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EXECUTIVE SUMMARY

The USAID|Central America Capacity Project provides technical support and contributes to the purposes of USAID's Regional Programs in response to the HIV/AIDS epidemic and prevention efforts in Central America. Project activities are implemented in the five countries of: Belize, Costa Rica, El Salvador, Guatemala and Panama.

This report contains a narrative detailing the activities implemented during the first year, October 2009 to September 2010. The project is designed to meet five major outcomes during the five years of implementation; however, in the first year activities focused on three of the five results, all of which were achieved or exceeded.

In the first expected outcome, corresponding to Performance Improvement (PI), the project successfully completed the Transfer Workshop in each of the five countries that provided PI training to 197 people from the Ministry of Health and Social Security.

In the first year, the project exceeded expectations as 37 measurements were completed against 33 proposed for the first year, representing a 112% achievement. Belize achieved 125%, conducting five out of four proposed, Guatemala 120%, performing twelve out of ten proposed, El Salvador 117%, performing seven out of six proposed, Panama 114%, performing eight out of seven proposed, and Costa Rica performed five measurements out of six hospitals achieving 83% of the goal. In Guatemala, El Salvador and Panama negotiations were initiated with the official counterparts to institutionalize the Performance Improvement initiatives, and expansion at the national level with government financing is expected in the second year.

Baseline results showed Costa Rica with the highest performance average of the five countries, achieving 78%, followed by El Salvador 59%, Panama 52%, Belize 47% and Guatemala 43%. All hospitals supported by the project developed an Intervention Plan with multidisciplinary team's participation in which gaps were identified in areas such as: Biosafety, Waste Management, Morgue, Laundry, and Diagnostic Images.

In all countries local authorities have been empowered to support the integration of Performance Improvement as a management and monitoring and evaluation tool at all levels. In addition, REDCA, an NGO with headquarters in Honduras and Nicaragua, participated in the transference of the Performance Improvement methodology with the purpose to advance the implementation of its program in both countries.

In the second expected outcome, corresponding with In-Service Training, the project exceeded expectations more than two fold. The nursing cadre was the category trained

most reaching 248% of the first year's goal followed closely by support personnel at 223% of the target. Even the physician cadre, despite having the fewest trained, exceeded expectations and the project surpassed its goal by 40%.

The third expected outcome, Pre Service Training, was conducted by incorporating strategic alliances with five national and three private universities. Ten testing days were performed in eight universities. The number of students voluntarily tested was 4,011 achieving 235% of the project goal. Ten men and five women in Guatemala and one woman in Belize received a positive result.

During the first year, the project formed strategic partnerships with the local Health Authorities in each country. Counterparts from the Ministry of Health and Social Security were empowered and motivated by the Performance Improvement methodology and look forward to improving the quality of health services in each country.

In Guatemala, the project was selected to participate and present at a strategic meeting where Ministry of Health officials and health leaders discussed the role of Performance Improvement in the delivery of health care services. In Panama, the HIV/AIDS National Program through their Director, Dr. Rigoberto Villareal, said: "This project's technical assistance allowed us to implement changes in the hospitals that were resistant to change". Further, Performance Improvement was included in Strategic Plan 2009-2010.

In the first year, all of the Monitoring and Evaluation Plan goals were achieved or exceeded. Before the project began, countries knew "what to do," but after the technical assistance provided by the project they know "how to do it" with tools to implement actions, analyze improvements and challenges, and make decisions.

At the end of the first year, the project spent 82% of the planned annual budget. Comprehensive Care spent 84% of the proposed budget, Training 65%, and Procurement 81%. The project also made great strides to exceed cost share expectations collecting \$176,611 representing 104% of the year one goal.

TECHNICAL NARRATIVE

The USAID|Central America Capacity Project is a five-year Cooperative Agreement with a project life from October 2009 – September 2014. Capacity Project Central America aims to provide technical assistance and assure achievements of the project's main objective, to expand and strengthen the response to HIV/AIDS in five Central America countries through effective and efficient delivery of comprehensive care and treatment of people living with HIV.

The project is being implemented in five countries: Belize, Guatemala, El Salvador, Costa Rica and Panama. The project's purpose is to continue to strengthen the capacity of human resources for health in the region, to deliver high quality and comprehensive HIV/AIDS care and treatment services based on decreasing the stigma for people living with HIV/AIDS and removing barriers to care and treatment.

The strategic approach includes five interwoven technical strategies to improve the performance of healthcare workers and increase access to high quality care for people living with HIV. The expected outcomes are:

Expected outcome 1: Improve HIV/AIDS provider performance and integrate treatment and care with community-based support ensuring complementarily and prevention promotion.

Expected outcome 2: Provide in-service training and updates to HIV/AIDS care providers from the public, private, and NGO sectors.

Expected outcome 3: Strengthen pre-service training of care providers with updated HIV/AIDS content and increase access to early diagnosis with voluntary counseling screening.

Expected outcome 4: Development/use of information technology for distance training, care and treatment conferences, information, dissemination and an information/training system.

Expected outcome 5: Performance standards will be systematized and institutionalized to monitor care services to ensure management decision making and continuity of Performance Improvement programs.

During the first year, activities were implemented in outcomes 1, 2 and 3, achieving and exceeding the proposed goals in each one.

During first quarter, the regional office opened in Guatemala City and the selection and hiring of personnel was completed. Additionally, administrative and financial processes were established to comply with cooperative agreement requirements. The annual workplan, annual budget, Monitoring and Evaluation Plan, and Branding Strategy, was completed and presented to USAID.

The project is led by the Chief of Party with support from Technical Advisors including PI, Training, and M&E. The project also has finance and administration team, and one Country Representative working in each country.

In the first quarter, the Chief of Party participated in USAID's regulations workshop and was certified as COTR-AOTR. In addition, the Chief of Party visited each country and conducted an official presentation to the principle government and NGO counterparts, reviewing country specific challenges and demonstrating how the project's strategies will work to address country specific challenges.

After this visit, the project's country representatives began collaborating with local government officials, NGOs, and selected university counterparts to build strategic alliances. At the hospital level, authorities and multidisciplinary teams were identified and empowered using the Performance Improvement methodology. NGO's stated their interest in implementing activities in community service integration in hospitals to strengthen the response of HIV/AIDS epidemic, and generally, all hospitals are committed to the implementation of Performance Improvement and established teams responsible for completing activities.

There is an interest at the university level to develop strategic alliances with the project to review and incorporate HIV/AIDS subject matter into the curriculum in addition to initiating or strengthening voluntary counseling and testing efforts available to teachers and students.

During the first project year, three regional meetings were held incorporating all project staff. During the first regional meeting, induction training was performed to understand the cooperative agreement's content and familiarize staff to USAID and IntraHealth regulations. Each Country Representative presented the actual HIV/AIDS status for their respective country, reviewed and discussed local counterparts with which they planned to work, and shared a list of essential contacts. Also, the year one project workplan was initiated in addition to defining commitments at local and regional levels.

The second regional meeting took place in the second quarter with the purpose to provide knowledge and further develop capabilities to implement the project's strategies. Performance Improvement topics and training methods were evaluated, the workplan was reviewed, the Monitoring Plan was assessed, and administrative and financial tools were explained and provided to project staff.

The last regional meeting was conducted during the fourth quarter. The team evaluated the project goals achieved during the first year and began strategic planning of the second year of the project. In addition, the team strengthened leadership, communication, and trust. Lessons learned from other countries were shared in the topic of "m-Learning" methodologies (learning through mobile devices) and "Learning for Performance", as well as the "Continuum of Care" strategy being rolled out in other countries.

During the first year of the project, tools were designed to monitor performance improvement. The tools include an average of 297 standards by country in 18 technical areas:

1. Outpatient Services
2. Emergency
3. Internal Medicine
4. Gynecology OB
5. Surgery
6. Pediatrics
7. Diagnostic imaging
8. Intensive care
9. Nutrition
10. Laboratory
11. Counseling
12. Waste management
13. Biosafety
14. Blood bank
15. Pharmacy
16. Laundry
17. Morgue
18. Management

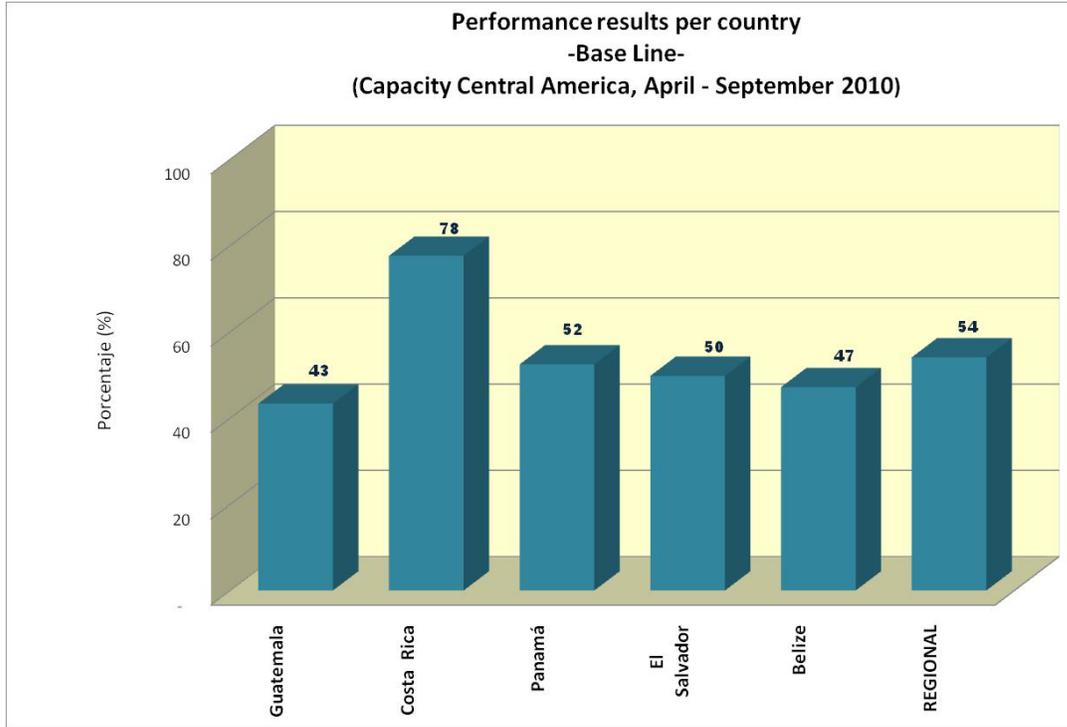
Methods were validated by multidisciplinary teams from the five countries and were supported by the local Ministry of Health and Social Security for application of hospital measurements.

In the first year, the project exceeded expectations as 37 measurements were completed against 33 proposed for the first year, representing a 112% achievement. Belize achieved 125%, conducting five out of four proposed, Guatemala 120%, performing twelve out of ten proposed, El Salvador 117%, performing seven out of six proposed, Panama 114%, performing eight out of seven proposed, and Costa Rica performed five measurements out of six hospitals achieving 83% of the goal. In Guatemala, El Salvador and Panama negotiations were initiated with the official counterparts to institutionalize the Performance Improvement initiatives, and expansion at the national level with government financing is expected in the second year.

