Narrative Progress Report
Improving Maternal and Child Health in Vulnerable Communities in San Marcos

1 Basic Information

▪ Name National Society	**Guatemala Red Cross**
▪ Title of the Programme	**Improving Maternal and Child Health in Vulnerable Communities in San Marcos**
▪ Programme Code Netherlands Red Cross	**08-153-0004-3**
▪ Programme area	**Maternal and Child Health**
▪ Duration of the total Programme	**24 months**
▪ Starting date of the Programme	**January 2014**
▪ Reporting Period	**January to June 2014**
▪ Total Budget in Euro for the reporting period	**172472.92**
▪ Name of person(s) who compiled the report	**Cecilia Mérida, reviewed by María Martha Tuna**
▪ Date of report	**30 June 2014**

2 Executive summary (max. 1 page)

This report is the compilation of the actions implemented in the project *"Improving Maternal and Child Health in Vulnerable Communities in the Department of San Marcos,"* during the period of January to June 2014. It has detailed information of the actions required to comply with the four established results.

To date, the implementation of the scheduled activities for each of the expected results has served a total of 10,513 beneficiaries. This represents 79% of the goal established in the project proposal. Beneficiaries include 1,982 pregnant women (69% of the goal); 2,350 women in reproductive age (58% of the goal); 2,259 newborns (78% of the goal); 1,086 children <1 year old (72% of the goal); 2,584 men (goal surpassed), and 253 community leaders (goal surpassed.) Additionally, as a result of project intervention, 1,404 women have benefitted directly in immediate post delivery and 1,712 mothers of children <1 year old. This shows that programmatic project implementation is advancing as scheduled and, if conditions remain stable, the goals proposed for the project will be met.

The relevant achievements that have contributed to reaching the goals include good coordination and work relations of the team with the authorities and personnel of the Ministry of Health and with community leaders and project stakeholders. Also, after a joint analysis with Volunteers and the Board of Directors of the three Branches involved, on the progress of the project, actions were implemented to increase the number of beneficiaries. The actions include the adding new communities, and the work by Red Cross Volunteers in the health centres –counselling for pregnant women who came for their prenatal check ups, counselling for women on pre- and post-delivery, and facilitating support groups for mothers. As it is explained throughout the report, a series of issues have delayed programmatic implementation, particularly with the delivery of equipment for the health services and the work done with the Health Commissions. The activities and the planning thereof were reprogrammed for December 2013 and it is expected that the commitments will be met in the second semester of the year.

The report also explains that the programmatic implementation of the project goes hand in hand with budget implementation. By June, 45% of the total budget had been implemented. It was necessary to readjust the activities and the budget was analysed; the need to reprogram some items was detected. Reprogramming will allow the execution of at least 95% of the total budget and Guatemala Red Cross (GRC) will meet the commitments accepted by the donor.

3 Context (bullet points - max. ½ page)

Con formato: Normal

3.1 Changes in external environment

Certain changes affected project implementation during the year. Although municipal and departmental authorities are still the same, a change in auxiliary community mayors took place in January 2014 in the 32 participating communities. It was necessary to make presentations of the project, its objectives, expected results and activities all over again to the new mayors. This was also necessary with members from the Health Commissions and Counsellor Mothers; as a result, the activities were slightly behind schedule. Because of the change in community authorities, the El Calvario community decided to abandon the project; it was officially removed in March (i.e. 39 project beneficiaries: 3 pregnant women, 13 mothers of children <1, 15 children <1 years old and 8 community leaders.) However, the November 2013 goals assessment led to the inclusion of five new communities in the project in December and January: 1 in San Marcos (San José Las Islas); 3 in Serchil (Piedra de Fuego, San Francisco and Cuatro Caminos); and 2 in Tejutla (La Democracia and San Isidro), for a total of 285 beneficiaries from all 5 communities. Beneficiaries include 69 pregnant women, 84 mothers of children <1 year old, 103 children <1 year old, and 29 community leaders.)

As happens every year, the beginning of winter caused a decrease in the number of participants in project activities. Mothers are wary of taking their children to the growth monitoring appointments; poor weather conditions prevent Volunteers from visiting the communities. This was more serious on the week from the 2nd to the 6th, due to the intense rains; an orange alert was activated and the GRC suspended its community level activities for five days.

Another external factor that affects the indicators specified in the logical framework, was the shortage of vaccines and micronutrients in the MoH health services from January to May 2014. This is visible in the low coverage for immunizations and supplement distribution. Shortage was due to internal problems in the Ministry. For the Guatemalan Red Cross is not possible to purchase the vaccines or micronutrients due to their origin and specifications. The Ministry of Health purchases the vaccines through the Panamerican Health Organization (PAHO), who ensures they meet the requirements for cold chain management. Vitamin A is purchased through a Micronutrient Initiative from Canada with the support from UNICEF, and sprinkled micronutrients are purchased in NUTRISET (a company without offices in Guatemala) or through a pharmaceutical company that commercializes the micronutrients only in large quantities.

