

PD-ALF 522

ASOCIACIÓN DEMOGRÁFICA SALVADOREÑA

FINAL REPORT SDA-USAID
SUSTAINABLE REPRODUCTIVE HEALTH PROJECT
COOPERATIVE AGREEMENT No. 519-A-00-99-000-92-00
Period: July 1999 to June 2005



Contribuir a mejorar la calidad de vida
de la población salvadoreña
a través de la excelencia
en la entrega de servicios integrales de salud

PRO • FAMILIA



El Salvador, Centroamérica

TABLE OF CONTENTS

<u>Contents</u>	<u>Page</u>
I PROJECT SUMMARY	1
A. Objective and Purpose of the Project	1
B. Project Component.....	1
C. Analysis of the current project situation.....	2
 II FINANCIAL STATEMENTS.....	 3
1. Financial Self-Sustainability.....	3
2. Financial Execution.....	4
 III PROJECT ACCOMPLISHMENTS	 9
A. Summary of achievements	9
B. Accomplishments by component and sub-component.....	11
1. Rural Services Program.....	11
2. Clinical Services Program	15
3. Marketing and Communications Program.....	18
a) Social Marketing in Reproductive Health (Commercialization).....	18
b) Network of Pharmacies Pro-Familia	20
c) Resources Development.....	20
4. Investigation Program.....	22
a) Demographic and Health Surveys	23
b) Feasibility studies	25
c) Study for the acceptance of IUD	26
d) Sales of Investigation Services	26
5. Special Projects.....	27
a) Youth Integral Care Program	27
b) Documentation Centers in Population.....	28
c) Development of the Voluntary Human Resource.....	29
d) SDA Cyber Center.....	30
6. Pro-Familia Hospital Project	30
7. Technical and Administrative Support	32
A. Technical Support	32
a) Personnel Development	32
b) Education and Training.....	33
c) Management Information Systems.....	34
B. Administrative Support.....	35
a) Finance Management Unit	35
b) Purchasing Management Unit	35
c) Maintenance and General Services Management Unit.....	36
 IV. NEW INITIATIVES.....	 36
1. Rural Services Program	36
2. Clinical Services Program.....	36
3. Marketing and Communications Program	37
4. Investigation Program.....	38
a) Demographic and Health Surveys.....	38
b) Feasibility Studies.....	38

5. Special Projects	39
a) Youth Integral Care Program	39
b) Documentation Centers in Population	39
c) Development of the Voluntary Human Resource	39
d) SDA Cyber Center	39
6. Pro-Familia Hospital Project	39
V. PENDING ISSUES OR RESULTS	40
2. Clinical Services Program	40
4. Investigation Program	40
a) Demographic and Health Surveys	40
b) Feasibility Studies	40
6. Pro-Familia Hospital Project	41
7. Technical and Administrative Support	41
VI. PROJECT AUDITINGS	41
VII. LESSONS LEARNT	42
1. Rural Services Program	42
2. Clinical Services Program	43
3. Marketing and Communications Program	43
4. Investigation Program	44
a) Demographic and Health Surveys	44
b) Feasibility Studies	45
5. Special Projects	45
a) Youth Integral Care Program	45
b) Documentation Centers in Population	45
c) Development of the Voluntary Human Resource	45
d) SDA Cyber Center	45
6. Pro-Familia Hospital Project	46
VIII. CONCLUSIONS AND RECOMMENDATIONS	46
1. Rural Services Program	46
2. Clinical Services Program	47
3. Marketing and Communications Program	48
4. Investigation Program	49
a) Demographic and Health Surveys	49
b) Feasibility Studies	50
5. Special Projects	50
a) Youth Integral Care Program	50
b) Documentation Centers in Population	51
c) Development of the Voluntary Human Resource	51
d) SDA Cyber Center	52
6. Pro-Familia Hospital Project	52
IX. ANNEXES	53

I. PROJECT SUMMARY

A. Objective and purpose of the project

The goal of the project consisted in that, at the finalization of the cooperative agreement, the Salvadoran Demographic Association (SDA) had achieved a sustainability level of 101% (understood as financial self-sufficiency), if and when there were no external factors that negatively influenced the process. Consequently, the social programs, and specially, the Rural Services Program would maintain in the subsequent years at least the same coverage reached in the closing year of the agreement, keeping the same range of services of reproductive health with emphasis in family planning.

The purpose was to achieve a funding structure for the Rural Services Program at the end of the agreement, conformed by: the Marketing and Communications Program providing 21.8%; the Hospital Pro-Familia providing 27.9%; the Clinical Services Program 13.5%, and the rest, to be covered by the institutional resources with 36.8%.

B. Project components

Originally, the project included the following components: 1) Rural Services Program; 2) Clinical Services Program; 3) Marketing and Communications Program; 4) Investigations Program; 5) Special Projects; 6) Hospital Pro-Familia; and 7) Technical and Financial Support. According to the implementation plans for the period July 1999-September 2002, the original components were integrated in the following manner:

The “Marketing and Communications Program” component included the following subcomponents: a) Social Marketing in Reproductive Health; b) Network of Pharmacies Pro-Familia; and c) Development of Resources.

The “Investigations Program” component was integrated by the following subcomponents: a) Demographic and Health Surveys; and b) Feasibility Studies.

The “Special Projects” component was integrated by the following subcomponents: a) Youth Integral Care Program; b) Documentation Centers in Population; c) Development of the Voluntary Human Resources; and d) SDA Cyber Center.

The “Technical and Financial Support” component was integrated by 6 subcomponents subdivided in the following form: i) Technical Support: a) Personnel Development, b) Education and Training, and c) Management Information Systems; and ii) Administrative Support, b) Finance Management, b) Purchase Management, and c) Maintenance and General Services.

However, during the period of the agreement's extension (January 2003-June 2005) the components were integrated as follows: 1) Rural Services Program, 2) Clinical Services Program, 3) Youth Integral Care Program, and 4) investigations Program. (identified as the National Survey of Family Health, FESAL 2002/03).

C. Analysis of the current project situation

The sustainable reproductive health project initiated in 1 July 1999 and was originally scheduled to finalize in 30 September 2002. However, it was later extended until 30 June 2005. The project presented a very acceptable accomplishment of its main target since as of June 2005, it had allowed SDA to reach the 98% of its financial self-sufficiency, and to count with a cash-flow availability of US\$4,095,043 dollars.

From June 2004, the adopted-strategies offered the potential warranty for SDA social programs for, primarily the rural services program and the youth integral care program, continued maintaining their coverage, if and when there was no external factors (and consequently non controllable by SDA) influencing this purpose negatively.

For October 2005, SDA has programmed a strategic planning exercise with the purpose of ensuring that all business strategic units generate enough income for covering the cost of both programs that together would represent a maximum of US\$550,000 to be financed in 2006, and so on. It is also foreseen that those resources could finance others social projects, such is the case of the "HIV/AIDS Services Network for Adolescents", since its external funding ends in 2005.

The agreement for the Sustainable Reproductive Health Project, in addition to allow meeting the majority of the original estimations, and the specifics of the extension period, leaves a solid institution economically and financially without any long terms commitments and with a patrimony, as of 30 June 2005, of US\$10,663,210. Additionally, the business strategic units (hospital, clinics, laboratories, network of pharmacies, and the commercialization program) have achieved a solid position, that together with the new managerial plans being implemented and those to implement in 2006, provide the potential warranty that SDA will continue contributing to improve the quality of life of the Salvadoran population, in the short, medium, and long terms by fomenting and providing education and reproductive health services.

The project also contributed SDA to achieve a high-prestige which is reflected in its mystic, professionalism and the quality of the work performed in all areas that the institution has incursion; among these areas standouts: the provision of reproductive health services with emphasis in family planning to rural population; the strategies for the prevention of STI/HIV/AIDS; the hospital and other diversified health services; its work in sexual education and reproductive health to adolescent population, as well as in the field of social investigation,

and particularly, in the area of health. These attributes have allowed SDA to maintain presence in the majority of public governmental initiatives and of the international organizations. The success achieved in the implementation of USAID cooperative agreements for more than 30 years is, without any questioning, SDA's added value to negotiate the technical and financial support from other international cooperating agencies and institutions, which will be considered in the next strategic plan.

II. FINANCIAL STATEMENTS

1. Financial Self-Sustainability

From a financial point of view, the core objective of the cooperative agreement between SDA and USAID, under project No. 519-A-00-A-000-92-00 consisted in increasing SDA's financial self-sufficiency from 68.14 in 1999 to 101.75% in September 2002 through the implementation of an ambitious sustainability plan that included the following five global strategies: a) To reduce the activities with lower cost-effective ratios and those that were not an essential part of SDA's Mission; b) To deepen in the rational use of resources; c) To expand the activities with greater potential for generating income above their costs; d) To incorporate new activities offering greater rates of net income; and, e) To implement effective promotion and publicity plans for the commercialization of the products and services, contemplated in the project.

In table No. 1, it can be observed that with the implementation of the mentioned sustainability plan, it was possible to attain 85% of financial self-sufficiency in 2002. The factors affecting the un-accomplishment of the objective for the period were:

As mentioned in the agreement, the investment in productive activities, supposed to initiate at the beginning of the project, did not take place as scheduled. Therefore, this situation translated into considerable delays in the activities requiring equipment acquisition, and in those requiring external approval, such as: the network of pharmacies which opened one year later after the beginning of the agreement.

Some targets contemplated in strategy c) were not accomplished because, at the moment when the agreement started execution, the government's "Gratuity Police" on health's primary attention, including various products and services for which their expansion had been contemplated. Additionally, the commercialization of SDA's condoms lines was considerably reduced with the arrival, in the commercial market, of subsidized products such is the case of VIVE condoms; and for the free distribution of millions of condoms financed by the Global Fund.

Some initiatives contemplated in strategy d) were not carried out, either because the feasibility studies showed they were not technically or economically recommendable, or because the new

legal, political or economical conditions were not yet favorable; it includes both the political discussion about the privatization of public health and the effects provoked by the earthquakes of 2002, in the country's economy.

SDA undertook an exercise of strategic planning in the second semester of 2002, to try to minimize and overcome the factors mentioned above, that together with the budgetary support received with the extension of the cooperative agreement until June 2005, made possible that the financial self-sufficiency of the institution reached 96% in the first semester of 2005. Even though, it has not been possible to achieve the agreed target of 101%, the new measurements adopted since June 2004 offer the potential warranty that as of the end of 2005 said target will be a reality. This affirmation is based on a "Cash Flow" analysis for the second quarter 2005, presented in Table 2. The table shows a cash availability of US\$4,095,043 dollars as of 30 June. This figure surpasses the established projected amount of the agreement's extension of 4,053,446 dollars.

2. Financial Execution

Table 3 shows the relation between USAID total approved budgets, by component, for the period 1 July 1999 – 30 September 2002 (this period was extended until 31 December 2002 with no additional cost for USAID); and the advances of funds received and expenses incurred. The apparent over-expense of US\$222,524 dollars corresponds to the reimbursed amount for the VAT incurred in the period, that was later reinvested in the project. Table 4 shows the same relationship for the period 1 January 2003 – 30 June 2005 (the extension period); once again the apparent over-expense of US\$ 336,310 dollars also corresponds to the reimbursed amount for the VAT incurred in the period. It is worth noting that, the amount of US\$267 dollars shown as savings in Table 3 is compensated with the same amount shown as over-expense in Table 4.

Annex 1 shows the details related to reimbursements and the advances of funds received from 1 July 1999 to 30 June 2005. Similarly, Annex 2 shows the relationship, by component and subcomponent, between the budget, received advances of funds and the actual expenses for USAID funds received for the whole period, and includes the total amount reimbursed for VAT.

With regard to the counterpart funds, it's important to mention that the target was established at US\$11,788,600 dollars. As of 30 June 2005, this contribution reached a total amount of US\$12,746,388 dollars, representing that the target was surpassed in 8%.

Cooperative Agreement SDA-USAID
SUSTAINABLE REPRODUCTIVE HEALTH PROJECT

Table No. 1

EVOLUTION OF THE FINANCIAL SELF-SUFFICIENCY RATE
Period: 1999-2005

Indicator	Year						
	1999 ^{1/}	2000	2001	2002	2003	2004	2005 ^{2/}
Local Income (US \$)	2,373,417	5,476,361	7,277,433	7,397,757	7,454,163	6,962,857	3,602,453
Total expenses (US \$)	3,257,646	7,248,282	8,824,487	8,703,093	8,100,711	7,403,281	3,742,363
Financial Self-sufficiency rate	73%	76%	82%	85%	92%	94%	96%

1/ From 1 July to 31 December 1999

2/ From 1 January to 30 June 2005

**Salvadoran Demographic Association
Institutional Cash Flow
Period: April- June 2005**

Table No.2

	April		May		June	
	Programmed	Real	Programmed	Real	Programmed	Real
Beginning Balance	\$3,678,884	\$3,460,498	\$3,793,005	\$3,954,173	\$3,939,325	\$4,118,406
USAID funds(cash)	\$152,917	\$374,630	\$152,917	\$0	\$152,917	\$318,709
In cash revenues SDA	\$475,000	\$363,498	\$475,000	\$365,172	\$475,000	\$361,747
Total revenues in cash	\$4,306,800	\$4,218,627	\$4,420,922	\$4,319,345	\$4,567,242	\$4,798,862
Total expenses	-\$477,631	-\$316,786	-\$477,631	-\$416,838	-\$477,631	-\$704,518
Available Cash Flow	\$3,829,169	\$3,901,841	\$3,943,291	\$3,902,507	\$4,089,611	\$4,094,344
Account Receivable	\$145,094	\$239,043	\$177,294	\$329,569	\$145,094	\$268,835
Investment	-\$46,009	-\$24,656	-\$46,009	-\$2,909	-\$46,009	-\$2,097
Account Payable	-\$135,250	-\$162,055	-\$135,250	-\$110,761	-\$135,250	-\$266,039
Cash flow available (after investment)	\$3,793,005	\$3,954,173	\$3,939,325	\$4,118,406	\$4,053,446	\$4,095,043

Note:

This analysis includes FESAL and Advocacy Projects

Total Revenues in the period	\$2,351,232	\$2,641,203	112%
Total Expenses	\$1,417,893	\$1,438,141	100%
Investment	\$138,027	\$29,662	21%

The institutional cash-flow presented in this inform is a sample of the Association's Financial Statement of Results obtained through the total operation of its business lines as well as its social programs and the administration in general

The elements included in the analysis are

1. Income in cash both locally generated and a received from USAID and IPPF
2. Expended expenses (includes all sources of funding)
3. Income received through Accounts Receivable's recoveries
4. Investments
5. Established commitments through purchase orders (Accounts Payable)

It is important to clarify the the analysis contemplates all sources of funding, since the purpose is to show the institutional payment capacity through the liquid cash in banks to meet established commitments that arise from both the operation of the business lines, and the development of activities carry out by the social programs, and in particular, the Rural Services Program and the Youth Integral Care Program

The above table presents both the projections and the execution for the second quarter 2005 as well as what was programmed for the same period. According to the results the global projected income target for the quarter was US\$2,351,232 which was surpassed in 12%

The budgetary execution of expenses was attained 100% due to the excellent control exerted on the expenses, and acquiring the inputs strictly necessary only

With regard to the investments, the target was not accomplished since the majority of purchases programmed for the second quarter were made in the first quarter 2005

The cash availability reported by SDA at the end of the second quarter is of US\$4,095,043, which in comparison with the programmed for the same period of US\$4,095,043, showed that SDA surpassed the estimation established in the agreement

Final Report SDA-USAID
SUSTA VAE E REPRODUCTION HEALTH PROJECT

131-2005-0004-2005

SUMMARY OF EXPENSES
Period: January 2003 - June 2005
(IN US DOLLARS)

COMPONENTS	1	2	3	4	5
	TOTAL BUDGET LESS DE ADJUSTMENT	TOTAL ADVANCES RECEIVED	TOTAL REAL EXPENSES JANUARY - JUNE 2005	4-15-05 DIFFERENCE	5-11-05 DIFFERENCE
1. RURAL SERVICES PROGRAM	1,108,538	1,187,210	913,268	273,947	195,270
2. CLINICAL SERVICES PROGRAM	2,320,185	2,487,879	2,493,822	-6,943	-163,627
3. MARKETING AND COMMUNICATIONS PROGRAM	0	0	79,035	-79,035	-79,035
4. INVESTIGATIONS PROGRAM AND SPECIAL PROJECTS	1,193,424	1,190,873	959,642	231,032	243,782
5. HOSPITAL PRO-FAMILIA PROJECT	0	0	0	0	0
6. TECHNICAL AND ADMINISTRATIVE SUPPORT	261,843	285,174	790,543	-913,369	-628,750
TOTAL	4,800,000	5,156,043	5,136,310	267	-336,310

III PROJECT ACCOMPLISHMENTS

A. Summary of achievements

One of the main achievements of the execution of the project was to have contributed with the increment in prevalence of the use of contraceptive methods, through the coverage of about 600,173 couple year protection (CYPs). In the chart below, it can be observed that the Rural Services Program contributed with 28.2%, the Clinical Services Program with 24.6 and the Marketing and Communications with 47.2%.

In the rural services program standouts the 159,165 references to attentions in infant health and more than 245,940 to attentions in maternal and reproductive health, as a result of the work performed by the Pro-Familia Voluntary Promoters Network (PVPs), which from 2003 counted with the support of the Community Health Workers (CHWs) of the program. To 30 June 2005, the program had 636 PVPs and 38 CHWs.

The Youth Integral Care Program provided personalized information and education, through its "pairs-strategy" to more than 98,950 adolescents. Also, the program achieved the integration of 805 family parents and 96 teachers of the education centers, where an average of 225 trained voluntary-multipliers come from each year, 247 pregnant adolescents were trained for facing, in a responsible way, their new situation and reorienting their, life project. To contribute to the program sustainability, the "Group of Juvenile Leaders of SDA" was strengthened, which at the end of June 2005, consisted of 45 active members.

