Association of Community Health Services - ASECSA Centre Region

Draft

"Support for Comprehensive Health of communities in the municipalities of Pochuta-Chimaltenango and Santa María Ixhuatán-San Rosa, Guatemala "

Guatemala September 2016

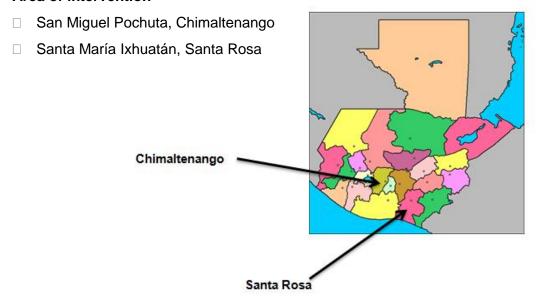
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Founded in 1978 by the Regional Committee for the Promotion of Community Health, the Association of Community Health Services -ASECSA-, is a nongovernmental civil organization of social interest and non-profit that through the primary health care contributes to the work of community health and public health in Guatemala. It is formed by a network of 48 programs and community health organizations, including community clinics and hospitals, associations Promoters and / or Midwives, Cooperatives, Traditional Therapists, Dioceses and Pastoral Health; that promote comprehensive community health, gender equity and cultural appropriateness; strengthening the organization and institutionalization of the programs associated with processes through training, coaching, counseling, advocacy and dialogue in defense of the right to health and the improvement of living conditions of the population. ASECSA work impacts, especially in poor with little chance of access to state or private health services rural-indigenous and ladino population.

In ASECSA you fight the structural causes of unequal conditions for women and men of all ages and ethnic status; social transformation is sought; promoting and influencing critical participation in the implementation of health policies with gender equality and appropriate to the culture and reality of the people. The practice of Mayan medicine, community health and primary health care for the exercise of the right to health of excluded, marginalized and impoverished populations is promoted.

1. Title or name of the project: "Support for Comprehensive Health of communities in the municipalities of Pochuta-Chimaltenango and Santa María Ixhuatán-San Rosa, Guatemala."

2. Area of intervention



- 3. Project objectives
 - ☐ **General Objective:** To contribute on improving the living conditions of poor families in Santa María Ixhuatán and San Miguel Pochuta.
 - □ **Specific Objective:** To establish a community development strategy that integrates holistic health and education with emphasis on women, children and youth.
- 4. **Start date and end:** From the signature of the Agreement between Guatemala ASECSA and Hope
- 5. **Total cost of the project**: £136432.16 (5 years)

Situation Ixhuatán municipality of Santa Maria, Santa Rosa:

In the municipality there is a center B-type health functional category of Permanent Medical Care Center - CAP, where it has an extended opening hours 24 hours a day, seven days a week, but without Birth Care.

The Corozal, Estanzuela, Llano Grande, Chuchuapa, San Jose Pineda and El Pital, have 6 health centers, also there are 8 converging centers in : El Camalote, El Cuje, El Manacal, La Esperanza, La Gloria, La Laguna, el Zarzal, Los Achiotes, Los Apantes and San Antonio with monthly outpatient care, without medicine and supplies. According to the Labor Report of the Health Area of Santa Rosa in 2014 there were attended throughout the municipality of Santa María Ixhuatán 11,751 patients.

Main difficulties of health facilities:

- Distances from health facilities of the project region and accessibility of the target group. Patients with complicated diseases, from community-estimated between 40 and 60 kilometers to the provincial hospital, 84 kilometers to the national hospitals. Health services at the community level are poor which results in high infant mortality rate and risk for low skilled care delivery. We need to strengthen the services of primary care especially in educational and preventive aspects at the level of family self-care. Infant mortality is more prevalent in micro regions where the population is less educated and more problems of availability of food and water. In the municipality of Santa Maria Ixhuatán, 33.4% the household are without access to improved drinking water supply. In the municipality approximately 64.8% of homes have some kind of health care service.
- According to the Ministry of Food and Nutritional Security (SESAN) reports Eleven communities with "high risk to food and nutrition insecurity" and two communities with "very high risk to food and nutrition insecurity." Within communities with "high risk" include: El Cuje, El Pino, El Pital, El Renacimiento, Estanzuelas, La Gloria, Los Achiotes, Piedras de Agua, San Antonio, San Pedro, Santa Anita and Santa Cruz. Two communities are categorized in "very high risk" which are the Manacal and La Gloria.

