PN ABU-595

A USAID Health Profile

EL SALVADOR

Health Situation & USAID Health Projects Descriptions 1993

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The Center for International Health Information (CIHI), a division of International Science and Technology Institute (ISTI), operates the USAID Health Information System under the Child Survival Action Program-Support project, #936-5951.13, contract number DPE 5951-Z-00-8004-00 with the Office of Health, Bureau for Research and Development, U.S. Agency for International Development (USAID).

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USAID Health Profile

This is one of a series of USAID Health Profiles produced by the Center for International Health Information/ISTI (CIHI). Each profile contains descriptive information, tables, and graphs about the country's health and demographic conditions, health indicators and trends, and the health care system when available. The profile also provides an overview of USAID health assistance and descriptions of USAID-supported health activities. Profile information is compiled from CIHI's databases and reference library, as well as through analysis from additional data sources and reports.

The profiles are intended to provide current and trend data in a concise format to policy makers, consultants, evaluation teams, and other interested individuals and organizations. They are not intended to provide a comprehensive description of the total health sector of a country. Contact CIHI for information on the availability of other health profiles and standard reports.

This profile contains national level health and demographic statistics available in CIHI's databases as of the date noted in each section. In order to enable CIHI to report the most current health and demographic statistics, please provide any more recent or more accurate data by contacting the center at the address on the previous pages or through USAID, Bureau for Research and Development, Office of Health.

TABLE OF CONTENTS

SEPTEMBER 1993

I: Country Overview 1

II: Health & Demographic Overview 2

Health Sector Description 2

Health Situation Analysis 5

Current Demographic and Health Indicators 6

Trends in Selected Demographic and Health Indicators 7

Population Estimates/Pyramid 8

Trends in Selected Health and Child Survival Indicators 9

Vaccination Coverage Rates 9

ORS Access, ORS and/or RHF Use Rates 11

Contraceptive Prevalence Rate 11

Access to Potable Water 12

Access to Adequate Sanitation 12

Comparative Indicators 13

Comparative IMR Rates 13

Comparative Vaccination Coverage Rates 14

Comparative ORS Access, ORS and/or RHF Use Rates 14

III: HIV / AIDS 15

IV: Health Care Financing 18

V: USAID Project Assistance 21

Timeline: USAID Activities Related to Health and Population 21

Fiscal Year Obligations for USAID-Funded Projects Related to Health 24

USAID Funded Health Projects Active During Fiscal Year 1992 25

Descriptions of USAID-Funded Child Survival, HIV/AIDS, and Other Health Projects 26

VI: Data Notes 39

VII: Sources 42

I: COUNTRY OVERVIEW

SEPTEMBER 1993

El Salvador is a Central American country whose people have been affected by an intense civil war and numerous natural disasters for more than a decade. These struggles have caused a decline in El Salvador's economic strength and have hindered the government's reform programs.(PAH9002)*

Prior to the civil war which broke out in 1979, El Salvador had seen sustained economic growth for a period of over 30 years. Since 1979, the economy has been affected by infrastructure damage, massive flight of capital and a huge displacement of the population.(PRB9201)

In addition to the internal conflict, El Salvador has been hit hard by natural disasters such as floods and an earthquake in 1986 which destroyed large sections of the capital city and left tens of thousands of people in poverty.(PAH9002)

Today, however, El Salvador is on the path to recovery. Peace accords signed in 1992 between the government and warring factions have halted the fighting. Areas formerly considered conflict zones are now open for travel and more importantly, open to trade. This is especially relevant to the cotton industry, which was the export crop most adversely affected by the security conditions of the war. The major cotton producing regions which were once located in zones of conflict and abandoned, are now able to produce again.(CAB9301)

These developments coincide with government reform programs of privatization to offer El Salvador a solid economic future. Other government-sponsored programs, such as agrarian reform and aid to displaced children who were victims of the war, have given El Salvador credibilty in the world community. However, effectiveness of the programs depends on maintaining peace in El Salvador.(PRB9201)

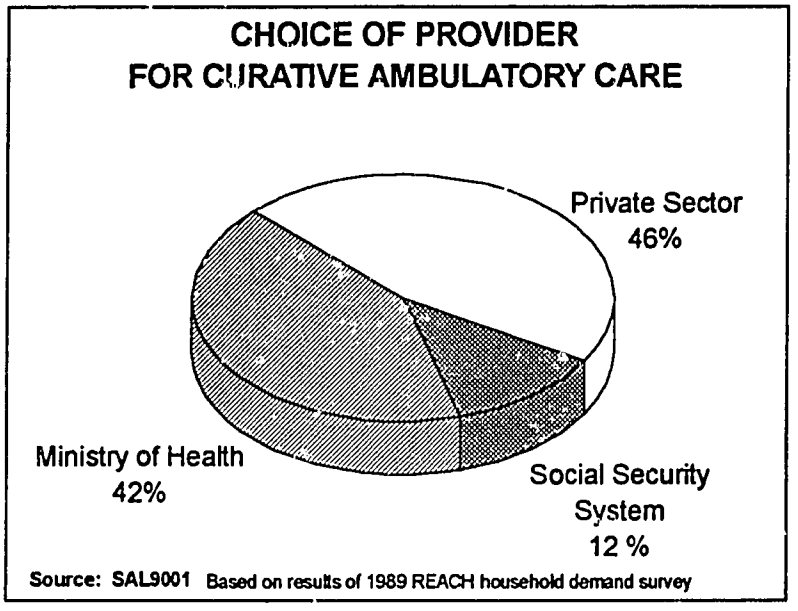
* *Sources in this profile are referred to by a seven-digit code. Generally, the first three letters refer to an organization, agency, etc., and the first two numbers indicate the year of the publication or other source document. A complete list of sources appears at the end of the profile.*

II: HEALTH & DEMOGRAPHIC OVERVIEW

Health Sector Description

SEPTEMBER 1993

El Salvador has a large public health program under the Ministry of Public Health and Social Welfare (MOH) and only limited provision of medical care under the Salvadoran Social Security Institute (ISSS). A nationwide household demand survey conducted in 1989 by Resources for Child Health (REACH), a USAID project, found that Salvadorans seeking ambulatory curative care chose to utilize private sector health services more frequently than either MOH or ISSS facilities (see figure above).(SAL9001)



Ministry of Health

The MOH is officially responsible for covering the curative needs of 85 percent of the population, including the entire rural population, all children under 15 years old and private workers who are not covered by ISSS.(PAH9002) Estimates of actual coverage by MOH services in the 1980s range from 30 to 50 percent of the total population.(AID8601) The highly centralized ministry is gradually delegating responsibility to regional and municipal levels and encouraging participation by private voluntary organizations (PVOs) in service delivery.