7 new laboratories and 2 new clinics Pro-Familia were added to Clinical Services Program, which at the closing of the agreement counted with a network of 10 clinics and laboratories; each being supported by a group of SDA Voluntary Ladies. With the newly installed capacity, it was possible to participate and to sign contracts and agreements, for the sales of services to a series of public and private institutions.

Among the accomplishments of the Marketing and Communications Program standout: the strengthening of own-brands of contraceptive products; the opening of the network of pharmacies (in the last quarter of 2000); the authorization for the opening and functioning of the "Pro-Familia Drugstore"; the support to the strategic business units (hospital, clinics, laboratories, commercialization and the pharmacies) with the design, launching and maintenance of a promotion and publicity campaign as well as the support in graphics design to all the units and programs of the institution.

The series of FESAL surveys became the main national and international referent for reproductive health, maternal-infant mortality and the nutritional situation of Salvadorans. An important progress was the dissemination process of FESAL-98 survey results, that for the first time included departmental data. This new facility was kept in FESAL 2002-03, and included for the first time also, the National Survey for Men's Health, and both results integrated. The core results were comparable to the women's survey, at least at the country level, and by area of residence. It was also included a new module on "Intra-family Violence", and it was possible to consolidate the module on "Knowledge, Attitudes and Practices related to STI/HIV/AIDS"; this fact motivated The Global Fund to request SDA to carry out an extended analysis, that was institutionalized and publicly launched in the first half of September 2005.

In the particular case of FESAL 2002/03, its permanency in the news media standouts since it has remained in the media for almost two years after the official launching of the summary report, in October 2003. In addition, the dissemination of FESAL 2002/03 received an important contribution from POLICY-II El Salvador Project.

The continued progress in the enhancement of installed capacity, the progress toward the optimization of quality of care of the medical sector and the support to the promotion and publicity campaign of the Hospital Pro-Familia, have allowed SDA to gain a preferential place in the preferred options of the Salvadoran population. Hospital Pro-Familia has become fundamental in the institutional sustainability. To this accomplishment contributed also the permanency for within the project's life, of the contract with ISSS for the attention of low-risk birth-deliveries for its beneficiaries as well as the opening of pediatric emergency and hospitalization services.

With regard to the Technical and Administrative component, the main results are: a) the accreditation of SDA as "Enterprise Training Unit" by INSAFORP which allowed the institution to obtain an important reduction in cost for the execution of its personnel training plan; b) the execution of a continued education and training specifically designed for the staff and voluntary personnel of the rural services program through the Training and Education Management Unit; c) the extension of the use of software programs and computer equipment to the technical personnel of the 4 regions of the rural services program and the clinical services program, that now count with external and internal communication access via electronic mail; d) the replacement and upgrading of the computer equipment, benefiting 95% of users of the institution; e) the implementation of the first phase of "Cost Accounting", in support of the decision making; and f) the expansion of the storage capacity of the institution through the construction of a second floor at the Central Warehouse of SDA.

Finally, achieving the 96% level of financial self-sufficiency, in June 2005 as the first step to ensure the sustainability of SDA's programs and projects.

Table No. 5

**Accomplishment in Couple Year Protection Program (CYPs)
Period: July 1999 - June 2005**

Program	July 1999 - December 2002			January 2003 - June 2005			July 1999 - June 2005		
	Programmed	Executed	%	Programmed	Executed	%	Programmed	Executed	%
Rural Services Program	95,234	104,743	110.0	95,755	64,317	66.9	191,989	169,060	104.4
Clinical Services Program	96,815	91,278	94.2	63,332	56,377	89.0	159,947	147,655	92.3
Marketing and Communications Program	155,627	160,844	103.4	139,991	122,517	101.3	275,968	283,361	102.5
Total	347,476	356,865	102.7	351,018	243,311	68.9	698,424	600,173	100.5

B. Accomplishments by component and sub-component

1. Rural Services Program

Description

From July 1999, with the support of the Sustainable Reproductive Health Project, the Rural Services Program had as its main objective, to increase community participation in the provision of reproductive health services, aiming its programmer: sustainability and increasing productivity to ensure its continuity. Within this context, one the initial implemented tasks was the progressive reduction of the network of services, and a gradual increase in productivity.

During the life of the project, new strategies were pushed as well as providing continuity to the existing ones:

- *HIU Promotion*, as a way to widen accessibility, to a range of temporary methods available in the country, thru information and orientation activities, and references of women that requested the method, voluntarily.

- Reproductive Health Services in agricultural companies. This strategy focused on sensitizing the owners and administrators on the kindnesses of the program, succeeding in keeping the nine distribution sites in the same number of companies and coffee plantations, and attaining 264 CYPs.
- Personalized follow up of users of contraceptive methods to strengthen counseling about their correct use.
- Provide quarterly in-kind incentives to motivate the Pro-Familia Voluntary Promoters' (PVPs) permanency and productivity.
- Inclusion of the Community Health Workers (CHWs) to the network of services.
- Transformation of the organizational structure of the program.
- Strengthening of the coordination with the Ministry of Health to enhance the reference and counter-reference system.

Programmatic achievements

From July 1999, new services were integrated to the existing family planning services, such as:

- References for the inscription to and/or follow up of services in family planning, cervix-vaginal cytology testing, prenatal and postnatal control, cases of diarrhea illnesses and respiratory infections; and, for growth control as well as vaccination of pregnant women and children under 5 years of age, to initiate or complement vaccination schemes.
- Carry out chats on family planning, STI/HIV/AIDS and other issues, such as: responsible parenthood, family roles, prevention of cervix-uterine cancer, cancer of mamma and prostate, among others.

The services provided at the community of the program's influence area allowed:

- To contribute in the increase of the prevalence of use of temporary contraceptive methods. Between July 1999 and December 2002, the program provided 104,743 CYPs, representing 110% of the estimation (Annex 3). Additionally, with the extension of the program, 64,417 CYPs were provided, equivalent to 96.5% of what was expected; this was due to the permanent and timely availability of the contraceptives which also facilitated the accessibility of the use, of temporary methods of family planning (Annex 4). This availability and accessibility also contributed to the program's financial sustainability thru the sales of contraceptive products, at accessible prices, for the population of the rural communities assisted, allowing the generation of a modest income. During the period July 99 -

December 2002, the program capture an income in the amount of US\$657,472 representing an achievement of 104.7% of the estimation. In addition, during the life of the cooperative agreement, 66,228 new users of contraceptive methods were captured, and 21,619 family planning references made.

- To provide information and education on infant survival and maternal health, in communities where there is no MOH's presence or of other NGO's existed; or where, in spite of their presence, they were not able to cover the existing demand.

FESAL-2002/03 shows that in rural areas, there has been a decrease in infant mortality from 41 per thousand in the period 93-98 to 25 per thousand live-births during 97-2002, representing a decrease of about 39%.

Diarrheic and respiratory infections are the most frequent causes of post-neonatal and childhood morbidity and mortality; however, these causes would decrease with timely and adequate health preventive actions. This was one of the priority approaches in the activities undertaken by the program's network of services. From July 99 to December 2002 22,425 cases of diarrhea were referred plus 24,917 cases of respiratory infections in minors under the age of 5; representing achievements of about 100% of the estimation. During the same period, 148,367 references to other maternal and infant health services were provided plus 17,547 "chats" on issues related to family planning and reproductive health, at which, a total of 233,397 men and women participated, including adolescents of the rural communities of the country.

In addition, during the period January 2003 – June 2005, 64,417 CYP's were provided; 17,024 new users of family planning added; 67,974 references to infant health attentions made; and, 119,804 to maternal health services, representing achievements in the range of 97 and 124%.

Management accomplishments

Productivity: With the introduction of the new agreement approach, the program structure was reorganized; and, at the same time, a progressive reduction of the network of services was implemented which allowed for applying both efficiency and austerity measures the use of resources. The network decreased from 869 PVP's, in July 1999, to 636 at the end of June 2005. Similarly, the program personnel decreased from 38 in July 1999 to 13 in 2000 and to the actual structure of 8, in 2001. Also, 4 regional posts were replaced by 2 general supervisors that worked until 2001. From 2002 there is only one supervisor functioning as Program Manager.

Simultaneously to the contraction in the program structure, some strategies were continuously implemented, which allowed increasing the average productivity of the network of services. A key indicator is the observed increase in the CYPs provided, that went up from an average of

2.3. at the end of 1999, to 3.4 monthly average in June 2005; and, therefore, surpassing the estimated monthly average of 3.0 CYPs, established in the agreement.

Incentives plan: During the life of the agreement, the incentives plan was oriented to motivate the permanency and productivity of PVPs to whom: free medical consultations and up to 2 free medications were provided at the Pro-Familia's Clinics; the same margin in income was kept in the distribution of contraceptive products; the 30-day credit for the acquisition of contraceptives maintained, and in-kind quarterly incentives were provided; in addition, materials and equipment for daily use and daily activities were also provided.

Quality improvement: With the objective of enhancing the quality of the education and information services on family planning, maternal and infant health, and the prevention of STI/HIV/AIDS, some contacts were established at the management level of MOH SIBASIs, and at the operative level of the MOH, aiming the coordination of joint operations and activities at the rural communities; to ensure the adequate attention of the people referred to the health units by the PVPs, CHTs and other technical personnel of the program.

As part of the efforts to improve and enhance quality of care, coordination with NGO's, World Vision, the Cancer Institute and the Central American Health Institute (ICAS) was established to create a reference and counter-reference system for cervix cytology tests takings.

In addition, a personalized follow up for the users of contraceptive methods was established to strengthen counseling on their adequate use; and, in cases where possible side effects or signs of alarm were detected, timely references to Pro-Familia Clinics or to the most proximate health establishment, were undertaken. In addition, to support such activities, PVPs and CHTs used the orientation and reference manual that was jointly designed with the MOH and PRIME's technical assistance, as well as other promotion materials.

This was also supported thru the continued education of the PVPs, prioritizing on the usage of the updated family planning norms (counseling and eligibility criteria for the administration of contraceptive methods for community distribution), and participating 500 PVPs of the network of services. This activity was not originally included in the implementation plans of the agreement.

Transportation: In order to facilitate the mobility of program personnel to the rural communities for supervision, supporting the replenishment of contraceptive products and the statistical data collection of the program, the fleet of vehicles was replaced in 2001, totaling 12 units, distributed among the 8 regions; and, each region having 1 spare vehicle for each two HT, and additional one, assigned to the general supervisor of the program.

2. Clinical Services Program

Description

The Clinical Services Program has as its mission, to provide integral health services of highest quality, with emphasis in Reproductive Health, for contributing, in this way, to improve the quality of life of the Salvadoran population.

In the area of family planning services, it is important to mention that temporary contraceptive methods are distributed at all clinics, most of them, donated by USAID. In addition, at the clinics in San Salvador, Santa Tecla, Santa Ana and San Miguel, both male and female voluntary surgical contraception procedures are undertaken.

As part of the integration of the services, different consultations are provided at all clinics on: family planning, gynecology, pre-natal, pediatrics, general, sexually transmitted infections, etc. Consultations and medical procedures are also provided to identify cervical pathology as part of the prevention of cervix-uterine cancer, as well as clinical laboratory services.

During the period July 1999 – December 2002, program efforts were oriented to the expansion and diversification of the clinical services, while during period January 2003 – June 2005 these efforts were directed to the strengthening of the installed capacity at clinics and laboratories as well as of those income-generator services; with the objective of keeping accessibility to the family planning program and of contributing to the institutional strengthening for the continuation of the social programs.

Programmatic achievements

As it can be observed in Annex 5, programmed targets for the period July 1999 to December 2002 were achieved in great majority, and others, surpassed. The main exception corresponds to mammography which its achievement only reached 55% since the equipment was received with a one-year delay. On the other hand, the proposed total targets for CYPs, new family planning users and voluntary surgical contraception procedures (AQV) were not totally achieved but their attainments are within an acceptable range (higher than 90%).

The contrary happens with respect to bone densitometry for which the target was surpassed 15%, since this service was an accessible and novel service, which it is only been provided at the clinic in San Salvador, and counts with an asserted promotion campaign.

The results achieved in period January 2003 – June 2005 are shown in Annex 4, where it can be observed that the percentages accomplished for CYPs and new family planning users are below what was programmed. This is due to various factors, such as: a) Higher costs of living

that obliged the population to prioritize their needs, leaving preventive health in a second term; b) The emerging of other NGOs providing family planning services and distributing free contraceptives; many of them, in the same area of influence of the clinics; and c) The governmental decision for providing totally-free health services, including contraceptives services, in contraposition to their selling at Pro-Familia clinics, even though their prices were relatively low.

However, it can be noticed that the accomplishments in family planning could have been lower if no promotional campaigns in radio, press and flyers had been undertaken. These also contributed to increase the number of maternal and infant health interventions during this second period. The situation became satisfactory, since for cases like these, the population identify and prefer Pro-Familia services.

Given the installed capacity, and the new and modern equipment acquired, it was possible to offer services to other institutions, mainly thru the participation in public bidding processes. In this way, it can be mentioned the following: a) Mammography: to ISSS, CEL, Banco Salvadoreño, Fundación Margarita Magaña, World Vision and Clínica Basílica Nuestra Señora de Guadalupe; b) Bone Densitometry to: ISSS and Banco Salvadoreño; c) Cervix Pathology (Colposcopy, cryotherapy, and Cono-leep) to the Central American Health Institute (ICAS); d) Clinical Laboratory to: ISSS (Hospital Roma, Medical Unit of Santa Tecla and the Medical Unit of Chalatenango), Magisterial Well-being (Bienestar Magisterial), Hospital Para-Vida, Central Hospital, and Baptist Hospital, among others.

Management accomplishments

Acquisition of medical equipment for the different clinics: a) 3 colposcopier (Santa Ana, Santa Tecla, and San Miguel); b) 3 crio-therapy guns (Santa Ana, Santa Tecla and San Miguel); c) 3 Ultrasound Units (San Salvador, Santa Ana and San Miguel); d) 1 Portable Ultrasound Unit (Soyapango); e) 1 Mammography Unit (San Salvador), and f) Bone Densitometry Unit (San Salvador); it is important to clarify that the ultrasound unit of the clinic in San Salvador was moved to the clinic in Santa Tecla, for the clinic to provide such service in May 2000. g) In 2003, two portable ultrasound units were acquired to replace the ones in Santa Tecla and Miralvalle since they became obsolete; h) 1 colposcopier and 1 crio-therapy gun for the new clinic in Miralvalle; and i) 3 surgical units for cono-leep procedures for the clinics in San Salvador, Santa Ana and San Miguel, this later is currently installed at the clinic in Chalatenango.

With this equipment, it can be affirmed, with great satisfaction, that the clinics offer quality services in the different areas of the women reproductive health since all of count with a cervical pathology unit for the early detection of cervix cancer; mammography services in San Salvador, and thus, contributing to an early detection of mammal pathologies, mainly mammal cancer; and, at the same clinic, the service of bone densitometry to detect those cases of osteoporosis and to provide treatment in a timely manner, is also provided.

Facilities remodeling: Improvements in the facilities of the clinics in Santa Tecla, Santa Ana and San Miguel were carried out, especially, at the surgical room areas, the recovery area and preparation of patient areas. In the particular case of the clinic in Santa Tecla, since it was a very old construction, the clinic was re-built completely; counting now with an edification that complies with the requirements as of a modern clinic

Creation of new clinics and laboratories: In January 2001, laboratory services were created in Santa Tecla and San Miguel as well as the clinic and laboratory in Miralvalle. In January 2003, two laboratories were inaugurated, one in Chalatenango and the other one in Colonia Escalón, San Salvador which was later moved, in 2004, to the clinic in San Francisco Gotera, since it did not meet the required expectations at its original site. In July 2004, the laboratory at the clinic in La Union was inaugurated (this was originally scheduled for opening at clinic Sonsonate, (as per the agreement); and thus, accomplishing the target for the creation of other three laboratories.

Acquisition of Lab equipment: In 2000, two completely automated equipments were acquired for the laboratory of San Salvador, one of them for blood chemistry and the other one, for special exams (hormones). In 2003, an automated hematology unit was acquired for the laboratory at the clinic in Miralvalle. In addition, some equipment that had become obsolete was replaced, at the laboratories in San Salvador and Soyapango.

Implementation of a computerized information system: Since the old system did not meet the expectations of the Association, and in order to expedite and keep better control of files, inventory management, medications, other medical items and better control of financial activities, a computerized management tool, called "Clinic Management System" was installed at clinic in San Salvador, on a pilot-basis, in December 2000. This was gradually installed at all other clinics and laboratories. The system reports all daily activities performed at each of the clinics and laboratories, and allows to obtain the programmatic statistics for the services.

Acquisition of office equipment: As part of the equipping of the laboratories, the respective office equipment and furniture were also acquired as well as their respective air conditioner.

Promotional and Ad campaigns: To position the Pro-Familia services in the mind of its target population, and to inform about the different services provided by the clinics and laboratories, a promotional and media campaign was undertaken in radio, press and television as well as the distribution of informational flyers.

3. Marketing and Communications Program

Description

According to the original cooperative agreement document, the Marketing and Communications Program was integrated by the following 3 components: a) Social Marketing for Reproductive Health; b) Information and Communications; and c) Development of Resources. However, from the reprogramming of the action plan for the period July 1999 – December 2000, the second sub-component was substituted by the "Network of Pharmacies Pro-Familia". Similarly, from the reprogramming of the action plan for the period January – December 2001, the first component was identified as "Commercialization". Consequently, and for the effects of this inform, this sub-component will be identified as "Marketing on Reproductive Health (Commercialization)". The three sub-components of the program are coordinated under the Direction of Marketing and Communications.

