

# FACILITATOR'S MANUAL

FOR TRAINING COMMUNITY EMERGENCY TRANSPORT COMMITTEES  
IN CASE OF OBSTETRICAL COMPLICATIONS



FIRST AID FOR COMMUNITIES WITH HIGH MATERNAL AND PERINATAL MORTALITY RATES  
CATHOLIC RELIEF SERVICES

2004



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## I. INTRODUCTION

Maternal mortality is a serious problem throughout the world. More than 500,000 women in poor countries die annually from pregnancy-related causes. Most of these deaths could be prevented if women have access to basic obstetrical health services. The geographical isolation of rural populations, coupled with the lack of transportation, are the main obstacles to access. One alternative for addressing this problem is to organize local resources into a community-based evacuation system for pregnant or recently-delivered mothers and newborns in case of an emergency.

This manual describes the process for training community leaders in the transfer of obstetrical emergencies and the provision of first aid. It follows a learn-by-doing methodology used in adult education. Its main purpose is to increase family awareness in order to reduce maternal deaths and to train local leaders in the organization of community-based emergency transport committees.

## II. GUIDELINES FOR USING THE TRAINING MANUAL

These guidelines will help ensure the maximum effectiveness of the training:

- Meet with the facilitator team to decide on the topics and methodology for the workshop.
- The training should be conducted in a climate of trust, creativity, and respect for the participants' human rights.
- Emphasize aspects that enable participants to improve their ability to detect danger signs associated with the reproductive cycle and the newborn, define decision-making processes at the household level, set up a community evacuation system, and promote the appropriate use of institutional resources to resolve obstetrical and newborn problems.
- Use a participatory methodology that promotes situational reflection and analysis of experiences related to the topics included in the manual.
- Using the manual, the workshop will cover five educational topics from the perspective described below:
  1. **Participant introductions, workshop expectations and ground rules:** Explains the importance of introductions in creating a climate of trust and establishing the ground rules for the workshop.
  2. **Causes of maternal and infant deaths in the country and in the communities:** Describes the magnitude of the problem and the reasons why women and newborns become ill and die.
  3. **Impact of the situation of women on the health of mothers and babies:** Describes the challenges women face in their communities
  4. **The four causes of delays in receiving quality maternal health care:** Offers intervention strategies to contribute to improving the quality of maternal care
  5. **Community-based emergency plan:** Identifies activities or interventions that the community can implement in response to the barriers to access found in this situational analysis of the four reasons for delays.

### III. OBJECTIVES

- To contribute to reducing maternal and perinatal mortality by training Community Emergency Transport Committees for Obstetrical and Perinatal Emergencies
- To identify the main obstacles to seeking medical care in obstetrical and perinatal emergencies.
- To strengthen the organization and participation of individuals, families, and communities in finding solutions to the maternal-infant problems in their communities.
- To involve individuals, the family, and the community in the service network so that they can participate in solving their own health problems.

## IV. TRAINING PROGRAM

TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY	RESOURCES
30 minutes	To create an atmosphere of trust among workshop participants	Topic 1. Greeting, welcome, and introduction  Workshop objectives and methodology	Introductions activity	<b>Expository</b>	Markers, or poster board
1 hour	To know group expectations	Expectations and workshop methodology	Causes of maternal and infant deaths in the country and in the community	<b>Group exercise: the other-half</b>	Drawings on flipchart
45 minutes	To reflect on maternal and infant mortality in the country and in the community	Topic 2. Maternal and infant mortality	What is the status of mothers and newborns in the country-community	Exercise Working groups	Pencil, paper, balloons, markers
2 hours	To analyze the situation of mothers and infants in the community	Topic 3. Health situation of mothers and infants in the community	Impact of the situation of women's health on the health of mothers and infants	Small group discussions and role play	Paper markers, flipchart
4 hours	After covering the topic, the participants will be able to identify contributing factors in obstacles to access to obstetrical and newborn care	Topic 4. Delays in receiving quality maternal health care	Four reasons for delays in receiving maternal health care	Lecture, working groups, role plays	Paper, markers, pencils
8 hours	Development of action plans	Topic 5. Committee activity plan	Activities that address each of the obstacles identified in the analysis of delays in receiving care	Working groups	Plans
2 hours	Defining the role of community emergency committees	Topic 6. Functions of the emergency committees	Functions of the committees	Working groups	Poster paper, markers
2 hours	Approaches to advocacy	Topic 7. Definition of advocacy	How to change public policy	Lecture, working groups	Poster paper, markers

