staff felt that refresher training was needed. For this reason, February 25-26, 2003 the project sponsored a two-day training in family planning for the 5 networks and 9 NGOs. The event was held in Panajachel, with support from APROFAM. A total of 31 participants attended: 4 from the networks and 27 from the NGOs. The pretest score averaged 61, while post-test score was 92.

Refresher training of network and NGO technical staff in family planning

Training in the APROFAM family planning logistics system: As the project had signed a Memorandum of Understanding with APROFAM, it was important that the grantees also learn to handle the contraceptive logistics and reporting system they would be using. For this reason, in

February 27-28, 2003 the project also sponsored a two-day training in family planning for the 5 networks and 9 grantee NGOs. The event was conducted by APROFAM and was held in Panajachel. A total of 39 participants attended: 9 from the networks, 20 from the NGOs and 10 from Pro Redes. The pretest averaged 80, while the post-test was 95.

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

Network and NGO replica training of FCs in family planning and APROFAM logistics:
Once the central level training had been completed, networks and NGOs conducted cascade training of their staff and FCs in family planning and logistics. In the months of February and March, 8 training sessions were conducted in different departments throughout the highlands, ranging from 2-3 days in length. A total of 28 NGO trainers trained 99 FCs in family planning and APROFAM logistics. Pretest scores ranged from 38-64, while post-test scores ranged from 72-93.

Network and NGO training of FCs and other NGO staff in the Revolving Drug Funds:
Network revolving fund plans were approved by Pro Redes in January, 2003. Following this approval, networks trained their grantee NGOs. Nine training sessions were conducted by networks and NGOs throughout the highlands in the first half of 2003, ranging from 1-2 days in length. In these sessions, a total of 22 network and NGO trainers trained 103 FCs and NGO personnel in the management of revolving drug funds.

Training in STIs:
Once the training of Vigilantes by grantee networks and NGOs had been completed, the project sponsored a 4 day training on sexually transmitted infections. This was held in Quetzaltenango on October 14-16 with assistance from APROFAM. Special focus was on adolescents. In this event, 3 trainers trained a total of 37 participants, 5 from networks and 32 from grantee NGOs.

Training in cervical cancer:
Following the training in STIs, the project sponsored a 2-day training on 15-16 of October for grantee networks and NGOs in cervical cancer. This was conducted by the Universidad Rafael Landivar. In this event, 2 trainers trained a total of 38 participants, 6 from the networks and 32 from the grantee NGOs.

FUNRURAL: Training in immunology and immunzations
On February 28, 2003 the project funded FUNRURAL in the training of grantee NGOs in immunology and immunizations. The training was held in Guatemala and conducted by the network. A total of 16 participants attended the training, all from member NGOs.

FUNRURAL: Training in work ethics
On March 3, 2003 the project funded FUNRURAL in the training of grantee NGOs in work ethics. The training was held in Guatemala and conducted by the network. A total of 14 participants attended the training, all from member NGOs.

FUNRURAL: Training in diabetes

On March 26, 2003 the project funded FUNRURAL in the training of grantee NGOs in diabetes. The training was held in Guatemala and conducted by the network. A total of 43 participants attended the training, all from member NGOs.

FUNRURAL: Training in supervision
On August 6, 2003 the project funded FUNRURAL in the training of grantee NGOs in supervision. The training was held in Guatemala and conducted by the network. A total of 11 participants attended the training, all from member NGOs.

FUNRURAL: Training in contraceptive sales techniques
On November 18, 2003 the project funded FUNRURAL in the training of grantee NGOs in contraceptive sales techniques. The training was held in Guatemala and conducted by the network. A total of 28 participants attended the training, all from member NGOs.

CONODI: Training in teamwork
On November 12, 2003 the project funded CONODI in the training of grantee NGOs in teamwork. The training was held in Quetzaltenango and conducted by the network. A total of 13 participants attended the training, 3 from the network and 10 from member NGOs.

CONODI: Training in self esteem
On November 18, 2003 the project funded CONODI in the training of grantee NGOs in self esteem. The training was held in Quetzaltenango and conducted by the network. A total of 7 participants attended the training, 4 from the network and 3 from member NGOs.

Wukup Batz: Training in motivation
On December 11, 2003 the project funded Wukup Batz in the training of grantee NGOs in teamwork. The training was given by the NGO Sintraecim in Quetzaltenango. A total of 8 participants attended the training, 3 from the network and 5 from member NGOs.

3. Strengthening 2004

a. Result: Network sustainability training of 17 persons from 5 networks in 2 events:
In the first half of 2004, two training sessions on the topic of institutional sustainability were held for the 5 project networks. A total of 17 participants received strengthening in these events. Training was as follows:

Network training in the process of institutional sustainability: From April 25 to 29, 2004 Pro Redes Salud supported a five-day training of administrative and management personnel from the project networks to improve their understanding of institutional sustainability. The event, entitled Proceso de Fortalecimiento Organizacional y Sostenibilidad Financiera de Redes de Organizaciones de Desarrollo, was held in Panajachel, and was conducted by the US-based NGO PACT. At total of 17 participants attended this training session, all from the 5 project networks. The training resulted in reports from each network on their current level of financial sustainability and perspectives for change, based on the self-evaluation conducted in the workshop.

Network training and support in the development of revenue generating activities for network sustainability: From May 24 to 29, Pro Redes Salud supported a six-day training of administrative and management personnel from the 5 project networks to develop specific revenue generating projects to improve network institutional sustainability. The event was held in Panajachel and was conducted by the US based NGO PACT. A total of 18 participants from the project networks attended this training. The training resulted in business plans for revenue generating projects for the network. These were then evaluated by PACT, the project and USAID, modified, and provided with seed funding, as reported in more detail in the section of this report relating to network sustainability in this report.

b. Result: Technical strengthening of 36 technical staff, 113 FCs, 663 Vigilantes and 35 TBAs in 40 events:

In 2004, a total of 40 training workshops were held on technical topics for the 5 networks and 9 grantee NGOs. A total of 36 technical staff, 113 FCs, 663 Vigilantes received technical strengthening. Training consisted of the following:

Refresher training of NGO technical staff on the community based information system: From February 10th-11th, the project conducted a refresher training related to the community based information system among grantee NGOs. The training was held in Panajachel, and lasted 2 days. A total of 11 technical staff from the 9 NGOs participated in the training.

Training of FCs in the application of Depo-Provera: Depo-Provera is the family planning method preferred in project communities however up until 2004 it was only being applied by NGO technical supervisors who visited the community weekly. This was identified as an unnecessary barrier to access. In early 2004, the project decided to train FCs in the application of the method to increase access and prevent clients from having to return to the centro comunitario. From February 18 to March 12, grantee NGOs conducted training of their FCs in the application of this family planning method. A total of 9 training sessions were conducted by NGOs, each one 2 days in duration. A total of 29 NGO trainers trained 113 FCs during these sessions. Pretest scores ranged from 66-88, while post test scores ranged from 83-99. Training sessions were supervised by personnel from Pro Redes Salud.

Teaching FCs to inject depo-provera, CORSADEC Ixil

TOT training of NGO technical staff to improve growth monitoring and counseling skills: Growth monitoring and counseling are key elements in the national strategy to improve the nutritional status of young children. The approach to these activities forms part of the AIEPI AINM-C training. The training cascade for Vigilantes, the community based cadre principally responsible for the implementation of growth monitoring and counseling, was completed in late 2003. Once the training had been completed, Vigilantes received field visits to see the strategy in action and to identify any problems or areas needing support. As a result of the visits, with support from Manoff Group, Pro Redes developed the new supporting materials described above and then trained NGO technical staff. The TOT training of NGO staff in improved growth monitoring and counseling skills was 5 days in duration, from April 15 to 19 in Panajachel, and was attended by 36 technical staff from the 5 grantee NGOs. Manoff provided technical

assistance to the project in the process of analysis of strengths and weaknesses, the development of new guidelines and IEC materials, and in the training of grantee NGOs.

Network and NGO replicas among FCs to improve growth monitoring and counseling skills: From April 21 to May 27, the 5 grantee NGOs trained their FCs in improved growth monitoring and counseling skills, replicating what they had learned during the TOT, described above. A total of 8 events were held throughout the highlands. In these events, 19 NGO trainers trained 97 FCs. Events were 2-3 days in duration. Pretest scores ranged from 75-83, while post test scores ranged from 94-98.

Network and NGO replicas among Vigilantes to improve growth monitoring and counseling skills: Once the FC level training had been completed, NGOs conducted a cascade training of their Vigilantes. Eight training sessions were conducted throughout the highlands from May 6 to 27th, 2004, ranging from 2-3 days in length. A total of 31 NGO trainers trained 663 Vigilantes in improved growth monitoring and counseling skills. Pretest scores ranged from 75-80, while post test scores ranged from 94-95.

Network and NGO replicas among traditional midwives to improve growth monitoring and counseling skills: Once the Vigilante level training had been completed, NGOs conducted a replica training among traditional midwives. Three training sessions were conducted in the highlands from May 6 to 28th, 2004, ranging from 2-3 days in length. A total of 12 NGO trainers trained 29 traditional midwives in improved growth monitoring and counseling skills. Pretest scores were 75, with post test scores 94.

NGO refresher training in Community Emergency Plans: In the first semester of 2004, the project decided to hold a refresher training among the 9 grantee NGOs to stress the importance of developing community Emergency Plans. This training was held on May 11 and 12 in Panajachel, with support from JHPiego. In this two-day event, 1 trainer from JHPiego trained a total of 11 participants from the 9 grantee NGOs.

NGO training in the days method of family planning: In the first semester of 2004, the project worked with George Washington University to support the training of NGO trainers in the days method of family planning (the collar). The TOTs were held during 3 events, from May 19-21, in Quetzaltenango and Tecpan. Events were 1 day long in duration. During this training, 3 trainers from the NGO Belejeb B'atz and Georgetown University trained 7 participants from 5 grantee NGOs.

NGO replica training of the days method of family planning among FCs: Following the TOT, participating NGO trained their FCs. A total of 5 events were held in the highlands from June 9 to July 1, 2004. During these events, 14 NGO trainers trained 73 FC participants. Events were 1 day in duration.

NGO replica training of the days method of family planning among traditional midwives: Following the training of FCs, on June 17, 2004 one NGO also trained its traditional midwives. During this event, 3 NGO trainers trained 6 midwife participants. The event was 1 day in duration.

M. Detail on the strengthening of the 5 grantee networks and 53 member NGOs

1. 5 networks and 48 NGOs completed Network Situation Analyses

Development of the instrument
Experience with NGO networks has shown that the first step in strengthening is to assist the network and its members analyze their strengths and weaknesses as individual organizations and as a group. While most networks have a general knowledge of their NGO members and the kinds of work they do, a network rarely knows its strengths and weaknesses as a group in detail. If it is to develop an action plan for the strengthening of its membership, it is clear that the network first needs to know what and how it is doing. For this reason, in the first half of 2002, Pro Redes developed of an instrument that networks could use as self-analysis tool. The instrument was comprised of 6 modules as follows:

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

Training in the use of the instrument
The second step in the strengthening process was to orient selected networks to the use of the instrument, so that they could collect data within their membership. Orientation of all 5 networks was completed by August, 2002.

Development of a data entry program
In September and October, 2002, Pro Redes developed data entry and data analysis program for the production of network reports. The program was developed in ACESS.

Network and NGO data collection
During the same months, the 5 networks and their member NGOs filled out the self-analysis instrument. The instruments were then delivered to the project in October, for data entry and analysis.

Production of network reports
In October-November, 2002 network data was entered into the compuertized program by a data entry person contracted by Pro Redes. In November-December, the data was analyzed and, by mid-December, 6 reports had been produced. Reports included a consolidated report on all 5 networks for the project itself, and 5 other reports, one for each network.

2. Summary of results
The highlights of these self-analyses among the 5 networks and 48 member NGOs that participated in the survey were as follows:

Integrated Child Health and Nutrition

- Most of the NGOs reportedly worked in the major areas of integrated child health.
- 90% to 95% of their technical staff and 92% to 95% of their volunteers had reportedly already been trained in the key technical areas, though none had yet received the new AIEPI AINM-C protocols and supporting materials.

Reported service delivery in integrated child health in 2001

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

- Immunization coverages between 74% and 95% for DPT 3, polio 3, BCG and measles among children under one year of age
- 90% of cases of dehydration detected and managed with ORS
- 33% of cases of severe dehydration or persistent diarrhea detected that were referred
- 63% of cases of pneumonia detected that were managed in the community with antibiotics
- 28% of cases of severe pneumonia were referred
- 49% of children under 2 attending growth monitoring sessions, half of whom were estimated to be growing well
- 19% of cases of severe malnutrition detected that were referred
- 55% of children under 2 receiving received Vitamin A
- 26% of children under 22 receiving iron
- An estimated 71% of children under 4 months being exclusively breast fed
-

- When asked to rate themselves in regard to their technical capacities and service provision in infant health, the majority rated their capacities as "medium" in all technical areas.

Needs for program strengthening and training in integrated child health

The three most frequently mentioned needs for strengthening or training in child health were:

- Training of technical staff and community volunteers in all areas of integrated child health (AIEPI)
- Training in growth monitoring and promotion (AINM-C)
- Improved contracting of FCs and VS with an adequate profiles (higher educatin levels, from the communities)

Integrated Reproductive Health

- Most of the NGOs also reportedly worked in the major areas of integrated reproductive health.
- 42% to 89% of NGO technical staff and 46% to 93% of volunteer personnel had reportedly already been trained in the key technical areas, though both tended to have less training in IUD insertion and STIs than in other areas.

Reported service delivery in integrated reproductive health in 2001

- 59% of pregnant women in NGOs areas attending prenatal care, 37% of whom reportedly received tetanus toxoid, 61% folic acid and 56% iron
- 2% of births attended by doctors or nurses
- 11% of obstetrical emergencies detected referred
- 0.3% of communities with a casa materna
- 43% of postpartum women attending postpartum care, 28% received vitamin A
- 6% of women with post partum emergencies referred

- When asked to rate themselves in regard to their technical capacities and service provision in integrated reproductive health, the majority rated themselves as "medium" (54%).

HIV/AIDS

- 33% of NGOs reported working in HIV/AIDS
- NGOs reported that 61% of their technical staff and 71% of their volunteer personnel had already received some training on HIV/AIDS

Reported service delivery in HIV/AIDS in 2001

- 9 NGOs reportedly conducted household visits to detect possible case, while 25 NGOs reportedly referred possible cases
- 13% of possible HIV/AIDS cases detected referred in 2001
- 14 NGOs provided contact follow-up
- 8 NGOs provided medicine for symptom alleviation

- When asked to rate themselves in regard to their technical capacities and service provision in HIV/AIDS, the majority rated themselves as "weak" (54%). All felt their technical staff and volunteers needed training.

Cervical cancer

- Half of the NGOs reported working in the area of cervical cancer.
- 74% of NGO technical staff and 72% of volunteers had already received some training.

Reported service delivery in cancer in 2001

- 21 NGOs out of reportedly conducted household visits to promote pap exams and 26 NGOs take pap smears in the community
- An estimated 9% of women in fertile age in NGO areas received the pap exam in 2001, and 16% of exams done were found to be abnormal
- 25 NGOs delivered pap smears to the lab for analysis and refer women with abnormal results to the next level of care
- 17 NGOs have coordination plans with the national hospital for referral of cases

- When asked to rate themselves in regard to their technical capacities and service provision in cervical cancer, the majority rated themselves as "medium" (54%).