The general objective of the program is to expand coverage for contraceptive methods, and to generate income for contributing with the financing of the social programs, particularly, the Rural Services Program.

a) Social Marketing in Reproductive Health (Commercialization)

Programmatic achievements

As shown in Annex 6, the results for the activities carried out by the program, during the period July 1999 – December 2002, are satisfactorily reflected in the majority of the products, both in the sales of units as well as the sales reached in values. However, it is important to mention that the accomplishment of 87.3% in Condor and the 80.9% in Panther are due to discounts applied for extra-ordinary sales volumes to NGO's, hospitals and other institutions. This same situation explains the existing difference between the results in value terms and the sales in units for both brands.

The Contempo brand viewed its sales diminished due to the fact that Piel brand, owned by SDA, increased its sales and surpassed them in units since it offered the same variety than said brand, but at a most accessible cost; and on the other hand, the Piel brand was promoted as part of the strategy for strengthening SDA-owned brands.

With regard to Prime-Colors condoms, the sales in units were surpassed due to the promotions undertaken during intermittent periods between July 1999 and December 2002.

The brand of orals Minigynon had a sensible decrease in the accomplishment of its targets since the supplier increased the price of this product and this situation had a direct influence in its sales.

With regard to Cyclofémina, it surpassed its targets due to the “sowing” undertaken during its launching. However, it is important to mention that this product is not longer being distributed by Social Marketing since the supplier did not provide the technical personnel needed for promoting the product among the physicians; and if it were to be assumed by SDA, this implied a considerable increase in price which would turn the product not competitive among the existing brands in the market.

With regard to Vaginal Lubricant, it was decided to suspend its sales since the supplier could not supply the product with adequate expiring date ranges.

Strengthening of SDA-owned brands: The compromise of strengthening proprietary brands was achieved by increasing sales and meeting targets, as established; for this, some strategies were adopted that included publicity campaigns in the different means of communications to promote Condor, Panther and Piel. At the same time, visits to physicians were undertaken, and the Association participated in medical congresses to promote the brand Perla. Also, some seminars were imparted on “Security and Contraceptive Technology” to owners and sales personnel of pharmacies, focused on the benefits of each product.

The total substitution of the brands, Prime and Minigynon, did not take place since after some analysis undertaken, it was concluded that said brands have their market niches already well established and its positioning and preference were latent, even though there was a migration to the SDA owned brands, mentioned above.

Incursion to New Market Segments: Negotiations with fabricants were undertaken and the pertinent permits were procured for the selling and distributing of Cyclofémina. However, it is worth noting that the support for promoting the product, offered by the supplier, was not obtained. The possibility for SDA assumed such promotion efforts were analyzed but with no success, since this would have increased the price to such degree that the product would not have been competitive in the market. Also, the brand Cyclofem was negotiated for distribution through the Pro-Familia clinics and the Rural Services Program which have had a very good acceptance among physicians and users.

Expansion of the Distribution Network: With the objective to determine the market feasibility for the opening of pharmacies at strategic sites, and for the proper functioning of them, a feasibility study was carried out and resulted in the identification of the zones of greater influence.

In October 2002, a network of three pharmacies Pro-Familia was opened; these were located in key sectors of San Salvador, offering attractive discounts (15% later increased to 17%), convenient schedules, wide range of products and 12-hours delivery service; the pharmacies have had a very good acceptance in the public and besides contributing with a social mission

(the competence was obliged to increase their discounts offered), it had the potential to contribute to the financial sustainability of the Association.

Product Diversification: The diversification of products initiated with the introduction of a Vaginal Lubricant which had not a good acceptance from the public, due its price. Also, the competence launched a national brand for a lower price. In addition, some problems were faced with the distributor since it could not provide the product in "sachets, only in tubes and the "expiration dates" were too short. Similarly, it was not possible to incur in the commercialization of disposable speckles and pregnancy tests, since the efforts were focused in the expansion of the network of pharmacies.

The Pro-Familia Drugstore is properly functioning and it now undertakes its own direct imports of some medications and contraceptives, both for marketing, clinics and Rural Services Program, avoiding bureaucratic requirements and payments as it was done in the past through other Drugstores.

On the other hand, the search for and the registration of brands of medications to be distributed through the Drugstore was attained; and after cumbersome procedures, SDA achieved to register the following brands: Demo-Natalvit (prenatal vitamins), Demo-Profem (Analgesic), Demo-Proxina (antibiotics), and Demo-Cid (anti-acid). Simultaneously, a new market feasibility study was undertaken to establish their potential demand, the buying capacity and to know the market. However, due to the large investment that their commercialization represented, it was not possible to carry out this activity since the existing financial resources were oriented, at that moment, to the expansion of the network of pharmacies, and represented a large investment for SDA.

b) Network of Pharmacies Pro-Familia

Programmatic achievements

As it can be observed in Annex 7, the total sales of the network of pharmacies surpassed its targets during July 1999 – December 2002 in about 16%; this was mainly due to the extraordinary achievement obtained by Pharmacy No.1, located in Miralvalle, where no mayor competition existed and the target population had a preference and trust for the brand Pro-Familia.

c) Resources Development

Programmatic achievements

When relating the total cash and in-kind income captured, during the period July 1999 – December 2002, with their estimations, it was found that these were surpassed in about 18%.

Annex 8 shows that the component showing greater relative accomplishments was the Audio-visual Production Center (AVPC) and Graphic Design; mainly due to the generated demand by the different institutions and firms, demanding and contracting its services: graphic design for the elaboration of serigraphic arts ads; the renting of videos related to reproductive health by public and educational centers, as well as the selling of services for the production and edition of institutional videos.

With regard to fund raising activities, it is worth noting that these were seen diminished since the competition for donations by other social-service institutions increased during the period. This area would have also been affected by the publicity impulse given to the SDA Strategic Business Units.

With regard to Christmas Cards Sales, the targets were not accomplished since the introduction of e-mail technology and the subsequent popularization for sending Christmas cards thru this new technology, replaced traditional Christmas cards and thus, helped to the decrease in sales.

With regard to in-kind donations, the target was surpassed in about 31% mainly due to the success in the negotiations carried out with the different communications media who acceded to provide up-to 100% free bonuses.

Management achievements

Strengthening the Management Information System: In the area of Social Marketing a new Management Information System was implemented, facilitating the billing process, the generation of timely reports for decision making and allowing to enhance the efficiency of the Sales Department.

Strengthening the Quality of Distributors: As part of the monitoring of the Social Marketing in Reproductive Health Program, and with the objective to define new areas of action for each product, during the years 1999 and 2000, some product distribution spot-checks were undertaken, allowing the identification of new market niches for distribution of the program products and the timely reorientation of market strategies to increase the sales.

Development of a Publicity and Promotional Plan for the commercialization of goods and services: One of the major results was the execution of the publicity and promotional plan to keep the leadership of existing contraceptive owned-brands, and the brand PIEL which replaced, in great part, other market brands; as well as the positioning of the name and brand Pro-Familia in support of clinics, laboratories and the hospital. All traditional communications media means were used to disseminate the campaign messages as well as the use of non-traditional ones, and other promotional activities, such as: Seminars, visits to physicians, distribution of condoms samples at concerts and discotheques, financial support to concerts, medical congresses and special events this activities helped to achieve the positioning of the

owned brands as well as the Pro-Familia brand, and the generation of greater demand, at all the strategic business units (hospital, clinics and laboratories); and at the same time, contributing to increase the financial sustainability of the institution.

Capacity Improvement for income-generation in the area of communications: For updating the program equipment, a new digital video camera was acquired, which is used to support coverage of SDA's programs and projects, and SDA's official events. In addition, the graphic design department acquired new technology and equipment which allowed, in addition to some sales, to support the different units in the designing of flyers, rotary-folios, packaging material and other promotional materials, among others.

Strengthening of the Sales Force: Since the launching of the ethical products mentioned above did not take place, it was not necessary the conformation of the group of "visitors-to-physicians" personnel; as noted above, the institution's resources were focused to the investment for the opening of the network of pharmacies, and expanding the distribution network. In addition, the provision of portable computer equipment to the sales force was not materialized due to the lack of conditions for data transmission from the country areas. However, the sales force was on a continued training program.

Feasibility studies for the launching of new products: During the period July 1999 – December 2002 a market feasibility study was conducted for the establishment of the Network of Pharmacies, and another, for commercializing and positioning the new SDA-owned product lines. The first one, allowed for the identification of strategic locations for establishing the pharmacies, to visualize the capacity and buying power habits of potential clientele, client traffic and, in this manner, ensuring the success of these new businesses. The second one, allowed to establish the potential demand and the buying capacity of the population as well as to obtain a deep knowledge of the medical sector with respect to products and market's offers.

The investigations that were not carried out were: 1) the study for the distribution of new product brands; and 2) the feasibility study for the commercialization of pregnancy tests, since in order to implement the launching of such products, it was required a large investment and the available resources were oriented to the strengthening of the expansion of the Network of Pharmacies Pro-Familia.

4. Investigation Program

Description

The series of FESAL surveys conducted by SDA, since 1973 and with a periodicity of 5 years, have converted into the main direct source of demographic information, due to the absence of the national population and housing census, and/or timely and complete vital statistics.

The results of these surveys permitted to keep a periodic evaluation of: the nutritional status of the infant population; the adoption process of reproductive health services; a wide range of health indicators; and its impact on the levels of infant and child mortality in El Salvador. The most recent survey of 2002-2003, for the first time incorporates the "National Survey of Masculine Health" which presents indicators of men's reproductive health. It also includes a module on "violence of the couples", which is comparable with the one incorporated, for the first time also, in the women's survey.

This work performed by SDA, at the national level, is congruent with the mission of the Investigation Program "to influence the policy decision making levels through the results of the studies and investigations, in support of policies, strategies, programs and projects; aimed to contribute to the solution of socio-economic problems of El Salvador, particularly in the areas of demography, health and education".

During its life, SDA has also been characterized for keeping a periodic auto-evaluation process of its work performed, through feasibility studies, evaluation of processes and of the impact of its programs and projects, which allowed the institution to ensure the success of its programmatic plans.

For the period July 1999 – December 2002, the Investigations Program was integrated by the following sub-components: a) Demographic and Health Surveys; b) Feasibility Studies; c) Study on the acceptance of IDU; and, d) Sales of Research and Investigation services. During the period of the agreement's extension, the program concentrated its work in the execution of the FESAL 2002-2003.

a) Demographic and Health Surveys

Programmatic attainments

- To have included the dissemination phase of the results of the National Survey of Family Health 1998 (FESAL 1998), at both the national and international levels and the internet, with emphasis on institutions conforming the health sector.
- To have kept the majority of issues of FESAL-98 in the 2002/03 survey, and incorporated the National Survey of Masculine Health, the new module of Violence against Women, and the expansion of the HIV/AIDS' module with emphasis on the UNAIDS indicators.
- To have included the questionnaire for women, new sections and indicators, such as: a) continuous water service, b) profession and occupation; c) Nuptial and marital history, d) administration of micro-nutrients, e) Child Education, f) overweight of mothers and children under 5 years of age, among others.

- The presentation of the main indicators of the women's survey to USAID, and to the Inter-institutional consulting committee, just one and a half month after having finalized the field work.
- To have presented the summarized report of FESAL 2002/03 three months after the finalization of the field work, through the realization of a Forum that counted with the participation of around 150 guests, and the intervention of 5 panelists of well-known prestige and reputation in the country, who commented the results.
- Wide coverage in the dissemination of the results of FESAL 2002/03, through the development of a systematic and participative dissemination plan, both nationally and internationally, of the survey results; the poster-chart of the departmental indicators; other printed materials, and a CD containing a replica of the survey's Web Page. The workshops for the dissemination of the survey's results made possible to cover from the normative to the operative levels of MOH and ISSS, achieving their compromise of incorporating the recommendations in their respective institutional programs.
- To have reached policy decision levels in the dissemination of the survey results, as part of its Advocacy efforts for the different components of sexual and reproductive health covered by SDA, such as: The National Commission for the Follow-Up of the Integral Reform Proposal of the Health Sector; the Commission for the Protection of the Environment and Public Health; and, the Commission for the Family, Women and Childhood; these last two, of the National Legislative Assembly of El Salvador.
- Wide media coverage on issues related to FESAL 2002/03 and their permanency in the news media for almost two years after the official launching of the summary report.

Management achievements

- To have expanded the Inter-Institutional Consultant Committee (ICC) for FESAL 2002/03 to incorporate the Ministry of Education and the National Family Secretariat as new members; and, the conformation of both the Men's Survey Sub-committee and the Nutrition Sub-committee for the Women's Survey.
- To have conformed an inter-institutional multidisciplinary team for the elaboration of the "Violence against women" module, and the participation of the integrating institutions of the "Network of Action against Gender Violence" in El Salvador.
- To have designed and executed a dissemination plan for FESAL results, with emphasis in the programmatic and administrative structure of MOH that counted with the support of the ICC, and particularly, the Regulations Director of MOH, the Salvadoran Institute for Women

Development (ISDEMU), and the Executing Unit of the Global Fund, at the majority of the events.

- Annex 9 shows the schedule of activities corresponding to FESAL-98 for the period July 1999 – December 2000, where it can be observed that, with the exception of the conclusion of the launching of the report through the web page, the distribution of the summary report and the posters of indicators, all other activities concluded within the established period.
- The chronogram presented in Annex 10 contains the activities related to the planning, organization and data collection for FESAL 2002/03 that were jointly programmed with USAID, during the visit of CDC in February 2002. One of the major agreements in this visit was to move the data collection phase to November 2002-April 2003.
- The chronogram shown in Annex 11 contains the activities for data processing, data analysis, report preparation and dissemination of results that were programmed from the second quarter 2003, according to agreements between USAID, CDC and SDA. This was due to the decision of anticipating the publication of the summary report of both surveys to October 2003. In the chronogram, it can be observed that, with the exception of the survey's final report, all other activities were carried out before 30 June.

b) Feasibility studies

Programmatic achievements

- The reduction in time and cost by fusing the execution of the three studies in one. These studies were: 1) "Feasibility Study to impulse the commercialization of new products for distribution by Pro-Familia"; 2) "Market Feasibility Study for the establishment of the Network of Pharmacies Pro-Familia"; and 3) the "Market Feasibility Study for the distribution of a new brand of injectable contraceptives".
- In the three attached chronograms (annexes 12-14), corresponding to the periods: July 1999 – December 2000; January – December 2001; and, January – December 2002, it is observed that out of the 27 studies programmed, only 16 were carried out. It is worth noting that the no realization of those programmed studies obeyed to economic and strategic decisions of the units involved, according to both the dynamic of their programs and projects, and the environment.

Management accomplishments

- To have conformed the Technical Committee of Operational Studies, (that counted with the direct participation of the units involved in the Feasibility Studies sub-component), which had the responsibility of participating in the selection and hiring process for consultancy

services; to follow up the realization of the studies; and, the diffusion of the results at the corresponding levels.

c) Study for the acceptance of IUD

Programmatic achievements

The study was programmed, to get to know and to evaluate the determinant factors (both cultural and institutional) for the low use of IUD, reported by FESAL-98, and its decreasing trend since FESAL-75. For the definition of its extent and methodology, it was foreseen that the technical assistance should be channeled through USAID. However, USAID decided to contract the services of Family Health International (FHI) for undertaking the study which used different techniques, including a qualitative methodology.

d) Sales of Investigation Services

Vast experience in the field of investigation with emphasis in demography, health and education as well as in the field of evaluation through the realization of operational studies required by SDA; and at the same time, evaluating the possibility for the Association to provide consultancy services with the objective of generating extra income that would contribute to the financial auto-sustainability of the institution. Said initiative was considerably reduced in view of the reduced qualified human resources at SDA, in the area of investigation; and to the large number of institutional compromises that represented the other sub-components of the program.

However, after having analyzed the major part of the dissemination plan, that initiative was reassessed; participating in two public bidding process: "Design and implementation of a unique and permanent system for the monitoring and updating of the maternal mortality rate in El Salvador"; and, "Establishing a basal line on the knowledge, attitudes and practices about STI/HIV/AIDS at School Centers". The first one was awarded to another contestant, and the second one is still pending to be awarded.

One of the goals attained was the signing of "Letter of understanding" with the United Nations Development Program through the Global Fund, which financed the execution of deeper analysis of FESAL 2002/03 Data Bases on HIV/AIDS, at the department level, and on the population between 15 and 24 years of age.

Another accomplishment was the signing of a cooperative agreement with POLICY II-EI Salvador Project, for the dissemination and promotion of the use of FESAL 2002/03 data. The activities carried out under this agreement were: a) 9 working-sessions, of which, 4 were with universities having degrees in health; 4 for the operative personnel of ISSS; and, 1 for the NGOs working in the area of health; b) Public contest for independent researchers called

“Fellowships for Research in Health FESAL 2002/03; c) the contest for journalists called “Award to the excellence in Journalism FESAL 2002/03”.

It is important to mention that the interest shown by the authorities of ISSS in knowing and interpreting their results, through a secondary analysis of the survey, allowed the authorities to obtain exclusive data about both beneficiary women in-fertile age and the population under 5 years of age. An indicator of this interest was the ISSS' request for a presentation of the main results to Members of its Executive Board, and the financing of one workshop-seminar for technical and normative personnel.

5. Special Projects

Description

The special project component is conformed by the following sub-components: a) Youth Integral Care Program; b) Documentation Centers in Population; c) Development of the Voluntary Human Resource; and d) the SDA Cyber Center. Of these subcomponents, only a) received funding from USAID from July 1999 to June 2005. The other subcomponents were financed by SDA, with the exception of the Cyber Center which counted with the financial support of “Proyecto Acción SIDA para Centro América (PASCA). As agreed by USAID and SDA, only the first subcomponent was included in the extension of the cooperative agreement.