## V. TOPICS

### TOPIC 1: INTRODUCTIONS, WORKSHOP EXPECTATIONS AND GROUND RULES

**Objectives:** At the end of the session, the participants will be able to:

- Facilitate introductions, integration and a climate of trust in the group
- Promote respect for the ground rules throughout the workshop

**Methodology:** Group exercises/activities

**Time:** 30 minutes

**Materials:** Flipchart paper, markers

**Instructions:**

- Invite the participants to form a circle; the facilitators also participate in the exercise.
- Post the ground rules in a visible location in the workshop room

**Basic concept:**

Participant introduction and integration creates a climate of trust, encourages respect for the ground rules, and clarifies expectations for the workshop.

## TOPIC 2: CAUSES OF MATERNAL AND INFANT DEATHS IN THE COUNTRY AND IN THE COMMUNITY

**Objectives:** At the end of the session, the participants will be able to:

Reflect on maternal and infant mortality in the country and in their communities.

**Content:** Causes of maternal and neonatal mortality in the country and in the community

**Methodology:** Reflection and analysis, working groups

**Time:** 45 minutes

### **Basic concepts:**

Stress timely prevention of maternal and infant deaths and risk factors associated with maternal and infant illness and death.

### **Discussion questions:**

- 1) Do you know of cases in which women have died? What did they die of and when: during pregnancy, during childbirth, after childbirth? Share them with the group.
- 2) How do you view the problem of women's deaths in your communities? What are the reasons behind this problem?
- 3) Do you know of risk factors that affect the health of mothers and infants? What are they?
- 4) Describe the causes of infant deaths in your communities.



### TOPIC 3: IMPACT OF THE SITUATION OF WOMEN ON MATERNAL AND INFANT HEALTH

**Objectives:** At the end of the session, the participants will be able to:

- Analyze the situation of women in their communities and how it affects maternal and infant health.

**Methodology:** Working groups, role play

**Time:** 2 hours

**Materials:**

- Flipchart paper, markers
- Background materials and handout with related exercises

**Instructions:**

- Break into small groups and create a role play on Maria's story
- Each group must make sure that a male participant plays the role of the disadvantaged woman
- After the role play, discuss it as a group. How did you feel? What was it like to be in the woman's position?
- Using the flipchart paper, write down the challenges that women face and what is being done in their communities to address these problems.

**Basic concepts:**

Emphasize the challenges that women face on a daily basis in rural areas and the impact they have on the health of these women and their children.

**REMEMBER:** Many factors affect women and girls before they become pregnant, including the social status of women which encompasses social and cultural conditions, malnutrition, high pregnancy rates, abuse, and domestic violence.

**Guide:**

**Impact of the Situation of Women on Maternal and Infant Health**

**Exercise:**

**Maria's Story**

Maria is a 39 year-old indigenous woman from the village of San José, San Marcos, located 6 kilometers on foot from a health clinic (there is no road) and 6 hours by car from the nearest hospital. She has had five children, she cannot read or write, and she lives in extreme poverty.

Maria is eight months pregnant and the TBA has referred her to a hospital to give birth because she has experienced swelling of the face, hands, and feet since early morning. She has not visited the health clinic for prenatal care. Her husband believes that “she already has had 5 kids, all with the help of a TBA, and she’s right here” so he is not planning to let her go to the hospital.