The procurement process for the medical equipment for the Hospital Nacional de San Marcos initiated in December 2013. Some of this equipment is imported from Brazil, but in March 2014, the vendor explained that equipment delivery would be delayed until May because of the World Cup. To compensate for this delay in budget execution and programmatic project implementation, the vendor made a donation to the GRC consisting of 40 first aid kits, which will be distributed among the Volunteers who participate actively in the project.

Lastly, we believe it is important to highlight the close and cordial relation that exists with the health authorities and the primary, secondary and tertiary service level personnel. The Ministry of Health and the GRC have organized training workshops for the families in the community, health service personnel and GRC Volunteers.

3.2 Organisational Developments

The GRC implemented a new management structure since January 2013 with four departments under the responsibility of a Director General: Disaster Risk Management, Program and Organizational Development, Volunteer, and Health. The other departments include Human Resources, Monitoring and Evaluation, Accounting, all of which are also responsibility of the Director General.

The entire project team includes a Coordinator, a Field Technician, an Advocacy Technician, an administrative Technician and 3 community facilitators, all of them part of the Community Health Program located in the Health Department, as it was determined from the onset. Since the project will is implemented by the three

GRC Branches, the role of the technical team is to give technical assistance and support to the Boards and Volunteers on the implementation of the scheduled activities.

Work relations between the GRC Health Department and the Netherlands Red Cross (NLRC) have always been cordial. The NLRC project coordinator and project officer participate in monthly meetings to assess the programmatic and financial progress of the project to identify barriers and opportunities. This results in the implementation of enhancement mechanisms and reallocation of funds, as needed. The NLRC Delegate and the coordinator of the Community Health Program also hold regular meetings to discuss other relevant matters. Project actions have benefitted considerably from this fluid communication.

The GRC underwent some changes starting in January 2014, i.e. the arrival of the new NLRC delegate (December 2013), change of Chairperson of the Board in the Tejutla Brach (January 2014), and a change in Program and Organizational Development director. Yet another change was the implementation of new mechanisms by the GRC to ensure resource transparency –all checks for purchasing, payment of services or advance payments have to be reviewed and approved by the GRC Internal Audit; advance payments to project technicians for amounts above UE**€** 1,000 are not allowed. Fortunately, these changes have not affected the results and objectives of the project, although they did delay activities somewhat in the beginning.

There have been several achievements in the coordination efforts with other Red Cross projects and programs.

- The GRC, with support from the NLRC, implemented an HIV prevention project in June to train Volunteers from the three Branches on how to administer HIV rapid tests. These Volunteers will administer rapid HIV tests to pregnant women participating in the project.
- Along with the Programs and Organizational Development Department we have been planning since April, a Resource Mobilization Workshop for the Branches, to give tools to the Boards that will allow them to continue funding Maternal and Child Health actions.
- The most significant coordination and project management achievement was the joint plan for Maternal and Child Health implemented by the GRC –one with the support of the Norwegian Red Cross (NorCross) and the other with support from the NLRC. Uniting strategies and work mechanisms optimises resources, allows for effective supervision, monitoring and assessment, contributes in the learning processes and helps to reach the expected results for the Community Health Program. Joint planning of both projects was part of the Annual Operating Plan for the Health Department, which contributes to the achievement of the Strategic Objectives presented in the GRC Strategic Development Plan 2013-2016.

Finally, another new process that started, is the work of Volunteers within the National Hospital and Health Centres. Since the beginning of the year, GRC Volunteers are giving counselling to pregnant women and postpartum mothers. It is part of the support to the health services in the implementation of the Baby Friendly Hospital Initiative.

4 **Results** (max 2 page)

The GRC acknowledges the importance of continuous care of mothers and newborns, thus it implements promotion and prevention actions along the life cycle at family and community levels as well as at health centres and hospitals, through Maternal and Child Health projects with the support of NorCross and the NLRC. The objective is to improve the health condition of mothers and children under one year of age in vulnerable conditions, living in poor communities in the rural area. The GRC, in its role as *auxiliary to the public powers* seeks to support health services in the improvement of their coverage and service quality.

Each group of beneficiaries –men, women in reproductive ages, pregnant women, newborns or children <5– is being reached with one or more project actions. As it was determined in the proposal, beneficiaries include those who receive direct services from the technical team of the project, GRC Volunteers, from trained personnel or from facilities equipped with the help of the project. We have served 1,981 pregnant women; 2,259 newborns; 1,086 children <1 year old; 2,350 women in reproductive age; 2,584 men, and 253 community leaders. The project has also benefitted 1,712 mothers of children <1 years old and 1,404 puerperal women, which has contributed to the reduction of morbidity and mortality in vulnerable groups.