NGO needs for program strengthening and training in integrated reproductive health, HIV/AIDS and cervical cancer

The top priorities for strengthening and training in integrated reproductive health, HIV/AIDS and cancer (48 NGOs) were:

- Receive standardized training in integrated reproductive health to improve services (15)
- Receive training in HIV/AIDS to improve services (19)
- Receive training in cancer to improve services (8)
- Improve counseling (8)

IEC/behavior change and community participation

- Most NGOs reported working in IEC and behavior change, primarily in group and individual education, and least in mass media and community entertainment
- NGOs reported that 76% of their technical staff and 51% of their volunteer personnel have been trained in IEC and behavior change
- NGOs reported that 82% of their technical staff and 62% of their volunteers have been trained in community participation

Reported service delivery in IEC/behavior change and community participation in 2001

- NGOs reported having conducted a total of 18,481 group discussions on health topics and 20,568 individual counseling sessions in 2001
- 3,387 messages were transmitted by mass media and 1,857 community entertainment sessions were conducted, while 188 campaigns or special events were held
- NGOs reported that 70% of their communities received community organization, while 75% had conducted a sala situacional
- 64% of communities developed action plans outlining problems and solutions, and 58% of implemented their action plans and monitored and evaluated results.

- The majority of NGOs rated themselves as "medium" in IEC/behavior change (73%)
- The majority of NGOs rated themselves as "medium" in community participation (52%)

NGO needs for strengthening in IEC/behavior change and community participation
The top priorities for strengthening and training in IEC/behavior change and community organization (23 NGOs) were:

- IEC materials and equipment (13)
- Training in participatory methods (12)
- Monitoring and evaluation tools (6)
- Training in IEC (5)

- Top IEC topics were:
  - Integrated child health
  - Integrated reproductive health
  - Intra-familial violence
  - HIV/AIDS
  - Drug addiction
  - Alcoholism
- Top IEC supplies and equipment needs were:
  - Print materials (posters, pamphlets, flip charts)
  - Equipment (video cassettes and players, televisions)

NGO program and institutional sustainability

- Most of the NGOs rated their current levels of funding as "average" (46%)
- Most funding was "mixed", made up of external and NGO funds (50%)
- Most current funding was for 1-3 years (50%)
- Most NGOs felt that their current level of funding would increase over the next 2 years (40%)
- Most NGOs rated the sustainability of their current programs as "medium to weak" (46%).
- The top plans for long-term funding and institutional sustainability were:
  - Develop proposals for funding (13)
  - Develop revolving drug funds and ventas sociales (3)
  - Consolidate participation in networks (3)
  - Coordinate with other organizations (3)
  - Provide primary care with cost recovery (3)
  - Determine alternative ways of generating funding (3)

3. 5 networks and 53 NGOs completed Network Strengthening Plans

a. Result: 5 networks and 53 NGOs included in Strengthening Plans

The 5 networks funded under this project (3 in AmeriCares) developed and implemented strengthening plans for a total of 53 NGO members (85 NGOs total including AmeriCares). The number of NGOs strengthened under these plans, and percentage of total members is presented below, by network:

Table 12: Number of NGO members strengthened through the implementation of network Strengthening Plans, 8 networks (*the 5 networks strengthened through this project)

Network	Total NGO members	No. and proportion of NGOs in strengthening plans
CONODI*	18	18 (100%)
FESIRGUA*	10	10 (100%)
Wukup B'atz*	8	8 (100%)
REDDES*	15	15 (100%)
FUNRURAL*	2	2 (100%)
CIAM	7	7 (100%)
RONDICS	7	7 (100%)

ASINDES	18	18 (100%)
Total	**85**	**85 (100%)**

4. Network Strengthening Plan activities 2002

a. Result: Administrative-financial strengthening 1 network, 10 NGOs, 18 persons in 1 event

FESIRGUA Network workshop to analyze the results of the network self-assessment and develop a strengthening plan: From November 7-8, 2002 the project assisted one of the 5 networks – FESIRGUA – in a two-day meeting to analyze the results of the network Diagnostico and develop a Strengthening Plan. A total of 18 persons from the network and member NGOs attended this workshop.

b. Result: Technical strengthening 5 networks, 22 NGOs, 82 persons in 4 events

In 2002, the 5 networks in this project began strengthening their NGO members in AIEPI AINM-C and family planning in spite of the fact that they had not yet completed their network self-assessments. This was because the AIEPI AINM-C protocols were brand new and therefore no one in any network or NGO had yet been trained. Some networks and NGOs were familiar with MINEC, an earlier adaptation of IMCI to the community level, and some had been trained in clinical IMCI, but all were at zero when it came to AIEPI AINM-C, the new protocols, new IEC counseling materials and methodologies. Activities were as follows:

Formation of a team of network trainers in AIEPI (Manejo de Casos) AINM-C (Prevencion de Promocion) and family planning in each of the 5 grantee networks

In October 14-25, 2002, Pro Redes Salud conducted a TOT in Coatepeque to develop training teams in AIEPI AINM-C and family planning within each of the 5 networks. These teams were made up of network and NGO personnel not previously trained during the training of grantees, and were in turn responsible for the training of trainers in AIEPI AINM-C within each of the member NGOs in their networks. All participants were given the full set of AIEPI AINM-C training and IEC materials including watches and pediatric hanging scales. 20 persons from 5 networks were trained in this workshop.

Network replica training of non-grantee NGO trainers in AIEPI AINM-C and family planning: Following this strengthening, 3 of the 5 networks implemented a replica of the training among 22 member NGOs (non-grantees), distributed as follows:

- FESIRGUA: 4-8 of November, 18 NGO technical personnel from the network and 7 NGOs: IDEI, Coop. El Recuerdo, CDRO, Pies de Occidente, Belejeb B'atz, ASECSA, Rixiin Tinamit
- REDDES: 25-29 of November: 11 NGO technical personnel from 8 NGOs: ACUALA, ADECO, ADIVES, APROSAMI, ATI, GENESIS, IMDI, YUN QAX
- CONODI: 2-5 of December, 33 NGO technical personnel from 7 NGOs: CORSADEC, ADIM, CMM, AMDI, ACMPASA, AMUPEDI, AHUEDI

AIEPI AINM-C training of network training teams in 5 networks, Coatepeque

Network replica of AIEPI AINM-C training among non-grantee NGOs

Network replica of AIEPI AINM-C training among non-grantee NGOs

5. Network Strengthening Plan activities 2003

a. Result: Financial-administrative strengthening of 145 participants in 10 events

FESIRGUA: Training in the legal framework and fiscal responsibilities of NGOs
On June 11, 2003 the project funded FESIRGUA in the training of members in the new laws and responsibilities regarding NGOs. The training was held in Tecpan and conducted by Chile Monroy and Associates. A total of 34 participants attended the training, 4 from the network, 30 from member NGOs.

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

FESIRGUA: Training in international accounting norms for NGOs
On June 11 and 12th, the project funded FESIRGUA in the training of member NGOs in international accounting norms. The training was held in Totonicapan. A total of 10 participants attended the training, all from member NGOs.

FESIRGUA: Training to update administrative manuals
On June 17 to 20, the project funded FESIRGUA in the training of member NGOs to update administrative manuals. The training was held in Solola and conducted by a consultant contracted by the network. A total of 20 participants attended the training, all from member NGOs.

REDDES: Training in commercialization and marketing of products
From August 27 to October 23, the project funded REDDES in the training of representatives of member NGOs in commercialization and marketing of products. The training was conducted by the Universidad Rafael Landivar. It was attended by 3 participants from the network and member NGOs.

REDDES: Training in warehouse and inventory management
From August 23 to September 27, the project funded REDDES in the training of a network representative in warehousing and inventory management. Training was provided by the Universidad Rafael Landivar. It was attended by 1 person from the network coordinating NGO, GENESIS.

REDDES: Training in administrative techniques

From August 28 to October 30, the project funded REDDES in the training of a network representative in administrative techniques. The training was provided by the Universidad Rafael Landivar. It was attended by 1 person from the NGO network coordinator.

Wukup B'atz: Training in organizational manuals, internal work policies and procedures
On September 10, the project funded the network Wukup B'atz in the training of member NGOs in organizational manuals, internal work policies and procedures. The training was conducted by an external consultant contracted by the network. It was attended by 6 participants from member NGOs.

Wukup B'atz: Training in gender theory as applied to the AIEPI AINM-C strategy
On December 18-19, the project funded the network Wukup B'atz in the training of member NGOs in gender theory as applied to the AIEPI AINM-C strategy. The training was held in Quetzaltenango and conducted by the NGO SEPREM. It was attended by 20 participants from member NGOs.

CONODI: Training in updated administration and finance methods
From December 15 to 18, the project funded CONODI in the training of member NGOs in updated administration and finance methods. It was attended by 34 participants from member NGOs.

b. Result: Technical strengthening of 238 persons in 21 events

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

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

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

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

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

REDDES: Days method (the collar)
On December 17, the project funded REDDES in the training of member NGOs in the day's method of family planning (the collar). The training was conducted by the network and attended by 19 participants from the NGO network coordinator and member NGOs.

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

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

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

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

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

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

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

FESIRGUA: **FC training in AIEPI AINM-C**

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

FESIRGUA: **FC training in AIEPI AINM-C**
From November 24-January 15, FESIRGUA and the NGO Cooperative el Recuerdo trained 23 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Jalapa.

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

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

REDDES: FC training in AIEPI AINM-C
From December 15-19, the network trained 19 FCs from member NGOs in AIEPI AINM-C. The event took place in Guatemala City.

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

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

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

6. Network Strengthening Plan activities 2004

a. Result: Financial-administrative strengthening of 98 participants in 4 events

FESIRGUA: Training of NGOs in the project cycle, planning, implementation, monitoring, evaluation
On March 11 and 12, the project funded FESIRGUA in the training of member NGOs in the project cycle, planning, implementation, monitoring and evaluation. The training was held in Tecpan and conducted by a consultant. A total of 28 participants attended the training from 10 member NGOs.

CONODI: Training of NGOs in project development and funding
From February 25 to 27, the project funded CONODI in the training of member NGOs in basic concepts regarding project development and funding. The training was held in Quetzaltenango and conducted by the network. A total of 20 participants attended the workshop, from 8 member NGOs.

CONODI: Training of NGOs in pharmaceutical logistics and the implementation of community pharmacies (ventas sociales)
From May 24 to 26, the project funded CONODI in the training of member NGOs in pharmaceutical logistics and the implementation of community pharmacies, or ventas sociales. The training was held in Quetzaltenango. A total of 42 participants attended the training, from 9 member NGOs.

FUNRURAL: Equipment for NGO clinic offices
In the month of June, FUNRURAL presented a request to the project for strengthening of member NGOs, 8 coffee cooperatives with primary care clinics. The project provided these clinics with computer equipment to strengthen their administrative capacities.

b. Result: Technical strengthening of 115 persons in 7 events

FESIRGUA: Training of NGOs in HIV/AIDS
On May 26, the project funded FESIRGUA in the training of member NGOs in HIV/AIDS. The training was conducted by a member NGO, IDEA and was held in Tecpan. A total of 4 participants attended the training, from 3 member NGOs.

REDDES: Training of NGOs in cervical cancer and its integration into existing programs
From April 21 to 22, the project funded REDDES in the training of member NGO in cervical cancer and its integration into existing programs. The training was conducted by three consultants contracted by the network, and was held in the National Hospital in Amatitlan. The training was attended by 12 participants, from 12 member NGOs.

REDDES: Training of NGOs in the development of commercial projects in natural medicine
On February 27, the project funded REDDES in the training of 16 member NGOs on the development of commercial projects in natural medicine. The training was conducted in Huehuetenango and was attended by 16 participants.

CONODI: Training of NGOs in AIEPI AINM-C
From April 19 to 30, the project funded CONODI in the training of NGOs in AIEPI AINM-C. The training was conducted by the network and was held in Quetzaltenango. A total of 31 participants attended the training, from 10 member NGOs.

Wukup B'atz: Training of NGOs in gender and development
January 10 and 11, the project funded Wukup B'atz in training of NGOs in gender and development. The training was conducted by a consultant contracted by the network, and was held in Quetzaltenango. A total of 21 participants attended the training, from 5 member NGOs.

Wukup B'atz: Training of NGOs in self esteem for technical teams
On January 24 and 25, the project funded Wukup B'atz in the training of the technical teams of member NGOs in self esteem. The training was conducted by a consultant contracted by the network and was held in Solola. A total of 18 participants attended the training, from 4 member NGOs.

Wukup B'atz: Training of NGOs in productive projects including bancos comunales, agriculture, self-employment
On April 22 and 23, the project funded Wukup B'atz in the training of the NGOs in productive projects including bancos comunales, agricultural projects and self employment projects. The training was conducted by one of the NGO members, CONCERTEP, and was held in Quetzaltenango. A total of 13 participants attended the training, from 4 member NGOs.

N. Strengthening of the 52 MOH-funded NGOs in the 8 health areas

1. Steps in the cascade training 2002-2004

Step one: Central level TOT
Step two: Training of trainers in each of the eight highland health areas
Step three: Area training of NGO technical personnel (MAs, FIs) in AIEPI AINM-C
Step four: NGO training of FCs in AIEPI
Step five: NGO training of FCs and vigilantes in AINM-C

The first two steps of the cascade were completed by partners in 2002. The cascade process continued with the training of NGO and community personnel – steps four and five - in 2003 and was completed in 2004.

2. Partner responsibilities in each step of the cascade
The following table illustrates the support that was provided by each partner during the process, based on final revisions made in January 2003.

Table 13: Partner responsibilities AIEPI AINM-C training cascade of MOH-funded NGOs

Step and training	Pro Redes	Calidad en Salud	Unidad Ejecutadora/MOH
1. Central level TOT 57 participants AIEPI 51 participants AINM-C	Cost of the training, watches	IEC and training materials, provision of trainers	Scales
2. Area level TOTs 143 participants AIEPI 199 participants AINM-C	Full cost and coordination of training, provision of trainers, watches	Supervision of training, IEC and training materials	Scales
3. Training of MAs, FIs by Area teams 509 participants AIEPI 692 participants AINM-C	Watches for AIEPI, provision of trainers	Monitoring	Cost of area trainings + IEC materials + scales

4. Training of 719 FCs by NGOs in AIEPI	Watches for AIEPI Monitoring	Monitoring	Cost of area trainings + IEC materials + scales
5. Training of Vigilantes by NGOs in AINM-C: 10,222 Module I 9,241 Module II	Full cost of the first 5 days of training Note: the rest of the cost of the training (the last 4 days) was being paid for by the NGOs out of their MOH funding	Monitoring 100% of IEC and training materials (except the manuals for the vigilante trainer, participants and community participation)	Lunches for participants + the cost of the manual for the vigilante trainer, the cost of the P and P participants manual, and the community participation manual
Other support: IEC materials for centros comunitarios and supervision materials	60% of the cost of reproduction of monitoring forms.	Cost of the the recordatorio familiar, trifoliares and recordatorio clinico, IEC materials for child health, guides for supervision, supervision training materials and modules, and 40% of the monitoring forms	Cost of the community participation manual

3. 2002 Cascade training

Step one: **AIEPI (Manejo de Casos) - Central level training of Pro Redes staff, PVO staff and personnel from the MOH as trainers**: From May 27-31, URC/Calidad en Salud, Pro Redes Salud and the MOH joined together to conduct a training of trainers on the central level. The workshop was held in Guatemala City and lasted 5 days. A total of 57 central level trainers were trained.