Regarding the categorization of performance improvement (where High Performance = 85–100% and must improve 2% on second monitoring; Medium Performance = 60-84% must improve 10% on second monitoring; Low Performance = 0-59% must improve 20% on second monitoring), the regional result level is considered low at 54%. Costa Rica reached performance of 78% which made it the only country above the average. The other countries are lower than average and are categorized as low, with the following results: Panama, 52%; El Salvador, 50%; Belize 47% and Guatemala 43%.

Each hospital has an intervention plan and activities were implemented in order to close identified gaps, reflecting hospitals' empowerment and commitment to provide quality services.

**GRAPH # 1 REGIONAL LEVEL RESULT
PERFORMANCE IMPROVEMENT BY SERVICE AND TECHNICAL AREA**



The above graph displays an analysis in the five countries; the average Performance Improvement score was 54%, Costa Rica shows the highest score at 78%, and is the only country that has two technical areas with high performance: Pediatrics 98% and Pharmacy 90%. All others are below average with Panama at 52%, El Salvador at 50%, Belize with 47% and Guatemala with 43%.

GRAPH # 2

PERFORMANCE RESULT BY SERVICE AND TECHNICAL AREA

-BASE LINE-

(Regional, April - September 2010)

Service Type		Guatemala	Costa Rica	Panamá	El Salvador	Belize	REGIONAL
1	Outpatient Department	44%	83%	46%	64%	51%	58%
2	Emergency	42%	71%	55%	56%	51%	55%
3	Surgery	47%	82%	69%	40%	34%	54%
4	Gynecology-OBS	45%	79%	71%	27%	45%	54%
5	Internal Medicine	46%	84%	69%	57%	52%	61%
6	Pediatrics	36%	98%	69%	38%	42%	57%
7	Intensive care	24%	76%	72%	34%	23%	46%
8	Diagnostic Imaging	29%	35%	41%	7%	21%	27%
9	Nutrition	38%	84%	68%	58%	66%	63%
10	Counselling	44%	75%	24%	54%	54%	50%
11	Biosafety	38%	79%	44%	39%	43%	49%
12	Waste management	44%	21%	45%	40%	12%	32%
13	Laboratory	38%	82%	60%	62%	41%	56%
14	Blood bank	44%	84%	69%	61%	25%	57%
15	Pharmacy	69%	90%	50%	19%	17%	49%
16	Laundry	30%	51%	27%	23%	24%	31%
17	Morgue	18%	76%	30%	47%	52%	44%
18	Management	42%	65%	39%	50%	35%	46%
Total		43%	78%	52%	50%	47%	54%

The technical area analysis in the five countries shows that the standards with higher averages are: Nutrition 63% (Costa Rica 84%, Panama 69%, and Belize 66%), also Internal Medicine 61% (Costa Rica 84% and Panama 69%). Technical areas with low performance are: Imaging diagnostic 27% (El Salvador 7%, Belize 21%, Guatemala 29%, Costa Rica 35% and Panama 41%), Laundry 31% (El Salvador 23%, Belize 24%, Panama 51% , Guatemala 30% and Costa Rica 51%) and Waste Management 32% (Costa Rica 21%, Belize 12%, Guatemala 44%, Panama 45%, El Salvador 40%)

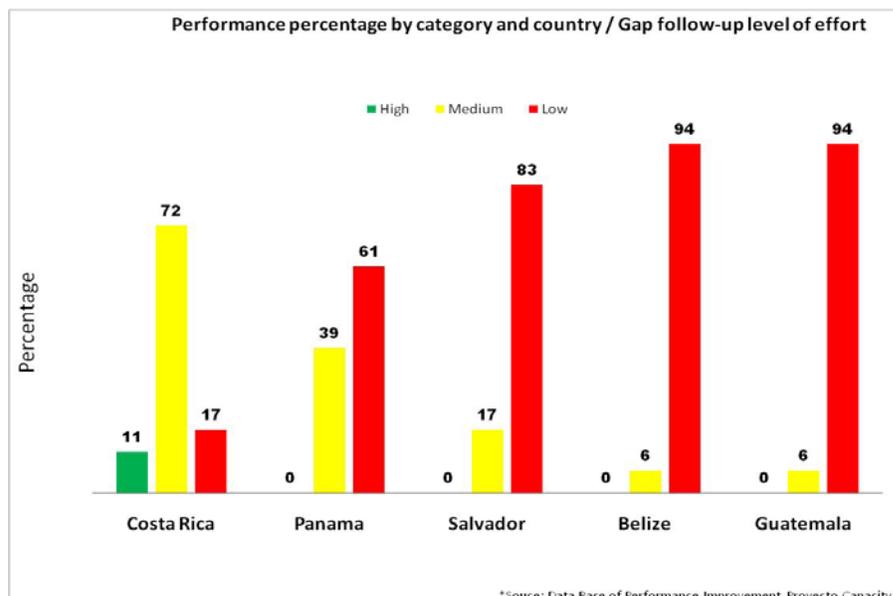
On graph #2, we can see 18 evaluated areas for Performance Improvement, classified by performance levels which will be very important to monitor the level of effort in order to follow up and close gaps. In Costa Rica's case we can see that of 18 evaluated areas, only 11 fall in the high performance category. Most of their evaluated areas fall under

the 60-80% range and 17% are in the 0-59% range. In Panama no services fell in the high performance category. 39% of services fell in the medium performance category with the remaining 61% with low performance.

In El Salvador 17% of evaluated technical areas are in the medium performance category with the remaining 83% in the low performance category, while in both Belize and Guatemala, only 6% of evaluated technical areas are in the medium performance category with the remaining 94% in the low performance category.

These measurements will be useful for the project to focus on the hospitals that require urgent assistance and highlight the services that are in most need of intervention.

GRAPH # 3



A comparative analysis was conducted between comparable results of the initial Capacity project phase implemented in 2006 through September 2009 which monitored services from HIV/AIDS integrated service clinics and the baseline performed in the second phase beginning on October 2009 which monitored hospital's performance as a unit, including all services. See attachment 1.

Outcome 1 includes the community integration strategy to be implemented in year 2, as a pilot project for each country. During year 1, an analysis was conducted to determine the actual status and the integration of the health services within the community.

IntraHealth headquarters provided the technical support of the methodology “Learning for Performance,” as a tool to develop training based competencies, and the Country Representatives skills were strengthened by a short course that will be further transferred to health service providers. Also, workshops were designed regarding counseling and voluntary testing topics, infection prevention, stigma and discrimination and emotional intelligence.

The training process has a sequence that starts from theory, and goes through the stage of simulation. At the end, a practical case of Performance Improvement measurement is done in a real hospital setting to ensure the capacity of project counterparts. The workshops are developed in accordance to each country’s culture are carried out in the following session types:

- Sessions of four hours per day in four meetings
- Sessions of eight hours per day in two meetings
- One workshop of 16 hours in one meeting.

The Country Representatives participated in two specific training of trainers workshops based on Learning for Performance, and are responsible for training the local trainers at the national levels.

At the regional level, in the in-service training category a total of 957 health providers were trained during the last quarter (Table 1). At the end of the year, the project trained 1,154 health providers, achieving a goal of 206% (Table 2).

The nursing cadre was the category trained most reaching 248% of the first year’s goal followed closely by support personnel at 223% of the target realized. Even the physician cadre, despite having the fewest trained, exceeded expectations and the project surpassed its goal by 40%.

The project participated in the Central America Congress of AIDS-CONCASIDA with the topic “Lessons and Experience of the Performance Improvement in HIV/AIDS”. Five Champions per country that represented the hospitals were included in this congress. Maria Eugenia de Leon, PI Advisor, presented the project at the event and each invited champion shared experience from the performance improvement implementation in each hospital as follows:

Belize: Biosafety Training

Costa Rica: Performance improvement institutionalization

El Salvador: Strategic Alliances to have external support in the intervention plans of the performance improvement.

Guatemala: Performance improvement attitudes

Panamá: Stigma and discrimination.

The Project has positioned itself and been able to demonstrate achievements in the hospitals with the implementation of Performance Improvement. A good example is Belize, where the Health Authorities and key stakeholders attended a conference and supported the project. In a recent visit, it was evident that there was participation from the Ministry of Health, which led to improved achievements for project implementation.

In CONCASIDA, an alliance was created with the Social Integration System in Central America (SISCA), and as a result five Capacity project personnel participated in the Emotion Intelligence workshop.

Table 1.

Staff trained in Service

GOALS					REACHED GOALS JULY-SEPTEMBER 2010																											
COUNTRY	ESTIMATED NUMBER OF HEALTH SERVICE STAFF TRAINED IN SERVICE FISCAL YEAR.				Trained staff on Performance Improvement July - September 2010																											
	YEAR USAID FY 2010																															
	DOCTORS	NURSES	OTHERS	TOTAL	DOCTORS								NURSES								OTHERS								TOTAL			
				Female Goal (n)	Female (n)	Female (%)	Male Goal (n)	Male (n)	Male (%)	Doctors Total	Reached (%)	Female Goal (n)	Female (n)	Female (%)	Male Goal (n)	Male (n)	Male (%)	Nurses Total	Reached (%)	Female Goal (n)	Female (n)	Female (%)	Male Goal (n)	Male (n)	Male (%)	Other Total	Reached (%)	Female	Male	Grand Total	Reached (%)	
Belize	20	20	28	68	10	31	304%	10	22	224%	53	265%	10	124	1216%	10	19	194%	143	715%	14	89	623%	14	109	794%	198	707%	244	150	394	579%
Costa Rica	30	30	42	102	15	11	72%	15	8	54%	19	63%	15	18	118%	15	3	20%	21	70%	21	88	411%	21	42	204%	130	310%	117	53	170	167%
El Salvador	30	30	42	102	15	8	52%	15	14	95%	22	73%	15	115	752%	15	3	20%	118	393%	21	12	56%	21	7	34%	19	45%	135	24	159	156%
Guatemala	50	50	70	170	26	16	63%	25	28	114%	44	88%	26	36	141%	25	0	0%	36	72%	36	36	101%	34	30	87%	66	94%	88	58	146	86%
Panamá	35	35	49	119	18	24	134%	17	10	58%	34	97%	18	26	146%	17	2	12%	28	80%	25	16	64%	24	10	42%	26	53%	66	22	88	74%
TOTAL	165	165	231	561	84	90	107%	81	82	101%	172	104%	84	319	379%	81	27	33%	346	210%	118	241	205%	113	198	175%	439	190%	650	307	957	171%

Table 2.
In Service Training

Number of Health Care staff that completed the In-service training program. (D=doctors, N=nurses, O=others).		USAID OCT-09 SEP-10	to	Quarters Year 1				Accumulated Year 1	Reached %
				I	II	III	IV		
		PLANNED	ACCOMPLISHED						
TOTALS (For the region)	Doctors	165	0	36	23	172	231	140%	
	Male	81	0	25	9	82	116	143%	
	Female	84	0	11	14	90	115	137%	
	Nurses	165	0	37	26	346	409	248%	
	Male	81	0	3	1	27	31	38%	
	Female	84	0	34	25	319	378	449%	
	Others	231	0	23	52	439	514	223%	
	Male	113	0	5	16	198	219	193%	
	Female	118	0	18	36	241	295	250%	
	Totals	561	0	96	101	957	1154	206%	

In the outcome of Pre-service training, an alliance was formed with five state and three private universities. During year 1, no initial goal had been decided, but the project supported the training of 167 people. In Belize, the Training of the Trainer (TOT) was given to eleven university professors, five nursing and six professors of other careers. In addition 72 students were trained in counseling and voluntary testing, Biosafety and antiretroviral therapy, in which 15 were males and 57 females. This workshops in the Belize University took place in the Training Center created in Capacity Project I. This reflects the installed capacity of this country. In Guatemala and El Salvador, 84 students were trained from the schools of Psychology, Medicine, Dentistry, Social Worker and Law, acquiring the competencies to take over the role to sensitize and promote the testing days for university students. See table 3.