The Youth Integral Care Program has as its general objective to increase the coverage of the youth population informed on sexuality and reproductive health with a gender perspective, in the metropolitan area of San Salvador and neighbor departments. The Documentation Center in Population subcomponent has as objective to contribute to the strengthening of the information processes on contraceptive technology and reproductive health. The subcomponent Development of the Voluntary Human Resource has as objective to extend coverage of the voluntary personnel in support of SDA's projects and programs; the SDA Cyber Center had as initial objective to increase internet access to NGO's and professionals dedicated to activities related to prevention, education and treatment of STI/HIV/AIDS; however, it was later re-oriented to contribute with the institutional sustainability.

a) Youth Integral Care Program

Programmatic achievements

As observed in annexes 15 and 4, in general, the achievements in the different areas were very satisfactory, both for the period July 1999 – December and January 2003 – June 2005. The factors affecting those areas with relatively low results are:

With respect to the first period, it is important to mention that, from the time that the training workshops with pregnant adolescents were carried out in coordination with the health units, it was no longer necessary to undertake the number of coordination visits that were estimated. The number of participants to the workshops did not achieve the expected target because, in the ones carried out with the education centers, there was a very low attendance due to pregnant adolescents' worries of being discriminated by the rest of the educative community.

The production and sale of pamphlets on youth reproductive health issues presented some difficulties because of the controversy on the thematic that arose in the country after the publication of the first version of the manual "From Adolescents for Adolescents". Only 4 out of 6 programmed pamphlets were produced and they were supposed to be sold to other institutions working with adolescents. However, the earthquakes in 2001 made that those institutions changed their investment priorities. The pamphlets were sold in small quantities at the Documentation Centers in Population; and finally, they were used at chats of multiplier effect, in charge of the adolescents and teachers. Also, it was not possible to obtain a significant income for the sales of the "workshops for pregnant adolescents" due to the new normative from the Ministry of Education (MINED), issued in the months of February and May of 2005, that prohibits NGO's to work at national education centers while there were no a new cooperative agreement approved, by the central levels of MINED.

Management achievements

- Consolidation of the relations with the education centers of the juvenile multipliers where the SDA work with adolescents, in the areas of education of sexuality and reproductive health, is recognized, valued and appreciated.
- Praxis of more effective convocing mechanisms to pregnant adolescents by the personnel of the health units.
- The awareness of an important number of youths belonging to the Group of Juvenile Leaders of SDA who permanently have supported the actions of the program for various years.

b) Documentation Centers in Population

Programmatic achievements

Assistance provided to readers from the different education centers, researchers and general public with bibliographic materials, achieving a 77% of the proposed target; and a distribution of about 140,000 pamphlets on reproductive health; that represents an attainment of 110% (Annex 16).

From July 1999 to December 2000, SDA Cyber Center became part of this subcomponent, providing services to 3,600 people attaining 85% of the estimation; and contributed to the 73% of the projected income target.

It is important to mention that during the bibliographic consultation of adolescents, they were provided with personalized information in 1,393 chats on the prevention of early pregnancy and on STI/HIV/AIDS, surpassing the target of participants in chats, in about 9%.

Management achievements

As member of the National Network of Documental Information in Health (RENIDS); of the National Consultative Committee of Virtual Libraries in Health (CCN-BVS); and of the Association of Librarians of El Salvador (ABES), SDA participated in working sessions, conferences, material expositions, among other coordinated activities by these instances. The exchange of bibliographical material among all of the members was maintained; and extended to other country documentation centers.

c) Development of the Voluntary Human Resource

Programmatic achievements

As shown in Annex 17, the proposed estimations for the period July 1999 – December 2002 were surpassed in their majority. This obeys mainly to the fact that targets were set in a conservative way, considering that their execution is under the responsibility of the voluntary personnel. In this case, the extra-ordinary accomplishments are subjected to the degree of the motivation achieved, and the real time availability of the volunteers.

155,389 attentions to clinics' users, equivalent to 105% of the proposed target, more than 170,000 men and women in reproductive age informed through information and orientation sessions are some of the achievements in this area.

Other major attainment was the organization of eight events: forums, round tables and workshops for the commemoration of the Women's International day and the Day for the Non-violence Against Women; these events were organized in coordination of the institutions conforming the "Network of Action against Gender Violence in El Salvador".

Management achievements

Under the agreement established with the personnel of the Career of Education Sciences of the University of El Salvador, the program counted with a selected group of students in social service who provided information on sexuality and reproductive health to students of nocturne education centers; thus, expanding SDA's program coverage.

It has been possible to develop a culture for voluntary work in support of the different programs and projects of the association. In the reporting period, it was counted with more than 84,600 work-hours, of which 58,347 were provided by the SDA Voluntary Ladies, 23,029 by students in their social service and 281 by orienting teachers. It is important to mention what was achieved with the later group was due to the fact that teachers were originally to conform a special group but which was later integrated to the existing voluntary ladies groups.

d) SDA Cyber Center

Programmatic achievements

In the period January 2001 – December 2002, 2,615 center's users were assisted, surpassing the target in 77%. It was necessary to make some adjustments in the price table of the products and services provided. On the contrary, this situation resulted in the non-compliance with the target, on income-captured, which only attained a 73% (Annex 18).

The estimations related to web design and web-hosting were the less sold services. This probably obeys to the fact that the institution had no a recognized trajectory in this business and to the lack of a promotion and publicity campaign; and therefore, the demand for these services was insignificant.

Management achievements

The decision to penetrate into this new field allowed SDA to conform a specialized technical team for developing the different internet applications, and the undertaking of all computer-technology related activities. In addition, the cyber center became the training center for the personnel of the association in these areas.

6. Pro-Familia Hospital Project

Description

SDA inaugurated the Hospital Pro-Familia in May 1994 as an open general hospital with an immediate installed capacity of 42 beds, and the possibility of expansion up to 72 beds. In its first 4 and a half years of functioning, the hospital became auto-sufficient in financial terms and undertook a progressive investment in equipment, and kept as its main objective to provide hospital and medical services of high quality, at the least cost possible; and to contribute to SDA sustainability through the generation of own resources.

From its inauguration until June 1999, the hospital was financed with own resources exclusively and became the main real and potential base of institutional sustainability; however, in order to be positioned as one of the preferred options of target population, it required of a major investment for the execution of a promotion and publicity plan. With the signing of the cooperative agreement in 1999, the hospital counted with a significant financial support from USAID dedicating 93% for the promotion and publicity campaign and 7% for the acquisition of medical equipment. However, due to the difficulty for acquiring goods overseas without local warranty coverage in El Salvador, all USAID financial support was utilized in the execution of the promotion and publicity campaign.

Programmatic achievements

In general, the attainments of the Hospital Pro-Familia, during July 1999 – December 2002, were considered satisfactory since the obtained results surpassed the established estimations both for the plans of action and the reprogramming for the period. As shown in Annex 19, the additional results vary between 5% and 16%.

In spite of the country economic situation, that has greatly affected the demand for private hospitalization services, the Hospital Pro-Familia has attained to become as one of the preferred options for the target population; this has meant a steady average growth of about 10% per year, and it has maintained an average occupation of 78% of the 54 beds, for private patients.

Management accomplishments

The management accomplishments for the period were the following:

- Design and execution of promotion and publicity plans to respond to the hospital market dynamic. The results were very satisfactory since it helped to position the hospital as one of the most accessible to the private market.
- Improvement of the hospital infrastructure.
- Substitution and expansion of cutting edge technology equipment.
- Signing of preferential prices agreements with almost all insurance companies.
- Signing of preferential prices agreements for hospital services to workers and beneficiaries of private firms in the industry.
- Remodeling of hospital rooms to create a pleasant environment for patients and relatives at all three hospital levels.

- Opening of emergency services and pediatric hospitalization, with the objective of expanding the range of specialty consultation services, and of emergency.
- Due to the excellent service provided to ISSS beneficiaries, the hospital maintained the institutional contract with ISSS for the attention of low risk child deliveries.

7. Technical and Administrative Support

A. Technical Support

a) Personnel Development

There is a modern-management's conviction that human resources are the most important asset and the base of the competitive advantage of an organization. Under this approach, SDA undertook the following actions, during the period July – December 2002:

The organization undertook some personnel selection processes, integrating the individuals characteristics, knowledge and expertise as requirements for a vacant post, in order to count with more qualified personnel and to maintain adequate levels of personnel rotation.

The current salary policy was updated, in order to be according to market salaries, and newly created posts were included in the study. Similarly, the Post Classification manual and the Individual Performance Evaluation System were updated, with the objective to link employee performance with qualitative and quantitative results.

An Organizational Environment Study was undertaken by SDA that provided information on communication, fringe benefits, leadership, team work, and motivation. The results served as base for the planning, coordination, and execution of 156 local training events, and 7 abroad, totalizing 1,942 participations of the institution's managerial, technical, administrative and operative personnel (Annex 20). These training events allowed to reinforce personnel's knowledge, skills development and attitude changes in benefit of the organization. The benefits obtained are now reflected in the effectiveness, mystic, quality and warmness with each SDA's member carry out their duties.

To increase the efficiency in the performance of the Human Resources Unit personnel, SDA updated and improved the software tools for the processing of the payroll.

It is important to mention that during this period, SDA received accreditation as "Enterprise Training Unit" by the Salvadoran Institute of Professional Training" (INSAFORP). This fact

permitted the institution to obtain funding support for the development of training events. This accreditation is maintained to date.

b) Education and Training

Among the main achievements of the Education and Training Unit are: the diagnostic, design and development of the training plan for all different personnel levels (regional coordinators, technical personnel and PVPs) of the Rural Services Program. The plan consisted of, the execution of an initial training and continued education seminars based on the results from the monitoring and evaluation activities of the same educative process. The initial training was developed in modules, in 2001, with reasonable time intervals for the participants to practice the knowledge acquired and the skills developed. This dynamic allowed to realize continued adjustments to the training plan and to adapt it to new real needs for training as well as the priorities and compromises of the participating personnel.

It can be observed in Annex 21 that for the period January 2001 – December 2002 11 out of 15 training sessions were undertaken for the RSP personnel, and 11 out of 14 evaluations for such training sessions programmed, attaining 73% and 74% of the target, respectively. Also, 6 programmed follow up visits to field training were carried out (in-situ). The impact and apprenticeship's permanency intermediate evaluation was reoriented to the "Evaluation of the acquired knowledge of PVPs, in the training for the administration of hormones contraceptives" which was conducted by SDA Evaluation and Investigations Unit.

Among the own activities of the Education and Training Unit, are: monthly planning and follow up sessions; supervision visits and support; and feedback to responsible personnel of the "Special Projects" considered in the agreement, as well as of the other projects implemented by SDA, such as, "Information, Education and Communications for the prevention of STI/HIV/AIDS in the influence population, of border site El Amatillo, La Union" project; the exchange project "South-North", and the "Improvement of STI/HIV/AIDS services network for adolescents". The first project was financed by the Canadian International Development Agency (CIDA) and the others, by IPPF.

Among other outstanding activities standouts, the coordination of the institutional participation at instances for educative work in sexuality and reproductive health of adolescents, with the Ministries of Education and Public Health; counting with the support of international cooperating organizations and the participation of other NGOs. One of these instances was the "Inter-institutional Committee for the Health of Adolescents" where technical support was provided in the preparation of the "Adolescents to Adolescents Manual". In the actuality, SDA actively participates in the majority of governmental initiatives (including the ones promoted by the newly created Secretariat for Youth) oriented to meet the needs, interests and problems of the adolescent population.

c) Management Information Systems

As part of the technical support to programs and projects executing units, as well as the administrative units, SDA maintained a periodic revision and updating process of its management information systems, to expedite and make decision making more efficient, and to ensure personnel efficiency. From 2001, the requirements of the cooperating agencies, the institutional needs and the accelerated technological development in computers, required the updating and substitution of hardware and software. This also required systems integration at the central level and the periodic training of users. The specific accomplishments related to established targets, in the agreement, are:

Updating and replacement of information systems and applications for their proper functioning in the new millennium: The updating undertaken in the second semester of 1999 allowed the whole institution could use the existing hardware and software from the beginning of 2000 without any inconvenient. In those cases where the applications did not count with local or in-house support their complete substitution was carried out. From 2001, the unit implemented the bases for a Management Information System with the acquisition of the SQL Server Data Base platform onto which American Fundware Accounting System was implemented. This system receives information through electronic interfaces from peripheral systems which are updated in batch. Currently, the unit is searching for an integrated system (administrative, programmatic and business areas) to count with a true and complete Management Information System oriented to decision making.

Training of Personnel: As an essential part of the personnel support, the institution carried out a series of training sessions in the areas of technology, such as desktop tools (MS Word, Excel, Power Point, Outlook, Outlook Express, among others), client operating systems (Microsoft Windows in all versions) and in the use of the institutional intranet. With regard to intranet, in the actuality the unit is testing the module for the electronic generation of requisitions and purchase orders.

In addition to extending computer equipment use, and computer systems to satellite or regional clinics as established, these were extended to the rural services program as well as all business units.

Provide the necessary preventive and corrective maintenance of computer equipment: A preventive and corrective maintenance plan is been executed annually, for all computer equipment, including central and regional servers, data transmission, internet, routers, switches, etc.

Technical support to organizational units: this is an implicit global and primordial objective of the unit, which not only includes the support but the technological support to new initiatives aimed to the evolution and continuity of the business.

Implementation of an E-mail server running on Exchange Server: the bases for internal and external electronic messaging were created, and are the foundations for the Intranet and for all other collaborative applications.

The Clinics Management System (CMX version 5) was implemented at all 10 clinics and laboratories. At the same time, the network security system was installed to provide protection to the internal network and thus, to ensure information security and integrity. In addition, institutional antivirus software was also installed. These two systems protect both the local and external networks at clinics, laboratories and pharmacies.

B. Administrative Support

a) Finance Management Unit

In the finance area, the activities were oriented to the custody and administration of the Association's assets according to USAID and SDA internal regulations. This implied the financial and accounting monitoring of the annual budget execution for each project, component, subcomponent, type of expenses, and funding source. Also, it included the timely registration of income and expenses by funding source, and the presentation of the expenses liquidation as well as the financial reports, required by each donor.

The different auditing firms were timely hired, whom undertook periodic exams on aspects of internal control and compliance with USAID requirements; and constantly reviewed the compliance to the administrative procedures and control of the goods and products acquired with project's funds. In addition, the first phase for the cost accounting processes was implemented with the objective to record income and expenses for each service provided by the different programs in support of decision making. For this activity, SDA counted with the support of Pro-Familia Colombia and all related expenses were financed by CATALYST.

b) Purchasing Management Unit

The administrative support in the area of purchases was realized through the implementation of a systematic process oriented to acquire the goods and services needed for the efficient and timely execution of SDA's different activities and projects. Some factors that helped to comply with the requirements of the programmatic and administrative units were: administrative effectiveness, process reliability, and the effective application of the Purchase Manual and Storage and Logistics Manual.

During July 1999 – December 2000, SDA undertook the remodeling of the central warehouse through the construction of mezzanines, but due to the consequences of the damage caused

by the earthquakes in 2001, the Institution opted to optimize its internal areas, building a second floor at the central warehouse that allowed to increase the storage capacity from 258.28 m² to 510.78 m².

c) Maintenance and General Services Management Unit

At the maintenance and general services unit, all efforts were oriented to provide logistics support to all projects and administrative units of the association related to the maintenance of facilities, furniture and equipment, attaining the optimization of resources and greater efficiency in the services provided. The unit provides all the transportation support to the executing units as integral part of the unit's functions, for which a preventive and corrective maintenance plan was developed for the fleet of vehicles.

IV. NEW INITIATIVES

1. Rural Services Program

With the purpose of attaining the integration of new services and increasing the efficiency of the human resources, two new initiatives were undertaken by the program:

- The execution of community campaigns for the taking of cytology tests (PAP), in coordination with the Clinical Services Program. Both personnel displaced together to the rural areas to collect the samples (billed at a preference value).
- A pilot study to determine the PVPs replenishment strategy for contraceptives. This started in the month of February 2005 with the implementation of 4 replenishment modalities (one for each region), having different degrees of participation of the technical personnel and CHTs. In the month of October 2005, all 4 strategies, pros and cons, will be evaluated to make the necessary adjustments and implement the most efficient modality, in January 2006.

2. Clinical Services Program

In addition to the accomplishments related to targets and plans contemplated in the project, there have been other attainments that were not originally included, such as:

- Dental Services were incorporated to the range of services already offered at 8 of the 10 clinics. This made possible to win a public bidding process for providing service to employees and beneficiaries of ANDA.

- Training and Follow up to the implementation plan, for setting quality standards in the provision of clinical services.
- Systematization, in the approach, of services for the prevention and detection of STI/HIV/AIDS, with emphasis in pre and post voluntary test counseling.
- Active participation in the following committees, institutionalized by the MOH: a) Committee for the Formulation and Follow-Up of the Technical Norm and Attention on Family Planning; b) National Committee for the Early Detection of Cancer of Cervix; c) Committee for the Quality Surveillance of the Cervix Vaginal Cytology Test Readings; and, d) National Ad-Hoc Committee on Sexual and Reproductive Health.
- Creation of the Clinic and Laboratory of Sonsonate in 2004.
- The acquisition of two automated equipment for special tests (hormones), allowing to expand the range of services provided by the laboratories in Chalatenango and San Miguel.

3. Marketing and Communications Program

The positioning of owned-brands initiated with the expansion of Condor, Panther and Piel lines; and the registration of new brands of condoms: Candy-Sex, Escudo and OK to expanding market coverage.

Established contacts with different international manufacturers for the fabrication of condoms using owned-brands, at better prices; in the actuality, negotiations are underway for the distribution of new contraceptive products and other generic medications to expand the variety of product's offers within the different commercial distribution channels.

The creation of the Credit Department allowed counting with a better warranty for credit recovery within the specified terms.

Establishing strategic alliances with firms and pharmaceutical laboratories to finance promotional to take place at the network of pharmacies.

