

# Improving monitoring and evaluation processes for a community health outreach program in Guatemala



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## Background

Guatemala faces a high burden of preventable illness, chronic childhood malnutrition in particular, but lacks adequate resources to address these challenges through its Ministry of Health. Low-income, rural, and indigenous Mayan populations are disproportionately impacted<sup>1</sup>.

Primeros Pasos is a primary care clinic serving indigenous communities in the Palajunoj Valley of Guatemala and provides medical and dental services, as well as *nutrition-focused community outreach* programs.

There are two primary outreach programs:

1. **School outreach:** key health concepts, including nutrition, hand hygiene, and dental hygiene, are taught to primary school students
2. **Maternal outreach:** key health concepts are taught to pregnant women and mothers with young children

Due to frequent changes in the outreach program, the current monitoring and evaluation (M&E) framework for the outreach program is not optimized to obtain actionable results.

Improving the M&E process will ensure that high quality data is available for program improvement and grant applications, and it will reduce unnecessary burden on staff and volunteers.



The Primeros Pasos team includes a physician, a dentist, a nutritionist who manages the Outreach program, and additional administrative directors. A combination of Guatemalan and foreign health services students assist with clinic programming.

## Findings

Several key themes emerged from staff surveys, interviews, and field observations:

1. Data collection was often challenging/impossible due to time, resource, or staff constraints
2. Data was not placed in an actionable format
3. Data collection and entry relied almost solely on staff members

Areas for improvement:

1. M&E plan must account for differing literacy levels
2. Improved standardization of data collection is necessary given frequent changes in staff/volunteers

The current M&E system does not appear to be particularly effective, efficient, or sustainable.

New tools were designed with multiple environmental constraints in mind and are meant to incorporate previously under-utilized resources, particularly volunteers.

## Aims

Goal: To update and streamline the M&E process for Primeros Pasos' outreach program in relationship to their 3-year strategic plan

Specific aims:

1. Simplify data collection and entry processes for the outreach program
1. Maximize the utility and actionability of M&E metrics
1. Develop basic tools that improve data analysis capabilities

## Structure

The two main project phases were *data collection* and *development of project tools*.

Data was collected on the current M&E system through:

1. Staff surveys
2. Staff interviews
3. Field observations

Multiple project tools were developed based on these data, including:

1. SWOT analysis of the current M&E system
2. Proposed annual timeline for monitoring and evaluation
3. Revised evaluations including:
  - Knowledge-based assessment for mothers
  - Skills-based assessment for young children (K-2)
  - Knowledge-based assessment for older children (3-6)
4. Logic frame for the proposed M&E program, including necessary inputs, outputs, and measured outcomes
5. Volunteer guide covering best practices for data collection and entry
6. General recommendations on aligning curriculum with evaluations

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>• History of data collection in schools and communities</li> <li>• Frequent contact with schools (2x/month)</li> <li>• Use of output (# of sessions, attendance, etc.) and outcome (height, weight, health knowledge) metrics</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluations open answer and a challenging format to grade</li> <li>• Evaluations challenging with low literacy children and mothers</li> <li>• Data input and analysis on a class-wide rather than individual level</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporation of volunteers for data collection and entry</li> <li>• Longer term linkage of anthropometric and health knowledge data</li> <li>• Incorporation of grant-specific metrics into M&amp;E plan</li> </ul>	<ul style="list-style-type: none"> <li>• High attrition rates in outreach programs (~50%)</li> <li>• Frequent changes in organization volunteers and staff</li> <li>• Limits imposed on outreach program by schools, including class time limits</li> </ul>

Figure 1. SWOT analysis of Primeros Pasos' current M&E system.

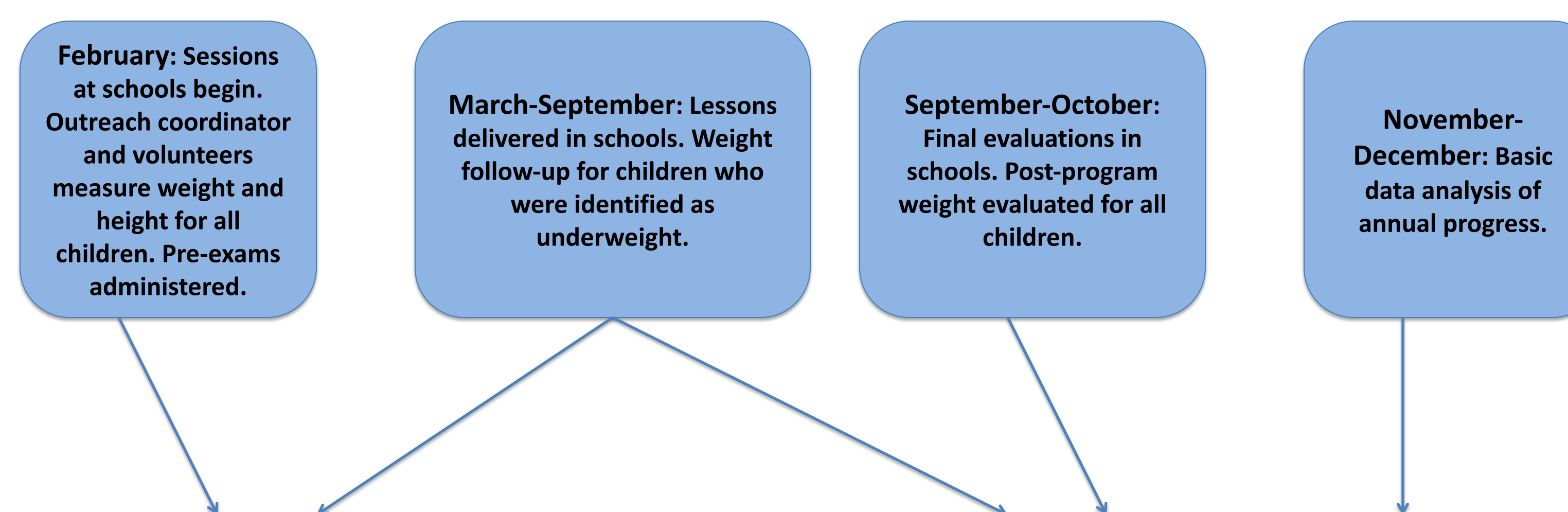


Figure 2. Proposed annual timeline of M&E for the school outreach program.

## Lessons Learned

- M&E should be limited to key metrics, focusing on the main health challenges identified by staff (nutrition and hygiene)
- Turnover (staff, volunteer) and short-term volunteer projects can lead to a piecemeal M&E approach, reducing efficiency and efficacy of data collection, entry, and analysis
- Evaluation tools must be flexible given varied literacy levels, but standardized to ensure consistent and efficient grading
- In organizations with minimal staff, simplifying processes to allow for outside assistance (volunteers, etc.) may make programs more sustainable over time
- Data entry on a more flexible timeline may provide necessary information without burdening clinic staff
- Overall flexibility of M&E programs may make them less vulnerable to outside threats, particularly changes in school/community schedules, fluctuations in the number of volunteers, and technology challenges including internet and electricity outages

## Acknowledgements and References

I would like to thank the Primeros Pasos staff for supporting my practicum and engaging with this project. I additionally would like to thank participants in Primeros Pasos' outreach programs, who allowed me to observe and participate in their health education sessions.

1. Guatemala: Health and Nutrition, June 2018. USAID.