Extensive foreign assistance in the 1970s and 1980s helped the MOH expand existing public health services. In 1985, MOH facilities included 14 hospitals and "regional health services" consisting of 12 health centers, 100 health units (including mobile community units), over 200 health posts (including vaccination posts, urban community posts, and health dispensaries), and 30 nutrition centers.(SAL8701, AID8601) Primary care is offered principally at health units and posts. According to the MOH, facilities currently exist in 86 percent of Salvadoran municipalities containing over 95 percent of the population.(MOH9200)

A persistent trend of underfinancing of MOH operations has led to shortages of supplies and undermined the effectiveness of these facilities.(SAL8701) While the MOH is the most

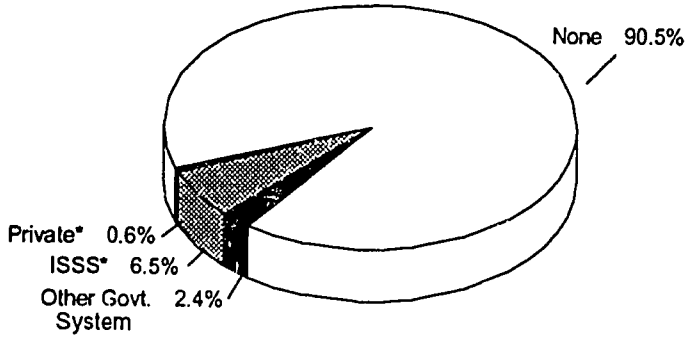
important provider in rural areas, its services are considered to be of lower quality than those of the ISSS or the private sector, leading many rural and urban Salvadorans to choose private, fee-for-service care.(SAL9001)

Social Security System

The Salvadoran Social Security Institute (ISSS) administers sickness-maternity and occupational health programs in addition to providing insurance coverage for disability, old age, and death. In 1980, the institute covered 11.6 percent of the Salvadoran workforce and 6.2 percent of the total population, one of the lowest levels of coverage among Latin American social security systems.(WBK8901) Affiliates were primarily employees in private industry and commerce; in 1986, nearly 70 percent lived in the San Salvador metropolitan area.(PAH9002) By 1989, ISSS had gradually extended full coverage to domestic workers and some public sector workers. However, the 1989 household survey still found less than seven percent of respondents covered by ISSS medical services (see figure below).(SAL9001) Agricultural workers, employees of small businesses located outside of San Salvador, and temporary workers do not have access to ISSS health and pension coverage.(PAH9002)

The ISSS's sickness-maternity program provides curative care for affiliates and dependent spouses and children up to seven years of age, prenatal and delivery care for affiliates and dependents, and preventive care for dependent children under two years of age.(PAH9002,IDB9101) The occupational hazards program provides prevention related to occupational hygiene and safety.(PAH9002) Most health care funded by the ISSS is provided in the institute's clinics and hospitals (numbering eight in 1991),(IDB9101) though some services are provided through an arrangement with 19 MOH hospitals.(PAH9002) The 1989 household demand survey found that a sizable number of ISSS beneficiaries surveyed (20 percent in urban areas and 37 percent in rural areas) used private sector or MOH services instead of social security health facilities.(SAL9001) ISSS services were found to be less accessible than the alternatives and were generally considered to be of poorer quality than private sector services.

HEALTH INSURANCE COVERAGE, BY PROVIDER
Among Survey Respondents Reporting Health Problem



*Those covered by both ISSS and private insurance are reported twice here (0.3%)

Source: SAL9001 Based on results of 1989 REACH household demand survey

Other public organizations providing medical benefits are the armed forces, which serve a total of 150,000 affiliates and dependent beneficiaries through the Armed Forces Preventive Health Institute and two military hospitals, the National Telecommunications Administration, which has its own hospital and over 30 urban clinics, and the Ministry of Education, which contracts with private hospitals and physicians for curative services.(PAH9002)

Private Sector

Despite fees about 12 times higher than those of the MOH, private providers represent the most frequently utilized subsector in San Salvador and are about on par with the MOH in other urban areas. The 1989 household demand survey indicated a preference for private services across urban/rural and socioeconomic lines, though lower-income groups were less likely to actually use such services.(SAL9001) Individual private practice exists only in major cities and private health insurance is practically non-existent. Some unions and professional associations offer limited curative care for their members. In addition, many PVOs provide primary care and hospital services.(PAH9002,LAC8900)

Health Situation Analysis

SEPTEMBER 1993

With an estimated 675 residents per square mile, El Salvador is the most densely populated nation in the Latin America and Caribbean region. Despite the civil war in the 1980s and the resulting population displacement, national level health statistics show that Salvadorans have experienced generally improved health status since the 1950s. The ongoing process of national reconciliation and reconstruction holds promise for new opportunities for social and economic develop-ment.(AID8903) The government has finalized a national program of action to guide its efforts in achieving basic World Summit for Children goals.(UNI9312)

A 1988 Centers for Disease Control Family Health Survey (FHS) reports an infant mortality rate of 55 deaths per thousand live births, better than a 40 percent reduction from the early 1980s. Similar reductions have been seen in mortality among children under five years with 135 deaths per thousand live births in 1980, compared to 55 by 1990.(WBK9302) Intestinal and respiratory infections continue to be among the leading causes of death among infants and children under five.(PAH9002)

According to the Pan American Health Organization, vaccine-preventable diseases are no longer among the leading causes of morbidity.(PAH9002) The proportion of children fully vaccinated against diphtheria, pertussis and tetanus (DPT3) and polio (Polio3) reached 76 percent in 1990, but the rate for both antigens dropped to 60 percent in 1991. Measles coverage reached 75 percent in 1990 but also declined to 53 percent of children aged 12-23 months vaccinated in 1991.(WHE9100, WHE9200)

Thirteen percent of children under age five receive oral rehydration therapy (ORT) for diarrhea episodes. However, 80 percent of children receive commercial pharmaceuticals. (HHS8801)

Total fertility in El Salvador has remained above four children per woman during the past decade.(UNP9200) The FHS results placed total fertility at 4.6 children in 1988.(HHS8801) In 1992, best estimates indicate that women can expect 4.1 children during their reproductive lives.(WHE9200) In 1988, it was found that 45 percent of women employed a modern means of contraception.(HHS8801)

A total of 51 percent of births were attended by trained personnel. In rural areas, 54 percent of births were attended by midwives, key agents in promoting health services among rural women.(HHS8801)

Current Demographic and Health Indicators

SEPTEMBER 1993

Demographic Indicators			
INDICATOR	VALUE	YEAR	SOURCE
Total Population	5,529,600	1993	UNP9200
Urban Population	2,533,600	1993	UNP9200
Women Ages 15-49	1,345,400	1993	UNP9200
Infant Mortality	55	1986	HHS8801
Under 5 Mortality	75	1986	HHS8801
Maternal Mortality	148	1990	AID9013
Life Expectancy At Birth	67	1993	UNP9200
Children Under Age 1	176,892	1993	CALXX01
Annual Infant Deaths	10,119	1993	CALXX01
Total Fertility Rate	4.0	1993	UNP9200

Child Survival Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
Vaccination Coverage			
BCG	66	1991	WHE9200
DPT 3	60	1991	WHE9200
Measles	53	1991	WHE9200
Polio 3	60	1991	WHE9200
Tetanus 2	19	1989	WHE9001
DPT Drop Out	23.8	1986	PAH9100
Oral Rehydration Therapy			
ORS Access Rate	84.0	1989	WHD9100
ORS and/or RHF Use	12.6	1988	HHS8801
Contraceptive Prevalence			
Modern Methods (15-44)	44.7	1988	HHS8801
All Methods (15-44)	47.1	1988	HHS8801
Nutrition			
Adequate Nutritional Status	77.0	1988	INC9000
Appropriate Infant Feeding	NA		
A) Exclusive Breastfeeding	NA		
B) Complementary Feeding	NA		
Continued Breastfeeding	NA		

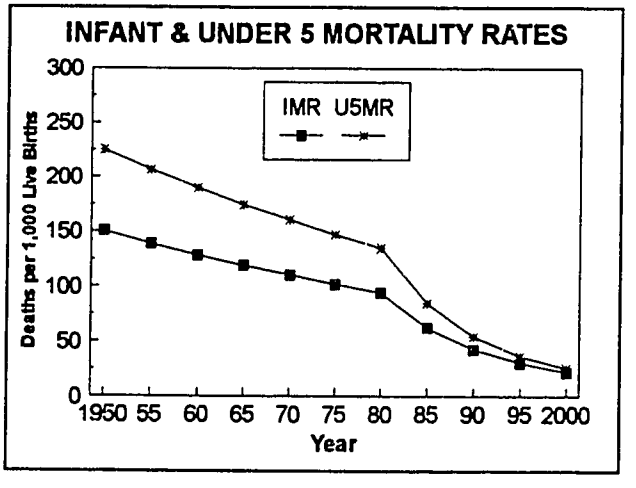
Other Health Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
HIV-1 Seroprevalence			
Urban	NA		
Rural	NA		
Access to Improved Water			
Urban	84.0	1990	AID9011
Rural	13.0	1990	AID9011
Access to Sanitation			
Urban	87.0	1990	AID9011
Rural	40.0	1990	AID9011
Deliveries/Trained Attendants	51.0	1988	HHS8801