The development of a "Loyalty and Fidelity Plan" for customers: This plan consists of two major components, a) the "Pro-Familia Discount Card" that works as a membership card, and it is aimed to generate larger traffic of customers among the different strategic business units by offering discounts on the various goods and services offered by Pro-Familia; and b) the "Pro-Familia Hearts"; customers receive one heart for each five dollars spent at the pharmacies to be exchanged later for services provided at the hospital, clinics and laboratories.

The creation of the product called "Pro-Familia Integral Health Services" which is being offered to and accepted by larger firms; and provides those companies' employees with preferential discounts, in exchange of the employee affiliation to the Discount Card, and the signing of an discount agreement between the company and the institution. This product is also aimed to generate larger customer traffic among the different Pro-Familia business units.

SDA managed to penetrate in non-traditional market segments, getting to attain sales to other distribution points, such as: hospitals, ISSS, and NGO's, through public bids and direct sales.

SDA was honored with some national and international prizes for its creative publicity campaigns for both services and products, being the most important ones: "Caribbean 2000", in Panama; "Caracol de Plata" in Mexico, a nomination in the "New York Festival"; "El Sol de Plata" in Argentina; and finalist at "The London International Advertising Awards"; and more than six prizes in the contest "Creatividad Gráfica" in El Salvador.

4. Investigation Program

a) Demographic and Health Surveys

- A secondary data analysis about the beneficiary population of ISSS, for exclusive knowledge and use of the institution.
- The use of electronic scales for the taking of the anthropometric measures, that allowed the weighting of the mother and son jointly and helped to enhance the precision in the taking of the measures and to decrease the rejection rate in minors under 2-years of age.
- The printing of the final report of FESAL 2002/03 in full color to stress the differentials included in the graphics, and thus, reducing the size of the report.
- The creation of a CD containing a replica of the survey's web page.

b) Feasibility Studies

- Elaboration of the study called "Factors affecting demand evolution for the Pro-Familia's medical and clinical laboratory services in the city of Santa Ana".

5. Special Projects

a) Youth Integral Care Program

The execution of the “south-to-north” collaborating project with “Planned Parenthood of America Southern Arizona”, USA. This initiative was implemented between 1999 and 2003 and consisted in an exchange of experiences through which innovative techniques, on areas related to reproductive risk and sexuality education in adolescents, were transferred. This initiative was channeled through IPPF.

b) Documentation Centers in Population

From March 2003, the three libraries located in San Salvador, Santa Ana and San Miguel were assisted by their respective group of Pro-Familia’s Voluntary Ladies, and thus, they were able to reduce their costs significantly. Based on this experience, from 2005, the coordination of the libraries became part of the “Development of the Voluntary Human Resource” subcomponent.

c) Development of the Voluntary Human Resource

The conformation of three new groups of Voluntary Ladies in Sonsonate, Chalatenango and La Unión.

d) SDA Cyber Center

New initiatives are associated to the management achievements.

6. Pro-Familia Hospital Project

Since the majority of the programmatic and management plans established in the cooperative agreement were novel, the only new initiatives that can be mentioned are: a) the opening of the pediatric emergency area in December 2003 and the pediatric hospitalization area in May 2004.

V. PENDING ISSUES OR RESULTS

2. Clinical Services Program

The business plan for offering surgical and recuperation room services in the clinics of Santa Tecla, Santa Ana and San Miguel could not be concretized, since the feasibility studies developed concluded that the installed capacity did not allow for having an acceptable response in case of an emergency, and this could provoke some risks to the health of the patients as well as a bad image for the institution. Until now said rooms only function for Voluntary Surgical Contraception (AQV).

4. Investigation Program

a) Demographic and Health Surveys

At the closing of the cooperative agreement, the only pending activity is the elaboration of the memoir of FESAL 2002/03.

b) Feasibility Studies

- A "Feasibility study for the commercialization of disposable spectacles and pregnancy tests", since all efforts and resources of the Marketing and Communications Program were focused to the expansion of the Network of Pharmacies Pro-Familia.
- An "Investigation for identifying the strategies with greater warranty-potential of effectiveness to approach the thematic of reproductive health with adolescents" since for the same period, Inter-American Development Bank (IDB) and the Pan-American Health Organization (PAHO) financed other investigation called "Interventions for Adolescents under poverty conditions" in three Central American countries, including El Salvador.
- "Quality study for Family Planning Counseling at Pro-Familia's Clinics"; it counted with international technical assistance for the validation of SDA's counseling strategy, and training for the implementing personnel.
- "Evaluation of the promotional campaign for services": the study was suspended by the Marketing and Communications Program due to the high cost for the Association.
- "Study for user satisfaction at the Pro-Familia's Clinics" (2nd. Phase) the International Planned Parenthood Federation (IPPF/WHR) and SDA designed a new strategy that

includes permanent procedures for evaluating and monitoring quality of care in the clinical services.

- “Study for the quality of care of the Pro-Familia’s external physicians and patients (2nd Phase), and the “Study of Client Satisfaction of the network of pharmacies Pro-Familia” since the start date of FESAL 2002/03 data collection process was anticipated.

6. Pro-Familia Hospital Project

The offering of a basic preventive and curative health package for the relatives living in El Salvador that depend on migrant population living abroad was not materialized before the closing of the cooperative agreement. To date, only limited market soundings have been carried out to determine its technical, legal and economic feasibility. Also, some progresses have been made in the management of eventual strategic alliances with national and international companies. Currently, and based on these advances, the strategy is being redesigned.

7. Technical and Administrative Support

The unaccomplished goals were: a) the installation of a Library Information System, SIABUC in Santa Ana and San Miguel, since the local supplier created a very limited DOS version which did not allow the integration to web technology and windows environment; b) integration of payroll, marketing and CMX systems with American Fundware since both system run under two different software platforms; c) the implementation of a geographical information system in support of the design of work routes and coverage of the Social Marketing Program, Rural Services Program and of the other units in the interior of the country. As explained in the Marketing and Communications Program, the country conditions, in the area of technology, outside San Salvador are insufficient to implement this system.

VI. PROJECT AUDITINGS

During the life of the project, 12 auditing exercises were undertaken by the external auditors authorized by USAID, which were effected according generally accepted accounting norms and government auditing procedures issued by the General Comptroller of the United States of America, attaining the following objectives:

- To express an independent opinion on the project’s expenses liquidation taking into consideration all important factors, income received, expenses and costs incurred at the end of each audited exercise.

- To emit a report on the SDA's internal control structure, evaluating its risk control and identifying reportable conditions and deficiencies incurred at the end of each audited exercise.
- To emit an opinion on the SDA's compliance with all important terms of the cooperative agreement, laws, regulations and standard provisions applicable to the project, identifying important cases of non-compliance as well as suspects of illegal acts.
- To review the working papers on cost sharing to determine if SDA made them available and were according to what is established in the agreement.

Chronology of practiced auditing exercises during the life of the agreement.

Audit Period	Audited time	External Auditor
01/July/1999 - 31/December/2002	3 years & 6 months	Arias Morales y Cia
01/January/2003 -31/December /2004	2 years	Deloitte & Touche
01/January - 30/June/2005	6 months	Grant Thornton /Castellanos Campos

These audits were financed with funds from Project No. 519-A-00-99-000-92-00 and to date, SDA has no a single questioned expense pending liquidation nor pending recommendations to implement.

VII. LESSONS LEARNT

1. Rural Services Program

- One basic component for the development of family planning programs is the utilization of community leaders as multiplier agents.
- The credibility and acceptance is higher in the population when the PVPs are people from the same community.
- It has been demonstrated that when there exists a variety in the offer of temporary methods, there is a positive influence in the decision for using a contraceptive method.

- An integrated educational development in community health, (family planning, use of the services of maternal and infant health, and the prevention of STI/HIV AIDS) influences the adoption for family planning services positively.
- The maintenance of an incentives plan has shown a positive influence on voluntary work.
- Institutional coordination at all levels, and especially, at the local level, is an important factor that contributes to meet the objectives and goals of health programs based in the community.
- It is impossible to attain the program financial sustainability due to the social characteristics of the target population, but progress can be made in cost recovery.

2. Clinical Services Program

- The responsibility and compromise of SDA's authorities for the implementation of both programmatic and managerial plans resulted to be a key factor in the results achieved; and, shows the coherence between the program objectives with the vision and mission of the institution.
- Rationally designed promotional and ad campaigns, resulted to be an investment and not an expense, since they normally created demand for clinic and laboratory services.
- The rational use of the resources and the good management practices, contribute to have greater availability of goods and services.
- The fact that an institution satisfactorily complies with the targets sets, generates confidence by the cooperative organizations and institutions.

3. Marketing and Communications Program

- Implementing a promotion and publicity strategic plan ensures penetration in the different market segments, and attainment of its sales objectives.
- Implementing a physicians visiting plan ensures that ethical products be prescribed by medicine professionals.
- The periodic revision of costs and prices, and financial analysis, ensure greater profitability of the program.

- Product diversification, with emphasis in the strengthening of proprietary brands, ensures the continuity and sustainability of the program.
- The implementation of computerized tools, such the Management Information System that contributes: to improve decision making in the area of marketing, and to obtain timely data related to sales, existences, expire dates and inventory control for the proper functioning of this program.
- The limited number of distribution points (or branches) reduces the negotiation power with suppliers, and represents a weakness before the competition.
- The development of cultural activities that are income-generators, around the SDA's institutional commemorations contributes, to both enhancing and expanding the institutional image, and reducing costs.
- Maintaining personal contacts with key personnel from the media, allowed the organization to obtain free media spaces for the promotion of products and services as well as for advocacy activities in reproductive health.

4. Investigation Program

a) Demographic and Health Surveys

- The incorporation of new modules without a previous consensus of knowledgeable international organizations in a specific subject (Retinol in blood in FESAL-98 and blood pressure in 2002/03) could represent a consumption of resources that, at the end, would become unproductive.
- The incorporation of new software during the execution of a survey, and with a very tight chronogram as in FESAL, could result in delays in the attainment of the other activities.
- The statistical evaluation of the results through the calculation of confidence intervals, permits the establishment of significant differences, specifically in trends analysis. However, this implies considerable additional time.
- The fact of giving too much importance to the price factor, in the selection of suppliers of services, could imply a greater time-investment for SDA in order to ensure the quality and accomplishment of the established periods.

- When publishing non-sustainable statistically results (i.e. maternal mortality rate), it could generate mistrust in the quality and the scientific rigorousness of the investigation or surveys.

b) Feasibility Studies

- The allocation of very specific research's issues to local consultancy firms could represent considerable time-investments for SDA's personnel in the supervision of the design and execution of the work to be performed.
- The utilization of the same technical teams, to simultaneously develop operational studies and a survey as FESAL could represent delays in both schedules.

5. Special Projects

a) Youth Integral Care Program

- The strategy of pairs education resulted to be very effective to disseminate information and provide education about the health care of adolescents. Also, its cost-effectiveness results to be very satisfactory. In addition, the motivation achieved in the multipliers will be an important element to the success of programs with adolescents.
- To work with a integrated model, involving teachers and parents of the juvenile multipliers, results very advantageous for the development of the strategy of pairs to both the friendly environment of the youth and the support to the activities that they undertake. This is of a vital importance, considering that current programs on education of sexuality and reproductive health of adolescents are subjected to attacks from part of the conservative sectors.

b) Documentation Centers in Population

The incorporation of the voluntary ladies in the attention of the libraries has allowed SDA to reduce their costs significantly.

A project of this nature requires of a continued promotion and publicity support.

c) Development of the Voluntary Human Resource

The creation and conformation of a group of Pro-Familia's Voluntary Ladies at the clinic's influence area, in support of the provision of services, increased the acceptance of Pro-Familia's products and services.

d) SDA Cyber Center

Before entering in to a new business oriented to sustainability, a market feasibility study should be carried out.

6. Pro-Familia Hospital Project

Since the majority of the programmatic and management plans established in the cooperative agreement were novel, the only new initiatives that can be mentioned here are: a) the opening of the pediatric emergency area in December 2003 and the pediatric hospitalization area in mayo 2004.

VIII. CONCLUSIONS AND RECOMMENDATIONS

1. Rural Services Program

Conclusions

- The USAID financial and technical support, during the life of the cooperative agreement for the Sustainable Reproductive Health Project, was of a vital importance for the consolidation of the Rural Services Program; particularly, its contribution to the attention of the unsatisfied needs in reproductive health, with emphasis on family planning, infant survival and maternal health.
- The effectiveness of the management plans, implemented during the project's life, is shown in the statistical charts since the majority of the program attainments surpassed programmed estimations.
- The incorporation of CHTs, as the link between the technical personnel and the network of PVPs, strengthened the promotion and education about the use of maternal health and infant survival services.
- PVPs have become the main means to make reproductive health services, with emphasis on family planning accessible to the population, in rural communities.

Recommendations

- Keep the integration of the different components of reproductive health in all information and community health education activities of the Rural Services Program to facilitate access and decrease cultural and social barriers, related to family planning.

- The community work should always count with the distribution of contraceptive products, and should be supported with accessible medical services, at strategic sites, to rural population.
- Strengthen and systematize the inter-institutional coordination at the different levels, to achieve greater effectiveness in community health programs.
- Analyze other options to strengthen current incentives plan to ensure permanency and productivity of PVPs.
- Due to their orientation to population with lower payment capacity, community based programs should keep a low-cost structure to ensure continuity and social projection.
- Promote the participation of men in the process of adopting reproductive health services, with emphasis on family planning, prevention of STI/HIV/AIDS, cervix-uterine, mammal and prostate cancer.

2. Clinical Services Program

Conclusions

The technical and financial support provided under the cooperative agreement allowed the strengthening of the installed program capacity through the acquisition of modern medical and laboratory equipment, and improvements in infrastructure.

- The continued contraceptive supplies by USAID contributed in a great manner to provide CYP's as well as to offer a Wide range of options for family planning.
- The promotional and ad campaigns developed during the life of the project have allowed for the clinics and laboratories to be positioned in a wide sector of the population which actually identifies Pro-Familia as an institution where quality services are provided, at reasonable prices.
- The strengthening of diversified services, generators of income, allowed the program to increase its contribution to the sustainability of family planning services, and the permanency of the social programs.
- The strengthening of the installed capacity, with medical and laboratory equipment of high standards and technology, allowed the Association to win public bid processes and to establish commercial agreements with private firms.

Recommendations

- At the moment of negotiating a new project in the area of family planning with international or national cooperative organizations, it should be taken into account the contraceptive supply policies for both the public sector and NGO's, in order that the estimations and targets be more realistic.
- Reproductive health services should continue being provided to the Salvadoran population; and above all, facilitate access to less favored sectors through the implementation of a strategy of cross-subsidized services from the income generated by the diversified services.

3. Marketing and Communications Program

Conclusions

- The periodic structuring and updating of the marketing plan allowed satisfactory sales coverage at the different subcomponents of the program.
- Taking into consideration that SDA is authorized to function a Drugstore, it is recommended to search new markets for the distribution of all type of medications in order to contribute to the financial sustainability of the institution.
- In view of the auto-sustainability shown by this type of programs, it is recommended to expand the range of contraceptive products and to strength owned-brands with the support of a promotion and publicity plan.
- It is also recommended the opening of other branches (clinics and for pharmacies) at more popular zones and with high traffic of potential customers where the Pro-Familia brand is highly known and has a good acceptance; thus, taking advantage of economy of scales in global purchases to offer the medications at lower and accessible prices.
- Establish constant contacts with the media, in order to negotiate free ad spaces for promoting the image of the institution and its goods and services.

4. Investigation Program

a) Demographic and Health Surveys

Conclusions

- The series of FESAL surveys have become the major national and international referent of the Salvadoran health; specially, of the reproductive health due to its scientific character and the wide institutional participation achieved, from the planning phase until the dissemination phase of its results.
- The capitalized experience of the Association, in the field of scientific research and the opportune technical assistance provided by CDC, were the key factors for the credibility of the results and the attainment of its objectives.
- The success achieved by the series of FESAL surveys has been possible by the interest and financial support of USAID that practically assumed the totality of its costs.
- The fact of keeping in FESAL 2002/03 practically the same sample of FESAL-98, allowed the trend analysis of the department indicators had greater statistical power.
- The decision of keeping in FESAL 2002/03 the major themes and indicators of FESAL-98 also contributed to the knowledge and interpretation of its historical evolution.

Recommendations

- International organizations should negotiate the realization of both "VI National Population and Housing Census"
- USAID should initiate as soon as possible the necessary negotiations to obtain the effective participation of other international organization for the funding of the new survey.
- Ensuring the international technical assistance for future surveys in El Salvador to assure timely support, especially, for the critical periods of their execution.
- To keep the same sample size and the contents of FESAL 2002/03 in the next survey with women, and to expand the sample for the survey with men, in order to obtain regional confident results at least at the level of 5 health regions (ETZ for theirs name in Spanish) of MOH.

- To exclude the module of maternal mortality from FESAL due to the lack of statistical precision, and to undertake, in a separate form, its study through other methodologies that had shown to be more effective.

b) Feasibility Studies

The results of the operational studies undertaken were determinants in the decision making for improving the efficiency and effectiveness of SDA's programs and projects.

5. Special Projects

a) Youth Integral Care Program

Conclusions

- The program experienced an important evolution in its work, in benefiting the adolescent population through the strengthening of the education strategy of pairs and the use of the official manuals in its execution.
- The implementation of an integrated work model, that includes the participation of the parents and teachers of the multipliers, gained greater support for the program and favored the communication in the family on issues related to education of sexuality. It also contributed to teachers approached such thematic for the first time, since these issues were not taught, even when they were included in the official curricula, due to the lack of information or personal prejudices.