The following table shows the detail of beneficiaries from project start to date. Four important aspects of this information:

- It includes the percentage of goals achieved (calculated using the goals set forth in the project proposal.)
- It was created with information generated from the expected results 1-3 of the project.
- It does not include information on the 1,404 women who had given birth recently, of which 536 were served in communities and 868 received counselling on health services. The chart does not include the 1,712 mothers of children <1 who participate every month in the support groups to mothers and food demonstration sessions. The main reason not to include this information, is that these groups were not included as primary beneficiaries in the project proposal thus there is no goal to achieve. Nevertheless, the counselling these women receive also contributes to the health improvement of the mother and children under one.
- The beneficiaries at community level receive regular, monthly information, in a way that promotes behavioural change through personal analysis and community participation.
- The number of beneficiaries within Health centres and the national hospital was calculated using official health statistics from the MoH, starting from the day the project provided training for its personnel.

Comentado [K1]: •No me queda claro el español: *La población atendida en servicios de salud por personal de salud se calculó a través de las estadísticas oficiales del Ministerio de salud, a partir del momento en que a través del proyecto se brindó apoyo para la capacitación del personal.*

TABLE No.1
Summary of Beneficiaries served by at least one Project Action
April 2013 to June 2014

POPULATION	GOAL	Served in Communities	Served in schools or secondary schools	Served in health services by RC Volunteers	Served in health services by health personnel	TOTAL	% achieved
Pregnant women	**2,880**	**401**		**671**	**909**	**1,981**	**69 %**
Women in reproductive age	**4,032**	**736**	**1,614**			**2,350**	**58 %**
Newborns	**2,880**	**536**		**868**	**855**	**2,259**	**78 %**
Children <1 year old, including newborns	**1,500**	**1,086**				**1,086**	**72%**
Men	**1,728**	**544**	**2,040**			**2,584**	**> 100%**
Health committee members	**240**	**253**				**253**	**> 100%**
TOTAL BENEFICIARIES	**13,260**	**3,556**	**3,654**	**1,539**	**1,764**	**10,513**	**79 %**

The number of project beneficiaries increased in 2014, when compared to 2013, due to the inclusion of five new communities: 1 in San Marcos (San José Las Islas), 3 in Serchil (Piedra de Fuego, San Francisco and Cuatro Caminos), and 2 in Tejutla (La Democracia and San Isidro), for a total of 285 direct additional beneficiaries (69 pregnant women, 84 mothers of children <1 year old, 103 children <1, and 29 community leaders.) Another reason why the number of beneficiaries increased was the beginning of activities in the health services, an activity that had been programmed since the elaboration stage of the proposal. This strategy has been well received by the health service staff, as well as by the mothers who receive counselling or participate in support groups. The participation of Volunteers in the health services shows the importance of having the Red Cross participate as an auxiliary to the public powers to optimise the use of resources and reach more people with timely and quality health services.

Comentado [K2]: Suman 6

Even when 75% of the goal for beneficiaries has been met, there are still certain lags, especially for women in reproductive ages and children under five years of age. In the achievement assessment meetings held regularly with the project team and the community health program, specific actions were planned to reach the goal. It is expected that the number of beneficiaries of the project will increase, making possible to reach and even

surpass the goals by November 2014, after the official delivery of medical equipment to the health centers, equipment such as vaccine cold chain, the anthropometric equipment, sphygmomanometers, stethoscopes and birth delivery equipment among others.

Budget execution has advanced parallel to programmatic execution. By June, execution totalled 45%. Although there is a delay in budget execution, certain budget lines will be fully executed in the next quarter. These are expenses that have already been allocated or purchasing processes about to conclude. Some of them include: purchase of medical equipment for health centers and the national hospital; collaborative drafting of Municipal Health Plans; final project assessment; scheduled visit to the NLRC headquarters, and of course, wages for the project's technical team. A budget readjustment –previously authorized by the NLRC and Health Department– was necessary to make these payments. Expected budget execution is 95% or more of the total amount by December 2014.

Below is a description of the actions implemented and the achievements for each result and activity.