Table 3

Pre-service training

Number of persons trained in university with United States funds		USAID Year 1 OCT'09-SEP'10	Quarter Year 1				ACCUMULATED YEAR 1
			I	II	III	IV	
		PLANNED	ACHIEVED				
REGIONAL	Doctors	NA	--	--	0	0	0
	Male	NA	--	--	0	0	0
	Female	NA	--	--	0	0	0
	Nurses	NA	--	--	0	5	5
	Male	NA	--	--	0	0	0
	Female	NA	--	--	0	5	5
	Other	NA	--	--	0	6	6
	Male	NA	--	--	0	2	2
	Female	NA	--	--	0	4	4
	Counseling peers	NA	--	--	84	72	156
	Male	NA	--	--	42	15	57
	Female	NA	--	--	42	57	99
TOTALS		NA	NA	NA	84	83	167

Ten testing day events were implemented in eight universities, with a total of 4,011 students tested. In each country, alliances were created with Universities, Health Ministries, Social Security agency and NGOs. All students received the pre-test counseling, but the post-test counseling only reached 93% of students receiving counseling, since in Costa Rica the test demand exceeded supplies. The Social Security agency committed to deliver the results in the first days of October 2010.

The goal of voluntary persons screened with pre and post counseling for year 1 was 1,704. The results reached were 218% of this goal. There were 16 with positive results, of which 10 were male and 6 were female.

Table 4.

Number of University person that received voluntary VIH test.

Country	GOALS		GOALS ACCOMPLISHED IN PRE-SERVICIO SEPTEMBER 2010									
	Number of University that provide VIH counseling and testing	Number of persons in pre-service that received voluntary pre & post counseling and testing	Number of University that provide VIH counseling and testing	Number of persons in pre-service that received voluntary pre & post counseling and testing			Pre & Post counseling					
				Male	Female	TOTAL	Number of test in pre-counseling	% reached in pre-counseling	% of individuals that assisted to the testing day and received Pre & Post counseling	# tests delivered with post-counseling	% reached in post-counseling	
Belize	1	166	1	70	139	209	209	126%	100%	209	126%	
Costa Rica	1	341	1	308	372	680	680	199%	56%	384	113%	
El Salvador	1	341	1	120	228	348	348	102%	100%	348	102%	
Guatemala	1	515	4	1,431	1,139	2,570	2,570	499%	100%	2,572	499%	
Panamá	1	341	1	79	125	204	204	60%	100%	204	60%	
TOTALES	5	1,704	8	2,008	2,003	4,011	4,011	235%	93%	3,717	218%	

Table 5.

Results of Voluntary Testing VIH.

Country	Testing VIH results														
	Male					Female					Totals				
	(+)	% positive result	(-)	% negative result	TOTAL	(+)	% positive result	(-)	% negative result	TOTAL	(+)	% positive result	(-)	% negative result	TOTAL
Belize	0	0%	70	100%	70	1	1%	138	99%	139	1	0%	208	100%	209
Costa Rica	0	0%	308	100%	308	0	0%	372	100%	372	0	0%	680	100%	680
El Salvador	0	0%	120	100%	120	0	0%	228	100%	228	0	0%	348	100%	348
Guatemala	10	1%	1,419	99%	1,429	5	0%	1,114	100%	1,119	15	1%	2,533	99%	2,548
Panamá	0	0%	79	100%	79	0	0%	125	100%	125	0	0%	204	100%	204
TOTALES	10	0%	1,996	100%	2,006	6	0%	1,977	100%	1,983	16	0%	3,973	100%	3,989

COUNTRY RESULTS

BELIZE

Expected Outcome 1 Performance Improvement

IntraHealth facilitated and supported two workshops to transfer the Performance Improvement methodology, one requested by Belize Family Life Association (BFLA) clinic and the other one for staff of the Ministry of Health and Care Units.

IntraHealth provided technical and logistical support to all original hospitals to complete up to four facilitated assessments in three hospitals, Corozal, Karl Heusner, Orange Walk, and the Cleopatra White health center. A total of five assessments were completed including the BFLA NGO, who implemented the Performance Improvement process in six of its clinics.

The IntraHealth Country Representative accompanied and coached representatives from the HIV/AIDS Program, MOH, central or regional level to conduct the assessments. The assessments consisted of standardized tools that measured compliance to performance standards and were two-three days in length, depending on hospital size. Each hospital performed one assessment and at the time of presenting results to hospital authorities and staff, developed an action plan to reduce the identified gaps in performance.

The average performance achieved by the five health facilities was 47%, which according to project classification, is categorized as low performance. BFLA had 60% from 10 assessments, rather than all 18, since it is an outpatient clinic. Orange Walk reached the highest level of the five with a 57% average and Corozal with the lowest at a 37% average. From 18 technical areas measured, only the Pharmacy area averaged 66% classified as a medium performance, and reached 93% in the KMH. Areas that have a lowest performance, below 20%, are Biosafety and Diagnostic Image.

TABLE 6
Baseline Results
Belize
(April - July 2010)

Type of Service	Cleopatra White	Corozal	Karl Husener Memorial	Orange Walk	Belize Family Life Association(BFLA)	Average Results		
Outpatient Department	38%	40%	44%	71%	60%	51%		
Emergency	N/A	40%	32%	78%	53%	51%		
Surgery		0%	48%	54%	N/A	34%		
Obstetrics and Gynecology		46%	41%	70%		52%		
Internal Medicine		50%	36%	50%		45%		
Pediatrics		46%	50%	29%		42%		
Intensive Care		0%	47%	N/A		23%		
Diagnostic Imaging		0%	17%	33%		17%		
Nutrition		0%	50%	N/A		25%		
Counselling		37%	35%	47%		70%	79%	54%
Biosafety		0%	20%	0%		20%	20%	12%
Waste Management	13%	38%	38%	25%		63%	35%	
Laboratory	N/A	33%	27%	38%	73%	43%		
Blood Bank		17%	67%	38%	N/A	41%		
Pharmacy	70%	57%	93%	67%	45%	66%		
Laundry	20%	0%	0%	80%	20%	24%		
Morgue	N/A	14%	17%	33%	N/A	21%		
Management	47%	42%	58%	47%	63%	52%		
Total	38%	37%	44%	57%	60%	47%		

The Cleopatra White Health Center action plan included steps to reduce the identified gaps in performance as follows:

- Laundry adjustments: Purchase plastic containers for storing and cleaning clothes.
- Delineation of the exit route for waste.
- Ensure use sanitary products.
- Labeling of consultation areas with the “DO NOT DISTURB” sign.
- Workshops for staff on infection prevention and control as well as biosafety.

Facilitation of various workshops to reduce the identified gaps in performance was done at Karl Heusner hospital; as well as structural changes in the facilities. The following changes will be performed with funds provided by the Ministry of Health:

- Renovation of the Medical room.
- Renovation of the Surgery room.
- Renovation of bathrooms in poor standing
- Signs marking the exit route for solid waste.
- Reconditioning of the equipment in the surgery room, external consultation area, and gynecology.
- Belize Familiar Life Association (BFLA), is a NGO with limited funds as well as limited human resources, however, it has made following changes: Repairing of the sterilization area and elimination of all the accumulated material.
- Labeling areas with clean, dirty and sterilized material, as well as the sterilized packages with date, expiration date and person in charge.
- Signs marking the exit route for solid waste.
- Training cleaning personnel on chlorine dilution.

The Orange Walk hospital is a well-known for its team work and contribution to reduce gaps. It has developed competency-based Biosafety training and implemented it in the five services participating in performance improvement, including Corozal, which belongs to the same Northern region.

Expected Outcome 2 In-Service Training

Ten In-Service training workshops were conducted during August and September:

- PI transfer of methodology workshop: 394 health workers attended (244 women and 150 men) of which 53 are doctors and 143 are nurses and 198 are in other professions. The pre-test average of knowledge of the PI methodology was 30%, and the post-test 80%. It is important to emphasize that most workshop participants reached the required competence level. Practice in the use of the PI instruments was conducted at BFLA who supported the PI process in pre-service activities.
- Other workshops conducted in the four hospitals included: biosafety with emphasis in hand-washing; Stigma and Discrimination focused on human rights;

emotional intelligence and effective negotiation. 56 health workers attended the Stigma and Discrimination workshop; 18 men and 38 women, of which seven are doctors, 29 are nurses and 20 from other professions.

Expected Outcome 3 Pre-Service Training

Testing Day:

IntraHealth formed strategic alliances with the Ministry of Health, BLFA and Belize universities to perform and promote a University Testing Day. Peer counselors were chosen from among the students trained in VCT who demonstrated the most interest and commitment. A total of 209 quick tests were conducted at Belize and Belmopan universities with pre and post counseling (70 men, 139 women, one positive). Due to the students' enthusiasm, the goal was surpassed and future Testing Days will be well supported.

Pre Service Workshops at Belize University

- A workshop on Antiretroviral Therapy and Universal Precautions on Preventing HIV was conducted for Lab and Pharmacy students (34 students were trained, 10 men and 24 women) and also for Social Work students (34 were trained, 9 men and 25 women).
- A workshop on Stigma and Discrimination was conducted for Lab and Pharmacy students (20 were trained: 4 men and 16 women).
- A workshop on Counseling and Testing Trainers was conducted (11 were trained, 2 men and 9 women).

COSTA RICA

Expected Outcome 1 Performance Improvement

IntraHealth facilitated and supported two workshops to transfer the Performance Improvement methodology; one for Social Security officials and the other to the Ministry of Health.

IntraHealth provided technical and logistical support to five of the six original hospitals to complete five facilitated assessments: San Juan de Dios, México, Alajuela, Cartago and Hospital de la Mujer. The Calderon Guardia hospital will perform its assessment during year two.

The average for all hospitals in the 18 technical areas was 78%. Pediatrics and Diagnostic Imaging are the areas with the best performance at over 90%. Areas for improvement are in Biosafety, the Morgue and Laundry achieving performance below 51%.

The average performance achieved by Alajuela hospital was 89% of global performance, and the remaining hospitals were between 70 - 79%. The results are encouraging for the multidisciplinary group; since they are almost at the ideal performance, and should focus on reducing their gaps to be in the accepted level of performance. (See graphics). An added value to the process in Costa Rica is the training and work in the field performed by the Social Security office and the Ministry of Health. These kind of activities gives a higher validity to the process and promote institutionalization.