Step two: AIEPI (Manejo de Casos) -Training of Area level trainers: From September 30 to October 18, 2002 each of the seven departments received a training of trainers. The 7 workshops took place in each of the departments. Pro Redes Salud coordinated and funded these trainings and provided trainers. A total of 143 area trainers were trained during these workshops.

Area TOT in AIEPI AINM-C

Step three: AIEPI (Manejo de Casos) -Training of MOH-funded NGO technical staff MAs and FIs: From December 5 to December 21, 2002, area training teams trained NGO technical staff (MAs and FIs) in AIEPI in 8 events throughout the highlands. A total of 437 MAs and FIs were trained during these workshops. Pro Redes provided trainers for all events, and timers for all participants. The training was funded by the Unidad Ejecutora. The UE also provided all necessary training and IEC materials. URC/Calidad en Salud monitored the training.

Step one: AINM-C (Promotion and Prevention) Central level training of Pro Redes staff, PVO staff and personnel from the MOH as trainers of trainers: From June 3-7, Pro Redes, URC/Calidad en Salud and the MOH joined together to conduct a training of trainers in AINM-C

on the central level. The workshop was held in Guatemala City and lasted 5 days. A total of 51 central level trainers were trained in AINM-C during this workshop.

Step two: AINM-C (Promotion and Prevention) - Training of Area level trainers in AINM-C (Promotion and Prevention): From October 7 to November 8, each of the eight health areas received a training of area trainers in AINM-C (Promotion and Prevention). These trainers were in turn responsible for the training of NGO technical staff. The 8 workshops took place in each of the eight health areas. Pro Redes Salud coordinated and funded these trainings and provided trainers.The workshops took place in each of the eight health areas. A total of 199 area trainers were trained in AINM-C during these workshops.

Area TOT AIEPI AINM-C

4. 2003 Cascade training

Step three: AIEPI (manejo de casos) – Continued training of NGO technical staff (MAs and FIs): Most health areas completed this step in 2002, however 72 MA's and FI's were pending training at the beginning of 2003. Three 5-day training sessions were conducted during the first quarter of the year in Solola, Chimaltenango and Huehuetenango. Pro Redes provided trainers for all events, and timers for all participants. The training was funded by the Unidad Ejecutora. The UE also provided all necessary training and IEC materials. URC/Calidad en Salud monitored the training.

Step four: AIEPI (manejo de casos) - Training of NGO FCs: A total of 11 ten-day training sessions were held in 6 health areas – Chimaltenango, Quiche, Ixil, Totonicapan, San Marcos and Quetzaltenango. A total of 1,002 participants (719 FCs) attended this training. Pro Redes provided timers for all participants. As with the previous activity, this training was funded by the Unidad Ejecutora which also provided all necessary IEC materials. The NGOs conducted the training. URC/Calidad en Salud monitored the training.

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

Steps four and five: AINM-C (Promotion and Prevention) - Training of NGO Vigilantes in AINM-C (Promotion and Prevention): In 2003, Pro Redes funded 103 two-three day training workshops for vigilantes in promotion and prevention (AINM-C). Pro Redes supported the first five of nine days of training, which cover the training of all of Module I and two of the three days of Module II. In 2003, 9,264 vigilantes were trained in Module I and 7,111 vigilantes in Module II. The other four days, covering one day of Module II and the three days of Module II, were to be supported by the NGOs themselves out of their MOH budgets. URC/Calidad en Salud provided IEC materials to NGOs for this training and monitored the training.

Since this training was complex, involving multiple NGOs and support from various partners, Pro Redes Salud, the Unidad Ejecutora and the MOH held joint orientation meetings with MOH

Area personnel and representatives of the MOH-funded NGOs before beginning the training. Pro Redes developed written guidelines for the reimbursal of expenses and explained them to the NGOs during these meetings.

The first meeting was held on April 29-30 in Quetzaltenango and was attended by 73 participants from the NGOs.
The second meeting was held on May 5-7 in Chichicastenango and was attended by 42 participants from the NGOs.

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

Training in module I: From May through October, Pro Redes supported 58 three-day training sessions based on module I for MOH- funded NGOs throughout the highlands. A total of 206 NGO trainers trained 9,264 vigilantes in these workshops.

Training in module II: From May through October, Pro Redes supported 45 two-day training sessions based on module II for MOH-funded NGOs throughout the highlands. A total 164 NGO trainers trained 7,115 vigilantes in these workshops.

5. 2004 Cascade training

Steps four and five: AINM-C (Promotion and Prevention) - Training of NGO vigilantes in AINM-C (Promotion and Prevention): In the first semester of 2004, Pro Redes reimbursed 9 NGOs for 14 two-three day training workshops for Vigilantes in promotion and prevention (AINM-C) held in 2003. This support covered the training of all of Module I and two of the three days of Module II. The NGOs conducted the training. Pro Redes supported the first five of nine days of training. The training covered 958 vigilantes in Module I and 2,126 vigilantes in Module II. The other four days, covering one day of Module II and the three days of Module II, were to be supported by the NGOs themselves out of their current budgets. URC/Calidad en Salud provided IEC materials to NGOs for this training and monitored the training. The summary of training is as follows:

Training in module I: From June 23 to October 24, 2003 NGOs conducted 5 three-day training sessions based on module I for MOH-funded NGOs throughout the highlands. A total of 25 NGO trainers trained 1,576 vigilantes in these workshops. These events are reported here as the funding was not reimbursed by Pro Redes Salud until the first semester of 2004.

Training in module II: From July 21 to November 25, 2003, NGOs conducted 11 two-day training sessions based on module II for MOH-funded NGOs throughout the highlands. A total 37 NGO trainers trained 2,744 vigilantes in these workshops. These events are reported here as the funding was not reimbursed by Pro Redes Salud until the first semester of 2004.

O. Other strengthening of the MOH/UPS1 and Extension of Coverage 2002-2004

1. Strengthening of the MOH NGO selection process

In 2002, Pro Redes also assisted the MOH/UPS1 in visits to the highland health areas to strengthen the HACYA process (the process used by the MOH to select NGOs). The five two-day workshops included presentations by UPS1 on the process, processing and analysis of primary care level data, the training process used by the MOH, administration and finances, follow-up and the institutionalization of the Extension of Coverage process. Six trainers from the MOH/UPS1 trained 196 MOH participants in five health areas during these training sessions.

2. *Strengthening of MOH-funded NGOs in family planning logistics*
   Pro Redes also funded a 2-day workshop with MOH-funded NGOs to improve NGO understanding of the APROFAM logistics system. The event was conducted by APROFAM, and was held in Quetzaltenango on June 12th and 13th,, 2003. There were 48 participants from NGOs, districts and Areas. The pre-test average score was 6.6, and post-test was 8.5.

3. *Strengthening of MOH supervision of NGOs*
   At the request of the MOH/UPS1, the project also provided support to the MOH in an event on the 9-10 of October, 2003 aimed at improving the supervision of MOH-funded NGOs through the application of a new strategy, URRGE-USME. A total of 7 trainers trained 153 participants in this workshop.

4. *Strengthening of MOH-funded NGOs in payment for Vigilante training*
   Pro Redes Salud also supported training of MOH-funded NGOs in the payment method for Vigilante training. Two events were held on April 29-30 and May 5-7 in Quetzaltenango and Chichicastenango. A total of 4 trainers trained 115 participants in this workshop.

Objective 5: Promote NGO-NGO training and technical assistance

This objective was aimed at assisting NGOs to provide training and TA to other NGOs, depending on the strengths of each. NGOs previously supported by USAID/PCI and USAID/Population Council were specifically mentioned. This objective was exceeded by the project. NGO-NGO training and TA went well beyond assisting the NGOs previously funded by USAID/PCI or USAID/Population Council to train other NGOs, as envisioned in the objective. Instead, NGOs and whole networks were strengthened with training and TA skills, formed training teams, and then trained their NGO network members and others. This strategy resulted in, not only NGO-NGO training, but also NGO and network training of other networks and NGOs, as follows:

A. Result: NGO and network training of NGOs and networks in 50 events

1. NGO and network training of NGOs and networks 2002

NGO and network training of NGOs and networks began in 2002. A total of 4 events were held for 39 NGOs in with 60 participants. Topics included AIEPI AINM-C and family planning, analysis of strengths and weaknesses of the networks and NGOs, and development of network strengthening plans:

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

2. NGO-NGO and network-network training 2003

This effort intensified in 2003 with the implementation of 33 events for 92 NGOs and networks with 829 participants.

Table 14: NGO and network training of NGOs and networks, 2003

Training Network/NGOs	Month	Topic	Participant NGOs	No Participants
CONODI	February 6	Revolving drug fund	2 NGOs	14
REDDES	February 11	Revolving drug fund	6 NGOs	16
REDDES	June 5	Revolving drug fund	6 NGOs	7
FESIRGUA	February 13	Revolving drug fund	3 NGOs	11
APROFAM	February 25,26	Contraceptive methods	8 networks, 18 NGOs	31
APROFAM	February 28, 29	Family planning logistics	8 networks, 18 NGOs	39
CONODI	December 8-12	Improved methods in administration and finances	14 NGOs	30
EB Yajaw and Wukup B'atz	February	Community participation, census and mapping	3 networks, 18 NGOs	76
FUNRURAL	February 10, 11	Revolving drug fund	2 NGOs	13
APROFAM	July 24-25	Family planning logistics	7 networks, 13 NGOs	75
Wukup B'atz	March 11	Revolving drug fund	2 NGOs	14
Aq'bal PRODESCA	April-May	Centro comunitario service delivery methods	3 networks, 18 NGOs	64
SEPREM	December 18-19	Gender theory and its application to AIEPI AINM-C	1 network, 4 NGOs	20
CONODI	May 2	Analysis of the Diagnostico and development of a network Strengthening Plan	14 NGOs	19
APROFAM	June 12,13	Family planning and logistics	21 (SIAS PEC funded NGOs)	48
Yun Qax	17-21 Noviembre	Training of member NGOs in AIEPI AINM-C	12 NGOs	12
CONODI	November 12	Teamwork	1 network, 1 NGO	13
CONODI	November 18	Self-esteem	1 network, 1 NGO	7
CONODI	April 25 – May 9	Training of member NGOs in AIEPI AINM-C	7 NGOs	7
CONODI	June 25 – July 4	Training of member NGOs in AIEPI AINM-C	14 NGOs	17
FUNRURAL	March 3	Mistica de trabajo	2 NGOs	16
FUNRURAL	February 28	Immunology and immunizations	2 NGOs	16
FUNRURAL	November 18	Techniques in the sale of contraceptives	2 NGOs	28
SINTRAICIM	December 11	Habits of effective people	1 network, 4 NGOs	14
APROFAM	October 14-17	STIs and adolescents	8 networks, 18 NGOs	89
FESIRGUA	May 5-21	Training of member NGO FCs in AIEPI AINM-C	1 NGO	20
FESIRGUA	October 13-24	Training of member NGO FCs in AIEPI AINM-C	1 NGO	17
FESIRGUA	November 11-20	Training of member NGO FCs in AIEPI AINM-C	1 NGO	15

FESIRGUA	November 24-Jan. 15, 2004	Training of member NGO FCs in AIEPI AINM-C	1 NGO	23
FESIRGUA	December 3-19	Training of member NGO FCs in AIEPI AINM-C	1 NGO	20
FESIRGUA	June 11,12	AIEPI AINM-C materials and methods review	9 NGOs	11
FESIRGUA	August 12	AIEPI AINM-C training methods review	9 NGOs	17
FESIRGUA	December 8-19	Training of networks in AIEPI AINM-C	2 networks, 4 NGOs	10
11 networks and NGOs	**33 events**		**92 networks and NGOs**	**829 participants**

3. NGO and network training of NGOs and networks, 2004

NGO and network training of other NGOs and networks was completed in the first half of 2004, with 13 events involving 46 NGOs and networks, and 190 participants, as follows:

Table 15: NGO and network training of NGOs and networks, 2004

Training Network/NGOs	Month	Topic	Participant NGOs	No Participants
Belejeb B'atz	May 19-1 July (8 events)	Days method of family planning	9 NGOs	80
IDEI	May 26	HIV/AIDS	3 NGOs	4
CONODI	February 25-27	Project design and funding	8 NGOs	20
CONODI	April 19-30	AIEPI AINM-C	10 NGOs	31
CONODI	May 24-26	Pharmaceutical logistics and ventas socials	9 NGOs	42
CONCERTEP	April 22-23	Development programs	7 NGOs	13
4 networks and NGOs	**13 events**		**46 ONGs**	**190 participants**

Objective 9: Assist networks and NGOs to sustain their reproductive and child health services: This objective was aimed at improving sustainability on two levels: 1) improving network institutional sustainability once the project ended, and 2) ensuring the sustainability of NGO RCH services on the community level. The steps outlined in Objective 9 for strengthening of network institutional sustainability were as follows: 1) Conduct a sustainability analysis, 2) Develop sustainability strategies and plans, and 3) provide seed funds for to networks for revenue-generating activities. Both parts of this objective were achieved by the project.

The objective of improving network sustainability was achieved by Pro Redes Salud through the implementation of a strategy that included:

- Network analysis of sustainability
- Sustainability training and development of plans
- Provision of seed funding for revenue-generating activities on the network level
  - Revolving Medicine Funds
  - Revenue generating businesses

The objective of ensuring the continuity of NGO RCH service provision was achieved by Pro Redes Salud through the implementation of a strategy that included:

- Community empowerment
- Revolving medicine funds and conversion into rural pharmacies
- Transfer of project community funding to the MOH Extension of Coverage program

A. Result: Network institutional sustainability improved in 100% of networks

The following sections present results related to the first part of this objective, improving the institutional sustainability of networks. The project strategy included analysis of sustainability, training and development of plans, and seed funding for revenue generating activities on the network level including revolving medicine funds and revenue-generating businesses. This objective was met by the project.

1. 100% of networks analyzed sustainability

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

Step 1: Development of a network self-assessment tool

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

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

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

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

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

2. Result: 100% of networks trained in sustainability and developed plans

In 2002, the 5 networks funded under this project developed plans for the implementation of revolving drug funds. These plans were approved by the project and seed pharmaceuticals were purchased by Project HOPE. Each network was provided with seed funding in early 2003 for the implementation of the funds, designed to ensure the flow of pharmaceuticals to the community level and improve network sustainability.

From April 25 to 29, 2004, 17 administrative and management personnel from the 5 project networks attended a four-day training to improve their understanding of institutional sustainability. The training

resulted in reports from each network on their current level of financial sustainability and perspectives for change, based on the self-evaluation conducted in the workshop.

From May 24 to 29, 2004, 18 participants from the 5 project networks attended a second training to develop specific revenue generating projects to improve network institutional sustainability. The training resulted in business plans for revenue-generating projects for each network. These were then evaluated by PACT, the project and USAID, modified, and provided with seed funding. Detail on these training sessions is provided in the annexes of this report.