4.1 Expected Result 1: Persons and families have increased knowledge and improved their practices on Maternal and Newborn Health

This result is focused particularly on improving key practices for family protection, women in reproductive age, pregnant women, women who are breastfeeding, newborns and children <5 years old. The practices we are promoting include: prevention of unwanted or at risk pregnancies (adolescents, women >30 years old, previous C-sections, etc.), four pregnancy controls, institutional deliveries by qualified personnel, identification of danger signals and timely refer and transfer, breastfeeding in the first hour after delivery, exclusive breastfeeding, complementary feeding, weight gain monitoring for children <1, immunizations, micronutrient supplements, deworming, care for the sick child including oral rehydration salts, personal and home hygiene. This result is not only aimed at providing information to the mothers, but in generating behavioural changes. For this reason, the GRC and the counselling mothers attend regular, monthly meetings in the community to implement actions as part of a behavioural change strategy.

Below are the achievements for the activities implemented to promote knowledge exchange and the inclusion of these practices in the family.

- **Educational sessions on responsible parenting**. The sessions are being implemented by the project team and GRC Volunteers with groups of adult men and women in the participating communities, as well as with adolescents in high schools and middle schools; the topics addressed include: responsible parenting, gender, sex, sexuality, sexually-transmitted infections, HIV, and family planning methods.

  It was difficult to involve the adult men in the communities therefore project Volunteers organized sports activities –particularly soccer– to encourage them to participate. As a result, 2,584 men were served and the target was surpassed.

  Contrary to what was expected, meeting the goal for women in reproductive ages has been difficult. However, we have scheduled forums and educational sessions in high schools with the help of municipal health and education authorities that will take place during the second semester of the year.

TABLE No.2
Educational Sessions for Men and Women in Reproductive Ages
Responsible Parenting

Activity	2013		2014		TOTAL	
	Men	Women	Men	Women	Men	Women
Educational sessions in the communities	178	379	366	357	544	736
Educational sessions in	0	12	1,554	1,121	1,554	1,133

the school facilities						
Forums for adolescents	365	333	121	148	486	481
TOTAL	**543**	**724**	**2,041**	**1,626**	**2,584**	**2,350**

- **Support groups for mothers.** Support groups seek to provide an environment of trust for pregnant women and mothers of children <1 year old in which they can express the barriers and limitations they face to adopt healthy practices and to encourage them to find solutions to their problems as a group. It has been demonstrated that this is one of the most effective interventions for behavioural change, especially to ensure exclusive breastfeeding for children <6 months.

  Support groups meet every month in each community in the home of one of the mothers. The leaders are the counsellor mother and the Red Cross Volunteer. Also, since 2014 in line with the Baby Friendly Hospital Initiative, Red Cross Volunteers hold support group sessions for mothers in health centres and in the San Marcos National hospital.

- **Sessions for growth promotion and monitoring.** The growth promotion and monitoring sessions take place every month in the home of one of the mothers in the community, a community hall or a health convergence centre and are led by GRC Volunteers and the community counsellor mother. The project provided the communities with anthropometric equipment, educational materials and furnishings. During the sessions they monitor if children <1 years of age are gaining weight –according to the WHO child growth standards–, if there are any danger signals for a timely referral. Also, this sessions serve to encourage behavioural changes through an analysis process with the mother, seeking ways to include key diet practices and proper care of the child and the pregnant woman.

- **Complementary feeding demonstrations.** These are also monthly sessions held in the home of one of the participating mothers and are facilitated by GRC Volunteers with the help of one of the counsellor mothers. It is the activity that mothers prefer and the one with the best attendance. Mothers are shown how to prepare complementary food for children between 6 and 12 months of age. The purpose is to teach them on the consistency, frequency, variety and amount of food for each mealtime. They prepare the foods that are native to the area, with high nutritional values and in a setting where they are comfortable. The mothers learn how to identify the signals of hunger and satiation in children.

- **House visits.** The GRC Volunteers and counsellor mothers carry out these visits, sometimes with health commission members. The visits are scheduled to key moments in the life of a pregnant woman, newborns and of children <5 years old. The moments include pregnancy, first days after delivery, when they are sick, when the child is six and twelve months old. During the visits the mothers learn how to detect danger signals and how to prepare family emergency plans in compliance with the guidelines prepared by the Ministry of Health. The participant mothers are given a new born kit immediately after delivery and during the house visit, in order to help them with hygiene and new born heat control.

- **Individual counselling in health centres for women.** This is one of the activities that began in this semester and is part of the strategy to increase project coverage and the number of beneficiaries. The Hospital Director and the health centres authorized morning visits by GRC Volunteers from all three Branches to give counselling to pregnant mothers who come to the facilities for prenatal monitoring. They teach the mothers the danger signals and exclusive breastfeeding. Women who are admitted in the health service centres receive information hours after delivery on how to solve breastfeeding problems, newborn care, and danger signals.