Recommendations

- To negotiate a cooperative agreement between SDA and MINED, at highest level possible, that allows to continue unifying efforts in the process of the education of sexuality and reproductive health to the adolescent population of the formal sector.
- To analyze the feasibility for integrating the different efforts addressed to adolescent population undertaken by SDA under its all social programs, in order to extend coverage to rural areas with the same integrated module (adolescents, parents and teachers).
- It should be considered that all educative services offered to adolescent population on education of sexuality and reproductive health must be accompanied by an offer of health services within the context of the norms and official guidelines of MOH

b) Documentation Centers in Population

Conclusions

The libraries, that integrate this subcomponent, have contributed to the strengthening of the information and education processes in population, contraceptive technology and reproductive health, in general.

Recommendations

To design a mini promotion and publicity campaign for the Pro-Familia Libraries through written correspondence, local radio, posters, flyers and the internet.

To negotiate and canalize donations of updated bibliographic materials on issues related to education in population, contraceptive technology and reproductive health.

c) Development of the Voluntary Human Resource

Conclusions

- The support to the voluntaries, of the different SDA projects and programs, has allowed to expand the attentions, and the information and education services, provided by the institution.
- The institutional efforts in the development of leadership, decision making, communications skills and organization of the Voluntary Ladies groups have been of extreme importance for their continuity in service for many years.

Recommendations

- To strength and diversify the support of the voluntary personnel in the areas of information, education and provision of services, in the different programs and projects of the association.
- To keep the program of continued education in the specific areas of real performance and potential
- To take advantage of the capitalized experience in this strategy, to integrate groups of voluntary "gentlemen" in the promotion, information and education of reproductive health.

d) SDA Cyber Center

Conclusions

The lack of a trajectory in the administration and sale of navigation products and services, as well as all services related to the Web, affected the consecution of the targets for this subcomponent.

Recommendations

If the association were to re-enter in the commercialization of web pages and web hosting at great scale, it is necessary a publicity campaign that presents the development achieved to date.

6. Pro-Familia Hospital Project

Conclusions

- The publicity campaigns financed through USAID funding, have allowed the Hospital Pro-familia to be positioned in a wide segment of the population which identify the hospital as an institution where quality services are provided, at reasonable costs.
- The strengthening and expansion of medical specialties and sub-specialties have allowed larger income generation, and consequently, a major contribution to the sustainability of the social programs of the association.
- The acquisition of cutting edge medical equipment for the hospital has contributed to the fact that Hospital Pro-Familia is now considered as a general hospital with greater installed capacity offering integral health services to private firms and government institutions through the participation in public bid processed as well as through direct actions.

Recommendations

- Given the hospital's current positioning, it would be appropriate to create clinics for surgical specialties and of internal medicine, within the hospital complex to increase the number of surgical interventions at the surgery rooms of Hospital Pro-Familia.
- The creation of services of diagnostic support and treatments with advance technology through an Interventionist Medicine Unit, focused to the treatment of cardiac illnesses (By-pass treatments and cardiac catheter).

Annexes

1. Report of received advances from July/99 to June 2005
2. Advances received and expenses incurred from 1 July/99 to 30 June 2005
3. Statistics Result Rural Services Program, July/99 to December 2002
4. Statistics Result extension of the agreement, January 2003 to June 2005
5. Statistics Result Clinical Services Program, July/99 to December 2002
6. Statistics Result Social Marketing and Communications, July/99 to December 2002
7. Statistics Result Network of Pharmacies, July/99 to December 2002
8. Statistics Result Resources Development, July/99 to December 2002
9. Statistics Result Demographic and Health Surveys, FESAL-98, July/99 to December 2002
10. Statistics Result Demographic and Health Surveys, FESAL-2002/03, January 2002 to December 2003
11. Activities Result Demographic and Health Surveys, FESAL-2002/03, January 2003 to June 2005
12. Activities Result Feasibility Studies, July/99 to December 2000
13. Activities Result Feasibility Studies, January to December 2001
14. Activities Result Feasibility Studies, January to December 2002
15. Statistics Result Youth Integral Care Program, July to December 2002
16. Statistics Result Documentation Center in Population, July/99 to December 2002
17. Statistics Result Development of the Voluntary Human Resource, July/99 to December 2002
18. Statistics Result SDA Cyber Center, January 2001 to December 2002
19. Statistics Result Hospital Pro-Familia
20. Statistics Result Personnel Development, July/99 to December 2002
21. Statistics Result Education and Training, January 2001 to December 2002
22. Anecdotes by the beneficiary population of SDA social programs included in the project

SALVADORAN DEMOGRAPHIC ASSOCIATION
REPORT OF RECEIVED ADVANCES FROM JULY/99 TO JUNE 2005
(EN DOLARES AMERICANOS)

	DATE	ADVANCE IMPLEMENTATION	ADVANCE RECEIVED	TOTAL ADVANCE RECEIVED	BALANCE PIL
		No. 2, 3, 4, 5, 7, 8, 10, 11, 12 Y 13			No. 1, 2, 3, 4 Y 6
1 JULY 1999	01/07/99		11,190,000.00		11,190,000.00
ADVANCE RECEIVED P:JUL-SEP:99	24/08/99		514,285.71	514,285.71	10,675,714.29
ADVANCE RECEIVED P:OCTOBER99	30/09/99		57,142.86	57,142.86	10,618,571.43
ADVANCE RECEIVED P:NOVEMBER:99	04/11/99		278,742.86	278,742.86	10,339,828.57
ADVANCE RECEIVED P:DECEMBER:99	01/12/99		250,857.14	250,857.14	10,088,971.43
TOTAL AMOUNT RECEIVED IN THE YEAR				1,101,028.57	
ADVANCE RECEIVED P:JAN-MAR:2000	04/01/2000		685,714.29	685,714.29	9,403,257.14
ADVANCE RECEIVED P:MAY-JUN:2000	05/05/2000		185,520.00	185,520.00	9,217,737.14
ADVANCE RECEIVED P:JUNE 2000	14/06/2000		160,365.71	160,365.71	9,057,371.43
ADVANCE RECEIVED P:JULY 2000	30/06/2000		205,257.14	205,257.14	8,852,114.29
ADVANCE RECEIVED P:AUG:2000	16/08/2000		177,817.14	177,817.14	8,674,297.14
ADVANCE RECEIVED P:SEP 2000	05/09/2000		84,228.57	84,228.57	8,590,068.57
ADVANCE RECEIVED P:OCT 2000	03/10/2000		859,542.86	859,542.86	7,730,525.71
ADVANCE RECEIVED P:NOV:2000	13/11/2000		151,085.71	151,085.71	7,579,440.00
ADVANCE RECEIVED P:DEC:2000	08/12/2000		201,726.59	201,726.59	7,377,713.41
ADVANCE RECEIVED P:DEC:2000	04/01/2001		208,800.00	208,800.00	7,168,913.41
TOTAL AMOUNT RECEIVED - YEAR				2,920,058.02	
ADVANCE RECEIVED P:JAN:2001	31/01/2001		388,571.43	388,571.43	6,780,341.98
ADVANCE RECEIVED P:FEB:2001	05/03/2001		246,100.00	246,100.00	6,534,241.98
ADVANCE RECEIVED P:MAR:2001	30/03/2001		186,400.00	186,400.00	6,347,841.98
ADVANCE RECEIVED P:MAY:2001	15/05/2001		175,000.00	175,000.00	6,172,841.98
ADVANCE RECEIVED P:JUNE 2001	30/05/2001		55,107.72	55,107.72	6,117,734.26
ADVANCE RECEIVED P:JUN:2001	22/06/2001		175,892.28	175,892.28	5,941,841.98
ADVANCE RECEIVED P:JUL:2001	11/07/2001		182,000.00	182,000.00	5,759,841.98
ADVANCE RECEIVED P:AUG:2001	27/07/2001		210,000.00	210,000.00	5,549,841.98
ADVANCE RECEIVED P:SEP:2001	04/09/2001		207,600.00	207,600.00	5,342,241.98
ADVANCE RECEIVED P:OCT:2001	28/09/2001		294,100.00	294,100.00	5,048,141.98
ADVANCE RECEIVED P:NOV:2001	05/11/2001		142,100.00	142,100.00	4,906,041.98
ADVANCE RECEIVED P:DEC:2001	30/11/2001		369,500.00	369,500.00	4,536,541.98
TOTAL AMOUNT RECEIVED - YEAR				2,632,371.43	
ADVANCE RECEIVED P:JAN:2002	30/01/2002		162,513.16	162,513.16	4,373,928.82
ADVANCE RECEIVED P:FEB:2002	27/02/2002		206,000.00	206,000.00	4,167,928.82
ADVANCE RECEIVED P:MAR-APR:2002	03/04/2002		142,770.00	142,770.00	4,025,158.82
ADVANCE RECEIVED P:MAY:2002	05/05/2002		173,599.19	173,599.19	3,851,559.63
ADVANCE RECEIVED P:MAY:2002	28/05/2002		94,180.81	94,180.81	3,757,378.82
ADVANCE RECEIVED P:JUN-JUL:2002	11/06/2002		490,200.00	490,200.00	3,267,178.82
ADVANCE RECEIVED P:AGOSTO-SEPT.:2002	12/07/2002		517,384.16	517,384.16	2,749,794.66
ADVANCE RECEIVED P:SEP:2002	14/08/2002		180,285.84	180,285.84	2,569,508.82
				1,967,033.16	
TOTAL continued....			11,190,000.00	8,620,491.18	8,620,491.18

SALVADORAN DEMOGRAPHIC ASSOCIATION
REPORT OF RECEIVED ADVANCES FROM JULY '99 TO JUNE 2005
(IN US DOLLARS)

	DATE	ADVANCE IMPLEMENTATION	ADVANCE RECEIVED	TOTAL ADVANCE RECEIVED	BALANCE PIL
		No. 2, 3, 4, 6, 7, 9, 10, 11, 12 Y: 13			No. 1, 2, 3, 4 Y 6
<i>.....continued</i>		11,190,000.00	8,620,491.18	8,620,491.18	2,569,508.82
ADVANCE RECEIVED P/OCT-NOV/2002	02/10/2002		477,000.00	477,000.00	2,092,508.82
ADVANCE RECEIVED P/DEC/2002	27/11/2002		125,300.00	125,300.00	1,967,208.82
TOTAL AMOUNT RECEIVED - YEAR				2,569,333.16	
ADVANCE RECEIVED P/JAN-FEB/2003	19/02/2003		429,500.00	429,500.00	1,537,708.82
ADVANCE RECEIVED P/APR Y MAY/2003	02/05/2003		474,241.75	474,241.75	1,063,467.07
ADVANCE RECEIVED P/JUN/2003	05/06/2003		356,930.00	356,930.00	706,537.07
ADVANCE RECEIVED P/JUL/2003	13/07/2003		183,400.00	183,400.00	523,137.07
ADVANCE RECEIVED P/AUG/2003	15/08/2003		193,900.00	193,900.00	329,237.07
ADVANCE RECEIVED P/SEP/2003	17/09/2003		34,745.00	34,745.00	294,492.07
ADVANCE RECEIVED P/OCT/2003	03/10/2003		107,500.00	107,500.00	186,992.07
ADVANCE RECEIVED P/NOV/2003	31/10/2003		105,250.00	105,250.00	81,742.07
ADVANCE RECEIVED P/DEC/2003	10/11/2003	568,240.00	203,130.00	203,130.00	446,852.07
TOTAL AMOUNT RECEIVED - YEAR				2,088,596.75	
IMPLEMENTATION LETTER #11		775,000.00			1,221,852.07
ADVANCE RECEIVED P/JAN/2004	07/01/2004		49,980.00	49,980.00	1,171,872.07
ADVANCE RECEIVED P/FEB/2004	17/02/2004		334,200.00	334,200.00	837,672.07
ADVANCE RECEIVED P/MAR/2004	10/03/2004		68,600.00	68,600.00	769,072.07
ADVANCE RECEIVED P/APR/2004	14/04/2004		101,000.00	101,000.00	668,072.07
IMPLEMENTATION LETTER #13		1,266,760.00			1,934,832.07
ADVANCE RECEIVED P/MAY	07/06/2004		107,500.00	107,500.00	1,827,332.07
ADVANCE RECEIVED PARA JUN/2004	20/07/2004		256,470.00	256,470.00	1,570,862.07
ADVANCE RECEIVED PARA JUL/2004	20/07/2004		367,550.00	367,550.00	1,203,312.07
ADVANCE RECEIVED PARA AUG/2004	10/08/2004		47,200.00	47,200.00	1,156,112.07
ADVANCE RECEIVED PARA SEP/2004	08/09/2004		121,000.00	121,000.00	1,035,112.07
ADVANCE RECEIVED PARA OCT/2004	06/10/2004		217,500.00	217,500.00	817,612.07
ADVANCE RECEIVED PARA NOV/2004	10/11/2004		123,800.00	123,800.00	693,812.07
ADVANCE RECEIVED PARA DEC/2004	08/12/2004		389,600.00	389,600.00	304,212.07
TOTAL AMOUNT RECEIVED - YEAR				2,184,400.00	
ADVANCE RECEIVED PARA JAN/2005	05/01/2005		58,300.00	58,300.00	245,912.07
ADVANCE RECEIVED PARA FEB/2005	09/02/2005		11,706.92	11,706.92	234,205.15
ADVANCE RECEIVED PARA FEB/2005	09/02/2005		99,700.00	99,700.00	134,505.15
ADVANCE RECEIVED PARA MAY/2005	04/05/2005		374,630.00	374,630.00	(240,124.85)
ADVANCE RECEIVED PARA JUN/2005	09/06/2005		318,709.00	318,709.00	(558,833.85)
TOTAL AMOUNT RECEIVED - SEMESTER				863,045.92	
GRAND TOTAL		13,800,000.00	14,358,833.85	14,358,833.85	(558,833.85)
IMPLEMENTATION LETTER #1 \$		1,988,502.00			
IMPLEMENTATION LETTER #2 \$		1,767,000.00			
IMPLEMENTATION LETTER #3 \$		1,187,000.00			
IMPLEMENTATION LETTER #4 \$		2,200,000.00			
IMPLEMENTATION LETTER #6 \$		1,000,000.00			
IMPLEMENTATION LETTER #7 \$		857,498.00			
IMPLEMENTATION LETTER #9 \$		1,190,000.00			
IMPLEMENTATION LETTER #10 \$		1,000,000.00			
CARATA DE IMPLEMENTACION #11 \$		775,000.00			
IMPLEMENTATION LETTER #12 \$		568,240.00			
IMPLEMENTATION LETTER #13 \$		1,266,760.00			
\$ 13,800,000.00					

SAN SALVADOR, 30 JUNE 2005

**ADVANCES RECEIVED AND EXPENSES INCURRED FROM 1 JULY/99 TO 30 JUNE 2005
BY COMPONENT AND SUBCOMPONENT
(IN AMERICAN DOLLARS)**

Components and Subcomponents	TOTAL BUDGET FOR THE PROJECT LIFE	TOTAL ADVANCES RECEIVED	TOTAL EXPENSES REAL	TOTAL DIFFERENCE ADVANCES-REAL	TOTAL DIFFERENCE BUDGET-REAL
1. RURAL SERVICES PROGRAM	2,867,959.00	2,984,097.59	2,542,157.51	441,940.08	325,801.49
a) Rural Services Program	2,867,959.00	2,984,097.59	2,542,157.51	441,940.08	325,801.49
2. CLINICAL SERVICES PROGRAM	5,942,968.00	6,183,629.72	6,222,839.79	(39,210.07)	(279,871.79)
a) Clinical Services Program	5,942,968.00	6,183,629.72	6,222,839.79	(39,210.07)	(279,871.79)
3. MARKETING AND COMMUNICATIONS PROGRAM	738,867.00	768,787.57	893,597.94	(124,810.37)	(154,730.94)
a) Social Marketing in Reproductive Health	565,136.00	588,021.30	642,604.88	(54,583.58)	(77,468.88)
b) Drugstore	8,566.00	8,912.88	8,565.72	347.16	0.28
c) Network of pharmacies	126,403.00	131,521.72	124,630.76	6,890.96	1,772.24
d) Information and communications	38,762.00	40,331.68	117,796.58	(77,464.90)	(79,034.58)
4. INVESTIGATIONS PROGRAM AND SPECIAL PROJECTS	1,820,156.00	1,893,863.59	1,627,306.07	266,557.52	192,849.93
a) Demographic and Health Surveys	1,094,538.00	1,138,861.54	1,004,898.11	133,963.43	89,639.89
b) Feasibility Studies	120,845.00	125,738.64	115,865.64	9,873.00	4,979.36
c) Education and Training	202,981.00	211,200.76	137,787.59	73,413.17	65,193.41
d) Youth Integral Care Program	278,235.00	289,502.18	237,602.83	51,899.35	40,632.17
e) Documentation Center	20,987.00	21,836.87	20,987.40	849.47	(0.40)
f) Planning Division			73,194.38	(73,194.38)	(73,194.38)
g) Advocacy	102,570.00	106,723.59	36,970.12	69,753.47	65,599.88
5. HOSPITAL PRO-FAMILIA PROJECT	316,900.00	329,732.93	318,054.72	11,678.21	(1,154.72)
a) Hospital Pro-Familia Project	316,900.00	329,732.93	318,054.72	11,678.21	(1,154.72)
6. TECHNICAL AND ADMINISTRATIVE SUPP	2,113,150.00	2,198,722.45	2,754,878.03	(556,155.59)	(641,727.90)
a) Personnel Development	161,073.00	167,595.68	151,474.67	16,121.01	9,598.33
b) Management Information System	716,826.00	745,854.02	696,913.42	48,940.59	19,912.58
c) Executive Management		0.00	26,244.28	(26,244.28)	(26,244.28)
d) Finance and Administration		0.00	17,202.25	(17,202.25)	(17,202.25)
e) Finance	122,563.00	127,526.21	272,777.58	(145,251.37)	(150,214.58)
f) Purchase Management	206,276.00	214,629.19	328,821.80	(114,192.61)	(122,545.80)
g) Maintenance and General Services	808,201.00	840,929.27	1,004,950.53	(164,021.26)	(196,749.53)
h) Administrative Auditings	98,211.00	102,188.07	151,558.05	(49,369.98)	(53,347.05)
i) Central Warehouse	0.00	0.00	35,372.32	(35,372.32)	(35,372.32)
j) Human Resources	0.00	0.00	69,563.13	(69,563.13)	(69,563.13)
TOTAL	13,800,000.00	14,358,833.85	14,358,834.06	-0.21	-558,833.93