TABLE 7**Results on performance of service and technical areas.****-Baseline-****(Costa Rica, July - September 2010)**

Type of Service	Alajuela	Cartago	México	Mujeres	San Juan de Dios	Average Results
1 Oupatient Service	87%	86%	90%	73%	80%	83%
2 Emergency	80%	50%	70%	91%	65%	71%
3 Surgery	100%	64%	67%	89%	89%	82%
5 Obstetrics and Ginecology	96%	76%	69%	96%	81%	84%
4 Internal Medicine	91%	70%	73%	N/A	82%	79%
6 Pediatrics	N/A	100%	N/A	93%	100%	98%
7 Intensive care	80%	70%	80%	70%	80%	76%
15 Diagnostic Imaging	100%	83%	100%	67%	100%	90%
14 Nutrition	100%	94%	88%	81%	56%	84%
10 Counselling	89%	79%	44%	83%	78%	75%
12 Biosafety	40%	20%	0%	20%	25%	21%
18 Waste management	63%	75%	63%	50%	75%	65%
11 Laboratory	100%	75%	50%	94%	75%	79%
13 Blood Bank	100%	77%	85%	77%	69%	82%
9 Pharmacy	100%	100%	83%	70%	67%	84%
16 Laundry	75%	80%	60%	0%	40%	51%
8 Morgue	67%	43%	14%	N/A	14%	35%
17 Management	79%	79%	63%	84%	74%	76%
Total	89%	76%	70%	79%	74%	78%

The result analysis and intervention plans identified that is possible to improve the performance. Therefore, each hospital will implement its intervention plan to reduce performance gaps. Key hospital staff including Directors, sub-directors, administrators, comprehensive HIV care clinic coordinators, infectious and environmental committee staff, as well as headquarters and other areas where performance gaps were identified, all contributed to the formation of the intervention plan.

The teams prioritized the gaps based on availability of equipment or medical supplies in those services since several hospitals had the equipment but were not available at the time of measurement. Also gaps were prioritized to review standards and protocols of

care, reproduction of information, education and communication (IEC) materials and staff training and awareness.

As part of the implementation plans, interventions included:

- Technical review and printing of Counseling Guide
- Brochure on youth and HIV/AIDS
- Seven videos on biosafety and environmental management
- Update Nutrition Guide for PLWHIV, this publication was financed by the project which expects to fund the reprinting of this guide
- Standardization and review of existing biosafety standards, because this gap was identified in all hospitals

The Environmental Management Program of the Social Security office has initiated procedures to strengthen hospital infection control, especially in the development of a single institutional biosafety regulation for all hospitals in the country. The Project will support the implementation of the Study on Nosocomial Diseases at the Hospital San Juan de Dios, identifying the need of the selected surveillance area and establish the actions required to reduce the gaps.

IntraHealth facilitated and supported three workshops to transfer the Performance Improvement methodology for:

- Hospital staff from the central level of Ministry of Health and Social Security offices and for the multidisciplinary teams of six hospitals, including the transfer of knowledge, skills and abilities.
- Staff of the Ministry of Health, with participation from the regions and leadership areas in the selected hospitals, who will support the PI process.
- The Twelve team members from the central level of the Costa Rican Social Security office, as they were part of the verification team. The workshop was held in the ITS/HIV/AIDS units.

The leadership areas of the Ministry of Health supported the assessments of the Alajuela and Cartago hospitals. This participation has added value because there is a historic divide between the Ministry of Health and Social Security office, since the health system reform

that began in the late 80's. The project has ensured teamwork and a unified effort to coordinate activities between the two main public health institutions in the country.

Expected Outcome 2 In-Service Training

There were five training workshops with the Performance Improvement Methodology attended by a total of 170 health care providers, 117 women and 53 men, of whom 19 are doctors, 21 nurses and 130 from other professions. The workshops included themes of Stigma and Discrimination and Environmental Management.

Expected Outcome 3 Pre-Service Training

Testing Day:

The Project established a strategic alliance with the Costa Rican University to perform and promote the HIV Testing Day. Peer counselors were chosen from among the students trained in VCT who demonstrated the most interest and commitment. The invitation went out to all students by University Radio and the Facebook network.

The Testing Day was held over two days at the National University of Costa Rica, with 680 tests conducted, all with negative results. Post-test counseling was provided for 384 users. Experts in sexual and reproductive health provided individual counseling before taking the test and the delivery of results, to promote education about HIV and other STIs. A brochure with information regarding HIV testing, books and condoms was distributed to students as well.

Since the demand for the test was higher than expected, 296 samples will be processed in the Microbiology Department. Results are scheduled for the second week of October.

The following institutions participated in the Testing Day: Living Hope Organization, ASOVIHSIDA, the Institutional Committee for the Prevention of HIV/AIDS, Social Security office, National Laboratory, and a private company Masculán.

Due to the great enthusiasm shown by the students from Rodrigo Facio, the Institutional Committee for the Prevention of HIV/AIDS at the National University of Costa Rica aims to promote upcoming testing days at other venues and other public universities. The Committee will submit a proposal to the National Council of Rectors and other relevant organizations.

EL SALVADOR

Expected Outcome 1 Performance Improvement

IntraHealth facilitated and supported a workshop to transfer the Performance Improvement methodology to the staff of Ministry of Health. Thirty four people participated including four representatives of REDCA + of Honduras and Nicaragua, who participated with the objective of learning the methodology to apply it in their countries at five of the MOH central level and other selected hospitals

El Salvador began PI activities in June due to several factors including tropical storms in the region, national emergencies such as an epidemic of Dengue and restructuring of the Ministry of Health following a change of government. However the instruments were reviewed and contextualized during that time.

IntraHealth provided technical and logistical support to the six original hospitals as well as Hospital Saldana who at their request served as the practice site during the PI workshop. Thus, the project facilitated seven assessments: Santa Ana, La Libertad, La Union, San Miguel, San Vicente, Sonsonate and Saldaña, in August and September.

Hospitals achieved an average performance of 49%. Results ranged from 44 – 60% of overall performance. All areas require interventions plan to improve. Outpatient Services, Nutrition and Blood Bank are scored an average performance. Those who face more challenges, being below 40% are: Internal Medicine, Pediatrics, Intensive Care, Diagnostic Imaging, Laboratory, Laundry and Mortuary with a performance of 7%.

TABLE 8
PI RESULTS BY SERVICES AND TECHNICAL AERA
-BASE LINE-

(El Salvador, August - September 2010)

Type of Services	San Miguel	Sonsonate	La unión	San Vicente	Santa Ana	San Rafael	Saldaña	Promedio de resultados
Oupatient Service	53%	81%	63%	54%	72%	75%	48%	64%
Emergency	96%	56%	33%	44%	70%	63%	26%	56%
Surgery	32%	41%	36%	43%	32%	43%	50%	40%
Obstetrics and Gynecology	76%	52%	47%	60%	62%	55%	43%	57%
Internal Medicine	20%	10%	30%	30%	30%	50%	20%	27%
Pediatrics	44%	44%	33%	44%	44%	25%	33%	38%
Intensive care	38%	N/A	N/A	N/A	38%	63%	N/A	46%
Diagnostic Imaging	0%	0%	0%	33%	17%	83%	0%	19%
Nutrition	73%	50%	N/A	38%	81%	63%	63%	61%
Counselling	56%	67%	61%	44%	67%	61%	22%	54%
Biosafety	40%	60%	20%	40%	40%	40%	40%	40%
Waste management	50%	88%	63%	13%	38%	50%	50%	50%
Laboratory	43%	36%	31%	43%	43%	64%	14%	39%
Blood Bank	77%	54%	69%	54%	54%	N/A	N/A	62%
Pharmacy	64%	71%	50%	50%	71%	64%	36%	58%
Laundry	40%	40%	20%	20%	0%	40%	0%	23%
Morgue	0%	0%	N/A	14%	0%	29%	0%	7%
Management	70%	35%	65%	40%	40%	65%	15%	47%
Total	55%	53%	48%	44%	54%	60%	34%	50%

Even though the short deadline for completing the fiscal year, all seven hospitals developed intervention plans to reduce gaps identified in their performance assessments. In many cases the root cause for a performance gap relates to attitude, equipment and infrastructure. The processes to reduce gaps, starting with short term activities include an Emotional Intelligence workshop to reduce the gap related to attitude.

Since the beginning, the implementation process has had the participation and commitment of the MOH staff and the multidisciplinary team has been involved in the field. This ensures that the process is sustainable with an installed capacity for replication of the methodology and ongoing monitoring.

Expected Outcome 2 In-Service Training

Five workshops were held during the month of September, based on the Performance Improvement Methodology. Attended by 159 health care providers, 135 women and 24 men, of whom 22 are doctors, 228 nurses and 19 from other professions. The workshops were held at the National Hospital in San Vicente Santa Gertrudis. The theme was developed based on identified gaps, specifically focusing on biosafety and hand washing.

Expected Outcome 3 Pre-Service Training

Testing Day

In El Salvador the project worked with the Universities of El Salvador, San Salvador, San Vicente, Santa Ana and San Miguel. The goal was exceeded during the previous quarter with 348 tests, 120 were men and 228 were women. All results were negative. University students are motivated to continue to support this strategy during year two.

GUATEMALA

Expected Outcome 1 Performance Improvement

During November 2009, the workshop to transfer the Performance Improvement methodology was provided for technical staff from the central level and hospitals. During this event participants began the process of reviewing and adapting the instruments, a process that continued with the revision by expert staff with experience in HIV / AIDS care, Pharmacists, Laboratory Technicians, Nurses, Intensive personal, Epidemiologists, Social Workers, Administrative staff and Nutritionists.

The overall average performance of 12 hospitals is 43%. Of the 18 areas measured, Pharmacy had the highest average, with 69%. Opportunities for improvement are evident in the Morgue, Intensive and Diagnostic Images.

The performance verification was integrated including representatives from the Vice-Ministry of Hospitals, the National STI/HIV/AIDS and accompanied and coached by the Project Country Representative. In addition to the assessment the team was also involved in the visits to discuss the outcomes, develop the intervention plan and later monitoring the plans.

Another achievement is that ministry officials have identified Performance Improvement as the methodology to implement in the national network of hospitals. Meetings with the Ministry and other MOH authorities have made great progress to institutionalize the process. In the meeting to present the achievements of the current Health Minister, the Project's Performance Improvement work in the hospitals was recognized as a priority issue. .

During the last quarter, the Project provided technical assistance in the elaboration of the intervention plans for each of the twelve hospitals with a baseline. This was a challenge, given the weather and alert declared by the Government, in addition to the hospitals involved in labor strikes.

The Performance Improvement process has led to local multidisciplinary teams reducing performance gaps. Teams are empowered and without funding, have made renovations and changes in their services. Some examples are listed below:

- Antigua, Guatemala: Developed a format for Nutrition clinical records.
- Cuilapa: The delivery service area has been relocated near to the emergency area and clearly identified with signage. The Pharmacy, which had no air conditioning and had space limitations for the ordering of drugs, now has more space, light and air conditioning
- The Amistad Japón and Infantil Hospital in Puerto Barrios, implemented changes in services areas, ensuring that they meet the criteria of privacy, comfort and safety for patients. Arrangements were made in health services for users, because the assessments showed that they were defected and / or disabled.
- Zacapa: In the Blood Bank staff was trained on the interview format to identify risk factors and the proper filling of the donor form.
- San Benito Petén: To provide comprehensive care it is important that the hospital has the full multidisciplinary team, so they hired a Nutritionist and Epidemiologist.

Most hospitals were dealing with the acquisition needs regarding supplies and materials needed for their daily work. Also, attitudinal training in Emotional Intelligence workshops were conducted as well as Stigma and Discrimination, Biosafety with emphasis on hand washing workshops.