The table below shows detailed information on the achievements of community work with children <1 years of age:

TABLE No.3

Health Coverage and Situation of Children <1 years of age Participating in the Project
January to June 2014

VARIABLE	Jan	Feb	Mar	Apr	May	Jun
Number of registered children <1 years old (accrued)	740	808	889	967	1,012	1,086
Number of newborns registered in the communities (accrued)	302	330	374	421	481	536
Number of children <1 active, by month	SM	675	630	666	656	737
Number of children <1 weighed, by month	SM	466	461	613	534	520
% of children <1 weighed, by month	SM	79%	73%	92%	81.40%	70.5%
% of underweight children <1	SM	10.5%	10.4 %	16%	9.7%	10.57%
% of children <1 with vaccines up to date	SM	79%	65.06%	68.78	63%	66.85%
% of children <1 with Vitamin A supplements up to date	SM	74%	78 %	75.6%	70%	70.94%
% of children <1 with iron and folic acid supplementation up to date	SM	61%	58 %	62%	58%	65.37%
Number of house visits, by month	SM	384	258	326	276	192
Number of referrals to health services, by month	SM	8	9	11	5	12
Number of newborns served by GRC Volunteers in health services (accrued)	SM	205	572	593	782	868
Newborn kits delivered (accrued)	302	330	383	455	534	612

Additionally to the increase in the number of children <1 who are beneficiaries in the project, this table shows the service coverage for participating children. First, there is a decrease in the number of children weighed by month. This is due to the rainy season, which complicates the participation of mothers. Second, vaccination coverage and micronutrient supplements are below the expected goals of the project. As we explained in item 3.1 (Changes in External Environment), low coverage was due to the shortage of vaccines and micronutrients in the health service centres during the first five months of the year. Vaccines and micronutrients are in stock now in the health centres, and the GRC Volunteers and Counsellor mothers are intensifying their activities to increase the number of mothers who go to the health centres to complete the vaccination schedule and micronutrient supplements for their children.

Information on services provided to pregnant women, women in immediate post partum and mothers of children <1, achievements as of June 2014 is the following:

TABLE No.4

Coverage and Health Status of Pregnant Women, Puerperal Women and
Mothers of Children <1 years of age Participating in the Project
January to June 2014

VARIABLE	Feb	Mar	Apr	May	Jun
Number of pregnant women and mothers of children <1 years old (accrued)	932	1,062	1,955	2,311	2,649
Pregnant women registered in the communities (accrued)	367	384	390	391	401
Number of pregnant women active, by month	281	266	272	284	294
% of pregnant women with updated pregnancy controls in the community	70%	72%	75%	76%	75.85%
% of pregnant women with at least two tetanus toxoid doses in the community	53.3%	66.16	79%	50.35%	56.40%
% of pregnant women with HIV tests in the community	52.66%	62%	58%	58%	61.48%
Number of pregnant women and mothers of children <1	799	923	968	984	999

active, by month					
Number of pregnant women and mothers of children <1 who participate in **support group** sessions in the community, by month	472	495	744	668	739
Number of pregnant women and mothers of children <1 who participate in **food demonstration** sessions, by month	193	400	611	629	449
Number of house visits, by month	321	390	258	252	235
Number of health service referrals, by month	12	9	11	12	12
Number of pregnant women who receive counselling on health services by GRC Volunteers (accrued)	SM	35	172	321	549
Number of puerperal women who receive counselling on health services by GRC Volunteers (accrued)	SM	202	556	782	868
Number of pregnant women who participate in support groups on health services (accrued)	SM	SM	46	70	122

As with Table No. 2, this table shows an increase in the number of mothers and pregnant women participating in the activities; it also shows the inclusion of the five new communities in January and the start of activities in the health centres. The percentage of women who are up to date with the pregnancy controls, second dose of tetanus toxoid and HIV tests is still low.

As it was stated before, the shortage (in vaccines, micronutrients and quick HIV tests) for pregnant women and for newborns can affect the indicators for this result. Health personnel and the HIV Prevention Project (which is implemented by the GRC with support from NorCross) will continue with their regular activities and add vaccines and micronutrient supplements campaigns, now that these are in stock. Said campaigns are scheduled for August 2014.

4.2 Expected Result 2: Communities participate actively in improving the maternal and newborn health situation

The change and improvement of health conditions is sustainable in time when people participate and are involved in the activities aimed at improving their own conditions. For this reason, the project encourages community leaders to foster a positive behaviour and set an example to the rest of the population. Strengthening the capacities of community leaders will facilitate the participation of others to improve their health. There are 253 community leaders involved to date and they participate in the Health Commissions. Thus, the goal proposed by the project was surpassed.

- **Training for community leaders.** *Health Commissions* were created following the model of the Community Health and First Aid (SPAC/CBHFA). They include community leaders, counsellor mothers, a GRC Volunteer and a health service representative as part of the maternal and child health actions. These commissions are receiving training from the technical team of the project in coordination with the health services. All the commissions whose members complete the training will receive an ID from the Health District that identifies them as part of the Health Commission. The last workshop is scheduled to take place in the next semester, as well as a workshop on community first aid which will be taught by the GRC's Training Institute (IFI).