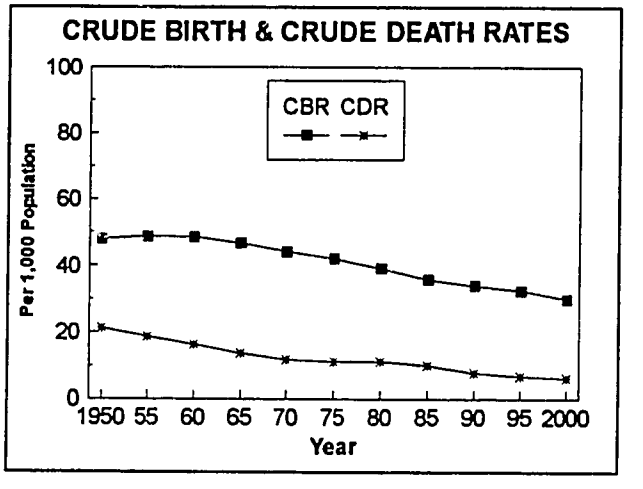
NA = Not available

Trends in Selected Demographic and Health Indicators

SEPTEMBER 1993

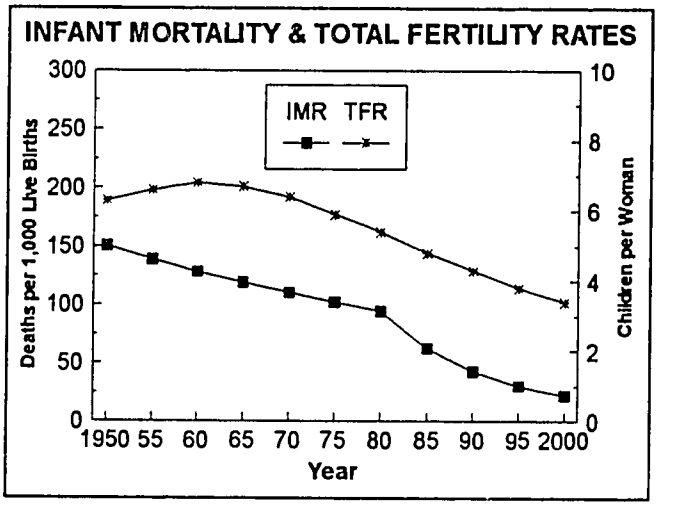
INDICATOR	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	SOURCE
Infant Mortality	150.4	138.6	128.2	118.9	110.3	102.0	94.4	62.2	43.0	30.2	22.0	WBK9302
Under Five Mortality	224.9	206.5	189.7	174.3	160.3	147.0	134.9	84.6	54.6	36.6	25.9	WBK9302
Crude Birth Rate	47.9	48.7	48.5	46.6	44.1	42.1	39.1	35.8	34.0	32.5	30.0	UNP9200
Crude Death Rate	21.2	18.7	16.2	13.7	11.7	11.1	11.2	9.9	7.8	6.8	6.2	UNP9200
Avg. Annual Growth Rate	2.5	2.8	3.1	3.3	3.1	2.3	1.5	1.3	2.0	2.2	2.1	UNP9200
Total Fertility Rate	6.3	6.6	6.8	6.7	6.4	5.9	5.4	4.8	4.3	3.8	3.4	UNP9200





IMR and TFR

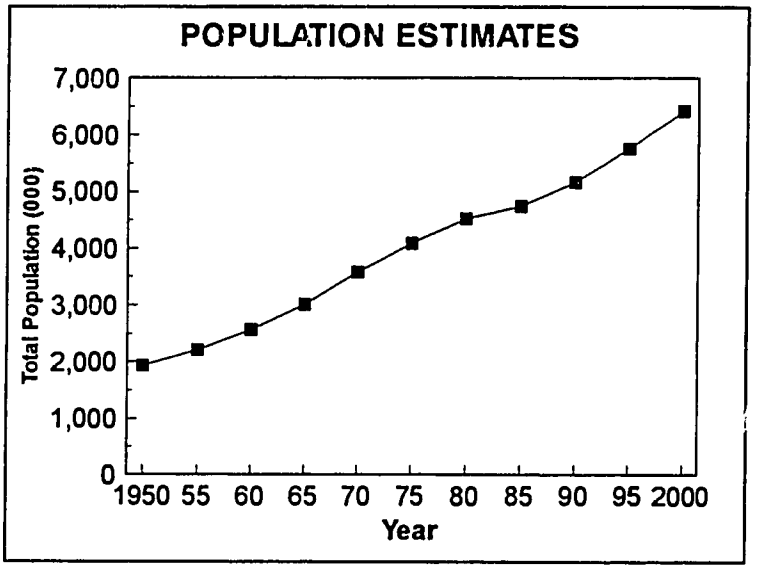
The relationship between IMR and TFR is currently a subject under review by the scientific community. While there is not conclusive evidence that the IMR and TFR are causally linked and necessarily decline together, there is empirical evidence for suspecting that such a reinforcing relationship exists as the pattern is observable in most countries.