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: RURAL SERVICES PROGRAM
SUBCOMPONENT: RURAL SERVICES PROGRAM
EXECUTING UNIT: RURAL SERVICES MANAGEMENT UNIT

Indicators	Estimations Action Plan	Executed in the period	Attained (%) period
CYP's provided	95,234	104,743	110.0
- Injectables	55,346	57,884	104.6
- Orals	28,884	33,077	114.5
- Condoms	11,004	13,782	125.2
New users of family planning	63,420	66,228	104.4
References for inscription / follow up in F.P.	20,781	21,619	104.0
References for Cervi-Vaginal Cytology testings	48,250	59,599	123.5
Informational talks on STI/AIDS	7,622	7,991	104.8
Participants to informational talks on STI/AIDS	82,332	97,738	118.7
References for Pre-natal control	14,588	14,887	102.0
References for post-natal control	11,418	12,433	108.9
References for vaccinations - minors under 5 years	22,274	23,825	107.0
References for vaccinations to pregnant women	16,523	17,599	106.5
References for cases of EDA	22,921	22,425	97.8
References for cases of IRA	24,053	24,917	103.6
References for growth and development control to minors under 5 years	17,337	20,024	115.5
Income generated for contraceptive sales	\$628,242	\$657,472	104.7
Talks in F.P and Reproductive Health	8,287	9,556	115.3
Participants to talks in FP and Reproductive Health	104,215	135,659	130.2
Distribution of promotional triptychs in FP and RH	434,264	497,370	114.5

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: January 2003 - June 2005

Indicators	Estimations Action Plan	Executed in the period	Attained (%) period
COMPONENT: RURAL SERVICES PROGRAM			
EXECUTING UNIT: RURAL SERVICES MANAGEMENT UNIT			
CYP's provided	66,755	64,417	96.5
New users of family planning	14,565	17,024	116.9
References for Maternal Health	96,815	119,804	123.7
References for Infant Health	62,750	67,974	108.3
SUBCOMPONENT: INTEGRAL CARE YOUTH PROGRAM			
EXECUTING UNIT: DIVISION OF PLANNING, EVALUATION AND DEVELOPMENT			
Adolescents informed	40,295	41,330	102.6
Parents trained	465	527	113.3
Teachers trained	62	49	79.0
Pregnant adolescents informed	98	143	145.9
COMPONENT: CLINICAL SERVICES PROGRAM			
EXECUTING UNIT: MEDICAL DIVISION			
CYP'S provided	63,332	56,377	89.0
New users of family planning	12,665	10,551	83.3
Maternal Health interventions	251,420	258,122	102.7
Infant Health interventions	33,900	35,149	103.7
COMPONENT: MARKETING AND COMMUNICATIONS PROGRAM			
EXECUTING UNIT: MARKETING AND COMMUNICATIONS DIVISION			
CYP'S provided	120,931	122,517	101.3

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: CLINICAL SERVICES PROGRAM

SUBCOMPONENT: CLINICAL SERVICES PROGRAM

EXECUTING UNIT: CLINICAL SERVICES PROGRAM

Indicators	Estimations Action Plan	Executed in the period	Attained (%) for period
Information workshops on the national norms for FP.	3	3	100.0
Total CYP's	96,615	91,275	94.5
VSC procedures	4,335	3,988	92.0
Family Planning Consultations	44,875	46,905	104.5
New users of Family Planning	15,770	15,538	98.5
Gynecology Consultations	112,560	118,715	105.5
Pediatric Consultations	25,285	28,012	110.8
General Consultations	19,490	22,421	115.0
STI Consultations	6,835	7,590	111.0
Other Consultations	35,920	37,931	105.6
Cytologies	74,270	76,268	102.7
Colposcopy	6,660	6,762	101.5
Criotherapy	3,945	4,056	102.8
Cervix biopsy tests	5,835	6,019	103.2
Ultrasounds	18,170	18,895	104.0
Laboratory exams	279,195	311,233	111.5
Mammographys	4,445	2,452	55.2
Bone Densitometry	2,455	2,824	115.0
Income in cash	2,629,226	4,061,278	154.5

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: SOCIAL MARKETING AND COMMUNICATIONS
SUBCOMPONENT: SOCIAL MARKETING IN REPRODUCTIVE HEALTH
EXECUTING UNIT: MARKETING AND COMMUNICATIONS DIVISION

Concepts	Estimations Action Plan	Executed in the period	Attained (%) period
Attain yearly sales in the amount of (US\$):			
Cóndor	367,007	320,335	87.3
Perla	698,613	693,127	99.2
Panther	166,939	135,011	80.9
Contempo	33,967	25,988	76.5
Prime Colores	211,046	230,379	109.2
Prime Espermicida	265,570	259,202	97.6
Rough Rider	76,936	82,166	106.8
Minigynon	275,597	244,356	88.7
Cyclofémina	18,962	20,310	107.1
Piel	370,186	401,069	108.3
New brand (Vive)	0	64,045	
Other Injectables	2,272	2,272	100.0
T of Cooper	15	666	4483.3
Other products			
Vaginal Lubricant	27,357	4,159	15.2
Total sales in Dollars	2,514,466	2,483,083	98.8
Attain yearly sales in units of :			
Cóndor	2,752,235	2,551,620	92.7
Perla	1,113,239	1,163,632	104.5
Panther	823,292	779,000	94.6
Contempo	54,159	46,407	85.7
Prime Colores	540,805	598,290	110.6
Prime Espermicida	524,190	520,941	99.4
Rough Rider	164,862	179,382	108.8
Minigynon	118,368	105,318	89.0
Cyclofémina	5,345	6,222	116.4
Piel	742,465	914,234	123.1
New brand (Vive)	0	351,508	
Other Injectables	635	635	100.0
T of Cooper	3	132	4400.0
Other products			
Vaginal Lubricant	6,305	1,948	30.9
Yearly CYP's			
CYP's	155,627	160,844	103.4

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: SOCIAL MARKETING AND COMMUNICATIONS
SUBCOMPONENT: NETWORK OF PHARMACIES
EXECUTING UNIT: MARKETING AND COMMUNICATIONS DIVISION

Concepts	Estimaciones Planes de Acción	Estimations Action Plan	Attained (%) period
Pharmacy No. 1	1,048,057	1,441,250	137.5
Pharmacy No. 2	997,200	976,774	98.0
Pharmacy No. 3	888,617	971,337	109.3
Total	2,933,874	3,389,361	115.5

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: SOCIAL MARKETING AND COMMUNICATIONS
SUBCOMPONENT: RESOURCES DEVELOPMENT
EXECUTING UNIT: MARKETING AND COMMUNICATIONS DIVISION

Concepts	Estimations Action Plan	Executed in the period	Attained (%) period
Audio-Visual Production Center and Graphic Design	14,776	21,330	144.4
Donations in cash from firms and other institutions	71,670	74,867	104.5
Funds raising activities	43,770	24,103	55.1
Sales of Christmas Cards	46,321	35,165	75.9
TOTAL INCOME IN CASH	176,537	155,465	88.1
In-kind donations	413,931	541,113	130.7
TOTAL INCOME - CASH AND IN-KIND	590,468	696,577	118.0

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: INVESTIGATION PROGRAM
SUB-COMPONENT: DEMOGRAPHIC AND HEALTH SURVEYS
EXECUTING UNIT: EVALUATION AND INVESTIGATION MANAGEMENT UNIT

ACTIVITY (RESULTS)	YEAR 1999		YEAR 2000			
	JUL - SEP	OCT-DEC	JAN - MAR	APR - JUN	JUL - SEP	OCT - DEC
Final report of fesal-98 results elaborated (Spanish version)		=====				
Final report of fesal-98 results elaborated (Bilingual version)			=====			
Validation report of the fluorometry method to measure Retinol						=====
Final Report of FESAL-98 Results printed (2000 exemplares)				=====		
Reprint of 500 additional exemplares					=====	
Final report of FESAL-98 results distributed				=====	=====	=====
Seminars and Workshops for the dissemination of FESAL-98 results executed				=====	=====	
Memoir of the seminars and workshops for the dissemination of FESAL-98 elaborated						=====
Publishing of the final report of the results on the internet						=====
Summary report of FESAL-98 distributed					=====	=====
Department indicators of FESAL-98 distributed					=====	=====
Demand for the production of materials of the secondary analysis met				=====	=====	=====

* Estas actividades fueron concluidas en el 2001.

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Planning, Organization and Data Collection Phases
Period: January 2002 - December 2003

COMPONENT: INVESTIGATION PROGRAM
SUB-COMPONENT: DEMOGRAPHIC AND HEALTH SURVEYS
EXECUTING UNIT: EVALUATION AND INVESTIGATION MANAGEMENT UNIT

ACTIVITY	Time per activity	2 0 0 2												2 0 0 3											
		MONTHS												MONTHS											
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
1 Elaboration of the protocol for the survey	3.0	[]			[]																				
2 Inter-institutional negotiations in support of the survey	2.0	[]		[]																					
3 Conformation of the Consultive Committee	1.0	[]	[]																						
4 Planning/Organization of the cartographic actualization	1.5	[]		[]																					
5 Cartography updated	4.5	[]			[]			[]																	
6 Elaboration of the draft questionnaire	3.0	[]		[]		[]																			
7 Questionnaire approval	1.5	[]						[]																	
8 Pilot test	0.5	[]							[]																
9 Elaboration and printing of the final questionnaire	1.0	[]								[]															
10 Training to field and data processing personnel	0.5	[]									[]														
11 Data collection	5.5	[]										[]		[]											

[] Planned activity
[█] Executed activity

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2000

COMPONENT: INVESTIGATIONS PROGRAM
SUB-COMPONENT: FEASIBILITY STUDIES
EXECUTING UNIT: EVALUATION AND INSTIGATION MANAGEMENT UNIT

ACTIVITY (RESULT)	YEAR 1999		YEAR 2000			
	July-September	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
A						
Studies for the Marketing and Communications Program						
1 Spot checks for the contraceptive distribution at pharmacies						
Checking of distribution by semester undertaken					■	
Report prepared						■
2 Feasibility studies for promoting the comercialization of new products to be distributed by the Pro-Familia Drugstore.						
Terms of reference elaborated	■					
Consultant selected		■				
Execution of the study		■	■	■		
Results report presented				■		
3 Market feasibility study for the establishment of a local network of pharmacies at SDA-owned facilities and other facilities for rent.*						
Terms of reference	■					
Consultant selection		■				
Execution of study		■	■	■		
Results report prepared				■		
4 Feasibility study for the distribution of a new contraceptive brand and disposable speckles **						
Terms of reference prepared	■					
Consultant selected		■				
Execution of the study		■	■	■		
Results report prepared				■		
5 Feasibility study for the commercialization of pregnancy tests						
Terms of reference prepared					■	
Consultant selected					■	
Execution of the study					■	■
Results report prepared						■

* In order to reduce cost and time, this activity was fusioned with A.2

** Only the "Feasibility study for the distribution of a new contraceptive brand" was undertaken. The second part of the study was suspended.

□ Planned activity but not executed

■ Planned activity

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2000

COMPONENT: INVESTIGATION PROGRAM
SUB-COMPONENT: FEASIBILITY STUDIES
EXECUTING UNIT: EVALUATION AND INVESTIGATION MANAGEMENT UNIT

ACTIVITY (RESULTS)	YEAR 1999		YEAR 2000			
	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC
B Studies for the Medical Services Program						
1 Feasibility study for the sales of ultrasound services, mammography, bone desitometry, and renting of facilities for ambulatory surgeries. ***						
Terms of reference elaborated	█					
Coordinator/consultant selected	█					
Execution of the study	█	█				
Report of results presented					█	
2 Market study for new clinical services demand						
Terms of reference elaborated						
Coordinator/consultant selected						
Execution of the study			█	█		
Report of results presented					█	
3 Evaluation of Promotion of Services pre-campaign						
Terms of reference elaborated					█	█
Consultancy firms executing the evaluation selected					█	█
Report of results presented					█	█
C Study for the Integral Care of Adolescents Program						
1 Investigation for the identification of the strategies with greater potential warranty of effectiveness for the approach of the thematic of sexual and reproductive health with adolescents						
Terms of reference elaborated					█	█
Study executed					█	█
Report of results presented					█	█
D Survey on the will of payment among users of SDA clinics in Soyapango and San Salvador						
Negotiation and design of the survey						
Execution of the survey			█	█		
Presentation of the preliminary results					█	

*** The name of this study changed to "Market feasibility study for the commercialization of new services at the SDA clinics" to which the investigation on clinical laboratory services was added.
 █ Planned activity but not executed
 █ Executed activity

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00

Period: January - December 2001

COMPONENT: INVESTIGATION PROGRAM
 SUB-COMPONENT: FEASIBILITY STUDIES
 EXECUTING UNIT: EVALUATION AND INVESTIGATION MANAGEMENT UNIT

TARGET DESCRIPTION	YEAR 2001			
	January - March	April - June	July - September	October - December
A Studies for the Marketing and Communications Program				
1 Distribution checking of contraceptives at pharmacies Report of the first distribution checking presented	████████████████████			
2 Pre-tests (2) to validate publicity materials and messages for PIEL and Condor condoms				
Terms of reference elaborated		████████	████████	
Consultants selected		████████	████████	
Pre-tests execution concluded		████████	████████	
Results report presented			████████	████████
B Studies for the Clinical Services Program				
1 Family				
Design elaborated	████████			
Execution concluded	████████	████████		
Results report presented		████████		
2 Study on Pro-Familias users payment capacity.				
Design elaborated			████████	
Execution concluded			████████	████████
Results report presented				████████
3 Study on the quality of family planning counseling at Pro-Familia clinics.				
Design elaborated			████████	
Execution concluded			████████	████████
Results report presented				████████
4 Feasibility study for the opening of new Pro-Familia clinics and laboratories.				
Terms of reference elaborated		████████		
Consultants selected		████████		
Execution concluded		████████	████████	
Results report presented			████████	████████
5 services.				
Terms of reference elaborated			████████	
Consultants selected			████████	
Execution concluded			████████	████████
Results report presented				████████
C Studies for the Hospital Pro-Familia				
1 Studies on quality of care to both external physicians and patients of Hospital Pro-Familia				
Design elaborated		████████		
Execution concluded		████████	████████	
Results report presented			████████	████████
2 Evaluation of the marketing unit and public relations of Hospital Pro-Familia.				
Design elaborated	████████			
Execution concluded	████████	████████		
Results report presented			████████	

□ Planned activity but not executed
 █ Executed activity

Final Report of cooperative agreement No. 519-A-00-99-000-92-00
Period: January - September 2002

COMPONENT: INVESTIGATION PROGRAM
SUB-COMPONENT: FEASIBILITY STUDIES
EXECUTING UNIT: EVALUATION AND INVESTIGATION MANAGEMENT UNIT

ACTIVITY (RESULTS)	YEAR 2002		
	January-March	April-June	July-September
A For Objective No.1			
1 Evaluation of the acquired knowledge by the Pro-Familia Promoters in the application of hormonal contraceptives			
Design of the protocol and instruments for the evaluation	█		
Training to technician of the rural services program in the application of pre and post test knowledge to pro-familia	█		
Application of pretest	█	█	
Application of posttest		█	
Data collection of follow up survey		█	
Data processing of pretest, posttest and survey		█	
Elaboration and presentation of the results report			█
B For Objective No. 2			
1 User satisfaction study of Pro-Familia Clinics*			
Data collection and processing concluded			▬
Results report (50% of advance)			▬
2 Study on the will of payment of users of 5 Pro-Familia clinics			
Results analysis of the Basal Study on the will of payment	█		
Second phase data collection concluded		█	
Data processing and analysis		█	
Results report presented			█
C For Objective No. 3			
1 Checking of contraceptive distribution at pharmacies covered by the Social Marketing Program.			
Terms of reference updated	█		
Execution carried out		█	
Results report presented			█
2 Study of client satisfaction of the network of pharmacies Pro-Familia *			
Protocol and instruments designed	▬		
Data collection		▬	
Data processing		▬	
Results report presented			▬
D Studies for Pro-Familia Hospital			
1 Study of quality of care to both external physicians and patients of Hospital Pro-Familia *			
Data collection and processing concluded			▬
Results report presented (75% advance)			▬

* These studies were suspended since the start date of the FESAL survey was anticipated and the subsequent need for centralizing all efforts of the personnel responsible of the planning and organization of the survey.