TABLE 9

PI RESULTS BY TECHNICAL AREA AND SERVICE
-BASE LINE-

(Guatemala, March - June 2010)

Tipo de servicio	Amistad Japón	Antigua Guatemala	Coatepeque	Cobán	Cuilapa	Escuintla	Huehuetenango	Infantil	Quetzaltenango	San Benito Peten	San Vicente	Zacapa	Promedio de resultados
Outpatient Service	29%	11%	75%	33%	69%	39%	45%	36%	68%	33%	41%	50%	44%
Emergency	32%	45%	81%	38%	36%	41%	48%	60%	55%	27%	No aplica	36%	45%
Surgery	63%	40%	52%	44%	56%	32%	36%	50%	46%	56%	50%	36%	47%
Obstetrics and Gynecology	36%	73%	64%	56%	70%	55%	55%	No aplica	55%	27%	50%	9%	50%
Internal Medicine	70%	41%	74%	35%	48%	52%	58%	No aplica	63%	59%	No aplica	41%	49%
Pediatrics	No aplica	43%	55%	38%	43%	36%	67%	29%	54%	36%	No aplica	36%	43%
Intensive care	13%	15%	20%	20%	27%	33%	No aplica	38%	71%	20%	10%	20%	26%
Diagnostic Imaging	64%	79%	100%	50%	54%	64%	71%	38%	73%	82%	86%	73%	69%
Nutrition	31%	38%	46%	69%	69%	38%	46%	23%	46%	62%	No aplica	62%	48%
Counselling	35%	30%	85%	30%	25%	45%	80%	45%	45%	30%	65%	10%	44%
Biosafety	63%	75%	50%	0%	50%	50%	63%	25%	63%	13%	50%	25%	44%
Waste management	58%	37%	58%	21%	37%	32%	68%	68%	37%	37%	21%	33%	42%
Laboratory	40%	0%	40%	40%	60%	40%	60%	40%	60%	0%	40%	40%	38%
Blood Bank	50%	31%	31%	50%	44%	44%	50%	25%	33%	38%	44%	19%	38%
Pharmacy	13%	38%	56%	0%	50%	69%	100%	0%	56%	0%	38%	31%	38%
Laundry	0%	20%	80%	0%	0%	20%	60%	60%	60%	40%	0%	20%	30%
Morgue	50%	17%	0%	33%	0%	33%	33%	17%	83%	33%	33%	17%	29%
Management	14%	14%	43%	43%	29%	29%	0%	14%	29%	0%	0%	0%	18%
Total	41%	34%	62%	34%	48%	42%	56%	36%	56%	36%	40%	35%	43%

Expected Outcome 2 In-Service Training

During the last quarter, the Project trained a total of 146 health care providers, reaching 86% of the target, 35% of them were nurses, 20% were doctors and 45% were from other professions including Psychology, Social Work, Administrative Staff, Chemical Biologists. 60% of trainees are female.

Expected Outcome 3 Pre-Service Training

Testing Day

This year, the Project coordinated the Testing Day with the National HIV Program and University of San Carlos de Guatemala, Del Valle, Galileo and Mariano Gálvez, who showed interest in the subject and decided to test. After a consensus was reached that students would only support the promotion of information to peers and psychologists and medical professionals would conduct pre and post test counseling, and a licensed chemical laboratory would process the tests.

All universities benefited from the technical and financial support from several institutions, such as the National HIV/AIDS program, supported with reagents, supplies and materials (alcohol, cotton, bandages, sharps container), informed consent forms, interview list of pre and post test counseling. Universities provided human resources (chemical biologists, physicians, psychologists, social workers, guardians), along with the physical facilities, except for the Galileo University. The Project, provided promotional material (bumper stickers, blankets, posters, etc), as well as food logistics for the professionals and volunteers. Other institutions such as PASMO, Positive People and World Vision volunteered support staff, delivery of family planning methods, and guidance booklets.

The Testing Day was conducted in two phases, one during the previous quarter in which we worked with the University of San Carlos De Guatemala, in which we trained and sensitized 52 student volunteers in the area of HIV / AIDS. On Testing Day 41 tests were conducted of which 21 were male and 20 female, with no positive cases documented. The University of San Carlos de Guatemala had the support of Red Cross, Positive People, Pasmó, World Vision, and the National HIV Program. The second phase was to private universities such as Mariano Gálvez, Galileo and Del Valle de Guatemala University.

In the case of Mariano Gálvez University, 538 tests were performed, 269 men were negative and one was undetermined and 268 women were negative and/or zero positive cases. The Dean of the Faculty of Medicine, requested the Project's support and wished to continue supporting these activities.

At the University Galileo, the Project trained and sensitized 74 student volunteers on the issue of HIV/AIDS. The University had the support of Positive People, World Vision, and the National HIV / AIDS program. One thousand seven hundred and twenty-four tests were conducted of which 983 men were negative and 10 positive and 726 women were negative and five positive. This university will continue supporting these activities.

Del Valle University was supported by CDC staff and the National HIV / AIDS Program. At the University 267 tests were performed, of which 147 men were negative and 120 women were negative. The University, through the Faculty of Psychology, is interested in addressing the issue and continued support.

PANAMA

Outcome 1 Performance Improvement

In April 2010 a workshop was held on Transfer of Performance Improvement (PI) Methodology. The workshop was attended by hospital staff and regional health system managers including staff from the National STI and HIV/AIDS Health Department who have been responsible for leading the PI process. The assessment instruments were reviewed and updated during the workshop. From those trained in the Performance Improvement transfer workshop, technical teams were formed to accompany the ongoing assessments, which included staff from hospitals and a technicians from the National STD, HIV and AIDS program. Assessment diversity teams enabled higher quality measurements as well as cross visitation between the staff of different hospitals.

These actions were coordinated with the institutions that provide health in the country, Ministry of Health (MOH) and Social Security (CSS).

In Panama, the goal was to measure seven hospitals, but given the shared structure of two hospitals in the Chiriqui it was necessary to measure both, and therefore assessments of current performance levels was carried out at the following eight hospitals: José Domingo Obaldía, Rafael Hernández, Hospital del Niño, Santo Tomas Hospital Dr. Arnulfo A. Madrid, Amador Guerrero, Nicolas Aquilino Tejeira and Solano.

The average performance in the eight hospitals is 52%. In the measurements the areas identified as most needing improvement were orientation, Laundry and Management, which all ranked below 30%. The technical areas of greatest strength are: Surgery, Internal Medicine, Obstetrics Gynecology, Intensive, Nutrition & Pharmacy, all of which scored above 65%. Additional identified areas of low performance were: Outpatient, Emergency, Orientation, Biosafety Lab, School of Blood, Morgue and Management, which all scored around 55%. Based on the outcome of these evaluations it is evident that training workshops and biosafety guidance are essential activities for the first and second year of the program.

TABLE 10.

PI RESULTS BY TECHNICAL AREA AND SERVICE

-BASE LINE-

(Panamá, April to May 2010)

Tipo de servicio	Metropolitano Dr. Arnulfo Arias Madrid Ciudad Panamá	Del Niño Ciudad Panamá	Manuel Amador Guerrero Colón	Aquilino Tejeira Colé	Nicolás Solano Panamá Oeste	A. Santo Tomás Ciudad Panamá	José Domingo Obaldía Chiriquí	Regional Rafael Hernandez Chiriquí	Promedio de resultados
Oupatient Service	32%	68%	43%	41%	47%	57%	34%	No aplica	46%
Emergency	68%	67%	55%	59%	36%	59%	50%	47%	55%
Surgery	80%	69%	65%	58%	61%	71%	78%	73%	69%
Obstetrics and Ginecology	74%	No aplica	77%	67%	67%	63%	65%	No aplica	69%
Internal Medicine	91%	aplica	64%	64%	55%	82%	No aplica	73%	71%
Pediatrics	No aplica	69%	64%	50%	75%	No aplica	86%	0%	57%
Intensive care	67%	80%	60%	No aplica	No aplica	55%	92%	82%	72%
Diagnostic Imaging	67%	50%	20%	50%	50%	67%	50%	No aplica	50%
Nutrition	94%	86%	63%	63%	75%	63%	40%	No aplica	69%
Counselling	22%	32%	11%	39%	44%	22%	6%	18%	24%
Biosafety	40%	20%	20%	40%	60%	60%	60%	60%	45%
Waste management	50%	25%	25%	25%	13%	63%	75%	38%	39%
Laboratory	44%	69%	31%	44%	50%	44%	38%	31%	44%
Blood Bank	58%	83%	25%	67%	50%	75%	58%	No aplica	60%
Pharmacy	42%	75%	58%	83%	75%	67%	75%	67%	68%
Laundry	40%	60%	40%	0%	0%	No aplica	20%	No aplica	27%
Morgue	29%	86%	57%	14%	14%	57%	33%	No aplica	41%
Management	32%	26%	26%	32%	37%	32%	26%	28%	30%
Total	54%	61%	48%	50%	51%	57%	52%	48%	52%

Complying with the timeframe outline in the agreement was important to Panama being able to make accurate assessment and develop action plans that would allow hospitals to address and PI gaps that were identified. . During the months of July and August the plans for the hospitals Nicolás Solano, Amador Guerrero Hospital and Aquilino Tejeira were completed. An advantage to implementing this work in Panama is that each technical area develops its own plan of action to address any issues that are influencing the delivery of effective and safe HIV/AIDS services. This approach enables an enhanced commitment from those most familiar with the work and who are also the individuals responsible for improving services. During this quarter project managers also visited each hospital to monitor the action plans, finding that some actions such as integration meetings, training in hand washing and acquisition protocols have already been completed.

Outcome 2 In-Training Service

Panama has the lowest percentage of trained, reaching only 74% of the target outlined in the cooperative agreement. There were three training workshops with the Performance Improvement Methodology. In August, a National Workshop on Training of Trainers for biosafety was held. This workshop was led by the Department of Development Services and the Biosafety Committee at the central level the Ministry of Health, and given by the representative of the country of Guatemala. To date there are already two replicas of the workshop scheduled for two regions that implement the process, and staffed by 88 health care providers (66 women and 22 men), of whom 34 are doctors, 28 nurses and 26 other professionals.

Outcome 3 Pre-Service Training

Testing Day

IntraHealth worked with the University of Panama to provide pre and post test counseling to 71 individuals during the fourth quarter of the year. All individuals tested negative. The total number of tests performed during Year 1 was 204. The Ministry was pleased with the outcome of these activities and will continue to coordinate testing and counseling services with the Universities.

YEAR ONE CHALLENGES

Due to the unfortunate and untimely effects of Hurricane Agatha, including government mandated emergency status, the countries of El Salvador, Guatemala and Belize, experienced delays in their programming. As a result these countries were forced to reinforce implementation efforts in the fourth quarter once the situation had passed.

Changes of government officials in El Salvador and Costa Rica also resulted in delays to the project work plan. Incoming staff however, continued to fully support the actions of IntraHealth and the workplan for their respective countries. A change of Director in the National STI and HIV/AIDS Department in Guatemala also presented a challenge, as this position is one of the leaders for Performance Improvement in the country. The position is responsible for achieving integration and coordination of different governing bodies of health (Ministry of Health, Social Security Fund) and various agencies of the Ministry (PNS STIs, HIV and AIDS and Hospital Authority), for actions in health facilities.