3. Result: 100% of networks developed and implemented revenue generating activities

a. Revolving Medicine Funds

Seed funding provided to 100% of networks for revolving medicine funds
In 2002, the project began working with the networks and NGOs to establish revolving funds in each network. Plans were developed, personnel trained and seed funds provided for implementation. Activities conducted related to this sustainability strategy in 2002 and 2003 were as follows:

2002

- Formation of the Comisión de Fondos Revolventes de Medicina, made up of representatives of the networks
- Development of guidelines for revolving funds by the project and in consultation with the Comisión
- Dissemination of guidelines among all networks
- Network development and presentation of documents describing their network revolving fund to the project, revised and finalized
- Project estimation of seed pharmaceutical needs for each fund
- Request for pharmaceuticals, competitive bidding and selection of vendors in the US by Project HOPE
- Purchase of seed pharmaceuticals, and shipment to Guatemala, by Project HOPE
- Receipt of seed pharmaceuticals by the Knights of Malta

2003 - 2004

- Network training of grantee NGOs and community members in the administration of their revolving funds
- Receipt of seed pharmaceuticals by Pro Redes in late January
- Preparation of pharmaceuticals for each network by Pro Redes, in February
- Repackaging of some medicines into smaller bottles, for use in centros comunitarios, in February
- Distribution of seed pharmaceuticals to networks in February
- Network distribution of seed pharmaceuticals to NGOs and centros comunitarios in March
- From April, 2003 to June, 2004, FCs used pharmaceuticals for the implementation of AIEPI AINM-C in centros comunitarios, supervised by NGO technical staff and project departmental coordinators
- By April, 2003, networks had began repurchasing pharmaceuticals from PROAM. By the end of the year, some networks were in their third cycle

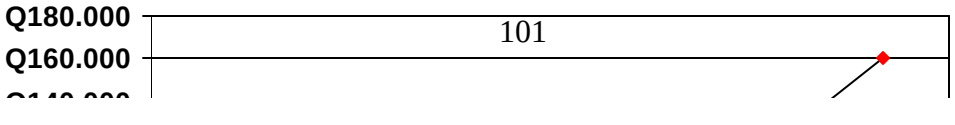
Capital value of revolving funds increased to an average of 166% by July, 2004
The first table presented below shows the total value of the seed pharmaceuticals provided to the all of the 8 networks funded by Pro Redes Salud (5 networks under this project and 7 networks under AmeriCares) at PROAM replacement costs, and the total value of all revolving funds as of July, 2004. When the total capital value of the funds was compared to the seed stock value, some networks were found to have *nearly doubled* the value of their revolving funds in a 17 month period. The average increase in capital value of funds among the 5 networks in this project was *166%*.

Table 16: Increase in capital value of Revolving Funds, 8 networks

Networks	Value of seed medicines	Value of medicines in warehouses and the centros comunitarios	Amounts in revolving fund bank accounts	Total capital in revolving medicine funds	Percent increase in revolving medicine funds (July, 2004)
First round Networks and NGOs	**(seed stock provided Feb, 2003)**				**(growth in 17 months)**
REDDES	Q. 45,657.54	Q. 42,744.79	Q. 10,873.73	Q. 53,618.52	117%
FESIRGUA	Q. 31,576.88	Q. 49,073.34	Q. 8,127.22	Q. 57,200.56	181%
CONODI	Q. 29,129.50	Q. 42,088.89	Q. 5,748.04	Q. 47,836.93	164%
WUKUP BÁTZ	Q. 27,200.78	Q. 42,576.40	Q. 10,436.19	Q. 53,012.59	195%
FUNRURAL	Q. 70,734.09	Q. 99,511.27	Q. 23,089.26	Q.122,600.53	173%
AmerCares Networks and NGOs	**(seed stock provided Sept, 2003)**				**(growth in 10 months)**
ASINDES	Q. 42,601.12	Q. 58,539.50	Q. 9,909.90	Q. 68,449.40	161%
FESIRGUA	Q. 30,150.90	Q. 43,154.95	Q. 8,352.54	Q. 51,507.49	171%
WUKUP B´ATZ	Q. 25,332.82	Q. 25,227.00	Q. 3,578.51	Q. 28,805.51	114%
REDDES	Q. 79,686.21	Q. 72,548.48	Q.11,824.56	Q. 84,373.04	106%
CONODI	Q. 73,935.75	Q.104,494.41	Q.14,644.67	Q.119,139.08	161%
RONDICS	Q. 99,629.26	Q. 71,682.55	Q.54,775.05	Q.126,457.60	127%
CIAM	Q. 70,373.00	Q. 98,587.46	Q.18,546.79	Q.117,134.25	166%

Cumulative income for the 5 networks in this project ascended to US $20,000 by July, 2004
Cumulative income from the 5 funds under this project alone was found to have ascended to Q160,000 (*US$20,000*) in 17 months. Networks and NGOs sold the medicines in their communities at PROAM replacement cost plus 35%, as stipulated for rural areas in PROAM guidelines.

Table 17: Cumulative income generated from revolving funds, 5 NGO Networks funded networks, through June, 2004



2. Revenue-generating businesses

As mentioned above, networks were also assisted in the development of revenue-generating businesses to improve network sustainability. Networks developed business plans and were provided with seed funding. The following table presents the revenue generating activities that were selected and received seed funding from the project. All network businesses were set up and functioning by the end of the project.

Table 18: Network Revenue-generating projects

Network	Revenue-generating project
REDDES	Clinical laboratory
CONODI	Documentation center in health with internet access
ASINDES	Documentation center in health with internet access
RONDICS	Documentation and training center in reproductive and child health
FESIRGUA	Documentation center in adolescent reproductive health with internet access
Wukup B'atz	Documentation center in health and gender with internet access

Reproductive and Adoleccent Health documentation center with internet
FESIRGUA

D. NGO RCH services sustained on the community level

The following sections present results related to the second part of this objective, the sustainability of RCH services on the community level.

1. Community empowerment

The project strategy for assisting NGOs and communities to continue providing reproductive and child health services involved:

- Mobilizing communities
- Setting up and fully equipping centros comunitarios in locations donated by communities
- Involving communities in the selection of FCs and Vigilantes
- Training, equipping and empowering community members to detect, manage and refer illnesses and conditions among children under 5 and women in reproductive age
- Activating, training and equipping Vigilantes to conduct growth monitoring and counseling, detection of illnesses and referral.

This strategy was designed to ensure that NGOs and their communities would have the basic elements in place to be able to continue providing care if no other source of support for health activities were forthcoming. These elements included the following, for every 1,000 population:

- a fully supplied and equipped centro comunitario
- a community member (FC) who had been trained and equipped to detect and manage cases
- a cadre of 8 volunteer community members (Vigilantes) trained and equipped to weigh children and provide counseling – one for every 20 households
- an established revolving drug fund to ensure the flow of inexpensive essential drugs

Pro Redes worked to establish this RCH sustainability strategy throughout the LOP with networks, NGOs and their communities. Under this project, 112 rural centros comunitarios were fully equipped and functioning, with 112 trained community members (FCs) attending patients, and a cadre of 828 volunteers equipped, weighing children and providing counseling. In addition, there were 252 traditional midwives included in the project.

2. Conversion of revolving funds into ventas sociales and rural pharmacies

By the end of the project, interested networks had also been assisted to convert their revolving funds into ventas sociales (pharmacies) and botequines rurales (rural pharmacies) linked to the government provider PROAM, thus allowing them to continue to provide their NGOs with basic RCH medicines without additional outside funding while also providing income, as follows:

Wukup B'atz: The network and the NGO Wukup B'atz converted 4 of the 15 revolving funds in centros comunitarios into rural pharmacies and opened a venta social in an urban area.

FUNRURAL: The network incorporated the revolving fund medicine into the botequines rurales managed by 8 member NGOs in coffee areas and plans to open additional botequines as the fund expands.

RONDICS: The network and its NGOs are continuing to use the medicines as the basis of revolving funds in centros comunitarios among member NGOs.

FESIRGUA: The network has opened a venta social in an urban area and will continue to provide their NGOs with medicines for botequines rurales.

CONODI: The network has incorporated the medicines into the network venta social in Quetzaltenango and will continue to provide their NGOs with medicines for botequines rurales**.**

REDDES: The network has incorporated the medicines in the revolving fund into three ventas sociales that have been authorized by PROAM and will continue to to provide their NGOs with medicines for botequines rurales.

ASINDES: The network has transferred the revolving fund to the NGO Fundación Behrhorst which has incorporated the medicines into their 24 botequines rurales in 25 rural communities in San Martin Jilotepeque where they are implementing a maternal child health project.

CIAM: The network has incorporated the medicine into a venta social and will continue to sell the medicines as the basis of a revolving fund.

3. Advocacy with NGOs for continuity of services

The project worked closely with the 18 NGOs supported by Pro Redes Salud (9 in this project) to encourage them to develop plans and seek funding for continuity in their communities. The following table presents the various plans the 18 grantee NGOs had in early 2004 for continuing RCH services. As the table shows, nearly all of the NGOs planned to apply to the MOH for funding in their communities as a part of the Extension of Coverage program (94%). Over half also planned to generate funds by converting the revolving drug funds into rural pharmacies linked to the national drug distributor PROAM (61%), as noted above. Nearly half also mentioned plans to begin charging a fee-for-service and to continue selling medicines in the centros comunitarios (44%), or seeking other donor funding (44%). Other donor funding was mentioned by 8 NGOs, 6 of whom had already secured funding promises from various sources including the local municipality, Project Concern International, the Packard Foundation and United Way. Few NGOs mentioned funding from the NGO itself (28%).

Table 19: NGO strategies for the sustainability of reproductive and child health activities on the community level, early 2004

18 NGOs	Conversion of Funds to rural pharmacies	Fee for service and sale of meds	Other donor funding	Funding from the NGO	Apply for funding to the MOH
Aq'bal PRODESCA					X
Renacimiento				X	X
ADEMI	X		Packard Foundation	X	X
Kahij Jel	X	X	X	X	X
Chuwi Tinamit	X	X	United Way		X
ADIVES	X	X	Project Concern and the municipality		X
ADECO	X	X			X
SEPRODIC	X	X			X
Eb Yajaw	X	X			X
Wukup B'atz ONG			the municipality		X
ELA			X		X
Fundacion Behrhorst		X		X	X

Cruz Roja			X		
CORSADEC	X	X		X	X
ADISS	X				X
ABC	X		the municipality		X
FUNRURAL ONG	X				X
ADASP					X
TOTAL AND %	**11 (61%)**	**8 (44%)**	**8 (44%)**	**5 (28%)**	**17 (94%)**

4. Transfer of RCH services and communities to the MOH Extension of Coverage program
Pro Redes Salud and USAID also worked closely with the MOH to ensure the incorporation of project communities into the Extension of Coverage program when the project ended, and thus unsure the continuity of RCH services in these areas. This goal had been achieved by the end of the project.

In late 2003 the MOH agreed to the transition, an MOU was developed and signed by the Minister of Health and the director of Pro Redes Salud. The MOU outlined the responsibilities of each party during the transition of the project communities to MOH funding, as of August, 1, 2004. Following development of the MOU, the MOH and Pro Redes conducted a joint financial analysis and provided the MOH with funding requirements for the transition, by area and jurisdiction.

In 2004, however, the government changed hands and the new MOH administration assumed control. Positions were filled gradually by the new administration during the first quarter of the year. The first meeting with the new authorities was held in UPS1 on February 6th. During this meeting, Pro Redes presented the project, the draft results of the operations research (at the request of UPS1), discussed the end of the project and transition of communities to the MOH. Field visits were tentatively set for the week of Feb. 18, but later cancelled by the MOH. The second meeting was held with the Vice Minister on February 25 in his offices. This was followed by a meeting with several key MOH personnel on March 2, where the project was again presented and the transition discussed.

On March 16, Pro Redes attended a general meeting with the MOH and USAID where USAID health programs were presented to the new authorities. During this meeting, personnel from Pro Redes Salud joined the working group related to the first level of primary care, where the project made its presentation and the group discussed AIEPI AINM-C, the continuation of the strategy, the operations research results and the new community level information system. At this meeting the MOH announced that it did not have sufficient funding to assume the communities covered by USAID/Pro Redes Salud.

On March 24, the project met again with personnel from the MOH/UPS1. During this meeting, the MOH coordinator and staff listed specific innovations developed by Pro Redes Salud that are of interest to the MOH. These are the following:

- Reduction in the number of services being provided by NGOs through extension de cobertura (now consisting of 26 services)

- Restructuring of the system to provide an FC, centro comunitario and 8 VS per 1,000 population
- Strengthening the role of the FC as a direct service provider, based on AIEPI AINM-C
- Use of the checklist to ensure the quality of centros comunitarios
- Use of the new community-based information system, including the forms and electronic data base, and their incorporation into the SIGSA (the formal MOH information system)
- Use of the modified training modules for training of FCs in AIEPI and AINM-C in an integrated manner, with practice in centros de salud and hospitals
- Use of the distance training modules and methodology for AIEPI AINM-C
- Use of the checklist and methodology for supportive supervision of community personnel

During this meeting, the MOH also requested the assistance of project personnel in a 3 month activity involving the assessment of the NGOs under contract with the MOH through Extension of Coverage. This was later determined not to be possible given the work load of Pro Redes personnel. At this time, the MOH position on the transition in 2004 continued to be that stated above. The project was informed that the MOH might be able to begin funding the communities in January, 2005, but not before.

The next meeting with the MOH/UPS1 took place on April 19 to discuss the OR preliminary results and the plans to present them in the areas. This was followed by a meeting with the MOH/UPS1 and URC/Calidad en Salud at the MOH on May 5 to present the draft results of the OR. The meeting resulted in a spirited discussion and requests from the MOH for specific revisions

On May 26, the project met again with the MOH/UPS1. During this meeting, the MOH was focused on the evaluation of the MOH-funded NGOs and its need to review the NGO selection process. The project was asked to develop terms of reference for local level training teams to conduct administrative and technical training of NGOs in 2004, which was done the following day. Project training modules were again discussed and plans made for the transfer of this methodology. The MOH/UPS1 also mentioned the development of matrixes for each area listing the location of all NGOs and asked us to make sure our NGOs were correctly listed. This information and the requests for technology transfer were completed by the project, as requested.

On June 15, the project received a visit from personnel from the Planning Unit of the MOH interested in knowing more about the project. Following a general project presentation, the MOH showed specific interest in knowing more about the community based information system, the results of the OR, and the selection process used to select NGOs. A second meeting was held with the Planning Unit several weeks later, and the MOH was provided with the most current reports.

On June 10, the MOH began the process of selecting NGOs to provide services in communities covered by USAID/Pro Redes Salud. The project was not included in the review of the selection process. The circular on the selection was sent to the health areas by the MOH/UPS1 on June 4. The project was also not informed that the selection process was about to take place, but rather received a copy of the instructions from the MOH/UPS1 on June 11 from a project Departmental Coordinator concerned that the NGOs and the project had not been informed, and that some MOH health areas had already assigned project communities to other non-grantee NGOs.

The project requested a meeting on June 16 at USAID to discuss this situation and seek guidance. At this meeting, the project was informed that the MOH had decided to assume the project communities and had begun the process of selection. The project was given a copy of a letter from the Minister of Health to USAID stating this decision. In light of the problems detected with the process in the past, and some that had already presented themselves, USAID suggested that the project contact the MOH/UPS1, write a letter to notify them in writing of any lack of transparency in the process, and offer to provide observers. This was done the following day.

On June 17, the MOH/UPS1 send a circular to all MOH health areas naming Pro Redes Salud Departmental Coordinators as observers during the selection process. All Departmental Coordinators were notified by the project, and immediately incorporated into the MOH area selection committees.

In the following days, project observers informed Pro Redes of progress and anomalies during the selection process. Several letters were written to the MOH/UPS1, and to USAID, keeping them informed. On June 22, the project received a letter from UPS1 outlining the activities that had taken place to date in each MOH health area related to the process of selection of NGOs for project funded communities.