Municipality of San Miguel Pochuta, Chimaltenango:

San Miguel Pochuta is a municipality in the department of Chimaltenango, its territory are 170 square Km, according to the eleventh population census of 2002 the INE, the population for that year was of 9,842 inhabitants, of whom 5,034 (51% male) and 4,808 (49% female). The municipality according to projections 2009, has an estimated population of 11,032 inhabitants. The town is located 192 kilometers from the capital Guatemala City.

San Miguel Pochuta is located in a territory consisting of 38 farms and farming communities, limiting residents to rely on the work that is generated in the coffee plantations and sugar cane. This source of employment is temporary and short time, plus wages are low, so the lack of jobs for families in communities and exploitation by farmers has weakened the economy of families. Today the decline in coffee sales, has caused many farms to stop producing, therefore to sue labor, so that family needs increases every day.

The municipality of San Miguel Pochuta has an inadequate health infrastructure in quantity and quality of care. The building intended for this purpose is limited to the type B Health Center, which also functions as a Permanent Care Center - CAP. (SEGEPLAN, 2009)

The services provided by a CAP are: medical emergency, pre and post natal control delivery care and infant with monitoring newborn, vaccination, promotion of adequate growth with an emphasis on children with micronutrient supplementation, vitamins, deworming, adolescent care and elderly, promotion and disease prevention. In everyday life the CAP does not work as ideally planned, they don't have enough medicines, input and staff for the care of the population. Normally people self-medicate, come to find medicinal plants, use them often without adequate knowledge for each disease or for different ages (infants, children / as and adults) doses.

San Miguel Pochuta is among the municipalities of Chimaltenango among the most affected by malnutrition, both acute and chronic. He is currently at the municipal level with a prevalence of 45% in children under 5 years, ranging from 32.7% to 12.3 moderately severe. That is why vulnerability and food insecurity in the municipality are high. This is mainly due to problems with the availability, access and consumption of such foods. Poverty is a problem that manifests itself at different levels, such as low income, low education, little or no chance of qualifying for productive opportunities and is also associated with poor health.

Timetable:

No.	Descripción	5años					
	Intervención en Santa María Ixhuatán	Año 1	Año 2	Año3	Año4	Año5	
1.1	1 casa de salud al servicio de 3 comunidades alrededor con aproximadamente 175 familias (segundo año)						
1.2	1 lote de medicamentos para 1 farmacia en Ixhuatán (primer año)						
1.3	1 capacitación por semestre a 20 promotores/as de salud, sobre atención primaria en salud, medicina indigena maya, salud sexual reproductiva, genero, buen vivir (alimentación, transprote, material didactico)						
1.4	Apoyo a una niña minusválida en la comunidad San Pedro, con diagnóstico y fisioterapia, compra de silla de ruedas, ropa, kit de higiene (por 3 años)						
1.5	3 capacitaciones, de un 1 cada uno, sobre la salud integral, genero y el buen vivir para 30 participantes entre promotores/as de salud, comadronas, madres, padres de familias (por 3 años)						
1.6	Un depósito para abastecimiento de agua en la comunidad San Pedro Sistema de agua para deposito y abastecimiento la comunidad San Pedro (depositos, bomba, tubos y materiales)						
1.7	Entrega de ecofiltros para 25 familas (primer año)						
1.8	10 charlas en 5 comunidades y/o escuelas, con 50 participantes en cada charla, por 3 años, desarrollados por promotores/as de salud sobre los temas de los cuales se han capacitado (2 charlas en cada comunidad y/o escuela) (refacciones, material didactico, trasporte para promotores/as)						
1.9	12 supervisiones y asesorías en la comunidad. (12 supervisiones x cada año)						
	Intervención en San Miguel Pochuta – APSADEC						
2.1	Becas de estudio para 30 estudiantes del nivel primario, con bolsas de útiles escolares, uniformes escolares, 1 par de zapatos por año (por 5 años)						
2.2	6 talleres por años, de un 1 cada uno, sobre la salud integral, genero, salud sexual reproductiva, el buen vivir para 30 participantes entre promotores/as de salud, madres, padres de familias (por 5 años)						
2.3	3 jornadas medicas por año, pago de honorarios para médico, medicamentos. (por 5 años)						
2.4	Salario tecnico en salud rural (por 5 años)						
2.5	1 computadora, incluye 1 impresora multifuncional						
2.6	Gastos de funcionamiento de ASECSA (Luz, telefono, internet, material didactico)						