Personal scheduling issues often resulted in delays or postponement to scheduled activities including workshops, measurements, work sessions, and cross agency coordination meetings with the Ministry of Health or Social Security Fund in Costa Rica.

The university strike in Guatemala and Panama also delayed the completion of the Test Day on the scheduled dates.

YEAR ONE ACHIEVEMENTS

Central Capacity Project has achieved a position of respect and recognition in each country. There is a committed team that was responsible for achieving this position and the expected results.

IntraHealth's involvement in CONCASIDA, where the PI methodology and implementation success stories were presented, aroused the interest of other partners and ministerial representatives from the region. Important relationships and alliances with SICA and REDCA + evolved from this participation, which in turn facilitated successful project implementation in Belize.

The Performance Improvement process methodology has been well accepted by decision makers and technical staff, highlighting the need for additional training workshops for staff members of each country's Ministry of Health and Social Security Agency. Demand for application of PI principles by local hospital managers represents an important step towards the sustainability and institutionalization of the process.

The Capacity Project staff has received invitations to participate in other working groups. One such example can be seen in the country representative from Panama, who was invited to be part of the technical advisory team of the National STI and HIV/AIDS in Guatemala, and whose technical expertise was utilized in the development of the National Strategic Plan for STD, HIV and AIDS as well as to the review of the Guidance Study of Health Services secondary care, by PASMO.

Testing Day at the universities had an impact on authorities and student population, which has led to proposals for the institutionalization of the Test Day. Testing Day represents an important opportunity to reach men who are traditionally reluctant to take advantage of HIV/AIDS testing services.

ANNUAL MONITORING AND EVALUATION PLAN NARRATIVE

The Monitoring and Evaluation plan is segregated into the five project outcomes. All indicators are measured through comparison of the established and accomplished goals which are consolidated quarterly and at year-end.

Expected Outcome 1: Performance Improvement:

The global goal of this outcome is to implement the Performance Improvement methodology in 54 hospitals during the 5 years. In year one, 33 hospitals implemented this methodology, reaching a 61% of total desired project expectation.

In the first year, the first baseline measurement was conducted in 37 hospitals, and further development and implementation of intervention plans were completed in all 37 hospitals as well. Despite Costa Rica only implementing measurements in five out of six hospitals planned for year one, the proposed goal was exceeded because Guatemala implemented Performance Improvement in two additional hospitals, and Belize, Panama and El Salvador in one additional hospital each.

Integrating treatment and care of community-based HIV/AIDS support services

The project's five-year goal is to develop five multi-sectoral committees to integrate treatment and care with community-based support ensuring complementarily and prevention promotion in each country.

This year, a local analysis of pilot areas in each country was developed. Additionally, strategies were created for the local context, based on the "Continuum of Care" which has been implemented in other countries successfully.

Expected Outcome 2: In-Service Training

This outcome indicator measures the number of health care providers who successfully complete the training program in service by sex and profession (D=doctors, N= nurses, O = other). The project reached more than double year one's goal of 561 reaching 1,154 health workers. Of the trained health providers, doctors surpassed the goal by 40%, 148% for nurse, and other professionals exceeded expectations by 123%. Of the total 366 are trained males and 788 females. Fifty fewer male nursing staff were reached than hoped representing 38% of the target.

The annual target of 561 health care providers who successfully complete training in capacity building related to HIV prevention and care was exceeded by 64% with 919 providers trained.

Regarding the indicator on the number of healthcare service providers who successfully completed training to reduce stigma and discrimination associated with HIV, 25% of the goal of 561 representing 199 individuals. It is worth mentioning that all competency-based training services delivered by the project included the issue of stigma and discrimination, but for reporting purposes, this indicator only includes the workshops on this specific subject, corresponding to the gaps identified in some hospitals in Belize, Costa Rica and Guatemala.

Expected Outcome 3: Pre-service training

The indicator of number of universities providing voluntary HIV testing with pre-and post-test counseling in accordance with national and international standards had a goal of 5 universities. Fortunately, the project exceeded this goal and was able to support 8 universities in year one as Guatemala was able to work with three private universities which were not part of the original proposal for this year.

Regarding the indicator measuring the number of people in pre-service that received voluntary HIV testing with pre and post-test counseling in accordance with national and international standards in the universities' student welfare centers, the target of 1,704 students was set for year one. However, the testing was provided to 4,011 students and results were given to 3,717, exceeding the annual target by 118%.

Although the project did not set a target in year one for pre-service training, Guatemala, Belize and El Salvador trained teachers and students of each educational institution, taking advantage of the interest and wide acceptance of the activities of "Test Day" in each country. 167 people in total were trained, 156 students of which 72 are from Belize, 32 from El Salvador and Guatemala 52, and 11 teachers at the University of Belize as trainers of trainers.

Expected outcome 4: Mobile Learning initiative.

It has 3 initiatives being implemented in Guatemala, El Salvador and Costa Rica, reaching 100% of the target

Performance Monitoring Plan (PMP)
PMP

#	INDICATOR	USAID FY1 OCT'09-SEP'10	QUARTERLY				Accumulated FY1	Accomplishment %	ACHIEVEMENT EXTRA/GAP
			I	II	III	IV			
		GOAL	REACHED						
Expected Outcome 1: Improve the performance of the personnel providing care and treatment to PLWHA, as well as integrate treatment and care with community-based support. Ensure that clinic services, home care and self-support groups complement each other and promote prevention opportunities as part of the care and support delivery.									
1.1.	Provider performance in HIV/AIDS care and treatment improved								
1.1.1.	Assessment of USG-assisted clinics' compliance with clinical standards according to PI improvement criteria. 1M = 1st assesment 2M = 2nd assesment 3M = 3rd assesment 4M = 4th Assesment	33	0	6	17	14	37	112%	4
	Belize	4	0	0	3	2	5	125%	1
	Costa Rica	6	0	0	0	5	5	83%	-1
	El Salvador	6	0	0	0	7	7	117%	1
	Guatemala	10	0	6	6	0	12	120%	2
	Panamá	7	0	0	8	0	8	114%	1
1.1.1.1.	% of priority health services in which they have completed the stage of performance assesment and description on all services (first assesment) realted to the global goal of 54 hospitals	61%	0%	11%	31%	26%	69%	69%	7%
	TOTALES	33	0	6	17	14	37	112%	4
	Belize	4	0	0	3	2	5	125%	1
	Costa Rica	6	0	0	0	5	5	83%	-1
	El Salvador	6	0	0	0	7	7	117%	1

	Guatemala	10	0	6	6	0	12	120%	2
	Panamá	7	0	0	8	0	8	114%	1
1.1.1.2.	% of priority health services in which they have completed the stage of performance assesment and description on all services (first assesment) realted to the global goal of 54 hospitals	61%	0%	11%	9%	48%	69%	69%	7%
	TOTALES	33	0	6	5	26	37	112%	4
	Belize	4	0	0	0	5	5	125%	1
	Costa Rica	6	0	0	0	5	5	83%	-1
	El Salvador	6	0	0	0	7	7	117%	1
	Guatemala	10	0	6	0	6	12	120%	2
	Panamá	7	0	0	5	3	8	114%	1
1.1.1.3.	% of priority health services in which they have completed the stage of performance assesment and description on all services (first assesment) realted to the global goal of 54 hospitals	61%	0%	0%	0%	69%	69%	69%	7%
	TOTALES	33	0	0	0	37	37	112%	4
	Belize	4	0	0	0	5	5	125%	1
	Costa Rica	6	0	0	0	5	5	83%	-1
	El Salvador	6	0	0	0	7	7	117%	1
	Guatemala	10	0	0	0	12	12	120%	2
	Panamá	7	0	0	0	8	8	114%	1
1.1.2.	% of participating hospitals that have an improved score on the second performance standards assesment	NA	---	---	---	---	NA	NA	NA
	TOTALES	NA	---	---	---	---	NA	NA	NA
	Belize	NA	---	---	---	---	NA	NA	NA

Costa Rica		NA	---	---	---	---	NA	NA	NA
El Salvador		NA	---	---	---	---	NA	NA	NA
Guatemala		NA	---	---	---	---	NA	NA	NA
Panamá		NA	---	---	---	---	NA	NA	NA
1.1.2.1.	% of priority health services in which they have completed the stage of performance assesment and description on all services (second assesment)	NA	---	---	---	---	NA	NA	NA
1.1.2.2.	% of priority health services in which they have developed a second intervention plan and completed second assesment	NA	---	---	---	---	NA	NA	NA
1.1.2.3.	% of priority health services in which they have implemented second intervention and show an improvement in PI process (second assesment)	NA	---	---	---	---	NA	NA	NA
1.1.3.	% of participating hospitals that have an improved score on the third performance standards assesment	NA	---	---	---	---	NA	NA	NA
TOTALES		NA	---	---	---	---	NA	NA	NA
Belize		NA	---	---	---	---	NA	NA	NA
Costa Rica		NA	---	---	---	---	NA	NA	NA
El Salvador		NA	---	---	---	---	NA	NA	NA
Guatemala		NA	---	---	---	---	NA	NA	NA
Panamá		NA	---	---	---	---	NA	NA	NA
1.1.3.1.	% of priority health services in which they have completed the stage of performance assesment and description on all services (third assesment)	NA	---	---	---	---	NA	NA	NA
1.1.3.2.	% of priority health services in which they have completed the stage of creation an action plan and show and improvement in PI process (third assesment)	NA	---	---	---	---	NA	NA	NA

1.1.3.3.	% of priority health services in which they have completed and implemented action plan and show and improvement in PI process (third assesment	NA	---	---	---	---	NA	NA	NA
1.1.4.	% of participating hospitals that have an improved score on the fourth performance standards assesment	NA	---	---	---	---	NA	NA	NA
TOTALES		NA	---	---	---	---	NA	NA	NA
Belize		NA	---	---	---	---	NA	NA	NA
Costa Rica		NA	---	---	---	---	NA	NA	NA
El Salvador		NA	---	---	---	---	NA	NA	NA
Guatemala		NA	---	---	---	---	NA	NA	NA
Panamá		NA	---	---	---	---	NA	NA	NA
1.1.4.1.	% of priority health services in which they have completed the stage of performance assesment and description on all services (fourth assesment)	NA	---	---	---	---	NA	NA	NA
1.1.4.2.	% of priority health services in which they have completed the stage of creation an action plan and show and improvement in PI process (fourth assesment	NA	---	---	---	---	NA	NA	NA
1.1.4.3.	% of priority health services in which they have completed and implemented action plan and show and improvement in PI process (fourth assesment	NA	---	---	---	---	NA	NA	NA
1.2.	Treatment and Integral care integrated with community-based support								
1.2.1.	# of partnerships comissions (GO and NGO) that implemented the hospital-community integration strategy	NA	---	---	---	---	---	NA	---
1.2.1.1.	# local diagnostic hospital-community integration by pilot area	5	---	---	---	5	5	100%	0