As a group, discuss the relevant steps that should be taken in Maria’s case. What can be done? How can Maria and the health personnel improve their communication? What can Maria do to be able to get the care she needs? How does Maria feel about her situation? How do the committee members view women like Maria?

**Factors linking the social status of women to maternal mortality:**

- Society/ culture/ community
- Economic
- Work
- Education
- Morbidity
- Family/marriage
- Fertility
- Health
- Nutrition

## TOPIC 4: FOUR REASONS FOR DELAYS IN RECEIVING QUALITY MATERNAL HEALTH CARE

**Objectives:** After covering the topic, the participants will be able to:

- Analyze the four reasons for delays in working groups
- Identify examples that have occurred in their communities
- Suggest solutions to the causes for delays

**Methodology:** Small group work and discussion, role play

**Time:** 3 hours

**Materials:** Background material on the four reasons for delays

**Instructions:**

- Form small groups to discuss the materials on: the four reasons for delay and whether these types of delays occur in their communities.
- Examine together the four reasons for delays and suggest solutions to the causes of delays
- Assign each group a case study on one of the four reasons for delays
- In the plenary, have each group present a role play on the delay in receiving care and a solution

**Basic concepts:**

- The importance of preventing the four reasons for delays for maternal and infant mortality.
- What the community transport committees can do in case of an obstetrical complication in their communities.

**Guide:**

**The Four Reasons for Delays in Receiving Quality Maternal Health Care**

No.	PROBLEM	SOLUTIONS
1.	Failure to recognize dangersigns... and symptoms during pregnancy, childbirth, and postpartum	<ul style="list-style-type: none"> <li>• Strengthen knowledge about life-threatening danger signs and symptoms during pregnancy, childbirth, and postpartum</li> <li>• Educate men and women about when and where to seek care or help</li> </ul>
2.	Women and their families delay in deciding to seek medical attention	<ul style="list-style-type: none"> <li>• Create operational and financial plans for handling obstetrical emergencies</li> <li>• Strengthen the social status of women</li> <li>• Educate families and communities about the importance of seeking care without delay</li> </ul>
3.	Women do not reach medical facilities in time to receive appropriate care	<ul style="list-style-type: none"> <li>• Create and implement emergency transport plans</li> <li>• Improve transport systems</li> <li>• Improve the system for timely patient referral</li> <li>• Make use of maternal homes for women about to give birth</li> </ul>
4.	Women do not receive timely medical care in the hospitals	<ul style="list-style-type: none"> <li>• Provide 24-hour a day obstetrical care</li> <li>• Improve the quality of care in these facilities</li> <li>• Create national standards of care for responding to obstetrical emergencies</li> <li>• Ensure availability of sufficient medical supplies and blood</li> <li>• Improve patient referral systems between communities, health units, maternal health clinics, and hospitals</li> <li>• Ensure the availability of 24-hour support services</li> </ul>

## Case Studies of Maternal and Perinatal Complications

### CASE 1: Women and their families do not recognize dangerous complications

**FAILURE TO RECOGNIZE DANGER SIGNS AND SYMPTOMS DURING PREGNANCY, CHILDBIRTH, AND POSTPARTUM:** A 25-year-old woman has a history of three normal births. The fourth time, “the baby was in transverse presentation.” The nurse at the health clinic in Erandique, Lempira, could not treat the patient because the complication was very serious and beyond her capability and the woman was in critical condition.

### CASE 2: Women and their families delay in deciding to seek medical care

**MAKING DECISIONS:** Fatima, a 27-year-old woman living in a remote village of Camasca, Intibucá, gave birth to her sixth child, but the placenta was not expelled. One hour later, she was bleeding heavily. Her husband was not at home and she could not go to the hospital without his permission. Her Uncle Serafin decided to carry her in a hammock the 15 kilometers to the closest road. As they were nearing the home of Mrs. Suyapa, Fatima died.