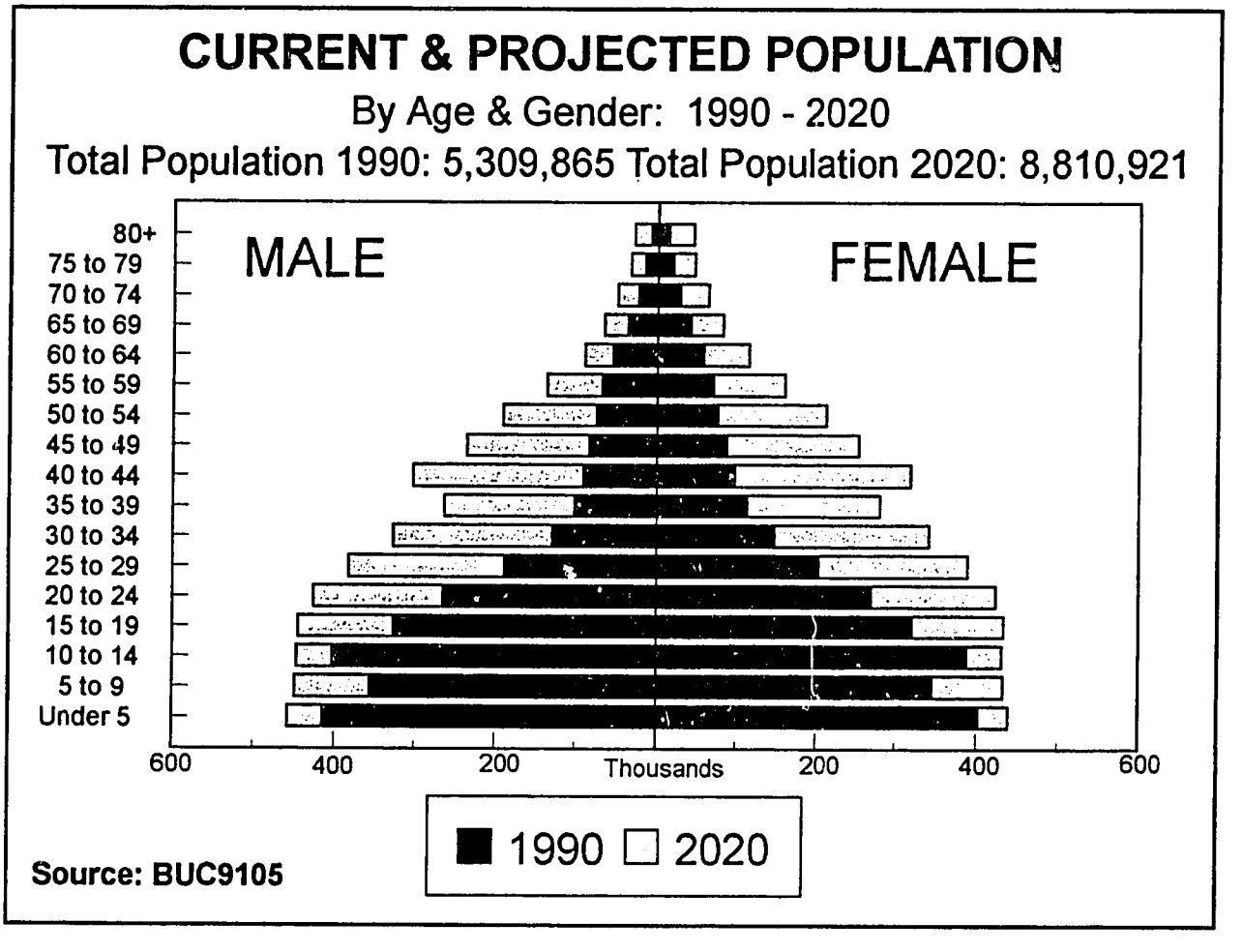


Population Estimates/Pyramid

SEPTEMBER 1993

POPULATION ESTIMATES (000s)		
YEAR	VALUE	SOURCE
1950	1,940	UNP9200
1955	2,214	UNP9200
1960	2,570	UNP9200
1965	3,006	UNP9200
1970	3,588	UNP9200
1975	4,085	UNP9200
1980	4,525	UNP9200
1985	4,739	UNP9200
1990	5,172	UNP9200
1995	5,768	UNP9200
2000	6,425	UNP9200

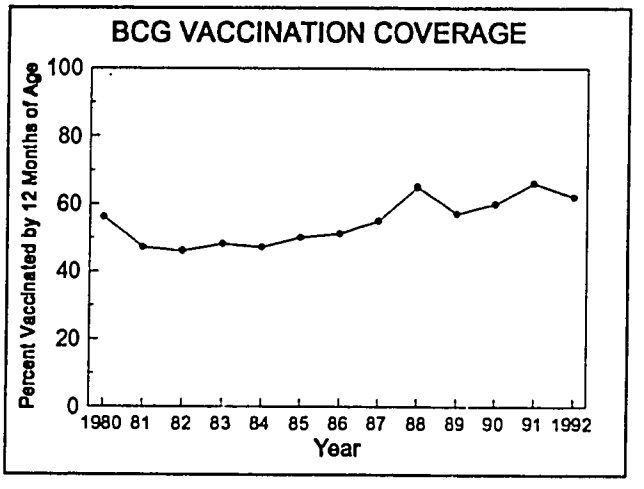




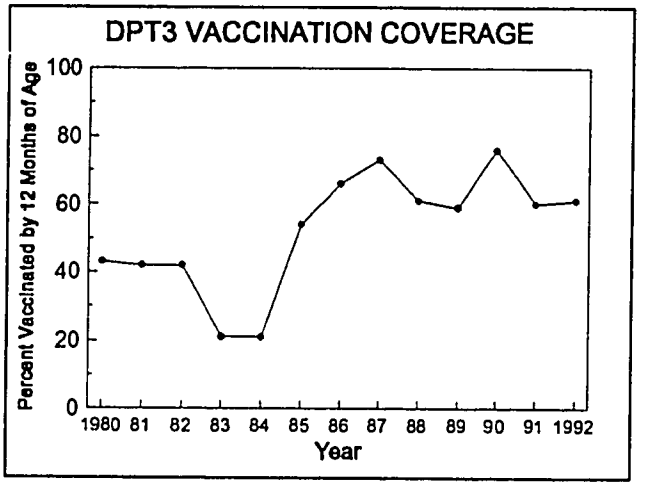
Trends in Selected Health and Child Survival Indicators

Vaccination Coverage Rates

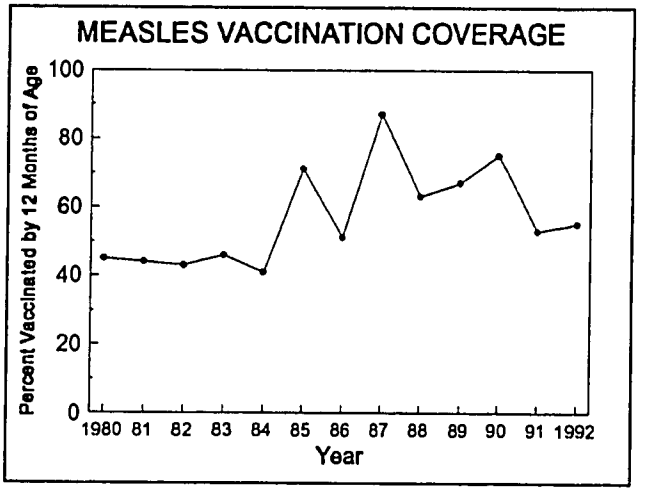
SEPTEMBER 1993



BCG COVERAGE		
YEAR	PERCENT	SOURCE
1980	56	WHE8700
1981	47	WHE8700
1982	46	WHE8700
1983	48	WHE8900
1984	47	WHE8700
1985	50	WHE8701
1986	51	WHE8800
1987	55	WHE8900
1988	65	WHE8900
1989	57	WHE9001
1990	60	WHE9100
1991	66	WHE9200
1992	62	WHE9301

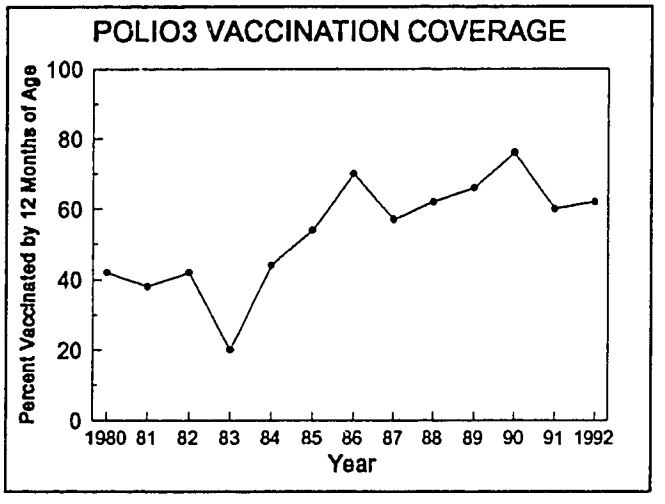


DPT3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	43	WHE8700
1981	42	WHE8700
1982	42	WHE8700
1983	21	WHE8900
1984	21	WHE8700
1985	54	WHE8701
1986	66	WHE8800
1987	73	WHE8900
1988	61	WHE8900
1989	59	WHE9001
1990	76	WHE9100
1991	60	WHE9200
1992	61	WHE9301

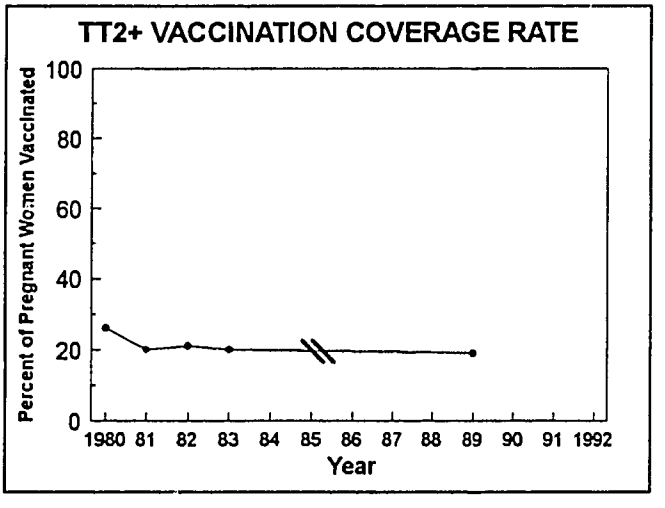


MEASLES COVERAGE		
YEAR	PERCENT	SOURCE
1980	45	WHE8700
1981	44	WHE8700
1982	43	WHE8700
1983	46	WHE8701
1984	41	WHE8700
1985	71	WHE8701
1986	51	WHE8800
1987	87	WHE8900
1988	63	WHE8900
1989	67	WHE9001
1990	75	WHE9100
1991	53	WHE9200
1992	55	WHE9301