Budget for the project for 5 years:

No.	Descripción	Costo Unitario	Total	Primer año			
	Intervención en Santa María Ixhuatán						
1.1	aproximadamente 175 familias (segundo año)	\$25,000.00	\$25,000.00				
12	1 lote de medicamentos para 1 farmacia en Ixhuatán (primer año)	\$5,000.00	\$5,000.00	\$5,000.0			
	1 capacitación por semestre a 20 promotores/as de salud, sobre atención primaria en salud, medicina indigena maya, salud sexual reproductiva, genero, buen vivir (alimentación, transprote, material didactico)						
1.3	uidacuco)	\$1,050.00	\$3,150.00	\$1,050.0			
1.4	Apoyo a una niña minusválida en la comunidad San Pedro, con diagnóstico y fisioterapia, compra de silla de ruedas, ropa, kit de higiene (por 3 años)	\$1,500.00	\$4,500.00	\$1,500.0			
	3 capacitaciones, de un 1 cada uno, sobre la salud integral, genero y el buen vivir para 30 participantes entre promotores/as de salud,						
1.5	comadronas, madres, padres de familias (por 3 años)	\$1,200.00	\$3,600.00	\$1,200.0			
	Un depósito para abastecimiento de agua en la comunidad San Pedro Sistema de agua para deposito y abastecimiento la						
1.6	comunidad San Pedro (depositos, bomba, tubos y materiales)	\$8,000.00	\$8,000.00	\$8,000.0			
1.7	Entrega de ecofiltros para 25 familas (primer año)	\$40.00	\$1,000.00	\$1,000.0			
10	10 charlas en 5 comunidades y/o escuelas, con 50 participantes en cada charla, por 3 años, desarrollados por promotores/as de salud sobre los temas de los cuales se han capacitado (2 charlas en cada comunidad y/o escuela) (refacciones, material didactico, trasporte para promotores/as)	enmm	ecemon	¢n.coo.c			
1.8	12 supervisiones y asesorías en la comunidad. (12 supervisiones x	\$2,200.00	\$6,600.00	\$2,200.0			
1.9	cada año)	\$1,960.00	\$5,880.00	\$1,960.0			
1.0	Intervención en San Migu			Ψιμουίο			
	Becas de estudio para 30 estudiantes del nivel primario, con bolsas						
	de útiles escolares, uniformes escolares, 1 par de zapatos por año						
2.1	(por 5 años) 6 talleres por años, de un 1 cada uno, sobre la salud integral,	\$4,500.00	\$22,500.00	\$4,500.0			
	genero, salud sexual reproductiva, el buen vivir para 30						
22	participantes entre promotores/as de salud, madres, padres de familias (por 5 años)	\$3,450.00	\$17,250.00	\$3,450.0			
22	3 jornadas medicas por año, pago de honorarios para médico,	ψο, 400.00	ψ17,230.00	φογισοια			
23	medicamentos. (por 5 años)	\$4,500.00	\$22,500.00	\$4,500.0			
2.4	Salario tecnico en salud rural (por 5 años)	\$7,200.00	\$36,000.00	\$7,200.0			
2.5	1 computadora, incluye 1 impresora multifuncional	\$1,500.00	\$1,500.00	\$1,500.0			
2.6	Gastos de funcionamiento de ASECSA (Luz, telefono, internet, material didactico)	\$1,500.00	\$4,500.00	\$1,500.0			
	Total	1,123,00	\$166,980.00	\$44,560.0			