### CASE 3: Women do not reach health care facilities in time to receive appropriate care

**ARRIVED TOO LATE TO RECEIVE APPROPRIATE CARE:** A community leader in Vallecitos, Marale, in Francisco Morazán Department, had a lovely young daughter. His daughter went into labor and had contractions for almost a whole day, but no one was concerned because they believed this was normal. After several hours, they called the doctor, but he could not relieve her pain. The father finally decided to take his daughter to the hospital. He had trouble finding a driver who could take her. After a long trip, they finally reached the hospital, but the baby was dead. The uterus or womb had torn and the girl had to have a hysterectomy. Her husband rejected her because she was now sterile and he found a new wife. The father, with the help of individuals and organizations in the community, has created a fund for community transport. All of the community leaders have contributed their own money and organized a committee to take women to the hospital. This community has decided to take action to ensure that this does not happen to another woman. The father says that if he had only known, he would have taken his daughter to the hospital right away.

#### CASE 4: Women do not receive timely health care in health centers

##### THEY DO NOT RECEIVE TIMELY CARE IN HEALTH CENTERS:

A woman from San Marcos de la Sierra died in a hospital after giving birth to her sixth child. She had gone to the hospital but...

After they had made a huge effort to obtain her admittance card, she was admitted.

The nurse was called, and she came after she had finished her meal.

The husband went to buy surgical gloves and returned; the nurse arrived and examined the woman.

The woman began to bleed.

After the doctor was called and finally located, he arrived.

The husband went to find blood and other supplies, and he was delayed because he was trying to negotiate a lower price with the vendor.

The lab technician took the blood given him by the tired husband.

The woman continued to bleed.

After a change in shift, they filled out the admittance paperwork.

The husband signed the consent form for the transfusion.

By then, so much time had passed that the woman was dead.

## TOPIC 5: COMMUNITY EMERGENCY PLAN

**Objectives:** At the end of the session, the participants will be able to:

- Develop a community emergency system based on the analysis of the 4 delays in receiving maternal and infant health care.
- Develop a plan to implement the community emergency system

**Methodology:** Working groups

**Time:** 8 hours

**Materials:** bond paper, markers, plan format, analysis of the 4 delays in receiving care

**Instructions:** Introduce the topic by giving the participants the following information:

- The community emergency committee is based on addressing the obstacles to access to maternal health services found in the analysis of the 4 delays. This analysis includes delays at four different moments: detecting danger signs at home, the decision to seek medical attention outside the home, evacuation of a woman experiencing complications, and clinical care for mothers and infants with complications.
- The detection of danger signs at home is directly related to interventions in the areas of education and health, which in many cases will be included in education/ information/communication programs targeting the community.
- The decision to seek medical help outside the home is related to the woman's role in the community and entails education and awareness training to empower women in such decision-making processes.
- The availability of transportation to obtain appropriate maternal medical care is a critical factor in access. The lessons learned from maternal health projects in Africa, Asia, and Latin America indicate that community-based emergency transport systems for obstetrical complications can be effective in reducing delays in obtaining appropriate medical care. Various local solutions can be used such as establishing agreements with local transportation unions, buses or trucks, taxis, boats, and cars.
- The emergency system also will address limitations found in institutional maternal and perinatal health care service provision and will use an advocacy approach to try to influence health policy and resources at the local and national levels.
- Define a community emergency system
- The participants will form working groups by community
- Identify the strategies to be included in the action plan
- Presentation of the action plans by each community

## TOPIC 6: FUNCTIONS OF THE EMERGENCY COMMITTEES FOR OBSTETRICAL EMERGENCIES

**Objective:** After covering the topic, the participants will be able to identify the specific functions of the emergency committees for obstetrical emergencies.