Vaccination Coverage Rates, continued



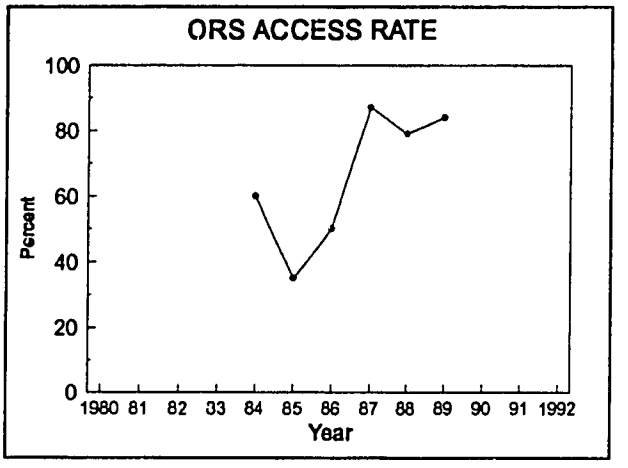
POLIO3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	42	WHE8700
1981	38	WHE8700
1982	42	WHE8700
1983	20	WHE8900
1984	44	WHE8700
1985	54	WHE8701
1986	70	WHE8800
1987	57	WHE8900
1988	62	WHE8900
1989	66	WHE9001
1990	76	WHE9100
1991	60	WHE9200
1992	62	WHE9301

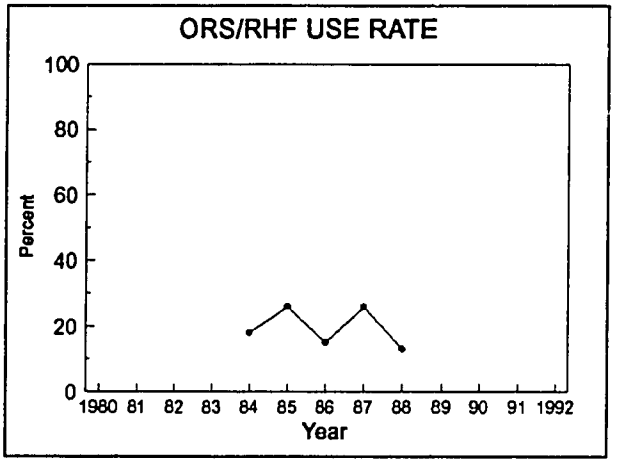


TT2+ COVERAGE		
YEAR	PERCENT	SOURCE
1980	26	WHE8700
1981	20	WHE8700
1982	21	WHE8700
1983	20	WHE8700
1984		
1985		
1986		
1987		
1988		
1989	19	WHE9001
1990		
1991		
1992		

ORS Access, ORS and/or RHF Use Rates

SEPTEMBER 1993

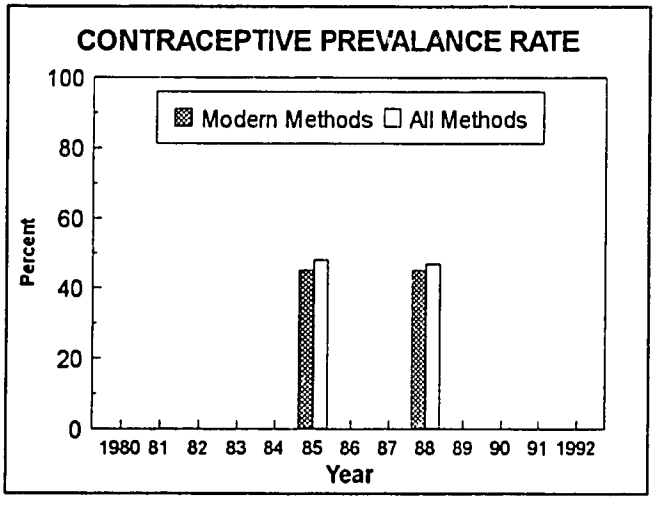




INDICATOR	1984	1985	1986	1987	1988	1989	1990	1991	1992
ORS Access	60	35	50	87	79	84			
Source	WHD8601	WHD8700	WHD8800	WHD8900	WHD9000	WHD9100			
ORS/RHF Use	18	26	15	26	13				
Source	WHD8601	DHS8703	WHD8800	WHD8900	HHS8801				

Contraceptive Prevalence Rate

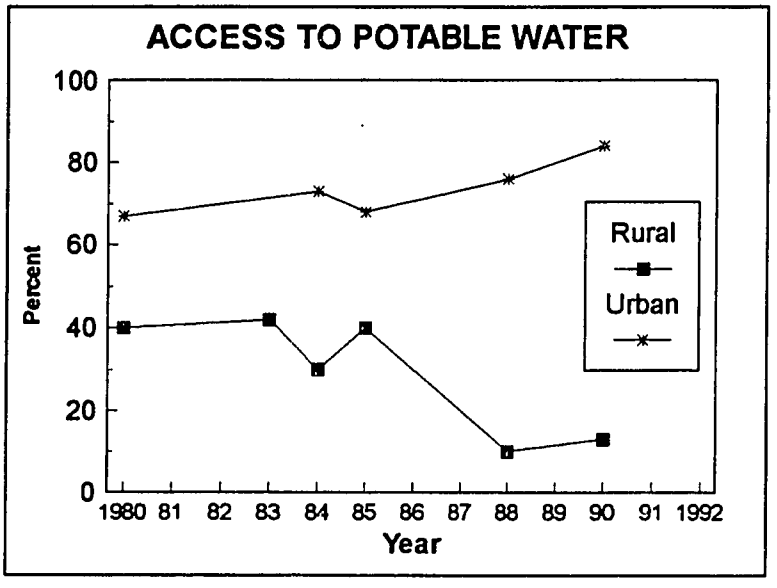
SEPTEMBER 1993



YEAR	MODERN METHODS	SOURCE	ALL METHODS	SOURCE
1980				
1981				
1982				
1983				
1984				
1985	45	DHS8703	48	DHS8703
1986				
1987				
1988	45	HHS8801	47	HHS8801
1989				
1990				
1991				
1992				

Access to Potable Water

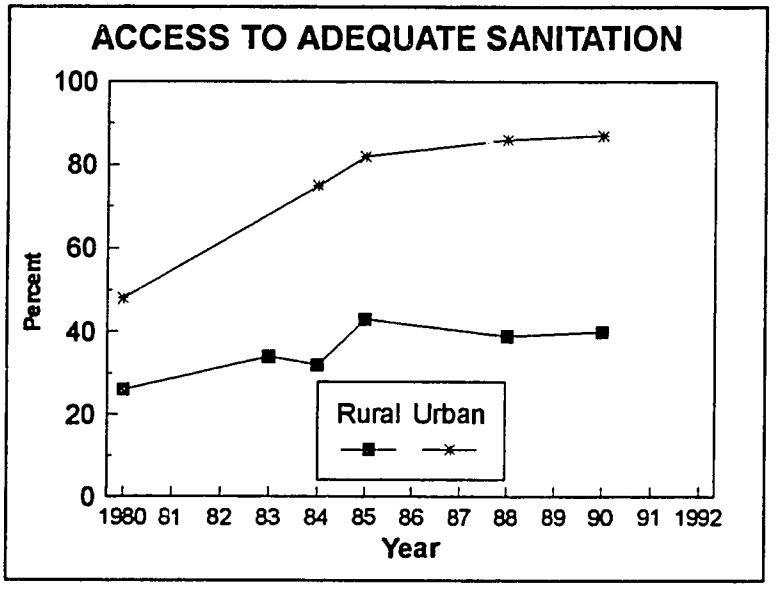
SEPTEMBER 1993



YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	40	AID9011	67	AID9011
1981				
1982				
1983	42	WHO9101		
1984	30	AID9011	73	AID9011
1985	40	WHO9101	68	WHO9101
1986				
1987				
1988	10	WHO9101	76	WHO9101
1989				
1990	13	AID9011	84	AID9011
1991				
1992				