  During the semester, two training workshops were aimed at counsellor mothers. The topics included key practices mentioned in Result 1 and the development of skills to successfully monitor growth; work with support groups, food demonstrations sessions, house visits and hold personal counselling sessions.

  Aware of the role played by traditional birth attendants in community health, the project –in coordination with health services– carried out several training workshops for traditional birth attendants. As a result of the close collaboration with the health services in Tejutla, Comitancillo and San Marcos, 276 traditional birth attendants received training on the following topics: prenatal control, institutional deliveries, registry of newborns, danger signals during pregnancy, during and after delivery and in the newborn,

timely referral, newborn care, family planning, violence against women and health service network structure. These topics were chosen given the needs identified by the different health services. In the case of Comitancillo, the workshop was given in order to reduce maternal deaths; it was planned and taught with the collaboration of the municipality and other organizations with presence in the locality.

- **Health Planning.** The Health Commissions have created plans to respond in a timely manner to health emergencies and have provided minimum equipment to activate the plans (stretchers, megaphone, lamp, sweatshirt, rain poncho). By the end of June 34 of the plans had been activated to give a timely response to danger signals identified by families.

The summary of the achievements for Result 2 is below:

TABLE No.5
Community Participation and Organization
January to June 2014

VARIABLE	Jan	Feb	Mar	Apr	May	Jun
Number of participating communities	SM	31	31	31	31	31
Number of health commissions participating	SM	33	33	32	32	32
Community leaders registered throughout project implementation	SM	238	245	245	246	253
Emergency plans drafted and/or updated	SM	0	19	0	0	0
Emergency plans activated	SM	19	6	0	0	9
Counsellor Mother/Father registered	SM	32	37	37	37	37
Counsellor Mother/Father trained, by month	SM	0	30	0	37	37
Counsellor Mother/Father trained	SM	32	39	37	37	37
Traditional midwives trained	25	25	49	SM	202	SM

4.3 Expected Result 3: Health services improve their coverage and quality

As it was mentioned before, to guarantee the continuous care of mothers and newborns, is necessary to implement comprehensive actions in the health services in order to improve their coverage and quality. Also the continuous care requires the participation of different sectors of the society on key health topics. This result highlights the role of the GRC as an auxiliary to the public powers with its impact on the improvement of health services and maternal and newborn health best practices at family and community levels. The concept of Humanitarian Diplomacy has been applied well and is visible in the achievements resulting from good coordination and management.

- **Human resource management, training and equipment for the three healthcare levels.** The analysis on the health situation and health services led to an agreement with the local Ministry of Health authorities to prioritize three topics on training for all three health care levels: 1) danger signals during pregnancy, delivery and puerperia; 2) implementation of the "Code Red" strategy to manage obstetric haemorrhage, and 3) implementation of the Servicio de Salud Amigos de la Lactancia Materna initiative. These trainings have resulted in better services for pregnant women and newborns that go use health services; more beneficiaries have been reached to comply with the 2020 Strategy: *Do more through others.*

  A total of 230 persons have received training: medical personnel, paramedics, support staff at the National Hospital, and 15 secondary level health service centres serving women during delivery.

  Next is the project's summary on training for health service personnel.

TABLE No.8
Training Workshops for Health Service Personnel
January to June 2014

WORKSHOP	HEALTH SERVICE	Men	Women	TOTAL
Danger signals, prenatal control	San Marcos Health Centre	15	28	43
Code Red	Permanent Health Care Centre Comitancillo	41	70	111
Baby Friendly Hospital initiative	National Hospital, 15 Permanent Health Care Centre and Comprehensive Maternal and Child Health Care Centre	81	149	230
	TOTAL	**137**	**247**	**384**

The first topic was prioritized because in Guatemala 36% of maternal deaths are due to the inability to identify danger signals during pregnancy, delivery and post-delivery.

The main cause for maternal deaths in Guatemala is haemorrhage before, during and after delivery. Therefore the project seeks to address this via direct funding to train health personnel in the Comitancillo Health Centre on the "Code Red." The aim of Code Red is to teach health personnel theoretic elements that will allow them to manage as a team, obstetric haemorrhage in a systematic, prompt and timely manner, to reduce in the midterm, morbidity and mortality.

Trained personnel served 909 pregnant women with the support of the project. This data was compiled from the health centres that have received funds. The Permanent Health Care Centre in Comitancillo activated the Code Red with seven pregnant women with danger signals and saved the lives of the women and their babies.