**Methodology:** working groups

**Time:** 2 hours

**Materials:** flipchart paper, markers

### **Instructions:**

- Divide the participants into two groups
- The groups will define the roles of the committee in their community
- Make sure the transport committee's role includes the following:

### **Functions of the Emergency Committee for Obstetrical Emergencies:**

1. To support traditional birth attendants in providing care to pregnant women. The TBA coordinates and activates the emergency transport system when she considers it necessary.
2. To identify pregnant women in the community on a continuous basis.
3. To participate in community health activities.

## **CHILDBIRTH PLAN**

The transport committee, in conjunction with the trained traditional birth attendant and other local leaders and community institutions, can identify the most important measures to take to reduce risks associated with childbirth in the community. The childbirth plan should include the following:

- Identify women with danger signs during pregnancy—bleeding, headaches, swollen face/hands/feet, fever, severe abdominal pain, badly positioned fetus—and orient them regarding where the birth should occur.



- Identify danger signs in the newborn: hard to rouse, does not nurse, irritable, rapid or weak breathing, the baby is very cold or hot, infected navel, little movement, small or thin. Refer immediately to the hospital.
- Identify women with danger signs during and after childbirth—bleeding, the baby is not head down, retention of the placenta, seizures, headache and fever, foul-smelling vaginal discharge—and refer them immediately to the hospital.
- Make sure transportation is available to take the pregnant woman to the hospital in case of any complication during childbirth.
- Previously identify the health facility capable of resolving complications during pregnancy, childbirth, after delivery, and in the newborn.
- There should be a community fund, or the mother should have funds set aside, to cover medical expenses, fares, fuel, and any other necessities.
- Make sure there is someone to care for her children, home, and animals while she is in the hospital.
- Things the woman should take to the hospital for the baby: clothes, diapers, sheets and a hat. For the mother: a sweater, toiletries, blankets, sanitary napkins, etc.

**REMEMBER: Community Involvement Saves the Lives of Mothers and Children**

**Basic concepts:**

- Identify the main intervention strategies that could be included in their community emergency plans. They must be realistic and it is important not to overlook coordination with other organizations for best results.
- It is impossible to do everything at once. It is important to set priorities, taking into account other initiatives already underway in the community to contribute to reducing maternal and perinatal mortality.

## Care during Emergency Transport

### Of the mother:

- The mother with a complication should be accompanied during evacuation by a TBA trained in obstetrical emergencies and by a family member.
- The mother should be kept covered and warm.
- She should be in a comfortable position and moved as little as possible.

### Of the baby:

- The baby should be transferred in the arms of the mother, father, or another relative.
- The baby should be covered to prevent a chill. Low birth-weight babies should be transported using a bag or box.
- When the baby is transported in the mother's arms, she should nurse him or her. If the baby cannot nurse, breast milk should be given with a clean spoon or dropper.
- Continuously observe the mother and the baby to provide emotional support.

## TOPIC 7: DEFINITION OF ADVOCACY

**Objective:** After covering the topic, the participants will be able to identify the 8 steps for public policy advocacy; these methods require participatory reflection and analysis.

**Methodology:** working groups

**Time:** 2 hours

**Materials:** flipchart paper, markers

### Instructions:

**Explain to the participants** that there is a method for conducting advocacy and describe it step by step.

- Divide the participants into two groups.
- Based on the eight steps for advocacy, each group should analyze one of the delays and describe how public policy could be changed (one group should work on geographical inaccessibility and the other on the poor quality of care in community health units)
- In the plenary, make sure that each group discusses the following:
  1. *Analysis of the problem:* A specific action to be taken in response to a particular problem.
  2. *Fine-tuning the proposal:* Specify exactly what the goal is. The clearer the proposal, the better the chance of success.
  3. *Analysis of the decision-making process:* Examine how the decision is made and who you are seeking to influence or motivate.
  4. *Map of power:* Identify actors who have some influence with the decision-makers. In other words, who are the political and social stakeholders in the decision-making process contained in the proposal.
  5. *Self-examination:* Identify the strengths and weaknesses of the committee as the organization that will lead the advocacy campaign.
  6. *Advocacy strategy:* Define possible ways of influencing decision-makers, neutralizing opponents, acquiring and motivating allies, and influencing the undecided. Define this in light of who you are trying to influence.
  7. *Activities plan:* *Activities* are the concrete tasks to implement the strategy and achieve the proposed goals.
  8. *Ongoing evaluation.* Evaluate each of the advocacy steps (remember that this evaluation will be done in practice after conducting advocacy)