Final results on the coverage of project communities by the MOH

The following NGOs were selected as service providers by the MOH in project areas (NGO Networks supported NGOs). The opinions of the 8 departmental coordinators regarding the selection process, may be found in the annexes as well as the section on Lessons learned and recommendations at the end of this report. A total of 29 districts were included in the process. In 22 of these, NGOs were selected that were either Pro Redes grantees or NGO members of Pro Redes supported networks that were strengthened by the project. In 13 of the 22, NGOs were selected for the same areas in which they were already working. In the other 9 of the 22, the MOH selected other Pro Redes related NGOs for communities previously attended by othe Pro Redes NGOs. In these cases, the incoming NGOs have decided to work with the FCs and VS trained by the outgoing NGOs.

Table 20: Final selection of NGOs by the MOH as of September, 2004 (NGOs with * in the final selection are NGOs that were Pro Redes grantees, NGOs with ** are those who were strengthened as members of grantee networks)

Grantee NGO	Area	District	Proposals presented to the MOH	NGO selected
First round NGOs				
Eb Yajaw	Huehuetenango	Santa Barbara	Eb Yajaw, ABC, ASODESI, PROHUEHUE	ASODESI**
ADASP	San Marcos	Concepcion Tutuapa	ADISS, SINTRAYCIN, PRODEC, ADASP, DECOHJ	ADISS*
Wukup B'atz	Totonicapan	Momostenango	CMM, ABC, Wukup Batz, CORSADEC, ELA, Cuxliquel,	CMM**

			APADER	
CORSADEC	Quiche	San Bartolo Jocotenango, San Pedro Jocopilas		CORSADEC*
FUNRURAL	Quetzaltenango	Coatepeque	ABC, AMEDER, CEIPA, Wukup Batz, ASDECOR, Cruz Roja, ADISS	Cruz Roja Delegacion Palmar
FUNRURAL	Quetzaltenango	Colomba	AMEDER, Cruz Roja, ABC, Wukup Batz, CORSADEC, ADISS, FUNRURAL	Cruz Roja Delegacion Palmar
Aq'bal Prodesca	Sololá	San Lucas Toliman, Concepcion	Kojol Juyu, Ixim Achi, Aq'bal Prodesca, ASODESO, AONACH	APNACH
Kajih Jel	Chimaltenango	Patzicia	Kajih Jel, ADEMI, Ixin Acuala	Kajij Jel*
Chuwi Tinamit	Chimaltenango	Chimaltenango	Chuwi Tinamit, Candelaria, Fundacion Behrhorst	Chuwi Tinamit*
Renacimiento	Chimaltenango	Patzun	Renacimiento, Ixin Acuala	Renacimiento*
Second round NGOs- AmeriCares				
Kajih Jel	Chimaltenango	Patzicia	Kajih Jel, ADEMI, Ixin Acuala	Kajij Jel*
Chuwi Tinamit	Chimaltenango	Chimaltenango	Chuwi Tinamit, Candelaria, Fundacion Behrhorst	Chuwi Tinamit*
Aq'bal Prodesca	Sololá	San Lucas Toliman, Concepcion	Kojol Juyu, Ixim Achi, Aq'bal Prodesca, ASODESO, AONACH	APNACH
ABC	Huehuetenango	San Pedro Necta, Santiago Chimaltenango	ABC, ASODESI, PROHUEHUE	ABC*
ADIVES	Huehuetenango	Barillas Norte	ADIVES, ACES	ADIVES*
ADECO	Huehuetenango	Barillas Sur	ADECO, ACES	ADECO*
SEPRODIC	Huehuetenango	Santa Eulalia	SEPRODIC, CORSADEC, ALPHADI	SEPRODIC*

Cruz Roja	San Marcos	Concepcion Tutuapa	ADISS, SINTRAYCIN; PRODEC, ADASP, DECOHJ	ADISS*
Cruz Roja	San Marcos	Tacana	ADISS, ADASP, PRODEC, Asoc. De Ayuda en Accion	ADISS*
ABC	Totonicapán	San Cristobal	CDRO, CORSADEC, ABC, CMM	CMM**
ELA	Totonicapán	Momostenango	CMM, ABC, Wukup Batz, CORSADEC, ELA, Cuxliquel, APADER	APADER
ADISS	Quetzaltenango	Coatepeque	ABC, AMEDER, CEIPA, Wukup Batz, ASDECOR, Cruz Roja, ADISS	Cruz Roja Delegacion Palmar
ADISS	Quetzaltenango	San Juan Ostuncalco	CORSADEC, Cruz Roja, AMEDER, CEIPA, Wukup Batz	CORSADEC*
CORSADEC	Ixil	Chajul, Cotzal, Nebaj	CORSADEC, Todos Nebajenses	Todos Nebajenses
CORSADEC	Quiche	Patzite	CORSADEC, Todos Nebajenses	CORSADEC*
Fundacion Behrhorst	Chimaltenango	Acatenango	Fundacion Behrhorst, Candelaria	Fundacion Behrhorst*
Fundacion Behrhorst	Chimaltenango	Yepocapa,	Fundacion Behrhorst	Fundacion Behrhorst*
Fundacion Behrhorst	Chimaltenango	Pochuta	Fundacion Behrhorst, Renacimiento	Renacimiento*
ADEMI	Chimaltenango	Tecpan	ADEMI, Kajih Jel, Ixin Acuala	Kajih Jel*

MONITORING AND EVALUATION: COMPONENT II

A. Key Monitoring Indicators and 2004 Results

The following pages of the report present training results in detail. The full M and E plan is presented in the annexes of this report.

IV. Coordination

Objective 7: Strengthen MOH-NGO coordination

This objective was aimed at improving coordination between NGOs and the MOH at all levels. In 2001, before the project began, this coordination was described as weak at best. The project was tasked with improving assisting the MOH and NGOs to work together toward common health goals through the

promotion of coordination mechanisms and collaboration. This objective was achieved by the project through the following:

A. Strengthening MOH-NGO coordination 2001

Ministry of Health

Pro Redes Salud met four times in 2001 with the Ministry of Health. In the first meeting with the Vice Minister on November 9th, USAID introduced the project and plans were made for follow-up. The second meeting on November 13th was chaired by the Vice Minister and involved the heads of all Divisions of the MOH. At that meeting, it was agreed that a group would work together to develop an MOU between the Project and the Ministry. After that, two meetings were held with personnel from UPS1, the unit responsible for the NGO Extension of Coverage program, to exchange information and come to an agreement on the terms of the MOU. Pro Redes Salud developed a draft MOU which was signed in January, 2003. UPS1 provided the project with data regarding the status and location of MOH-funded NGOs in the 7 highland departments. Pro Redes analyzed the data comparing it with the list of municipalities with high rates of chronic malnutrition, and shared the list of MOH NGOs in those locations with USAID.

B. Strengthening MOH-NGO coordination 2002

MOH central level

2002 MOH-NGO coordination has been presented earlier in this report including joint presenting of the project during the Convocatoria, joint network and NGO selection, joint design of an innovative model of service delivery, joint development of training and IEC materials for AIEPI AINM-C, joint development of an MOU, and the joint training of MOH-funded NGOs. In addition, Pro Redes Salud met frequently with the MOH – particularly UPS1 – to get to know the MOH-NGO program in detail. The Vice Minister of Health was particularly instrumental in opening doors for the project, and was a strong supporter from the beginning.

MOH departmental/area level

In 2002, staff from MOH/UPS1 and Pro Redes Salud held several joint meetings with all 8 health areas to explain the project to the area staff, and present the MOU. These meetings were held in two groups, in Quetzaltenango and in Chimaltenango, prior to the Convocatioria and the network and NGO selection process.

MOH district level

In 2002, the MOH/UPS1 and Pro Redes Salud also hald meetings with all 8 health areas to explain the design of the service delivery model and the innovations to be tested through the project. All health area and affected districts were convened in Chichicastenango to present the concept to them. The letter was sent out by the Ministry of Health, signed by the Director General.

C. Strengthening MOH-NGO coordination 2003

Joint cascade training of MOH-funded NGOs in AIEPI AINM-C and family planning

In 2003, Pro Redes Salud, the Unidad Ejecutadora of the MOH and URC/Calidad en Salud worked together in the design and implementation of the cascade training of the MOH-funded NGOs in AIEPI AINM-C and family planning in the eight highland health areas.

Joint development and implementation of operations research (OR) comparing service delivery models

Pro Redes Salud also worked with the MOH/UPS1 and URC/Calidad en Salud in the development and implementation of an operations research activity comparing two variations in the national primary care service delivery model: AEC-ONG (Extension de Cobertura through ONGs, implemented by Pro Redes) and AEC P/S (Extension de Cobertura through Puestos de Salud, implemented by the MOH with assistance from Calidad en Salud), with the MOH NGO program (Extension of Coverage AEC-EC, implemented by the MOH). The OR activity was completed in 2004.

Project support to the MOH supervision system for NGOs (URRGE USME)

In 2003, Pro Redes Salud provided assistance to the MOH/UPS1 in the training of area and district NGO supervisory personnel in the MOH model for supervision – URRGE USME. This model was designed to assist the areas and districts improve the supervision of the NGOs funded by the MOH.

Memorandum of understanding related to the transition of funding of project communities to the MOH in 2004

As mentioned above under the section on sustainability of community level RCH services, in 2003 the project worked with the MOH to develop and sign an MOU outlining the responsibility of each partner in the transition of funding of project funded communities to the MOH under Extension of Coverage. This transition began in July, 2004 when project funding to networks and NGOs ended.

NGO inclusion area and district level technical teams

In 2003, project staff, networks and NGOs also worked closely with the MOH on area and district levels. NGOs were incorporated into technical teams and area consejos de salud and joined area and district technical teams during monthly meetings to analyze the health situation and coordinate activities.

Inclusion in other coordination groups

Project staff, networks and NGOs also joined other coordination groups on area and district levels, including committees on maternal and infant mortality, immunization, donor coordination, urban and rural development and municipal consejos de salud.

Coordination related to service delivery

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

D. Strengthening MOH-NGO coordination 2004

Presentation to the new authorities on Area and District levels

In the first half of 2004, project staff, networks and NGOs held meetings with the new MOH authorities on area and district levels to present the project and its achievements.

Involvement in area and district level technical teams and in other coordination groups
NGOs and project staff continued to work with area and district technical teams during monthly meetings to analyze the health situation and coordinate activities, and to participate in area and municipal consejos de salud. Project staff, networks and NGOs also joined other coordination groups on the local level, including committees on maternal and infant mortality, immunization, donor coordination, urban and rural development.

Coordination to improve referral
In 2004, the project and its NGOs coordinated on the local level with the national departmental hospitals in order to ensure the referral of suspected cases of cervical cancer detected during papanicolau exams for confirmation of the diagnosis and surgical management as necessary.

Completion of Vigilante training in AINM-C among MOH-funded NGOs
Pro Redes Salud, the Unidad Ejecutadora of the MOH and URC/Calidad en Salud worked closely together in 2004 to complete the training of MOH-funded NGOs in AIEPI (Manejo de Casos), AINMC (Prevencion y Promocion) and family planning in the 8 highland health areas. The final NGO liquidation for the training of vigilantes in AINM-C was completed in August, 2004. Details on this training cascade are provided in the strengthening section of this report.

Meetings to review and finalize the OR comparing service delivery models
In 2004, the project also worked closely with the MOH/UPS1 and URC/Calidad en Salud to conclude the operations research activity comparing two variations in the national primary care service delivery model with that of the MOH. Details on this activity are provided in this report and in the annexes.

Coordination related to the transition of communities to the MOH
Coordination between the project, networks and NGOs continued on the area and district levels in 2004, as described above, as NGOs applied for inclusion in the selection process related to the transition of their communities to the MOH in August, 2004, and project departmental coordinators were incorporated into the selection committees as observers. The project also provided assistance to the MOH/UPS1 with vehicles and per diem to cover costs related to the selection process for those communities in the 8 MOH health areas. The process and results are presented in detail earlier in this report.

Technology transfer to the MOH to improve the quality of MOH-NGO centros comunitarios
The MOH is interested in reviewing, rating and upgrading all NGO centros comunitarios under Extension de Cobertura to ensure quality, marking them with a star or other mark once they meet specific standards. The project transferred its checklist materials to the MOH to assist in this process.

Technology transfer to the MOH to improve the quality of training of NGOs
The MOH is interested forming strong training teams on area and district levels, and in using project training modules and methods to strengthen the role of the FC as a direct service provider. The project transferred its design for training teams and its training modules, including basic training and distance training, to the MOH in July-August, 2004.

Technology transfer to the MOH to improve the supervision of NGOs

Another area of weakness in the MOH NGO program is that of supervision, which is not systematized. The MOH/UPS1 is interested in improving this aspect of its program as well. The project has transferred its supervision training modules and checklist to the MOH/UPS1 for review and adaptation as necessary, and for use nationwide.

Technology transfer to the MOH to improve reporting and analysis of community data on AIEPI AINM-C by NGOs

At the present time the MOH does not have a community based information system that collects data on AIEPI AINM-C, nor does the MOH have a computerized data entry and analysis sytem for this level. UPS1 is interested in improving this aspect of its program. For this reason, the project transferred its innovative community based information system to the MOH/UPS1 in July-August, 2004. This system will be revised by the MOH to fit the new AIEPI AINM-C protocols and implemented nationwide.

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

The purpose of this objective was to improve collaboration among area and district offices and NGOs through support to a departmental collaboration model in one department, which could be expanded to other departments over time. The project exceeded this objective through support to the official national MOH-NGO collaboration models - the Consej os de Salud - on departmental and municipal levels in all 8 health areas. This support resulted in the strengthening of existing consejos, and the formation of 19 new consejos on the local level. The formation of new consejos represented an increase in 317% in the number of consejos in the highlands. A total of 24 consejos de salud was supported by the project.

A. MOH-NGO collaboration models selected and phases of support

1. Departmental Consejos de Salud

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

2. District or Municipal Consejos de Salud

In 2002 the Project also identified the national model for NGO-MOH coordination on the municipal or district level, variously referred to as the Consejo Municipal de Desarrollo or Salud. The project was also active in promoting the formation of these groups in all 8 health areas during the LOP. The Consejo Municipal de Salud is established within the Codigo Municipal as the official mechanism for district level coordination in health. It also includes NGOs supported by the MOH as well as other NGOs working in health in each district.

3. Phases of support

The following were the three phases of support provided to the consejos on all levels:

Phase I: This phase of support involved assistance in the formation and organization of a consejo where one did not yet exist. This first phase of support included:

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

Phase II: Once the group had decided to form a consejo, the project moved into phase II support and assisted the group to:

- Form the Board of Directors
- Develop internal regulations
- Develop a first action plan

Phase III: Once the plans were developed, each consejo was then assisted to begin implementation. While the project lacked funds to support all activities planned by each consejo, Pro Redes generally supported regular consejo meetings and assisted in implementation where possible.

B. Result: Support to 24 Consejos de Salud

During the LOP, Pro Redes Salud provided assistance to 24 consejos de salud on area and district levels. The following table presents a situation analysis related to these consejos and phase of support as of June, 2004.