TABLE No.6
Pregnant Women, Beneficiaries of Services Provided by Trained Health Personnel (with Project Support)
April to May 2014

Health Service	April	May	TOTAL
Tejutla	69	62	131
Comitancillo	19	19	38
Hospital	382	358	740
Total	470	439	909

The Baby Friendly Hospital Initiative was prioritized because it has been proven that breastfeed within the first hour of birth is closely related to a 44-45% reduction in mortality for all causes and infections. It has also been proven that individual counselling, combined with support groups, are determining factors to opt for exclusive breastfeeding during the first six months of life of a baby. Implementing the 10 steps of this initiative helps to start breastfeeding within the first hour after delivery and, therefore, of exclusive breastfeeding for children <6 months. Official health service data shows there are approximately 855 newborns that have benefitted from the training for health personnel. We are waiting for an assessment from UNICEF to certify the Baby Friendly Hospital; it is scheduled for August.

TABLE No.7
Newborns, Beneficiaries of Services Provided by Trained Health Personnel (with Project Support)
April to May 2014

Health Service	April	May	TOTAL
Tejutla	69	62	131
KAP	19	19	38
Hospital	357	329	686
Total	445	410	855

4.4 Expected Result 4: Persons and families have increased knowledge and improved their practices on Maternal and Newborn Health

The objective of this result is to strengthen the capacities in the Branches to successfully develop and implement Maternal Child Health activities. The activities implemented in this result have allowed GRC volunteers to carry out maternal and newborn health activities by providing the necessary tools and knowledge to the communities in the catchment area.

TABLE No.7
Volunteers Participating in the Project
January to June 2014

VARIABLE	Jan	Feb	Mar	Apr	May
Registered Red Cross Volunteers	40	40	40	41	41
Active Red Cross Volunteers	32	33	34	34	33
Red Cross Volunteers equipped, with visibility	40	40	40	41	41

No workshops or Volunteer training courses were held during this semester. However, in July 2014 Volunteers from the three Branches in the project will participate in a Basic First Aid and Pre-Hospital Care course that was coordinated with the GRC Training Institute. To motivate Volunteers, each will receive a First Aid kit upon course completion. The kits were donated by one of the medical equipment vendors, to compensate for their delay in delivering the equipment, as mentioned before.

We have made one progress presentation to the Boards of Directors of the participating Branches. We have scheduled two more meetings for the second semester of 2014. However, local facilitators are required to submit monthly project progress reports to their Branch.

Table 1 Milestones

After analysing the milestones set forth in the proposal, we can conclude there have been a series of delays, i.e. project start up was delayed two months, which pushed back many scheduled activities. However, the hard work by the technical team and the GRC Volunteers made it possible to catch up and comply with project commitments. To date, the activities scheduled for the first semester of the year have a two-month delay (equipping health service centres.) However, delivery of all the equipment is scheduled for July 23.

Reference # (logframe)	Indicator description	Last period	Target value	Realised value
	Hire technical team		Month 1	Month 3
	Community inclusion		Month 3, 4	Month 4
	Remodelling and equipping health care centres		Month 16, 17, 18, 19, 20	Pending
	Begin educational sessions on responsible parenting		Month 5	Month 10
	Begin support group sessions		Month 5	Month 6
	Begin house visits		Month 5	Month 6
	Train community volunteers		Month 5, 7, 11	Month 5
	Begin situation room sessions		Month 6	Month 5
	Sign agreements and activity follow-up commitments with local authorities and health committees		Month 22, 23	Pending
	Project closeout activities		Month 22, 23	Pending

5 **Analysis** (max 1 page)

5.1 Sustainability

Strategic coordination with the MSPAS, as the national health steering entity, will be the key in the sustainability of the actions implemented in the Maternal and Child Health Project. Thus, introductions and the initial coordination during this phase of the implementation have been instrumental in opening doors and in generating ownership in the health authorities. The support, not only on health promotion and prevention, but also with the equipping and remodelling the health centres are all part of the initial structure which has the objective of improving health care services. Upon project termination, we expect the MSPAS will be responsible for the sustainability of these actions in the future.

Another way of making this project sustainable is by creating Municipal Health Plans. These are prepared in collaboration with municipal and departmental authorities, as well as with community leaders and representatives. The elements to be included in these plans are: budget that corresponds to the prioritized needs of the population listing funding sources, persons responsible for implementing the actions and timeframe for implementation.

The project is focused on fostering a change of behaviour in families and organized communities. Achieving significant changes in practices such as care and nutrition of participating pregnant women and newborns will have a cascade effect on the other families in the catchment area. The creation of community structures and networks dealing with health (i.e. Counsellor Mothers and Health Commissions) can help to solve health problems at a local level, without the need for external funding from the project.