1.2.1.2.	Development of integration strategy hospital-community	1	---	---	---	1	1	100%	0
1.2.1.3.	# Guidelines for integration strategy hospital-community	1	---	---	---	1	1	100%	0
1.2.1.4.	# Valide guidelines for integration strategy hospital-community	NA	---	---	---	---	NA	NA	NA
1.2.1.5.	# strategy modules for integratio strategy hospital- community, implemented by pilot area.	NA	---	---	---	---	NA	NA	NA
1.2.1.6.	# Pilot intervention areas of the project have initiated training and awareness in hospitals for comprehensive care	NA	---	---	---	---	NA	NA	NA
1.2.1.7.	# Pilot intervention areas that have a HIV multisectoral committee established	NA	---	---	---	---	NA	NA	NA
1.2.1.8.	# Intervention pilot areas that have a HIV multisectoral committee established	NA	---	---	---	---	NA	NA	NA
1.2.1.9.	# multisectoral committee that have initiated training and awareness in hospitals for comprehensive care	NA	---	---	---	---	NA	NA	NA
1.2.1.10.	# of multisectoral committees have developed an integration plan, community hospital to provide comprehensive care in pilot areas	NA	---	---	---	---	NA	NA	NA
1.2.1.11.	# Integration strategy guidelines community hospital-adjusted during implementation in pilot areas	NA	---	---	---	---	NA	NA	NA
1.2.1.12.	# of local diagnostic hospital-community integration completed to complete total project intervention areas based on pilot areas	NA	---	---	---	---	NA	NA	NA
1.2.1.13.	# of complementary areas of intervention of the project have initiated training and awareness in hospitals for comprehensive care	NA	---	---	---	---	NA	NA	NA
1.2.1.14.	# Intervention areas that have a HIV multisectoral committee established	NA	---	---	---	---	NA	NA	NA

1.2.1.15.	# multisectoral committee that have initiated integrated training in hospitals-community for comprehensive care	NA	---	---	---	---	NA	NA	NA
1.2.1.16.	# of multisectoral committees have been developed a plan of hospital-community integration for comprehensive care.	NA	---	---	---	---	NA	NA	NA
1.2.1.17.	# of multisectoral committees that have been implemented first assesment of hospital-community integration for comprehensive care.	NA	---	---	---	---	NA	NA	NA
1.2.1.18.	# of multisectoral committees that have completed fist stage of the developed plan for the hospital-community integration and comprehensive care (first assesment)	NA	---	---	---	---	NA	NA	NA
1.2.1.19.	# of multisectoral committees that have started second stage of the developed plan for the hospital-community integration and comprehensive care (second assesment)	NA	---	---	---	---	NA	NA	NA
1.2.1.20.	# of multisectoral committees that have completed the second stage of the developed plan for the hospital-community integration and comprehensive care (second assesment)	NA	---	---	---	---	NA	NA	NA
1.2.1.21.	# of multisectoral committees that have started third stage of the developed plan for the hospital-community integration and comprehensive care (third assesment)	NA	---	---	---	---	NA	NA	NA
1.2.1.22.	# of multisectoral committees that have completed the third stage of the developed plan for the hospital-community integration and comprehensive care (third assesment)	NA	---	---	---	---	NA	NA	NA
1.2.2.	% of participating hospitals that have referral and counter referral networks for HIV positive clients	NA	---	---	---	---	NA	NA	NA

1.2.2.1.	% of areas of intervention hospital-community integration which operates a network of referral and counter-reference to PLWHA by the results of the first assesment.	NA	---	---	---	---	NA	NA	NA
1.2.2.2.	% of areas of intervention hospital-community integration which operates a network of referral and counter-reference to PLWHA by the results of the second assesment.	NA	---	---	---	---	NA	NA	NA
1.2.2.3.	% of areas of intervention hospital-community integration which operates a network of referral and counter-reference to PLWHA by the results of the third assesment.	NA	---	---	---	---	NA	NA	NA
1.2.2.4.	% of community services and care institutions that use a comprehensive protocol for reference and response	NA	---	---	---	---	NA	NA	NA
	Costa Rica	NA	---	---	---	---	NA	NA	NA
	El Salvador	NA	---	---	---	---	NA	NA	NA
	Guatemala	NA	---	---	---	---	NA	NA	NA
	Panamá	NA	---	---	---	---	NA	NA	NA
Expected Outcome 2: Provide in-service training to medical and other health care providers from the public, private, and NGO sectors (e.g., diploma-level or other short courses on specific topics related to care and treatment). Support further updating, development, and reproduction of materials and/or scholarships for participation at private institutions, additional it should be focus on themes such as Antirretroviral Therapy, TB-coinfection, Biosafety, Improvement performance, Stigma and discrimination.									
2.1.	In service training implemented								
2.1.1.	Number of health care providers who successfully complete the training program in service (D = doctors, N = nurses, O = other)	561	0	96	101	957	1154	206%	593
TOTALS (by region)	Doctors	165	0	36	23	172	231	140%	66
	Male	81	0	25	9	82	116	143%	35
	Female	84	0	11	14	90	115	137%	31

	Nurses	165	0	37	26	346	409	248%	244
	Male	81	0	3	1	27	31	38%	-50
	Female	84	0	34	25	319	378	449%	294
	Others	231	0	23	52	439	514	223%	283
	Male	113	0	5	16	198	219	193%	106
	Female	118	0	18	36	241	295	250%	177
Belize	Doctors	20	0	5	0	53	58	290.0%	38
	Male	10	0	2	0	22	24	245%	14
	Female	10	0	3	0	31	34	333%	24
	Nurses	20	0	20	10	143	173	865%	153
	Male	10	0	0	0	19	19	194%	9
	Female	10	0	20	10	124	154	1510%	144
	Otros	28	0	7	4	198	209	746%	181
	Female	14	0	7	4	89	100	700%	86
Costa Rica	Doctors	30	0	0	11	19	30	100%	0
	Male	15	0	0	2	8	10	68%	-5
	Female	15	0	0	9	11	20	131%	5
	Nurses	30	0	0	10	21	31	103%	1
	Male	15	0	0	1	3	4	27%	-11
	Female	15	0	0	9	18	27	176%	12
	Others	42	0	0	22	130	152	362%	110
	Female	21	0	0	17	88	105	490%	84
El Salvador	Doctors	30	0	0	12	22	34	113%	4
	Male	15	0	0	7	14	21	143%	6
	Female	15	0	0	5	8	13	85%	-2
	Nurses	30	0	0	6	118	124	413%	94
	Male	15	0	0	0	3	3	20%	-12
	Female	15	0	0	6	115	121	791%	106
	Others	42	0	0	16	19	35	83%	-7
	Female	21	0	0	10	12	22	103%	1

Guatemala	Doctors	50	0	26	0	44	70	140%	20
	Male	25	0	19	0	28	47	192%	23
	Female	26	0	7	0	16	23	90%	-3
	Nurses	50	0	4	0	36	40	80%	-10
	Male	25	0	2	0	0	2	8%	-23
	Female	26	0	2	0	36	38	149%	13
	Others	70	0	6	0	0	6	9%	-64
	Female	36	0	4	0	36	40	112%	4
Panamá	Doctors	35	0	5	0	34	39	111%	4
	Male	17	0	4	0	10	14	82%	-3
	Female	18	0	1	0	24	25	140%	7
	Nurses	35	0	13	0	28	41	117%	6
	Male	17	0	1	0	2	3	17%	-14
	Female	18	0	12	0	26	38	213%	20
	Others	49	0	10	10	26	46	94%	-3
	Female	25	0	7	5	16	28	112%	3
2.1.1.1.	Number of health service providers who successfully complete training in building capacity related to HIV prevention and care.	561	0	0	101	818	919	164%	358
2.1.1.2.	Number of health service providers who successfully complete training to reduce stigma and discrimination associated with HIV	561	0	0	0	139	139	25%	-422
2.1.1.3.	Number of health service providers who successfully complete the training to provide antiretroviral therapy services in accordance with national and international standards	0	0	0	0	0	0	0%	0

Expected Outcome 3: A pre-service training program with a VCT strategy focused on increasing access to early diagnosis will support the updating and incorporation of appropriate modules and materials on HIV/AIDS-related care and treatment in the pre-service training programs for medical and allied health care and social care providers. Additional it should be focus on themes such as Antiretroviral Therapy, TB-coinfection, Biosafety, Improvement performance, Stigma and discrimination.

3.1		Pre-service training implemented							
3.1.1.	# of host-country individuals trained as a result of USG investments involving higher education institutions (D = doctors, nurses = N, O = other, P = peers)	NA	NA	NA	84	83	167	NA	NA
TOTALS (by region)	Doctors	NA	--	--	0	0	0	0%	NA
	Male	NA	--	--	0	0	0	0%	NA
	Female	NA	--	--	0	0	0	0%	NA
	Nurses	NA	--	--	0	5	5	0%	NA
	Male	NA	--	--	0	0	0	0%	NA
	Female	NA	--	--	0	5	5	0%	NA
	Others	NA	--	--	0	6	6	0%	NA
	Male	NA	--	--	0	2	2	0%	NA
	Female	NA	--	--	0	4	4	0%	NA
	Peers	NA	--	--	84	72	156	NA	NA
Male	NA	--	--	42	15	57	0%	NA	
Female	NA	--	--	42	57	99	0%	NA	
Belize	Doctors	NA	--	--	--	0	0	NA	NA
	Male	NA	--	--	--	0	0	NA	NA
	Female	NA	--	--	--	0	0	NA	NA
	Nurses	NA	--	--	--	5	5	NA	NA
	Male	NA	--	--	--	0	0	NA	NA
	Female	NA	--	--	--	5	5	NA	NA
	Others	NA	--	--	--	6	6	NA	NA
	Male	NA	--	--	--	2	2	NA	NA
Female	NA	--	--	--	4	4	NA	NA	

	Peers	NA	--	--	--	72	72	NA	NA
	Male	NA	--	--	--	15	15	NA	NA
	Female	NA	--	--	--	57	57	NA	NA
Costa Rica	Doctors	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Nurses	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Others	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Peers	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
El Salvador	Doctors	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Nurses	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Others	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Peers	NA	--	--	32	0	32	NA	NA
	Male	NA	--	--	21		21	NA	NA
	Female	NA	--	--	11		11	NA	NA
Guatemala	Doctors	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Nurses	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA

	Female	NA	--	--	--	--	0	NA	NA
	Others	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Peers	NA	--	--	52	0	52	NA	NA
	Male	NA	--	--	21		21	NA	NA
	Female	NA	--	--	31		31	NA	NA
Panamá	Doctors	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Nurses	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Others	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
	Female	NA	--	--	--	--	0	NA	NA
	Peers	NA	--	--	--	--	0	NA	NA
	Male	NA	--	--	--	--	0	NA	NA
Female	NA	--	--	--	--	0	NA	NA	
3.1.1.1.	%institutions of higher education have priority in the process of updating the student curriculum on issues related to prevention, comprehensive care and treatment of HIV and AIDS	NA	--	--	--	0	NA	NA	NA
3.1.1.2.	%institutions of higher education that has an student curriculum on issues related to prevention, comprehensive care and treatment of HIV and AIDS	NA	--	--	--	0	NA	NA	NA
3.1.2.	# of service outlets providing counseling and testing according to national and international standards at university wellness center	5	--	--	5	8	13	260%	8
	Belize	1	--	--	1	1	1	100%	0
	Costa Rica	1	--	--	1	1	1	100%	0