- ▬ Planned Activity but not executed
- █ Executed Activity

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 99 - December 2002

COMPONENT: SPECIAL PROJECTS
SUBCOMPONENT: YOUTH INTEGRAL CARE PROGRAM
EXECUTING UNIT: EDUCATION AND TRAINING MANAGEMENT UNIT

Concepts	Estimations Action Plan	Executed in the period	Attained (%) period
Training to Multipliers			
Basic courses	26	26	100.0
Participants to Basic Course	675	704	104.3
Maintenance of Leaders and Multipliers			
Feedback sessions to Multipliers	34	34	100.0
Participants to Feedback session	770	832	108.1
Counseling/supervision/evaluation sessions	510	531	104.1
Basic Training Sessions/Design	3	4	133.3
Participants to Leaders sessions	113	131	115.9
Feedback sessions to Leaders	5	7	140.0
Participants to Leaders Feedback session	92	112	121.7
Leader counseling sessions	21	23	109.5
Registere Voluntary work hours			
Sessions on Multiplier effect	5,800	7,259	125.2
Participants to sessions on Multiplier Effect	182,250	230,433	126.4
Voluntary work hours	26,640	25,025	93.9
Training hours to multipliers 1	17,400	19,384	111.4
Training hours on multiplier effect	17,200	25,891	150.5
Training hours to leaders 1	2,415	2,809	116.3
Voluntary work hours Leaders	2,680	2,668	99.6
Voluntary work hours integrated module 1	7,000	6,479	92.6
Training hours teachers 1	560	576	102.9
Voluntary work hours teachers 1	42	626	1490.5
Training to Pregnant adolescents			
Coordination visits to institutions	21	13	61.9
Educative Workshops	12	12	100.0
Participants	125	104	83.2
Training to Teachers/Parents			
Institutional coordination sessions	5	5	100.0
Trained adolescents	69	69	100.0
Training teachers/parents	6	6	100.0
Participants	200	278	139.0
Training to Teachers	2	2	100.0
Participants	45	47	104.4
Feedback sessions to adolescents	3	3	100.0
Feedback sessions to Teachers/Parents	9	9	100.0
Participants	150	192	128.0
Feedback sessions to teachers	3	3	100.0
Participants	36	38	105.6
Counseling sessions	45	54	120.0
Sessions on Multiplier effect	950	1,054	110.9
Participants to sessions on Multiplier Effect	13,500	17,036	126.2
Counseling services pre and post			
Operational Study - Counseling	1	0	0.0
Number of counseling sessions provided	620	725	116.9
Qualitative investigation- focus groups			
Selection of Personnel	1	0	0.0
Results report presentation			
Production and sales of Pamphlets			
Printed	120,000	70,000	58.3
Sold	120,000	0	0.0
Income	\$17,143	0	0.0
Income from the selling of Pregnant adolescents workshops 2	\$583	\$240	41.2
Total Income	\$17,726	\$240	1.4

¹ In period July 1999-December 2000 the value reported is consolidated. From 2001, the values were desagregated by type of hours

² When analyzing year 2001, the experience showed the difficulty of pregnant adolescents paid for a workshop; due to this situation the target was not longer estimated.

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: SPECIAL PROJECTS
SUBCOMPONENT: DOCUMENTATION CENTERS IN POPULATION
EXECUTING UNIT: EDUCATION AND TRAINING MANAGEMENT UNIT

CONCEPTS	ESTIMATIONS ACTION PLAN	EXECUTED IN PERIOD	Attained (%) period
Promotion Activities			
Visits to Educaciton Centers and NGOs	981	952	97.0
Shipment of documentation	2,197	2,725	124.0
Information sessions	300	340	113.3
Attention to users			
Users assisted - Libraries	117,611	90,162	76.7
Users assisted - Cyber Center	4,263	3,607	84.6
Pamphlet Distribution			
Distributed Pamphlets	127,212	139,651	109.8
Educative Sessions			
Imparted sessions	1,316	1,393	105.9
Participants	6,980	7,604	108.9
Income *			
Income - Libraries	\$49,051	\$35,623	72.6

* Includes the services and income of the Cyber Center for the period July 1999 - December 2000 since from 2001 the Cyber Center became an additional subcomponent

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: SPECIAL PROJECTS
SUBCOMPONENT: DEVELOPMENT OF THE VOLUNTARY HUMAN RESOURCE
EXECUTING UNIT: EDUCATION AND TRAINING MANAGEMENT UNIT

CONCEPTS	ESTIMATIONS ACTION PLAN	EXECUTED IN PERIOD	Attained (%) period
Attentions to clinic's users	147,610	155,369	105.3
Public informed through interviews, sessions and workshops			
Informed through interviews and sessions	140,252	170,707	121.7
Informed adolescents - Sexual Education Courses	2,130	3,577	167.9
Informed at rural sectors	1,873	1,747	93.3
Informed students - social service	1,050	3,525	335.7
Panel Forum, Round Tables, and commemorative days	7	8	114.3
Voluntary work hours			
Work hours Voluntary Ladies	51,985	58,347	112.2
Hours of grupal development - Voluntary Ladies	12,620	15,006	118.9
Work hours Voluntary Teachers	450	281	62.4
Work hours Voluntary students in social service	16,790	23,029	137.2
Training events, planning activities and supervision			
Planning workshops - Voluntary Ladies	14	15	107.1
Basic course - Voluntary Ladies	9	10	111.1
Training sessions - Voluntary Ladies	46	52	113.0
Training session - Students in social service	8	7	87.5
Training session - Teachers	2	1	50.0
Supervision visits	88	163	185.2

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: January 2001 - December 2002

COMPONENT: SPECIAL PROJECTS
SUBCOMPONENT: SDA CYBER CENTER
EXECUTING UNIT : SYSTEMS MANAGEMENT UNIT

CONCEPTS	Estimation Action Plan	Executed in Period	Attained (%) period
Programmatic targets			
Promotion visits to services	95	18	18.9
Assisted users at Cyber Center	1,479	2615	176.8
Computer training courses provided	13	8	61.5
Web Pages designed	16	8	50.0
Various services related to Web design	9	0	0.0
Financial targets			
Income - Internet Usage	6,516	3,628	55.7
Income - Training	1,695	597	35.2
Income - Web Design, implementation and hosting	18,394	15,628	85.0
Income - other services	515	0	0.0
Total Income	27,119	19,853	73.2

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: July 1999 - December 2002

COMPONENT: HOSPITAL PRO-FAMILIA
SUBCOMPONENT: HOSPITAL PRO-FAMILIA
EXECUTING UNIT: HOSPITAL PRO-FAMILIA

CONCEPTS	ESTIMATION ACTION PLAN	EXECUTED IN PERIOD	Attained (%) period
Hospital patients exist	8,280	8,838	106.7
External consultations	15,970	17,834	111.7
Laboratory exams	85,600	96,920	113.2
Radiologic exams	14,110	15,437	109.4
Ultrasounds	4,968	5,213	104.9
Birth deliveries - ISSS	11,610	12,817	110.4
Income - Services			
Hospital exits	6,285,515	6,626,289	105.4
External Consultations	575,623	641,822	111.5
Radiologic studies	281,507	325,878	115.8
Ultrasounds	112,699	124,607	110.6
Births - ISSS	2,090,113	2,336,099	111.8
Total Income	\$9,345,457	\$10,054,695	107.6

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
Period: January 2001 - December 2002

COMPONENT: TECHNICAL AND ADMINISTRATIVE SUPPORT
SUBCOMPONENT: PERSONNEL DEVELOPMENT
EXECUTING UNIT: HUMAN RESOURCES MANAGEMENT UNIT

Conceptos	ESTIMATIONS ACTION PLAN	ESTIMATIONS ACTION PLAN	Attained (%) period
Management Seminars	18	21	116.7
Participants	251	280	111.6
Operational Seminars	53	57	107.5
Participants	1,382	1,503	108.8
Technical Seminars	66	78	118.2
Participants	106	151	142.5
Overseas Seminars	5	7	140.0
Participants	5	8	160.0

Final Report for Cooperative Agreement No. 519-A-00-99-000-92-00
 Period: January 2001 - December 2002

COMPONENT: SPECIAL PROJECTS
 SUBCOMPONENT: EDUCATION AND TRAINING
 EXECUTING UNIT: EDUCATION AND TRAINING MANAGEMENT UNIT

CONCEPTS	ESTIMATIONS ACTION PLAN	EXECUTED IN PERIOD	Attained (%) period
Training sessions to RSP's personnel	15	11	73.3
Evaluation to training sessions	14	11	78.6
Field Monitoring visits to training sessions	6	6	100.0
Evaluation on impact and permanency of the trainign processes to RSP's personnel	1	0	0.0
Planning and follow up meetings to special projects	16	16	100.0
Supervision and monitoring of special projects	5	2	40.0
Integration of student groups in social service (students attracted and trained)	22	16	72.7
Promitional visits to institutions for the selling of adolescents pamphlets	24	15	62.5

Annex 22

**ANECDOTES BY THE BENEFICIARY POPULATION OF
SDA SOCIAL PROGRAMS
INCLUDED IN THE PROJECT**

“SATISFIED USER FROM VERACRUZ“

“One normal work day, as usual, I went to the community where I have planned to develop my health promotion activities”, says Zoila Alegria, Community Health Worker (CHW) of the Rural Services Program (RSP).

In her way to the country-house “Arriba”, of canton Veracruz, in Jerusalem. La Paz, Zoila arrived at the home of Ms. Dora Alicia Baires, to whom from the beginning of her pregnancy, she had oriented on the importance of prenatal control and had referred to most proximate health unit.

Zoila periodically visited her for follow up, verify her compliance in assisting to controls and to advise her on the importance of maternal “breast feed” and family planning. Ms. Baires had a negative concept on family planning. She thought that all of the methods produced cancer contaminated the blood and that women got “mad” whishing other men. At the beginning, she did not want to listen the orientation, but the CHW insisted with the visits, to orienting her and giving her examples of satisfied users, and letting her know that family planning was not what she thought and it does not provide the negative changes that she feared.

Said Ms. Baires, that the obstetrician that assisted her with the birth, at Hospital Santa Gertrudis, in San Vicente, suggested her to undertake sterilization which she did not accept because her husband would not allow it; three day after leaving the hospital, the CHW visited her at her house to give her the reference for her postnatal control.

At that moment, Ms. Baires made the decision for family planning. She requested oral contraceptives, but the CHW explained to her the pills were not the best method at that moment since she was breast-feeding and that would affect the production of maternal milk. The CHW later indicated her that the best method at that moment was the bi-monthly injection, for which CHW based on and used the orientation manual on family planning.

From that date Ms. Baires is satisfied with family planning, and each time she has an opportunity of talking to the neighbors, she would say to them to use these family planning methods since these don't affect the health and very safe and effective.

SATISFACTION ON THE SERVICES RECEIVED

Susana Martinez de Lima, a resident of the country-house El Salamar in San Cristobal, El Porvenir, Santa Ana is 25 years old and has two daughters under 5 years old. She planned with the bi-monthly injection, which is administered by a Pro-Familia Voluntary Health Promoter (PVP), Ms. Rosa Maria de Vásquez.

Mentions Ms. Lima, she started with family planning since March 2005 because the PVP and the CHW of the Rural Services Program visited her frequently. She also mentions that when giving birth to her first daughter, she went to the health unit and asked her physician about family planning, and the doctor said to her that she wouldn't get pregnant because she was breast-feeding. Ms. Lima also mentions that one of her neighbors in the community said to her that she doesn't see menstruation she wouldn't get pregnant either, but resulted that when her daughter was becoming 9 months old, she got pregnant even when she didn't see menstruation and was breast-feeding her baby.

Also, she commented that the PVP and CHW continued visiting her since she got pregnant until birth of her second daughter, who besides providing her with orientation on the importance of prenatal control they also talked to her on the advantages of family planning and the reproductive risk. After birth, the PVP and CHW reminded her the benefits of family planning, orienting her about each of the temporary methods, the advantages and disadvantages, the possible secondary effects and the security of they provide. All of this made her feels secured since they provided her confidence and were very kind with her.

She also mentions that she has been visited by other institutions to offer her a free method but she prefers Ms. Vasquez' because she considers that others or in other facilities would not assisted her the way she is assisted by the PVP.

In addition, Ms. Lima mentions that her greatest satisfaction is that with the PSV she can talk with confidence since the PVP is very discrete, has a very soft hand to inject, she knows what she is doing cause she has a great experience, and she is always attentive of her next dosage and she comes to inject her at her house.

SATISFIED USER WITH VOLUNTARY SURGICAL CONTRACEPTION

Claudia Fuentes lives in canton "Cuesta Blanca", Nejapa, San Salvador. She is 25 years old and after her third high-risk birth delivery (according to the obstetrician assisted her at the hospital), she started to use the bi-monthly injection provided by the Pro-Familia Voluntary Promoter (PVP) of her community that collaborates with the Rural Services Program of the Salvadoran Demographic Association.

The bad experience she had with this birth delivery made her considerate to undertake the surgical sterilization as a family planning option. With the support of a Community Health Worker, the PVP provided her with counseling on this option. She commented that the information obtained helped her to make the decision of undertaking the surgery.

She was worried about the money she had to pay for the surgery, since somebody has mentioned to her that cost would be around US\$35.00 dollars. The CHW asked her how much was the maximum she was willing to pay to which she responded that she had only US\$10.00. The CHW extended her a reference to the Pro-Familia Clinic in Santa Tecla, where she was sterilized.

The user mentions that she is very satisfied with the attention received at the clinic, since from the moment she arrived at the place, she was treated with kindness, she was provided with information on after surgery care and was cited to come back in 8 days for control.

Nowadays, she is very grateful with the support received from the PVP, CHW and the clinic personnel of Pro-Familia since if she had not planned her family, they would be in worst economical conditions and probably, she would have died with the new complicated birth-delivery.

She also promotes the use of the services being provided by the PSP of the community with her friend interested in family planning, Ms. Gladys Orellana. She has also referred other women of her community.

THE DIARY OF A COMMUNITY HEALTH WORKER

On a usual work day, the community health worker (CHW), Ms. Bernardita Rodríguez left her house toward the community where she had planned to develop her health promotion activities. She visited the country-house Mayra, canton La Lucha, Zacatecoluca, La Paz, and on her way to said community, she was visiting her users and arrived at the home of Ms. Milagro López. When Ms. López saw the CHW, she asked her: What could she do, since in various occasions she had consulted with different people and had not found relief to her suffer, but the pain at the "low abdomen" was more intense each day?

Before this question, the CHW asked Milagro, ¿Have you ever made a cytology exam? To which the interviewed responded, NO. In her intervention, Ms. Rodríguez explained the importance of a cytology test taking in the prevention of cervix-uterine cancer and the minimal conditions needed to practice that exam; in addition, she suggested her taking an ultrasound exam also since if the problem was not at the uterus, it could be at the ovaries. Ms. Rodríguez says, I talked to her so much of this until I convinced her and gave her a reference.

Some days after, Ms. Rodríguez visited Milagro to follow up on the reference and to know the results of the exams. When reviewing the results of the cytology and ultrasound, she found that Milagro was discovered to have an intra-epithelium scaly injury of high risk, and a fibroma in the ovaries. Milagro commented that CHW said to her what she had was not grave but she would undertake a surgical operation.

Milagro was subdued to a hysterectomy and at her pathological analysis, it was discovered that the fibroma was cancerous and had to continue receiving medical treatment. Ms. Rodríguez' intervention made possible that Milagro was saved of dieing from cancer. Now, Milagro is very happy and thankful for the timely orientation provided by Bernardita.

MULTIPLYING THE INFORMATION TO PREVENT PREGNANCY AND STI/HIV/AIDS IN ADOLESCENTS.

Early 2005, at the National Cancer Institute in the south of San Salvador city, a group of students in their first year of high school was attracted to be Juvenile Multipliers on Sexuality and Reproductive Health Education. Gloria, one of the participants, at her 16 years has understood the importance of carrying out this informative work: She says, "These information sessions have helped to learn more to me. The themes are very interesting for our age, for me and even for my family".

Gloria has a sister who is one year younger, and holds an engagement, without the consent of her parents, with a man three years younger than her. This situation worried Gloria since it seemed to her that the man showed very possessive attitudes. Gloria saw her sister very interested in the man and she did not know how to help her sister to have an engagement according to her age. Motivated for the experience and the knowledge acquired as her work as juvenile multiplier, she looked the way for improving the communication with her sister: "I talked to her about my experience as multiplier, and the questions made by the adolescents whom I provided information to, almost always related to engagement, the sex-coitus relations, pregnancy and sexually transmitted infections. As a result, her confidence on me improved to a point that she had the necessary confidence for telling me that her boyfriend was pressuring her for having sex-coitus relations".

Gloria says that thanks to her knowledge and the skills acquired during her participation in the Adolescents Program of the Salvadoran Demographic Association was able to orientate her sister to make a decision on the way to handle the pressure exerted on her by her boyfriend: "I was able to talk to my sister about many issues and the risks that she would face at her age if she started to have sex".

Until now, Gloria has continued having the necessary communication and trust with her sister, who ended her engagement since the boyfriend was not willing to respect her decision of keeping in abstinence.

She also mentions that was opportune that her mother received SDA training: "It has served her to understand us better and to talk about the same issues with us".

CHANGING ATTITUDED ON ADOLESCENT SEXUALITY

At the workshop for Teachers of the Education Centers, which the Juvenile Multipliers belong to, in 2004, participated a 25-year of service high school teacher named Lorena. She manifested that the experience was very important since she had the possibility of knowing a different approach about the adolescence processes, including sexuality and the role played by the teachers in the education of adolescents on the subject: "I have been very conservative, I have had many prejudices about sexuality but I understand that it is necessary to do more for the adolescents, for them to know how they can prevent pregnancy and sexually transmitted infections".

Lorena also expressed that she taught "Psychology of Adolescence" and she compromised to work orienting her students about the issues that most interest and worries generate at that age.

Even though, the compromise of each teacher trained by the Youth Integral Care Program consists in reporting the multiplier effect undertaken during the year of the training, Lorena has continued requesting materials and advise, from the program on issues and situations discussed with the students.

In coordination with other teachers trained of her education center, they have performed the multiplier effect with the majority of students. This has facilitated to know more about some problems of adolescence in order for them to better and timely orienting their students: "Generally, adolescents don't have the confidence to talk about aspects of their sexuality with adults, but some students have been able to express me their worries about engagement, sexual relations, natural and chemical contraceptive methods". She continues: "We have been able to know that many students are now sexually active. That worries me for the problems that may cause them. I believe who protect themselves could finish high school without pregnancy problems".

Lorena and the other two teachers applied knowledge tests to their students about the issues mentioned above. The results shown that there was progress, and including, some attitudes related to gender and sexuality. Students have discussed about the importance of being assertive, since "it is not good to be pressured for something sexual or for giving the proof of love" (to have sexual relations because the couple whishes).

The change in attitude of Lorena has favored both the communication with her students and the possibility that they receive orientation from a responsible adult.