In the case of community actions, the installed capacities with the counsellor mothers, parents, and organized health commissions will create and implement Health Plans that will give continuity to these processes in the community.

Also, capacity building in the Branches to address Maternal and Child Health and their coordinated participation will translate into significant changes in the Department with the use of humanitarian diplomacy and upon project termination.

In summary, the presence of GRC Branches, coordination and local alliances, capacity building in communities and the behavioural changes generated during 2013 and 2014 will be fundamental in the sustainability of the actions implemented by the project and upon its termination.

The main partner in the Maternal Child Health program (as part of the GRC structure and in response to its role as auxiliary to the public powers) is the Ministry of Public Health and Social Welfare. In San Marcos, Comitancillo and Tejutla work has been done with the local health authorities to develop actions favouring health promotion and prevention, promotion of pregnancy controls, education for mothers and women and men in reproductive ages, house visits.

Also, coordinated actions with municipal authorities and the private sector have resulted in four forums for adolescents in Tejutla. The Municipality gave money for the coffee breaks, the *Cooperativa de Ahorro y Crédito – ACREDICOM–* paid for transportation, and the GRC Tejutla Branch and the Maternal and Child Health project arranged for the speakers and were responsible for the logistics and organization of the activity.

Communication with other external funding organizations continues. They are: the Pan-American Health Organization (PAHO), the United Nations Development Programme (UNDP), the United Nations Food and Agriculture Organisation (FAO), Caritas, PASMO, the Mesoamérica Iniciative, Nutri Salud-URC-USAID, and others.

In addition to the above organisations, there is also collaboration with higher education entities, such as the Universidad Panamericana, which volunteered its students from the Faculty of Communications to prepare a video on the Maternal and Child Health project. Filming will take place during the first week of July 2014 according to the guidelines established by the GRC Communications Department.

5.3 Lessons Learnt

- **Database**: It is the tool used to quantify project results and has been improved during this semester. We now have access to reliable and timely data.

- **Coordination with health authorities**: Prior coordination with health authorities has been instrumental in the implementation of actions; some processes are lagging but can be accomplished if they follow MSPAS guidelines.

- **Coordination with municipal authorities**: Municipal authorities are willing to collaborate with action implementations and funding if actions are prioritized.

- **Inter-institutional coordination**: If managed responsibly, inter-institutional coordination facilitates implementation noticeably. A clear example is the joint effort by the Health and Education sectors with the private sector in the forums held in Tejutla. Coordination between education centres (at tertiary level) will be important in the editing of the Maternal and Child Health project video.

6 **Personal Story** (max. 1 page)

The general purpose of the Maternal and Child Health Project is to reduce maternal and newborn deaths in vulnerable communities. One of the actions to reach this objective was a forum “Reducing Maternal and

Newborn Deaths in the San Marcos Department." Municipal authorities –including health authorities–, cooperating agencies and NGOs pledged to implement actions to prevent maternal deaths.

After the forum, the GRC prioritize the municipality of Comitancillo, as reports showed there had been 7 maternal deaths in 2013 –the municipality in San Marcos with the highest number of deaths. As part of the activities scheduled, project team members, especially the advocacy technician, began attending the technical team meetings in the Health District. In these meetings, in coordination with health authorities in the municipality, it was agreed to train health personnel in the implementation of the "Code Red" strategy to manage haemorrhages. The purpose of Code Red is to provide the team with theory on health topics to manage obstetric haemorrhage in a systematic, prompt and timely manner to reduce morbidity and mortality due to this cause. Code Red is based in an optimal use of time, proper replacement of blood volume, teamwork, and comprehensive treatment.

During the first week of February, there were two Code Red Training workshops. It was held in the facilities of a secondary education institute called "Liceo." The workshop was given by doctor Quezada, ob-gyn from the Health Department, doctor Miriam Fuentes, ob-gyn, and doctor Emerson Tzul. All three of them were hired to serve in the Permanent Health Care Centre in Comitancillo. Attendance was of 105 persons, which included personnel hired to provide primary and secondary health care (including physicians, nurses, nurses' aide, ambulance drivers and janitorial staff) as well as 10 GRC Volunteers.

The workshop included simulations, to allow participants to acquire the competencies needed. We emphasized team work, standardized use of prevention protocols, evidence-based obstetric haemorrhage management, promoted improved clinical-decision making processes, and efficiency in providing quality care to those facing haemorrhage complications.

It is worth mentioning that after the training, the Health District has officially reported that they have served 60 Code Red haemorrhage cases in pregnant women, all of which were timely referred to the National Hospital. As a result, the Comitancillo municipality has had 0 maternal deaths as of June 2014. Measures such as this one contribute to the strengthening of proper and timely health care.