## VI. ANNEXES

### *ANNEX 1*

*DESIGNING AN ADVOCACY INITIATIVE: policy analysis and development of an advocacy strategy*

#### ***MODULE 1 Policy Analysis***

- 1.1 Identify issues
- 1.2 Identify actors and institutions with political power
- 1.3 Analyze the political context
- 1.4 Summarize the analysis
- 1.5 Identify options for policy change

#### ***MODULE2 Define a political advocacy strategy***

- 2.1 Select an advocacy issue
- 2.2 Select the target audience(s)
- 2.3 Set advocacy objectives
- 2.4 Identify allies and opponents

#### ***MODULE3 Finalize the political advocacy strategy***

- 3.1 Select roles
- 3.2 Identify messages
- 3.3 Define advocacy activities

#### ***MODULE4 Make a plan***

- 4.1 Develop a logical framework
- 4.2 Create a timeline
- 4.3 Prepare a budget
- 4.4 Plan monitoring and evaluation (this was not done due to lack of time)

## ***MODULE5 Using the media***

- 5.0 Media owners
- 5.1 Develop and send messages
- 5.2 Develop clear, persuasive messages
- 5.3 Send messages strategically
- 5.4 Reinforce messages
- 5.5 Communicate effectively
- 5.6 Negotiate
- 5.7 Use the mass media
- 5.8 Manage risks

## ***MODULE6 Facilitation***

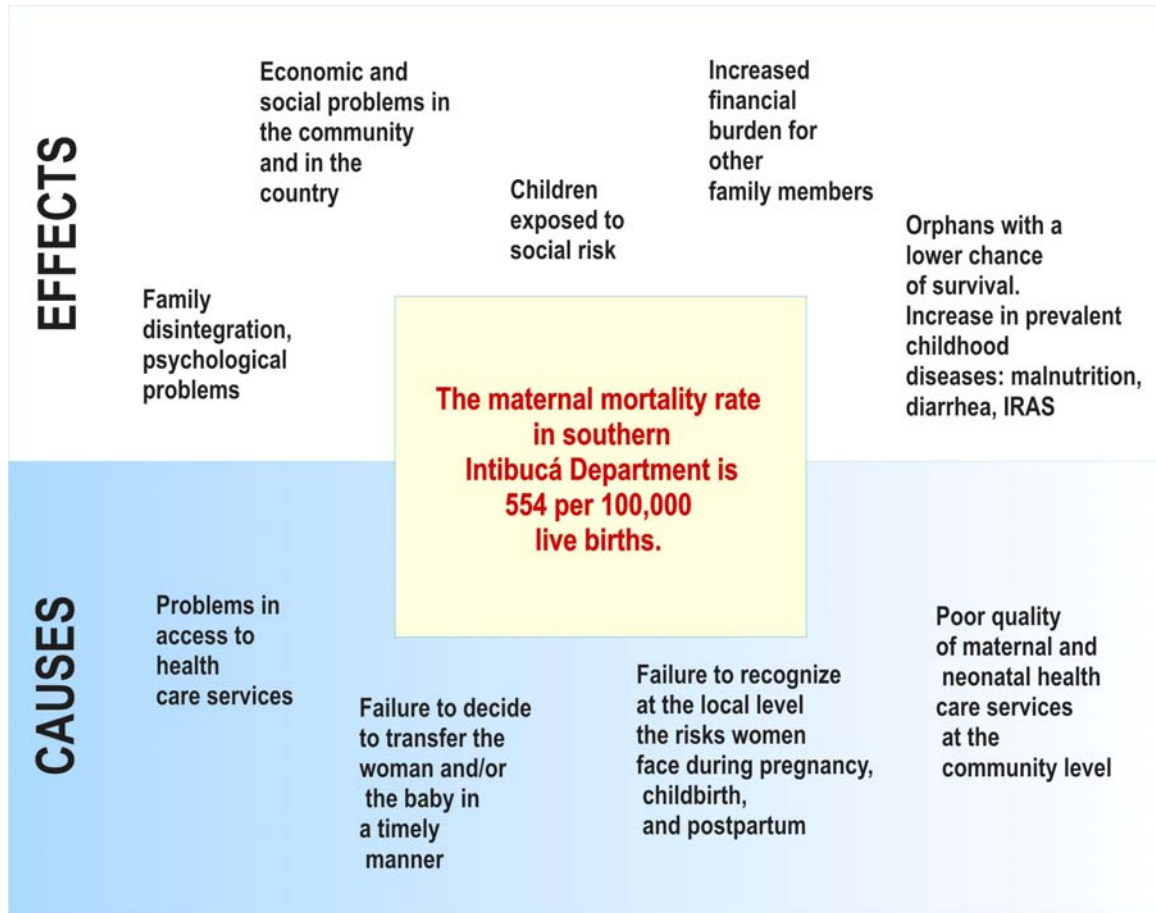
- 6.1 Strengthen local capacity for political advocacy
- 6.2 Work with others
- 6.3 Promote support groups
- 6.4 Facilitation techniques