Access to Adequate Sanitation

SEPTEMBER 1993

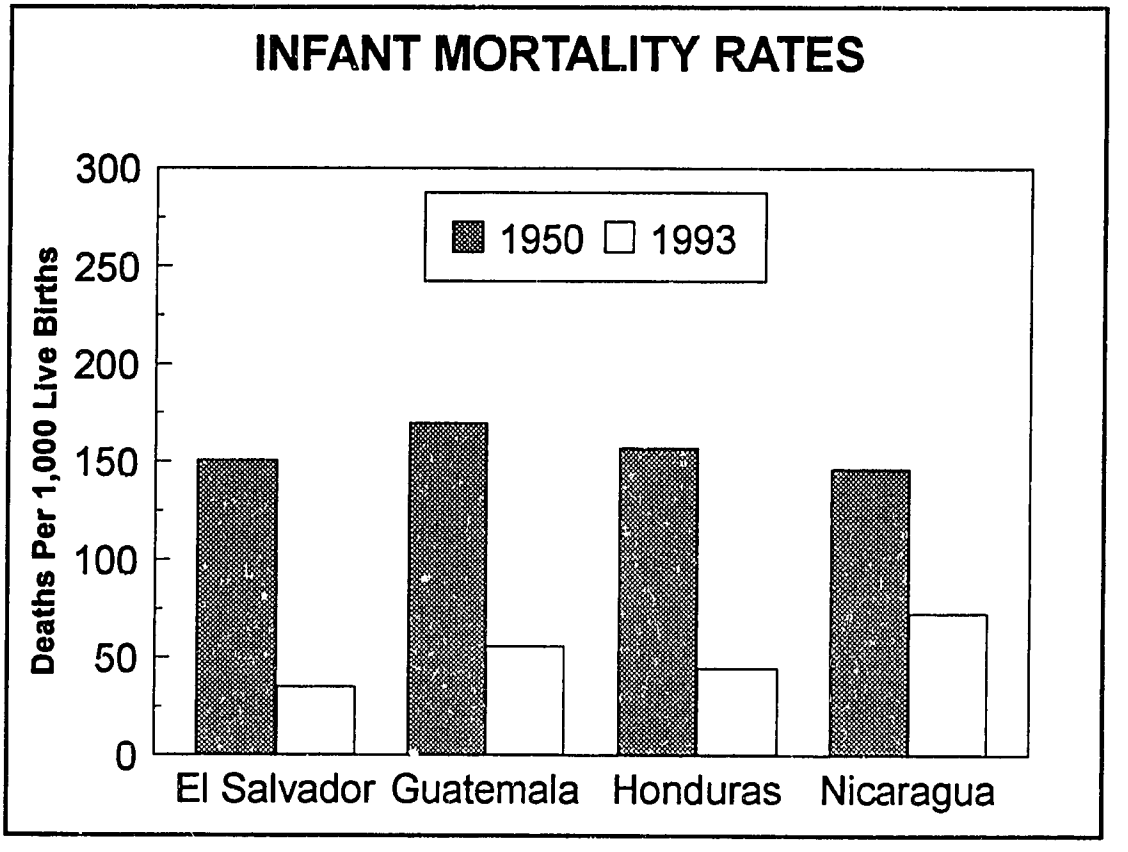


YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	26	AID9011	48	AID9011
1981				
1982				
1983	34	WHO9101		
1984	32	AID9011	75	AID9011
1985	43	WHO9101	82	WHO9101
1986				
1987				
1988	39	WHO9101	86	WHO9101
1989				
1990	40	AID9011	87	AID9011
1991				
1992				

COMPARATIVE INDICATORS

Comparative IMR Rates

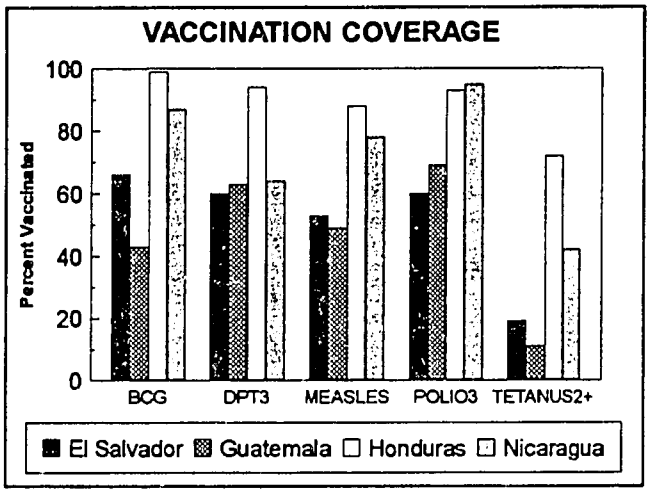
SEPTEMBER 1993



COUNTRY	1950	SOURCE	1993	SOURCE
EL SALVADOR	150.4	WBK9302	34.8	WBK9302
GUATEMALA	169.3	WBK9302	55.8	WBK9302
HONDURAS	156.9	WBK9302	44.4	WBK9302
NICARAGUA	146.4	WBK9302	72.6	WBK9302

Comparative Vaccination Coverage Rates

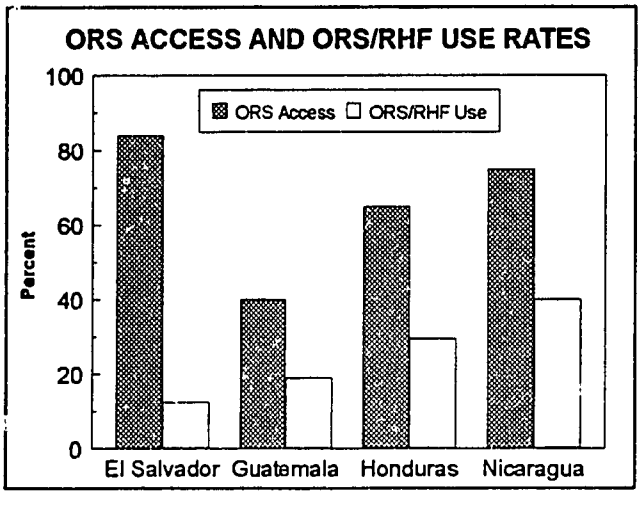
SEPTEMBER 1993



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
EL SALVADOR	BCG	1991	66	WHE9200
	DPT 3	1991	60	WHE9200
	Measles	1991	53	WHE9200
	Polio 3	1991	60	WHE9200
	Tetanus 2	1989	19	WHE9001
GUATEMALA	BCG	1991	43	WHE9200
	DPT 3	1991	63	WHE9200
	Measles	1991	49	WHE9200
	Polio 3	1991	69	WHE9200
	Tetanus 2	1991	11	WHE9202
HONDURAS	BCG	1991	99	WHE9200
	DPT 3	1991	94	WHE9200
	Measles	1991	86	WHE9200
	Polio 3	1991	93	WHE9200
	Tetanus 2	1991	72	WHE9202
NICARAGUA	BCG	1991	75	WHE9200
	DPT 3	1991	71	WHE9200
	Measles	1991	54	WHE9200
	Polio 3	1991	83	WHE9200
	Tetanus 2	1987	25	WHE9001