	El Salvador	1	--	--	1	1	1	100%	0
	Guatemala	1	--	--	1	4	4	400%	3
	Panamá	1	--	--	1	1	1	100%	0
3.1.3.	# # of individuals in pre-service who received counseling and testing for HIV and received their test results	1,704	0	0	733	2,984	3717	218%	2013
	Belize	166	0	0	209	0	209	126%	43
	Costa Rica	341	0	0	0	384	384	113%	43
	El Salvador	341	0	0	348	0	348	102%	7
	Guatemala	515	0	0	43	2,529	2,572	499%	2057
	Panamá	341	0	0	133	71	204	60%	-137
Expected Outcome 4: An information technology program will support the appropriate development and use of information technology for the development of distance training modules, treatment and care-related conferences, and the dissemination of up-to-date information. At the end of the project, each country will have a foundation for an information/training system.									
4.1.	M-learning initiatives integrated and being used								
4.1.1.	M-learning initiatives integrated and being used by healthcare workforce for capacity building activities.	NA	---	---	---	---	NA	NA	NA
	Belize	NA	---	---	---	---	NA	NA	NA
	Costa Rica	NA	---	---	---	---	NA	NA	NA
	El Salvador	NA	---	---	---	---	NA	NA	NA
	Guatemala	NA	---	---	---	---	NA	NA	NA
	Panamá	NA	---	---	---	---	NA	NA	NA
4.1.1.1.	# of mobile learning initiatives under development	3	---	---	---	3	3	100%	0
4.1.1.2.	# of mobile learning initiatives implemented	NA	---	---	---	---	NA	NA	NA
4.1.1.3.	# Mobile learning initiatives being used by healthcare workforce for capacity building activities.	NA	---	---	---	---	NA	NA	NA

4.2.	Database for HIV/AIDS in-service training established								
4.2.1.	# of countries with information/training systems working and being used by care providers	NA	---	---	---	---	NA	NA	NA
	Belize	NA	---	---	---	---	NA	NA	NA
	Costa Rica	NA	---	---	---	---	NA	NA	NA
	El Salvador	NA	---	---	---	---	NA	NA	NA
	Guatemala	NA	---	---	---	---	NA	NA	NA
	Panamá	NA	---	---	---	---	NA	NA	NA
Expected Outcome 5: Performance standards will be systematized and institutionalized to monitor care services in participating hospitals/clinics to ensure appropriate management decision making as well as continuity of the performance improvement program.									
5.1.	# Hospitals systematize and institutionalize the application of performance standards and the performance improvement strategy								
5.1.1.	# of care centers with systematized and institutionalized performance-based care services	NA	---	---	---	---	NA	NA	NA
	Belize	NA	---	---	---	---	NA	NA	NA
	Costa Rica	NA	---	---	---	---	NA	NA	NA
	El Salvador	NA	---	---	---	---	NA	NA	NA
	Guatemala	NA	---	---	---	---	NA	NA	NA
	Panamá	NA	---	---	---	---	NA	NA	NA
5.1.1.1.	# of centers that have manuals for the measurement of performance standards and performance improvement strategy	NA	---	---	---	---	NA	NA	NA
5.1.1.2.	# of centers that regularly use the measurement of performance standards and performance improvement strategy	NA	---	---	---	---	NA	NA	NA

5.1.1.3.	# of centers that have used at least once a measurement of performance standards and performance improvement strategy on their own initiative and without external financial support.	NA	---	---	---	---	NA	NA	NA
5.2.	Hospital certification and recognition system established								
5.2.1.	# Of hospitals that have participated in the project, which has been certified and recognized by the Ministry of Health	NA	---	---	---	---	NA	NA	NA
	Belize	NA	---	---	---	---	NA	NA	NA
	Costa Rica	NA	---	---	---	---	NA	NA	NA
	El Salvador	NA	---	---	---	---	NA	NA	NA
	Guatemala	NA	---	---	---	---	NA	NA	NA
	Panamá	NA	---	---	---	---	NA	NA	NA
5.2.1.1.	# of countries that have begun the process of designing the system of certification and recognition of hospitals	NA	---	---	---	---	NA	NA	NA
5.2.1.2.	# of countries that have implemented the system of certification and recognition of hospitals	NA	---	---	---	---	NA	NA	NA
5.2.1.3.	# of countries that carrying out the process of certification and recognition of hospitals	NA	---	---	---	---	NA	NA	NA
5.3.	Data used for decision making and HIV/AIDS and TB co-infection care and treatment								
5.3.1.	# of care centers with information systems (related to performance standards) available to stakeholders and being used to improve the response to the epidemic.	NA	---	---	---	---	NA	NA	NA
	Belize	NA	---	---	---	---	NA	NA	NA
	Costa Rica	NA	---	---	---	---	NA	NA	NA
	El Salvador	NA	---	---	---	---	NA	NA	NA
	Guatemala	NA	---	---	---	---	NA	NA	NA

Panamá		NA	---	---	---	---	NA	NA	NA
5.3.1.1.	# of centers that have initiated the process of designing an information system related to the measurement of performance standards	NA	---	---	---	---	NA	NA	NA
5.3.1.2.	# of centers that have an information system related to the measurement of performance standards	NA	---	---	---	---	NA	NA	NA
5.3.1.3.	# of centers that have an information system related to the measurement of performance standards, with information available to stakeholders	NA	---	---	---	---	NA	NA	NA
5.3.1.4.	# of centers that use the information system related to the measurement of performance standards, to improve its response to the epidemic.	NA	---	---	---	---	NA	NA	NA

ANNUAL FINANCE NARRATIVE

The budget is broken out into four categories: Comprehensive care, training, procurement and indirect cost.

Comprehensive care: This item is accounts for the costs of the following activities;

Outcome 1. Performance Improvement and Community Integration.

Outcome 4. Information Technology Program.

Outcome 5. Performance standard systematization.

Consultant fees and traveling expenses per country.

Training: This item accounts for the costs of the following activities;

Outcome 2: In-service training

Outcome 3: Pre-service training

In the last quarter of year 1, the five countries increased expenditures due to the number of activities implemented to close performance gaps that resulted from several natural disasters including Hurricane Agatha and a dengue fever epidemic. In addition there were personnel changes in the authorities in the Health Ministry and the AIDS Program in El Salvador, Costa Rica, Panama and Guatemala. Performance Improvement delays due to personnel changes at MOH level was especially apparent in Costa Rica where a special request by the Health Ministry and Social Security to analyze the measurement tools resulted in an extended implementation timeframe.

Table 11 includes accruals in which the budget execution was 82% of expected.

During the months of August and September, training activities spent an estimated 65% of their total budgeted amount. This includes the Testing Day activities done in Guatemala, El Salvador and Costa Rica.

The Procurement line item in the budget only applies to the Regional Office, which has expended 81% of the expected budget allotment.

TABLE 11 BUDGET EXECUTION

USAID/CENTRAL AMERICA CAPACITY PROJECT
BUDGET EXECUTION OCTOBER 2009 TO SEPTEMBER 2010

Budget Result	Budget Item	Total Budget Year I Oct 2009 to Sept 2010	Total Execution Sept 2010	Regional	Belize	Guatemala	El Salvador	Costa Rica	Panamá	Accruals	Execution pending balance	% Execution
Comprehensive Care	Comprehensive Care Total	\$783,938	\$657,331	\$393,640	\$53,501	\$76,515	\$36,922	\$37,798	\$35,334	\$23,621	\$102,986	84%
Training	Training Total	\$66,115	\$42,778	\$0	\$7,309	\$12,028	\$2,401	\$11,053	\$2,652	\$7,335	\$16,002	65%
Procurement	Procurement Total	\$18,462	\$14,935	\$14,935	\$0	\$0	\$0	\$0	\$0	\$0	\$3,527	81%
Direct Costs Total		\$868,515	\$715,045	\$408,575	\$60,811	\$88,542	\$39,323	\$48,851	\$37,986	\$30,956	\$153,470	82%
	Indirect Costs (30.87%)	\$268,110	\$211,174	\$126,123	\$18,772	\$27,333	\$12,139	\$15,080	\$11,726	\$9,556	\$56,936	79%

*Figures represent estimated expenses for September 2010

The Country Representatives efforts to collaborate with local organizations are reflected in the fact that IntraHealth exceeded the target of the Year 1 cost share of USD \$170,494.00. The total cost share recovered for Y1 was USD \$176,611.00, and reflects the commitment of the Country Representative Team and regional personnel of the project, and gives the assurance of completing this goal in year 2.

Each country has to recover 15% of the total budget assigned, but the cost share of the regional office was distributed proportional by country. Table 12 provides the detailed cost share goal and the levels reached by each country.

TABLE 12.
Cost Share (Counterpart) Year I USD 170,494.

Country	Budgeted	Cost Share Recovered	%
Belize	22,164	41,316	186%
Costa Rica	27,279	13,825	51%
El Salvador	27,279	92,650	340%
Guatemala	64,788	17,395	27%
Panamá	28,984	11,425	39%
Regional	-	-	0%
TOTAL	170,494	176,611	104%

ACRONYMS LIST

PI:	Performance Improvement
PMP:	Performance Monitoring Plan
SICA:	Integrate Community-based System
COP:	Chief of Party
AOTR:	Agreement Officer Technical Representative
HEO:	Health & Education Office
PASMO:	Pan American Social Marketing Organization
URC:	University Research Co.
SISCA:	Social Integration System of Central American
SICA:	Central American Integration System
CCSS:	Costa Rica Social Security Box
MOH:	Ministry of Health
MSPAS:	Ministry of Public Health and Social Care
MINSAs:	Ministry of Health (Panama)
REDCA+:	American Network of People Living with HIV / AIDS
RP:	Country Representative
UES:	Salvador University
DQA:	Data Quality Assessment
COTR-AOTR	Contracting Officer Technical Representative – Agreement Officer Technical Representative
TOT:	Training of Trainers
CDC:	Center of Disease Control
BFLA:	Belize Familiar Life Association
STI:	Sexually Transmitted infections

PICTURES

REGIONAL



CONCASIDA meeting at Costa Rica

COSTA RICA

Working groups at workshop of Transfer Methodology of Performance Improvement



Care Simulation Laboratory at the Workshop
Transfer of Performance Improvement
Methodology
to regional staff of the Ministry of Health, Costa
Rica



GUATEMALA



A representative of the National HIV / AIDS program is interviewing to the Coordinator of the Comprehensive Care Clinic at Escuintla National Hospital.

WASHING HAND PROCESS



MOH representative is supervising the facilities of the hospital according to the Standards.



Waste Management gaps found at Coatepeque Hospital



Capacitación de lavado de manos con proveedores de los hospitales, utilizando listas de verificación del desempeño en el lavado de manos, siguiendo los pasos secuenciales

Multidisciplinary team reviewing gaps found to develop Intervention Plan.





Testing Day at Guatemalan universities

Ministry of Health presents his 2009-2010 achievements. He highlighted the hospitals do the PI strategy supported by USAID|Central America Capacity Project.

At this opportunity the project took the advantage to deliver hospitals instruments to closed gaps found.



Program Officer visited Cuilapa Hospital

EL SALVADOR



Workshop Transfer of Performance Improvement Methodology



Panorámica de la participación en el taller de transferencia de Mejora del Desempeño, El Salvador. En el uso de la palabra, funcionario del Ministerio de Salud.

Testing Day



emala, October 15, 2010

BELIZE
Testing Day