- **This content is based on the 8 steps for public policy advocacy requiring participatory reflection and analysis.**

1. *Analysis of the problem:* A specific action to be taken in response to a particular problem.
2. *Fine-tuning the proposal:* Specify exactly what the goal is. The clearer the proposal, the better the chance of success.
3. *Analysis of the decision-making process:* Examine how the decision is made and who you are seeking to influence or motivate.
4. *Map of power:* Identify actors who have some influence with the decision-makers. In other words, who are the political and social stakeholders associated with the decision contained in the proposal.
5. *Self-examination:* Identify the strengths and weaknesses of the committee as the organization that will lead the advocacy campaign.

6. *Advocacy strategy:* Define *possible ways of influencing* decision-makers, neutralizing opponents, acquiring or motivating allies, and influencing the undecided. Define this in light of who you are trying to influence.
7. *Activities plan:* Activities are the concrete tasks to implement the strategy and achieve the proposed goals.
8. *Ongoing evaluation:* After the advocacy campaign, evaluate each of the steps taken. This is very important in order to have a clear idea of what went well and what did not. It is useful for refining capabilities and correcting deficiencies within the group in the advocacy process.

ANNEX 2



## ANNEX 3

### ACKNOWLEDGMENTS

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**TECHNICAL TEAM INVOLVED IN THE CHILD SURVIVAL PROJECT, INTIBUCÁ COMMUNITY  
BASE**

<b>CATHOLIC RELIEF SERVICES (CRS)</b>	<b>INTIBUCÁ CENTRAL COMMITTEE FOR WATER AND INTEGRATED DEVELOPMENT PROJECTS (COCEPRADII)</b>	
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Dra. Marylena Arita de Fu Manager CSPI	Lic. Adela Flores Coordinator	Roney Isidro Díaz Educator
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	Dr. Marvin Arístides Rodríguez Coordinator	Marvin Zuniga Educator
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	Astenia Medina Educator	Darwin Flores Educator
	José santos Lemus Educator	Mauro Tulio López Educator
	Salma Díaz Educator	Susana Argueta Educator

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