Comparative ORS Access, ORS and/or RHF Use Rates

SEPTEMBER 1993

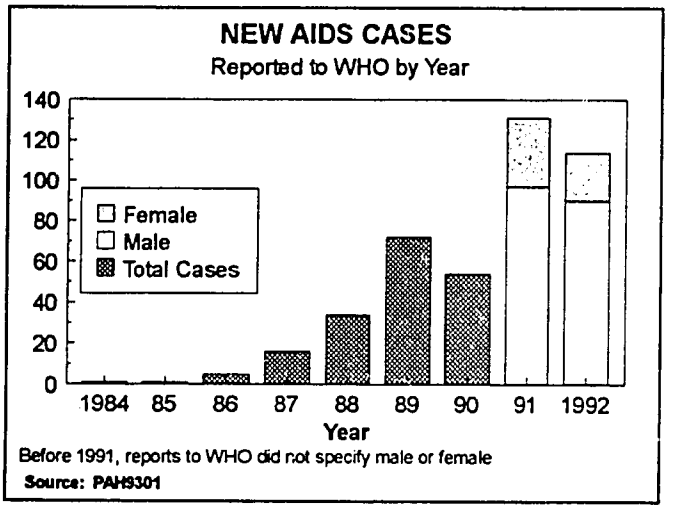


COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
EL SALVADOR	ORS Access	1989	84	WHD9100
	ORS/RHF Use	1988	12.6	HHS8801
GUATEMALA	ORS Access	1991	40	WHD9201
	ORS/RHF Use	1991	19	QUE9101
HONDURAS	ORS Access	1991	65	WHD9201
	ORS/RHF Use	1991	29.5	MRF9203
NICARAGUA	ORS Access	1991	75	WHD9201
	ORS/RHF Use	1992	40	WHD9201

III: HIV / AIDS

SEPTEMBER 1993

Based on cases reported to the World Health Organization (WHO), the annual incidence rate of AIDS in El Salvador doubled to over 20 per million inhabitants between 1990 and 1992, but has remained well below the average among Central American nations (34.9 per million in 1992).(PAH9301) The incidence rate for the Department of San Salvador, which had over three-quarters of cases reported in 1991, was reported at 67.8 per million for 1991.(MOH9200) In recent years, the share of women among total cases reported in El Salvador has been one of the highest in Central America (25.6 percent in 1991; 20.8 percent in 1992); heterosexual transmission of HIV reportedly accounted for nearly 75 percent of cases with a known risk factor in 1991 (see graph on following page).(PAH9302) Reported cases represent only a fraction of the true impact of HIV/AIDS; the national AIDS program acknowledges that the degree of underreporting of AIDS cases may be well over 50 percent and estimated a total of up to 30,000 HIV carriers in 1991.(MOH9200)



YEAR	NEW CASES
1984	1
1985	1
1986	5
1987	16
1988	34
1989	72
1990	54
1991	131
1992	114

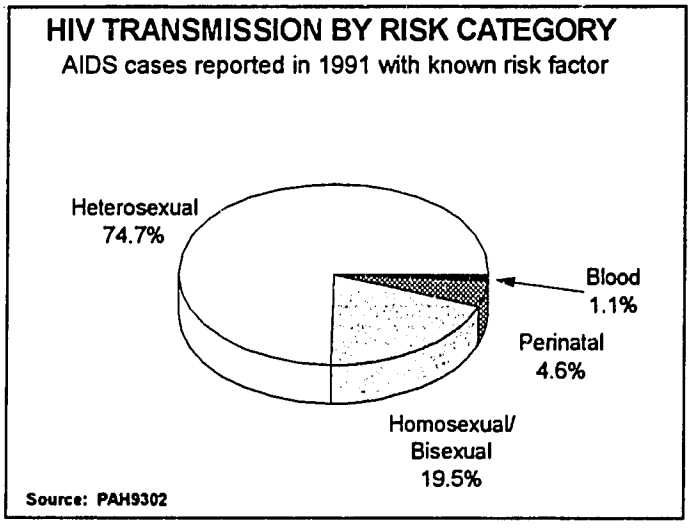
The information below is based on reports to WHO as of June 30, 1993 (PAH9318):	
Total reported AIDS cases	514
Deaths attributed to AIDS	128
1992 Incidence rate (per 1 million population)	20.7
Male/female ratio (1992)	3.8:1
Pediatric cases	8 (1.6% of total)
Perinatal cases	5 (1.0% of total)

National AIDS Control Program

Programa Nacional de Prevención y Control del SIDA, Ministry of Health, San Salvador

The program has concentrated on improving screening of blood for HIV, providing HIV/AIDS training for health workers, and facilitating prevention activities by non-governmental organizations. Particular accomplishments include establishment of a National Commission of Blood Banks and achieving 100 percent screening of blood used for transfusions. The MOH's National AIDS Reference Laboratory works with the blood bank network

Laboratory works with the blood bank network and a Red Cross laboratory to conduct epidemiological surveillance. Two public hospitals, the San Miguel Regional Hospital and Rosales Hospital, run HIV/AIDS clinics. The program's coordinating committee, CONASIDA (Comisión Nacional de Prevención y Control del SIDA), has worked to foster cooperation between the public and private sectors but has suffered continual changes in personnel. (MOH9200)



HIV-1 Seroprevalence from selected studies				
Population sampled	Year	Prevalence	Sample	Source
Adults	1984	0.4%	289	BUC9301
Sexual workers	1991	2.2%	550	MOH9200
Prisoners	1991	0.6%	2,838	MOH9200
Pregnant women	1991	0.0%	750	MOH9200

Local Non-Governmental Organizations with AIDS Activities

(AID0002, MOH9200, PAH0001)

Asociación Demográfica Salvadoreña (ADS) (Salvadoran Demographic Association) has helped sponsor educational events on HIV/AIDS and established an outpatient clinic operated by Profamilia which provides HIV and STD outreach services in San Salvador.

Comité de Integración y Reconstrucción para El Salvador (CIRES) has conducted outreach and educational activities and produced educational materials on HIV/AIDS prevention for high-risk groups.

Cruz Roja de la Juventud is a youth group which has worked with the MOH to provide training for young people to organize HIV/AIDS prevention groups.

Cruz Roja Salvadoreña (Red Cross of El Salvador) provides blood screening through its reference laboratory and offers an HIV/AIDS hotline and counselling service. The Red Cross has also helped the health ministry to strengthen epidemiological vigilance and conducted HIV/AIDS training workshops for health professionals.

Fundación Olaf Palme conducts popular theatre presentations and provides HIV/AIDS prevention training for youths and women in marginal urban areas.

Fundación Knapp has conducted educational activities and produced materials on HIV/AIDS prevention.

FundaSida (Fundación de Apoyo y Solidaridad con el Infectado y Enfermo de SIDA) is an initiative by HIV-positive individuals to conduct outreach and educational activities for at-risk groups and the general population.

Profamilia Family Planning Clinic conducts a sexually transmitted disease (STD) diagnosis and treatment program offering HIV and STD education and condom distribution for high-risk groups.