Table 21: Consejo de Salud situation analysis and phase of support as of June, 2004 ((*new)

Area Level	District Level	Phase I	Phase II	Phase II
Quetzaltenango	**Area level**	Completed	Completed	Ongoing support
	Coatepeque*	Completed	Completed	Ongoing support
	Colomba*	Completed	Ongoing support	
	6 other districts *	Completed	Ongoing support	
San Marcos	**Area level**	Completed	Completed	Ongoing support
	Concepcion Tutuapa*	Completed	Support to NGOs and the Area	
	Tacana*	Support to Area and NGOs		
Huehuetenango	**San Pedro Necta***	Completed	Completed	Ongoing support
	Santa Barbara*	Support to NGOs and the Area		
	Barillas	Completed	Completed	Ongoing support

Totonicapan	**Area level**	Support to NGOs and the Area		
	San Cristobal*	Completed	Completed	Ongoing support
	Momostenango*	Completed	Completed	Ongoing support
El Quiche	**Area level**	Completed	Completed	Ongoing support
Ixil	**Area level**	Completed	Completed	Ongoing support
Solola	**Area level**	Partially formed		
	San Lucas Toliman*	Completed	Completed	Ongoing support
	Santiago Atitlan*	Completed	Completed	Ongoing support
Chimaltenango	**Area level**	Partially formed		
	Patzicia*	Support to the district		
	Acatenango*	Completed	Support to the district	

C. Result: Formation of 18 new consejos - 300% increase as a result of project support
This support resulted in a significant increase in the number of consejos de salud from 6 consejos (Quetzaltenango, San Marcos, Totonicapan, El Quiche, Ixil and Barillas) at the beginning of the project in 2001 to 24 consejos in 2004. The 18 new consejos represent a 300% increase in collaboration groups in project areas. Details on the situation by department and health area are provided below:

Quetzaltenango:
The Consejo de Salud in this department continues to be one of the strongest in Guatemala and is in Phase III. As mentioned in the last report, it is made up of approximately 25 institutions including NGOs (SIAS and non-SIAS), governmental organizations and donor agencies. Leadership is provided by the MOH Area director. The project Departmental Coordinator participated actively in Consejo meetings and served as the Secretary of the Board of Directors. Meetings are rotated among members. During this period, the Consejos were given priority at the municipal level. A total of 8 new municipal level Consejos de Salud were formed, including the districts of Coatepeque and Colomba. Two are in Phase III and the rest are in Phase II. Municipal level Consejos meet monthly, while the departmental Consejo meets every two months.

San Marcos:
The Consejo de Salud in this department is also strong and in Phase III. 95% of the NGOs working in health in the department are members (MOH-funded NGOs and others). The project Departmental Coordinator was an active member and participated in all monthly meetings. Meetings have focused on presentation of advances, coordination of vaccination activities, monthly situation analyses for each district, and coordination of activities among members. The Consejo is currently completing its 5 year strategic plan. The Consejo has also developed a departmental training team for AIEPI AINM-C. Pro Redes provided financial support to Consejo activities throughout the LOP.

On the district level, the new Consejo Municipal de Salud of Concepcion Tutuapa, formed with assistance from Pro Redes in 2002, is in Phase II. Meetings have focused on vaccination, as the municipality is high risk. The Departmental Coordinator provided support during formation and epidemiological surveillance regarding suspected cases of measles. The project-funded NGOs ADASP and Cruz Roja formed a response team for these cases, while ADASP was the sub-secretary of the group. The new Consejo Municipal de Salud in the disitrict of Tacana also formed with assistance from Pro Redes, and is in Phase I.

Huehuetenango:
The Area director in this department continued to show little interest in the formation of a Consejo de Salud on the departmental level during the LOP in spite of project encouragement. As the area continued to show lack of interest, coordination among NGOs (MOH-funded NGOs and others) took place in meetings held by the Pro Redes Departmental Coordinator and the departmental coordinator for the MOH-funded NGOs.

Pro Redes is strengthened consejos on the district level. In the southern part of Huehuetenango the district of San Pedro Necta formed a new Consejo Municipal de Salud with assistance from Pro Redes. This consejo includes NGOs who work in health in the district (MOH-funded NGOs and others) and IGSS as well as the municipality. This group meets monthly to analyze the health situation in the area and review progress.

In the district of Santa Barbara, a new Consejo was also formed with assistance from Pro Redes, however the district did not assume responsibility or follow up except in the case of vaccination coverages, and in two meetings with UNICEF to select 14 communities for food support and formation of youth reproductive health promoters.

In the northern part of Huehuetenango, the district of Santa Eulalia has not yet formed a Consejo Municipal de Salud, however the project Departmental Coordinator initiated discussions with different sectors (MOH-funded NGOs and others) to begin one, and the new district director has shown interest. In the district of Barillas a Consejo Municipal de Salud exists (MOH-funded NGOs and others) and received support from Pro Redes. The project Departmental Coordinator was a vocale on the Board of Director. Pro Redes- funded NGOs were also on the Board of Directors – ADIVES was the secretary, and ADECO was the treasurer. As a result of Consejo activities, the MOH approved the upgrading of the health center as a 30 bed hospital, and a Casa Materna is now functioning with support from the MOH, ADIVES and catholic churches.

Totonicapán:
The Consejo de Salud in this department has been in existence for about 8 years. It has an internal policy and around 16 member organizations (MOH-funded NGOs and others). During its lifetime, however, membership and interest in the Consejo has been variable. Participation has been irregular and there is a lack of continuity in discussions and topics. The Consejo met various times during the LOP, and has become a Commission in the Consejo Departamental de Desarrollo.

In San Cristobal and Momostenango, with support from Pro Redes, the Consejos Municipales de Desarrollo have formed Commissiones de Salud. These Commissiones have conducted an analysis of health needs in their districts, have assigned responsabilities and developed 2004 Action Plans, which are in implementation. The project-funded NGO ABC was a vocal in the municipal Commission in San

Cristobal, while the NGOs Wukup Batz and ELA were vocales in the municipal Commission of Momostenango.

El Quiche:
In El Quiche there is an established Consejo Tecnico de Salud. The Consejo is chaired by the area Director and includes representatives from most NGOs working in health (MOH-funded NGOs and others). The group meets weekly to review program advances, identify problems and find solutions. When necessary, commissions are formed to address specific problems. The area has divided the catchment population into sectors, and the consejo has assigned a group responsible for monitoring progress and reporting on the situation in each sector. Pro Redes supported activities of the Consejo throughout the LOP. No district level consejos have been formed.

Ixil:
In Ixil, the departmental coordinating body is the Mesa de Salud. It includes MOH-funded and other NGOs. The purpose of the Mesa is the same as the Consejo in El Quiche, mentioned above. Pro Redes provided financial support to activities of the Mesa de Salud throughout the LOP. No district level consejos have been formed.

Chimaltenango:
In 2002 the project worked with NGOs and the MOH to establish a Consejo de Salud on the departmental level. A Board of Directors was elected and internal policies were developed. The project felt that progress was being made. In 2003, however, consejo did not continue to meet. This was because the area director did not want to work with the NGO group that was supporting the idea of a consejo departamental. In 2003, the project offered the area funding for an assembly with NGOs and further work with the consejo de salud, but there was no result. In 2004 there was a change of authorities and no further progress has been made. The real departmental level coordinating group for NGOs in Chimaltenango (MOH-funded NGOs and others), therefore, was the Coordinadora de ONGs de Chimaltenango. Two of the Pro Redes-funded NGOs were elected representatives of the Coordinadora while the other NGOs working in Chimaltenango were members. The project Departmental Coordinator and the NGOs were active participants in this group during the LOP. Progress has been made on the formation of a Consejo Municipal de Desarrollo en two districts, Acatenango and Patzicia, each of which has a health committee. Consejos received coordination and support from Pro Redes Salud. Both are in Phase II. The NGO Behrhorst was on the Board of Directors of the Consejo in Acatenango. Kajih Jel was on the Board of Directors in Patzicia.

Solola:
When the project began in 2002, an inventory of institutions identified many NGOs working in the area (MOH-funded NGOs and others), in addition to USAID projects, the MOH and IGSS. The project initiated a series of meetings with key persons to discuss the formation of a departmental Consejo de Salud. This resulted in the formation of a Provisional Commission, a convocatoria of NGOs, and the exchange of experiences with the successful Consejo from Alta Verapaz. By the end of 2002, the Provisional Commission involved 5-12 institutions and 9 out of the 10 districts in Solola. At the beginning of 2003, there was consensus among participants in the Commission regarding plans for the Departmental Consejo de Salud and the Board of Directors for 2003, however the changes in area directors – four times during the year - resulted in a change in focus from the continued development of

a departmental Consejo de Salud to the formation of decentralized consejos on the municipal or district level. In 2003, the topic of the consejos on the departmental or municipal level (Mesas Departamentales Micro-Regionales o Municipales de Salud) was included in the Plan Estrategico del Area de Solola 2003-2007 under the section entitled Social Participation.

In 2004, the municipal Consejos de Desarrollo formed Comisiones de Salud in the two districts of San Lucas Toliman and Santiago Atitlan. This process was continued by the new municipal authorities. The project-funded NGO PRODESCA participated in both Comisiones. Both have organized, analysed health needs in their areas, and developed 2004 Annual Plans, which are in implementation.

Coordination with other Partners

A. Population Council and their NGOs

In 2001 Pro Redes Salud met three times with the Population Council and the network of NGOs – FESIRGUA – that was formed by the NGOs supported by the PC project. This network is comprised of independent NGOs and three sub-networks. Its offices are located in Chimaltenango. The first meeting was held on November 31st in the Population Council offices when USAID introduced the project to Population Council staff. The next two meetings were with FESIRGUA, one in Guatemala City during an NGO meeting with the Global Health Council in November 14th, and then in Quetzaltenango on December 11th when Pro Redes was asked to come and make a presentation on the project to the network at one of the NGO offices. That meeting produced a lively discussion regarding project approaches and possibilities for network participation. The project continued to work closely with FESIRGUA and its NGOs during the LOP. FESIRGUA was selected as a grantee network in both funding rounds.

B. Project Concern International and their NGOs

In 2001, the Project met with once with PCI and the networks of NGOs – REDDES and CONODI - that were formed by the NGOs supported by PCI. The meeting was held just outside of Guatemala City. The networks are comprised of independent NGOs. Their offices are in Guatemala City (REDDES) and Quetzaltenango (CONODI). As with the above network, Pro Redes Salud continued to work closely with both REDDES and CONODI during the LOP. Both networks were selected as grantees in both funding rounds.

C. Calidad en Salud

The Project worked closely with URC/Calidad en Salud on several activities during the LOP. Joint activities included the following:

1. Coordination in 2002

Coordination of the cascade training of MOH-funded NGOs

Joint visit to Honduras: In February, project staff visited Honduras with 17 representatives of URC/Calidad en Salud, USAID, the MOH and key PVOs to see the successful Atencion Integral de Nutricion (AIN) growth monitoring program in action. The visit lasted for 4 days. When the team

returned on March 8, the MOH held a meeting to present the agreements made during the visit. The decision was taken by the MOH to adapt and implement AIN in Guatemala.

Coordination meetings and the development of a joint budget: Following this decision, the project worked closely with staff from URC/Calidad en Salud to determine the way in which the training would take place – the details of the cascade described above – and which organization would pay for what. The project developed a proposed outline for the cascade and then developed a joint budget.

Review of training materials: Pro Redes staff met frequently with key staff from URC/Calidad en Salud to review the training materials for AIEPI (Manejo de Casos) and AINM-C (Promotion and Prevention) and determine modifications as necessary.

IEC coordination: The project also worked closely with key URC/Calidad en Salud staff in the review of supporting IEC materials.

Joint meeting of project departmental level staff
In mid-2002, Pro Redes Salud, Calidad en Salud and JHPIEGO held a joint meeting with all departmental level staff from the three projects to present each project to the group and clarify roles. Although coordination is close, particularly with URC/Calidad en Salud on the central level, now that projects had begun on the local levels it was important that the departmental staff from all three projects be fully briefed.

Joint development of the Operations Research comparing service delivery models
As mentioned above, the MOH conducted an operations research activity in 2003-2004 comparing several service delivery models. Pro Redes Salud and URC/Calidad en Salud worked closely together in 2002 to develop the final the protocol, the sample, the baseline instrument and the joint budget.

2. Coordination in 2003

Continued coordination of the cascade training of MOH-funded NGOs
Activities related to the cascade training in 2003 included:

Coordination meetings and the revision of the joint budget: In 2003 Pro Redes met twice with URC/Calidad en Salud and the Unidad Ejecutora to revise the training cascade and redistribute the joint budget based upon real expenditures of each partner in 2003.

Revision of training and IEC materials: Project staff also coordinated closely with key staff from URC/Calidad en Salud to review the training and IEC materials used for AIEPI (Manejo de Casos), AINM-C (Promotion and Prevention) and family planning and coordinate reproduction.

IEC coordination: The project continued to work worked closely with key URC/Calidad en Salud staff and others in the review and production of IEC materials through the Inter-Institutional Group (GTI).

Continued joint development of the Operations Research comparing service delivery models

In 2003, URC/Calidad en Salud and Pro Redes Salud continued to worked closely together to finalize the baseline instrument and the sample, fund the baseline study, identify key technical indicators and determine the way in which cost information will be collected, collect and analyze information and present the mid-term report.

3. Coordination in 2004

Final coordination of the cascade training of MOH-funded NGOs
In the first semester of 2004, the project met twice with URC/Calidad en Salud in January to coordinate this activity. The first meeting was to define each organizations role, and the second was to discuss the training of vigilantes, update the budget, and obtain a final list of NGOs. The training cascade was completed during this period, with funding from Pro Redes Salud. The final NGO liquidated its vigilante training expenditures with the project in August, 2004.

Final coordination of the Operations Research comparing service delivery models
The project met 9 times in the first semester of 2004 with URC/Calidad en Salud on the topic of the OR. The first meeting took place in January to discuss the new ending date for the study and the presentation of the OR to USAID, review the budget for 2004, coordinate the final household survey, and review the final costing form and the budget. In February the meeting focused on the costing data base and standardization of data entry. The meeting in March was to review the household survey sample and discuss problems encountered with data collection in some communities. In April the two projects met twice on the technical and costing data, the household survey, to plan the meeting with the MOH, review the draft final document and add comments, determine how to present to the local levels and to what other audiences. In May, the project met with Calidad en Salud at the MOH/UPS1 to jointly present and discuss the OR draft final report and receive comments. Also in May, the project and Calidad en Salud met twice at USAID to present and discuss the OR draft final report and receive comments. In August, the two project directors met again to discuss the draft final report and prepare comments. During 2004, Pro Redes Salud provided funding for data collectors for data collection among the MOH-funded NGOs, transport, per diems, and the final household survey.

Joint survey of the implementation of AIEPI AINM-C among NGOs and PVOs:
In late March, 2004 Pro Redes staff met with URC/Calidad en Salud, PVO partners of USAID and representatives of USAID to design a study of the implementation of AIEPI AINM-C among NGOs and PVOs. The groups divided into teams and conducted field visits, using standardized instruments. Team reports were produced. Unfortunately, the MOH did not immediately approve survey implementation among the NGOs funded by the MOH extension de cobertura, so visits to these organizations were conducted by Calidad en Salud staff later in the process. The report was finalized by URC/Calidad en Salud and presented to USAID in early September, however Pro Redes was not given a chance to review it beforehand. For this reason, the report contained errors regardin the project. Comments were sent to both URC/Calidad en Salud and USAID in mid-September, for revisions to the final report.

Joint recommendation to USAID on the newAIEPI AINM-C community based information system:
In early January, 2004 the project met with technical staff of URC/Calidad en Salud to present and discuss the community level information system developed by Pro Redes Salud for AIEPI AINM-C.

This meeting was held at the request of USAID in order to ensure that both projects agreed on the future of the new system once project funded had ended. This meeting was followed by a joint meeting at USAID where the system was presented and both projects recommended its use by the MOH nationwide in the Extension of Coverage program.

D. APROFAM

1. Coordination in 2003

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

Joint training of networks, grantee NGOs and MOH-funded NGOs in family planning
Pro Redes and APROFAM then trained the networks and NGOs in family planning and the APROFAM logistics system in February, 2003. Following this central training, in March NGOs trained the rest of their staffs and their FCs in eight training events that took place in the highland departments. Pro Redes Salud also provided support to APROFAM and the MOH in the training of all MOH-funded NGOs program to improve contraceptive reporting.

Provision of contraceptives
In 2003 APROFAM signed agreements with NGOs and provided them with their first stock of contraceptives. Methods include the following: condoms, IUDs, depo-provera and oral contraceptives. Pro Redes paid the cost of transport for the first stock of contraceptives for each NGO. Contraceptives were sold at APROFAM prices. NGOs were responsible for ordering and paying for the transport of future shipments. APROFAM collected monitoring data, while project staff monitored provision of services.

Monitoring of contraceptive distribution
Pro Redes worked closely with APROFAM in improving reporting of contraceptive use among project funded NGOs. The project also developed a computerized data base and entered NGO monthly reports to APROFAM separately. This provided the project with timely information on the movement of contraceptives and allowed for identification of weaknesses and needs for supervision in the following period.

2. Coordination in 2004

Cervical cancer
APROFAM coordinated with the project and NGOs in reading the results of papanicolaou exams and informing NGOs of results. The NGOs then informed the patient and discussed possible options. The project also coordinated with APROFAM on the feasibility of surgical management.

STIs
Pro Redes Salud and APROFAM developed and implemented a workshop for NGOs and networks on the prevention of sexually transmitted infections. The technical part of the training was conducted by the director of the APROFAM clinic in Quetzaltenango. APROFAM provided

audiovisual material, and technical support on STI strategies used to train youth was provided by APROFAM youth promoters.

E. Coordination with others

JHPiego
Pro Redes Salud coordinated with JHPiego in the development and implementation of a training program for NGOs and networks regarding the importance of Comites de Emergencia on the community level, their formation and strengthening. During the workshop participants were visited by a Comite de Emergencia from a community in Solola, that told of concrete experiences in the successful transport of emergency cases to the departmental hospital. At the end of the workshop NGOs developed action plans which were then monitored by Pro Redes Salud.

University Rafael Landivar
Pro Redes Salud worked closely with the Facultad de Ciencias de Salud of the Universidad Rafael Landivar and its cervical cancer program to develop and implement a training for the medical staff of NGOs and networks on the papanicolaou exam and the prevention of cervical cancer, following the guidelines established by the Programa Nacional de Prevención del Cáncer Uterino.

Instituto Nacional de Cancerologia (INCAN)
The project coordinated with INCAN in the reading of the papanicolaou exams taken by NGO medical staff, the management of suspected cases of cervical cancer, confirmation of cases and their respective treatment.

Georgetown University
Pro Redes Salud coordinated with the University of Georgetown and the NGO Belejeb B'atz in the implementation of workshops for networks and NGOs on the days method of family planning (the necklace or "collar"). Georgetown assumed the technical aspects of the training, and all costs related to lodging and per diem for participants. The NGOs paid for their transport. The NGO Belejeb B'atz conducted one workshop for NGO technical coordinators, 2 workshops for technical supervisors, and 10 workshops for FCs. The University of Georgetown provided all trained NGOs with a seed lot of necklaces for the implementation of the strategy. A total of 10 NGOs and 7 networks attended the training, under the supervision of Pro Redes Salud.

V. Lessons learned and recommendations for the future

A. The NGO selection process

The recent experience with selection of NGOs for project communities by the MOH has shown there to be significant weaknesses in the selection process. The principal weaknesses included:

- Selection based on administrative criteria alone (location of office, availability of vehicles, etc.)
- Lack of consideration of NGO technical capacities
- Lack of consideration of NGO financial management capacities
- Lack of guidelines in the use of selection forms and lack of training of selection teams in the use of the selection criteria, leading to different interpretations in different areas

- Lack of a participatory, transparent process that included the individual ranking of each NGO proposal by each committee member in secret first, and then calculation of average ranking scores for selection rather group discussion in which one person can dominate
- Lack of a pre-selection step
- Lack of visits to the community level in a final selection step to confirm NGO technical capacities
- Political or personal biases by local level MOH personnel in some areas
- Lack of NGO involvement

The principal recommendations to the MOH for improving this process and preventing political or personal manipulation in the future are to:

- Review administrative criteria and develop financial management criteria
- Develop technical criteria
- Form balanced selection teams made up of central, area and district level health personnel, municipal authorities and NGO members of the national NGO federation ASOREDES (NGOs not presenting proposals). For the area level, consider not including the Area Director, who is very busy, but rather the Coordinador de Extensión de Cobertura and the Gerente Financiero instead as they are closer to the NGOs. Ensure the active participation of municipal authorities in the process.
- Systematize and standardize the process by adding guidelines for each of the forms, and train selection teams in its use
- Conduct a participatory, transparent process in each area that involves individual and secret ranking of each NGO proposal by each committee member and the calculation of average scores for selection (two sets of scores, one technical and one administrative-financial for each proposal), rather than allowing group discussion in which one person can dominate. Use this to pre-select a few NGOs, then proceed to the final selection
- For the final step, conduct field visits to each of the pre-selected NGOs, not just to offices, but also to the community level. Note: Standardized forms should be used for this step as well. Visits should take place even if the NGO is currently working in an area different from the one in the proposal, and should include both observation and community interviews to confirm the experience and knowledge of the NGO
- Conclude the final selection based on the results of the field visits to pre-selected NGOs

B. The Pro Redes Salud model of service delivery and innovations tested

1. Organizational structure

- Based on project lessons learned, Pro Redes recommends the following modifications in the MOH Extension of Coverage program in the future:

  - One FC and centro comunitario per 1,000 population, 8 VS per centro comunitario each attending a sector made up of 20 families,
  - FCs attending patients using the AIEPI AINM-C protocols and a set of basic medicines, and supervising VS during systematized monthly visits

- Professional nurse supervisors responsible for supervising FCs weekly using a standard protocol for supportive supervision, and attending cases that are other than those in the AIEPI AINM-C protocols (including provision of complete prenatal care), as necessary

- The revised relation of 1,000 inhabitants for each FC and centro comunitario was found to guarantee more frequent and improved care by FCs. Centros comunitarios were also increasingly sought by the population as the first source of care. The OR confirmed these findings.

2. The role of Facilitadores Comunitarios

- FCs were found to be able to delivery high coverages and quality services based on the AIEPI AINM-C protocols. The OR also confirmed this finding. Pro Redes Salud, therefore, recommends that the role of the FC in the MOH Extension of Coveage program revised to include implementation of AIEPI AINM-C by FCs and should be expanded nationally.
- The FC is a community member who needs adequate monthly pay. Pro Redes paid Q800 per month. At the current time the MOH pays FCs $500 a month. Pro Redes recommends that the MOH revise this amount in light of the increased FC role.
- Women, even young women, functioned very well as FCs. 38% of FCs in Pro Redes Salud were women. They were found to be satisfied with lower pay and there was less rotation of personnel. This may be due to the fact that women tend to be second earners in the household and do not have to work in the fields as frequently. Young women are also interested in learning new things and in helping their communities. Women FCs handled both components of AIEPI AINM-C, child and reproductive health well. Their participation should be encouraged in addition to that of men.
- It is possible to find candidates in rural communities who have high levels of education and are willing to work as FCs. Given the increased role of the FC, the community should select candidates who have the highest schooling level possible. 68% of FCs contracted by Pro Redes Salud in rural communities had at least a 6^{th} grade education.

3. Vigilantes

- Vigilantes should also be selected who have the highest levels of education possible, as they have been given significant roles in the AIEPI AINM-C strategy by the MOH.
- The MOH should also consider and standardize incentives for these volunteers to prevent high levels of rotation of personnel.
- The monthly Vigilante meeting needs to be strengthening systematized and include the nurse supervisor and FC. At the present time, the monthly meeting held by NGOs is dominated by a group presentation on a health topic. While important for continuing education, the monthly meeting should consist even more importantly of a discussion by each VS on the status of each of their families during the past month. This specific discussion of cases will be more interesting and do much more in terms of VS strengthening that a charla. It will also make the nurse supervisor and FC much more aware of what needs to be done. The opportunity should be taken to congratualate FCs on things they have done well, and provide strengthening where it is needed.

- Each month during the meeting mentioned above, the nurse supervisor and FC should ask each of the 8 VS to provide information on their sector on the following:
    - Number and proportion of children under 2 weighed during the month
    - Children found to not be growing well for 2 months, what is the problem and what needs to be done
    - Children 12-23 who still lack full vaccinations, what is the problem and what needs to be done
    - Specific cases of children under 5 with diarrhea identified and what was done
    - Specific cases of children with pneumonia identified and what was done
    - Number and proportion of women in union who are pregnant whether or not they have are receiving prenatal care and what needs to be done
    - Number of women who gave birth during the month, attended by whom and where, and if they are receiving prenatatal care
    - Number and proportion of women in union who are using family planning, what is the problem and what needs to be done
    - Child deaths and reasons
    - Deaths among WFA, those categorized as maternal deaths and reasons
- Another important activity during these monthly meetings would be for the FC and EA to inform VS about specific households that required follow-up visits in their sector. The results of these visits would also be reported on in the next monthly session.

4. Supervisors and the role of the EA

- Professional nurses were found to work very well as FC supervisors. They were willing to go into the field and had a supportive attitude towards supervision. At the current time the MOH uses Facilitadores Institucionales (FIs) who are TSRs to supervise FCs.
- The FI position was omitted in the Pro Redes model and found not to be necessary.
- The MA position was omitted in the Pro Redes model and was replaced instead by the professional nurse supervisor. Pro Redes Salud recommends that the professional nurse be contracted instead of the physician as the FC supervisor, and be available during monthly visits to attend cases that are not AIEPI AINM-C and attend monthly meetings with VS.

5. Supportive supervision

- Training is clearly not an end in itself. It is the beginning of a long process of learning. Training should provide basic knowledge and skills to participants, but the real learning will occur following training during daily practice. Centros comunitarios, their FCs and vigilantes are located in remote rural areas, making access difficult. It is vital that they receive continuous supportive supervision by NGO technical staff.
- The MOH Extension of Coverage program currently lacks a coherent system for the supervision of NGO personnel, and NGO staff also lack systematization of supervision of FCs and VS. Pro Redes Salud developed a training module and supportive supervision checklist for NGO supervisory staff (EA) that stress supportive supervision techniques rather than negative approaches or supervision visits that do not have a clear focus. The forms include inventory control as well as observation and feedback regarding performance. Forms are signed by both the FC and EA and left in the centro comunitario for further reference.

- Pro Redes recommends that the MOH strengthen supervision by training district and NGO personnel in supportive supervision methods and using a standard supervision checklist that includes an inventory review (drugs, family planning methods, the necessary reporting forms, etc.) with NGOs nationwide. A systematized supervision tool implemented monthly by the EA and district will ensure that centros comuntarios do not have stock-outs, either in pharmaceuticals or family planning methods, and will therefore improve service delivery.
- Pro Redes found that supervision is often a problem as NGOs lack transport or their technical staff become weary of walking long distances. The project found motorcycles to be useful for male supervisory staff, however few if any female supervisors were willing to use them. If the NGO does not have a four wheel drive vehicle (and most do not), the female supervisors must travel into the communities when a bus or pickup truck is going, and leave when they leave. This can reduce the optimal supervision frequency and time in the centro comunitario.
- Another difficulty was related to the competing demands placed upon supervisors from the NGO and the MOH. The NGO may give the supervisors other tasks do, giving less priority to the field, while the MOH's heavy emphasis on vaccinations (that can only be applied by health professionals according to the norms), meant that NGO technical supervisors must spend inordinate amounts of time going door to door vaccinating rather than supervising the FC. Additional MOH priorities, such as the vaccination of dogs against rabies, also take time away from the centro comunitario.
- Pro Redes recommends that the MOH train FCs to apply vaccines, and reduce demands on NGO supervisory staff to allow time for supervision, and that it considers providing supervisors with motorcycles.

6. District supervison of NGOs

- As mentioned above, district supervision of NGOs is weak or nonexistent, while NGO supervision of community level personnel is also weak. It is important to strengthen the district's capacity to provide supportive supervision to NGOs and encourage a collegial rather than adversarial relationship,
- District personnel, the referral base, were found to be unaware of the AIEPI AINM-C strategy. It is important to ensure that district supervisors know AIEPI AINM-C and the strategy being used. Project experience has shown that it is beneficial to train district and NGO staffs together to create a sense of a team.
- Districts personnel were also found to be unaware of the important role played by FCs in their communities. It is important to ensure that district health personnel, particularly district directors, are aware of the important role played by FCs. Experience has shown that FCs who are well trained and supervised are capable of acting as important links between the population and the health services. They need district recognition and support.
- NGO networks could be a valuable resource to the MOH in the supervision and monitoring of MOH-funded NGOs, particularly those NGOs who are members of the network. There role should be considered by the MOH.

7. Centros Comunitarios and community organization

- The centros comunitarios being implemented by MOH-funded NGOs are often in the house of the FC and provide little or no privacy for the patient, nor is care systematized. Patients

are often examined on the FCs bed. This is due to the fact that the MOH budget does not allow NGOs to expend funds on centros comunitarios, and also lacks a system of quality control. Pro Redes developed standardized criteria for the establishment of centros comunitarios that improved their quality, and allowed NGO funding on the set up of these centros. Under the project, centros comunitarios were separate from the house of the FC, with a separate entrance, had a separate area for patient exams, with a specific exam bed and a private area for counseling, and counted on the necessary supplies and equipment for service delivery.

- Pro Redes recommends that the MOH ensure the quality and warmth of centros comuntarios through the use of a standard checklist and quality improvement methodology. This methodology would be implemented by the districts and the NGOs. The MOH also needs to include the costs of establishing quality centros comunitarios in the hoja electronica related to the NGO budget. The MOH is interested in this checklist and would like to implement a quality improvement process, using the checklist to analyze all existing centros, rank them, and begin improvements, marking those who meet the quality criteria with a star or other emblem.
- Provision of care itself is also un-systematized in the model being implemented by NGOs funded by the MOH. The maps are on the wall and divided into sectors, and the households are numbered, but that is where the systematization ends. Pro Redes further systematized the provision of care on this level by developing a simple system for tracking patient care in individual families and systematizing follow-up. In each centro comunitario, folders were opened whose numbers corresponded to the sector and household in the census and on the maps. Thus, during a supervisory visit, one could ask to see the folder for any specific household on the map. The folder contained the census for that family, the hojas de registro and other information related to the patient history of family members. Once a patient was seen, the data was put into the corresponding folder, and a note was placed in a box set up to control follow-up household visits. Household visits were then determined by the notes in that month for follow up visits.
- Pro Redes recommends that the MOH systematize care in the centros comunitarios using a similar system. This will allow the EA, FC and VS to be able to better follow each family situation and take a proactive approach to home visits for follow-up. The MOH has made field visits to project centros comunitarios and is interested in systematizing care with in Extension of Coverage in a similar way.

8. The AIEPI AINM-C Strategy

- NGOs have accepted the new AIEPI AINM-C strategy and have found that community members with a 4th grade education can provide direct patient care if they base their actions on the hojas de registro and protocols. This positive field experience with AIEPI AINM-C is an important step forward for Guatemala as the simplified materials can be used well by community members, who can then be supervised by medical professionals. This means that basic RCH care can now be available to remote rural communities 24 hours a day, in contrast to the once-a-month visit of a doctor now being provided to rural communities through the MOH model Extension of Coverage.
- Pro Redes found that FCs who were well trained and supervised regularly could manage the AIEPI AINM-C strategy well. This finding was supported by the results of the OR. Pro

Redes therefore recommends the use of the protocols nationwide by the FCs of the MOH-funded NGOs.

- The project found that the hoja de registro for children was manageable by FCs, but that the hoja de registro for women was still too complex. Pro Redes therefore recommends that the hoja de registro for women be revised and simplified by the MOH, in consultation with NGOs and FCs who have used the form during the project.
- Pro Redes also found several difficulties among VS in the registry of growth data during growth monitoring activities, and weaknesses in counseling techniques. The project has developed several materials including a manual for conducting growth monitoring sessions, a set of CDs for use during group education, and training modules and a video for training of NGO supervisors to improve these problems. The project recommends that the MOH consider these new products in the strengthening of VS activities. In addition, the project recommends the development and use of a chart that the VS can use to project expected growth, as this is an area of weaknesses.

9. The community-based AIEPI AINM-C information system

- At the present time, the SIGSA forms (3 P/S and 6 P/S) being used by MOH-funded NGOs to report the service production in centros comunitarios do not report fully on the provision of care related to AIEPI AINM-C. In 2003, a modified form was developed by the MOH, however it is the consensus of Pro Redes, the MOH and URC/Calidad en Salud that this form still does not capture information related to most of the classifications in the strategy.
- At the request of the MOH, Pro Redes developed a modified set of forms (3C/C and 6C/C) that were used by NGOs and FCs to collect and report on the provision of care related to AIEPI AINM-C. The form 6 C/C consolidates the production of centros comuntarios, and includes a summary of the production of VS taken from their Manuals. FCs were found to handle these forms well if provided with training and supervision.
- Pro Redes then developed a simple computerized data entry and analysis program in ACCESS that was installed in all NGO offices and used to enter and analyze service production against a set of indicators of coverage and quality of care. Data was entered by each NGO supervisor (EA) using the monthly summary form 6 C/C. The computer then consolidated this information for the NGO and provided analysis. The NGO data was send electronically to the networks and the project. In the case of the MOH, NGOs could send this information electronically to the district where it could be consolidated on that level, providing analysis as well.
- Pro Redes recommends to the MOH that the forms be modified to ensure that they are in line with the most recent versions of the AIEPI AINM-C protocols and hojas de registro, and then incorporated into the MOH information system for Extension of Coverage.
- Pro Redes also recommends that the MOH install the computerized data entry and analysis system at all levels including that of each NGO, the districts, the area and UPS1 itself. The program automatically consolidates the information on each level, and provides montly information on coverages and quality of care by each NGO, each district, each area, and nationwide.
- Pro Redes also recommends that all levels be trained in the use of the forms and computerized system, as well as the analysis and use of the information generated to focus efforts on each level. Data and analysis can be provided through this system down to the specific level of each FC supervisor.

10. The revolving medicine funds and cost recovery

- At the present time, the MOH-funded NGOs provide medicines and family planning methods free to the population. Pro Redes tested the feasibility of selling medicines and family planning methods in rural communities at subsidized prices established by PROAM and APROFAM, through the development and implementation of revolving drug funds.
- A major finding was that the rural population is willing to pay for medicines and contraceptives at these subsidized prices, thus providing significant cost recovery for the rural program. Families said that they were willing to pay for the medicines locally at low prices in centros comuntarios because the medicines were closer to home and the family did not have to go a long distance to either obtain them from the MOH or a pharmacy. Prices were also below those found in local pharmacies. Demand was lower for family planning methods as prices from APROFAM were not as subsidized and the MOH provided methods free.
- Pro Redes recommends that the MOH consider stratifying the population and implementing cost recovery schemes nationwide. If the poorest segments of the population are able to pay at least something for basic drugs, then the middle and upper income groups could certainly also agree to pay. This will entail revision of the Codigo de Salud which currently prohibits charging for drugs by the public sector, but would mean a considerable cost saving for the MOH.
- Pro Redes also recommends that the MOH consider revolving medicine funds linked to PROAM among MOH-funded NGOs. Regional warehouses could be established in the highlands to lower the cost of transport, and improve supervision.
- NGO networks could be a valuable resource to the MOH in the management of regional PROAM warehouses and distribution of pharmaceuticals to MOH-funded NGOs. Their role should be considered by the MOH.

C. Formation of NGO networks

- Pro Redes found that NGOs are interesting in coming together into new networks as they can see the possible advantages for attracting funding and reducing costs through joint purchases, joint training, etc.
- NGOs are interested in forming networks, not only in the Mayan highlands, but also in other departments.
- The project also found that NGOs form into informal and legal networks when they feel they have something in common. The reason may be that they work in the same geographical area or because they have some philosophical affinity. Network legalization based on funding source is not feasible as funding sources are variable over time.
- Some NGO networks in Guatemala are very new, and have less capacity and experience than their NGO members. This can cause problems when the network is the coordinating body responsible for supervising the implementing NGO members. Although these new networks have received significant strengthening from the project, the project has been of short duration and for this reason new networks need additional help and time to gain experience in their new roles.

- Some NGO networks have difficulties sorting out what is the role of the network as separate from that of the member NGOs. For instance, some have an NGO member as the network head, rather than a separate network office and identify. While this may save on costs avoiding the hiring of network-specific staff and the cost of network office space, it can also lead to confusion as the network identity may be lost, leading to resentment and internal conflict among member NGOs. It is also important that networks have a Board of Directors that has the future of the network in mind, and not personal interests.
- NGO networks should act as second tier umbrella organizations, facilitating and supporting member NGOs and not compete with them for funding.
- It is important to strengthen NGO networks to prevent them from becoming an obstacle to member NGOs rather than a source of support. The complex bureaucracy of some NGO networks was found to delay funding and lead to a lack of technical support for member NGOs. Lack of experience in management and human resources also caused internal problems. Networks need further strengthening in these areas.
- It is important that NGO networks and their NGOs follow MOH guidelines and are kept up to date on new norms and strategies. The MOH needs to ensure this through the updating of network capacities, and cascade training of NGO members.

D. ASOREDES, an network of NGO networks

- A network that consists of NGO networks rather than individual NGOs (commonly referred to as a federation) is a third level of coordination, with the simple NGO network a second level, and the NGOs themselves the first. If bringing coordination to the second level of a simple network of NGOs is difficult, then bringing coordination to the third level is even more challenging.
- The new network of networks, formed with support from Pro Redes Salud, the Asociacion de Redes de ONGs en Guatemala (ASOREDES), is the first federation of its kind in Latin America. Other networks exist, most notably PROCOSI in Bolivia and NicaSalud in Nicaragua, but these are networks of NGOs and second level organizations rather than a network consisting only of networks.
- Pro Redes recommends that USAID continue to support the fledgling federation ASOREDES by including it as a priority in all health projects, and in joint meetings with the MOH and external visits to other countries. Continuing USAID support has been a critical factor in the sustainability of the other networks PROCOSI and NicaSalud
- The project also recommends that USAID and its projects help the MOH to identify roles in the health sector for ASOREDES. These may include participation in the selection of MOH-funded NGOs, strengthening of MOH-funded NGOs, and inclusion in development of MOH policies and strategies regarding NGOs. ASOREDES is comprised of 7 networks and 150 NGOs, many of whom are those NGOs funded by the MOH for Extension of Coverage. As such, they represent a large proportion of the civil society working in health and could therefore be an important ally for the MOH and link between the MOH and NGOs.

E. NGO strengthening

- Pro Redes has found that NGOs appreciate the opportunity to learn new approaches, new technical areas, and the use of new IEC and training materials and expect to have clear guidelines from the MOH regarding national strategies and objectives.

- Unfortunately, it is often the case that the MOH develops new materials, strategies and policies, but then does not communicate these to the NGOs. Training of NGOs in these new materials, strategies and policies unifies the health sector and leads to standardization of service delivery and messages among the population.
- The project also found that NGOs want to be included in technical teams when new materials and strategies are developed by donors and the MOH. In Pro Redes Salud, they brought their significant experience to bear in the development of a community based information system for AIEPI AINM-C and an innovative model of service delivery, among other innovations.
- Pro Redes recommends that NGOs be included by the MOH in the development of new strategies and approaches, and receive training when these are developed. NGOs and their networks have a wealth of experience in the delivery of services on the community level and they, and their FCs, are more than willing to provide assistance to the MOH as needed.
- NGO and network self-assessments revealed management, financial and technical weaknesses that needed strengthening. Although the project implemented strengthening plans developed by each of the networks, the project was been short in duration and therefore this is still work that needs to be done to strengthen networks and NGOs, particularly in the areas of management, human resources, financial systems and sustainability, and in the new technical strategies and protocols.
- Learning new approaches and the use of new materials, such as those in the AIEPI AINM-C strategy, takes time and cannot be hurried if it is to be done well. Pro Redes Salud found that it takes a minimum of 10 days to provide basic training in AIEPI AINM-C to NGO technical staff and 15 days to train FCs. Training must be based on adult learning techniques and therefore include sufficient time for hands-on practice.
- Good sources of practical experience during training include area hospitals and health centers, as well as the centros comunitarios of NGOs that are already set up and functioning using the AIEPI AINM-C strategy. Area directors and hospital directors in all departments were found to be very open to allowing not only NGO professional staff, but also community level personnel (FCs and VS) to practice with patients in health centers, and visit severely ill patients in hospitals. Experienced NGOs have also been very open to allowing other NGOs visit their centros comunitarios and talk to their FCs and VS staff.
- The cascade training method, while not the best in terms of quality, has proven to be a good option for the scaling up of new methodologies and materials among NGOs. Network training teams can be formed to train their NGOs, and the NGOs who then train their FCs and Vs. Cascade training should be followed by supportive supervision on a regular basis to reinforce what was learned.
- It is important to ensure that, following training, participants have the equipment and supplies necessary to implement their tasks. In the centro comunitario this includes the AIEPI AINM-C protocols, counseling materials, hojas de registro, folders for each family unit and a box for control of follow-ups and home visits, the cuaderno de vigilante, hanging scales, IEC materials, drugs and medical supplies, contraceptives, and copies of the information system forms. Lack of any of these means poor quality of care. Irregular supplies of drugs or any of these materials leads to lack of confidence not only among health care workers, including FCs and VS, but also the community.
- Pro Redes found that a process of monthly advances and liquidations worked well for strengthening NGO financial capacities and managing grants, and ensured that NGOs managed their funds properly and tracked their budgets.

- Supportive supervision, based on review of monthly reports, field visits and periodic review of budget tracking, were important factors related to network and NGO financial strengthening and are activities that should be conducted by the MOH with their NGOs.
- The timely disbursal of funds to NGOs is also a critical factor in NGO performance. When NGOs lack the funds they require to pay salaries and meet goals, they fall behind, lose staff and performance is hindered. Some NGOs funded by the MOH have taken out bank loans to cover the lack of or delay in disbursements. This has led to de-capitalization of NGOs rather than strengthening.
- It is important that donors take into account the diversity of NGOs in a network when considering indicators of project achievement (for instance the percentage of NGO members in a network trained in AIEPI AINM-C) Most networks are comprised, not only of NGOs working in health, but NGOs working in other areas such as agriculture and micro enterprise. Indicators of achievement should take this into account and not set goals of 100% of NGO members trained in health as some members may not be interested.
- Pro Redes recommends that the MOH and future USAID projects utilize the NGO networks as trainers. In each of the networks groups of trainers have been trained in AIEPI AINM-C and have already been training other networks and NGOs. Donors and the MOH should take advantage of these training capacities for the training of MOH-funded NGOs in the future.

F. Sustainability

- Sustainability is an important topic, and one that is often unclear to NGOs and networks. There are various levels and types of sustainability. Many things that must come into play if sustainability is to be achieved.
- For purposes of discussion, let us say that there are 3 levels of sustainability:
    - Sustainability of RCH services on the community level, with or without support from an NGO
    - Sustainability of the NGO as an entity, apart from any funding it may receive from donors or the MOH
    - Sustainability of the network of NGOs as an organization, apart from the sustainability of the NGO members or any funding it may receive from donors

- Sustainability of RCH services on the community level requires the following (those with * were achieved with support from the project):
    - * participation and demand from the community,
    - * a physical location where services can be provided and can serve as the center of activities and that has been fully equipped for service delivery (centro comunitario),
    - * community members (FCs and VS) who have the approval of the community and have been trained in the provision of the services, have some experience and feel confident,
    - * some kind of transport (such as a bicycle) that will allow the community provider to visit households and supervise volunteers,
    - * a continual supply of drugs (the revolving medicine funds),
    - * a link with the MOH for referral and vaccines.
    - * The MOH has agreed to incorporate project communities into the Extension of Coverage program, covered by either the existing NGO or another NGO. This means

that honoraria and the supply of drugs will be assumed by the MOH and the sustainability of RCH services in project communities is assured.

- Sustainability of the NGO as an organization, aside from donor or MOH funding requires:
  - * legal status, statutes, a board of directors and general assembly
  - * the participation and demand from the NGO members,
  - * a physical location where the NGO can work and can serve as the center of activities and that has been fully equipped for work purposes,
  - * a basic core staff that is trained to do its particular tasks, has experience and feels confident,
  - * some kind of transport (such as a motorcycle) that is in good condition and will allow the NGO to work on the community level,
  - * a link with the MOH for coordination and updating of knowledge,
  - * The MOH has agreed to incorporate project communities into the Extension of Coverage program, incorporating many of the project-funded NGOs. This means that honoraria and the supply of drugs will be assumed by the MOH.
  - * For this reason the income generated by the revolving medicine funds is being converted by networks and NGOs into ventas sociales and botequines rurales with an expanded range of medicines. The income from these pharmacies can then go towards the sustainability of the NGO itself.

- Sustainability of the NGO network as an organization, aside from donor or MOH funding requires:
  - * legal status, statutes, a board of directors and general assembly
  - * a physical location where the network can work and can serve as the center of activities and that has been fully equipped for work purposes,
  - * a basic core staff that is trained to do its particular tasks, has experience and feels confident,
  - * some kind of transport (such as a motorcycle) that is in good condition and will allow the network to work with the NGO members,
  - * a link with the MOH for coordination and updating of knowledge,
  - Once this is established, the element still lacking is some source of funding for basic expenses such as the rent, utilities, supplies and maintenance, and salaries for a core staff once project funding ends. In our experience the minimum cost of maintaining a network as an organization would include the payment of rent and utilities, the cost of a minimum staff that could develop projects (a director, technical person, book-keeper, secretary), and the recurrent cost of supplies.
  - * Networks are broadening their existing revolving medicine funds and coverting them into ventas sociales and botequines rurales. The funding from these pharmacies will provide at least some revenue for the sustainability of the networks.
  - * Networks have also been given seed funding for the development of revenue-generating businesses. These businesses should also go a long way towards assisting networks in their financial sustainability.