International NGOs with AIDS activities in El Salvador

(NCI9201, MOH9200)

American Friends Service Committee
The PANOS Institute
Unitarian Universalist Service Committee
World Vision Relief and Development

International Donors supporting AIDS activities in El Salvador

(PAH9302,MOH9200)

The Government of the Netherlands
The Government of Norway
Swedish International Development Agency (SIDA)
Pan American Health Organization (PAHO)
United States Agency for International Development (USAID)
World Health Organization, Global Programme on AIDS (WHO/GPA)

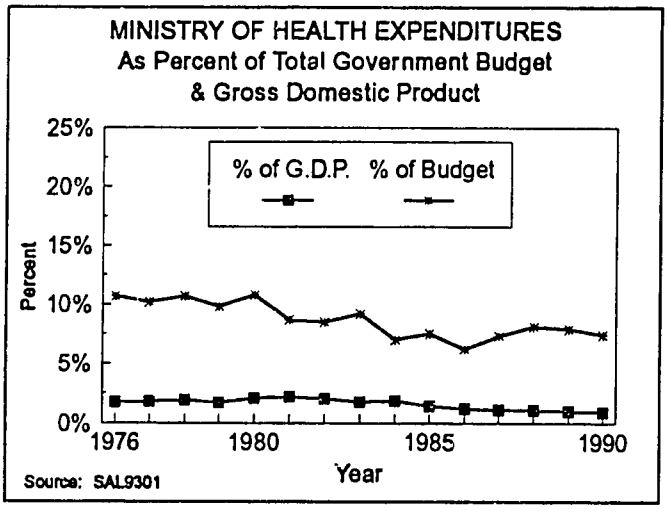
IV: HEALTH CARE FINANCING

SEPTEMBER 1993

The World Bank estimates that combined public and private expenditure on health care in 1990 amounted to 5.9 percent of El Salvador's Gross Domestic Product (GDP), one of the highest levels of health spending relative to the GDP in the Latin America and Caribbean (LAC) region. Per-capita expenditures on health amounted to over 60 dollars in 1990, roughly twice the amount spent by Nicaragua, Honduras, and Guatemala, according to the World Bank. Foreign aid flows represented nearly 14 percent of total health expenditures, also among the highest in the region.(WBK9303)

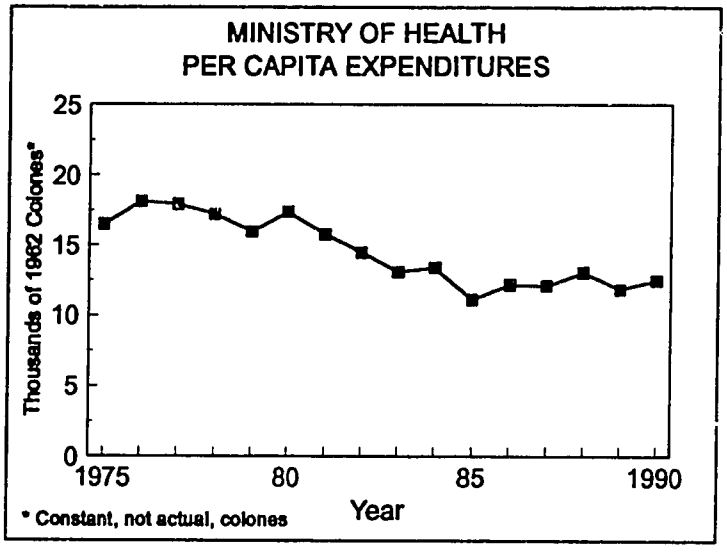
Ministry of Health

A health financing consultant to the United States Agency for International Development (USAID) has found that, in the context of civil war and economic crises since the early 1980s, El Salvador's public health system has received a shrinking share of a contracting public sector. Measured in fixed currency, expenditures by the Ministry of Health (MOH) fell by 13 percent from 1981-85 and more or less stabilized near the lower level for the remainder of the decade.(SAL9301) Meanwhile, recurrent costs have risen due to expanded services and have thus been drastically underfinanced. In order to maintain existing levels of personnel, which by the mid-1980s accounted for 80 to 90 percent of recurrent costs at MOH facilities, the MOH responded with a steady decline in allocations for supplies and equipment.(SAL8701)



MOH EXPENDITURES as percent of:		
Year	G.D.P.	Budget
1976	1.75	10.7
1977	1.79	10.2
1978	1.93	10.7
1979	1.71	9.8
1980	2.09	10.8
1981	2.17	8.7
1982	2.01	8.5
1983	1.76	9.2
1984	1.87	7.0
1985	1.41	7.5
1986	1.17	6.2
1987	1.09	7.3
1988	1.06	8.1
1989	.96	7.9
1990	.92	7.4

In 1990, MOH expenditures adjusted for inflation were 7.5 percent higher than in 1989 but amounted to a new low of only 0.92 percent of the GDP (see figure above).(SAL9301) The figure on the following page charts per-capita expenditures by the MOH in fixed, local currency since 1970. The World Bank and other international organizations have been pressuring the Government of El Salvador to increase allocations to the public health sector to 1.9 percent of the GDP by 1994 in order to decrease dependency on waning foreign assistance. (SAL9301)



The USAID consultant concluded that financial crisis at the MOH has been exacerbated by organizational fragmentation: the 14 MOH hospitals, which generally account for over 60 percent of budget-funded facility expenditures, act as autonomous agencies which manage their own budgets independently of the MOH's centralized offices. (SAL8701) At the central level, the MOH has separate units in charge of planning (Health Services Planning Unit), investment (Health Engineering Division), and operations budgets (Financial Accounting), distinctions which have impeded effective planning for the overall budget and contributed to the recurrent cost crisis.(SAL8701,SAL9301)

MOH PER CAPITA EXPENDITURES	
YEAR	THOUSANDS OF 1962 COLONES
1975	16.47
1976	18.10
1977	17.90
1978	17.19
1979	15.95
1980	17.35
1981	15.77
1982	14.48
1983	13.10
1984	13.41
1985	11.15
1986	12.20
1987	12.13
1988	13.07
1989	11.86
1990	12.51

The MOH has four distinct financing mechanisms, each of which is managed in a distinct way:

Direct budget allocations from the central treasury are the principal source of MOH funding but have declined in real and relative terms since 1980.

Considerable external financing from the Inter-American Development Bank, the United States Agency for International Development (USAID), the Pan American Health Organization, several United Nations organizations, the European Economic Community and various bilateral donors is managed through the Ministry of Planning. In 1991, USAID was providing 35 percent of the MOH's operating expenses.(SAL9301)

Two types of user fees are becoming increasingly important as a source of revenue for the public health system and could play a role in solving the recurrent cost crisis: fees for predominantly outpatient care, collected by community health boards (*patronatos*) at all four types of MOH facilities, and fees for "Special Activities" which are collected by MOH employees for inpatient care-related services and certain supplies and laboratory examinations. Together, these two types of fees generated revenues equivalent to four percent of total MOH operations expenditures in 1990.(SAL9301) A 1989 household demand survey by USAID's REACH project found that 83 percent of MOH patients made some kind of payment for care received.(SAL9001)

Social Security System

The sickness-maternity and occupational health programs of the Salvadoran Social Security Institute (ISSS) are financed by contributions equal to 8.75 percent of affiliates' salaries (7.8 percent for public employees), of which employers pay a 71 percent share, and by government subsidies of at least five million *colones* per year.(IDB9101) Administrative costs run high (14 percent of total expenditures in 1980) and the institute's 1980 ratio of 13.5 employees for every 1,000 insured was second highest in the LAC region.(WBK8901) The REACH project found that ISSS users have the highest average income of the three subsectors and concluded that the institute may be able to afford to expand coverage to lower-earning groups.(SAL9001)

Private Sector

The World Bank estimates that private spending on health comprised over 55 percent of total health expenditures in 1990, amounting to 3.3 percent of El Salvador's GDP. In the LAC region, only Haiti had a higher share of GDP represented by private outlays on health.(WBK9303) Almost all private spending on health is in the form of fees for service; according to the REACH survey, only 0.6 percent of the national population was covered by private insurance in 1989.(SAL9001)

V: USAID PROJECT ASSISTANCE

TIMELINE: USAID Activities Related to Health & Population

SEPTEMBER 1993

Project Information					Fiscal Year
Project #	Project Name	Life-of-Project	Begin FY	PACD	Pre 85 / 85 86 87 88 89 90 / 91 92 93 94 95 / 96 97 98 99 2000
519-0149	Family Planning and Population	$10,209,000	1966	1983	
519-0000	Program Development and Support	*	1974	***	
519-0182	Nutrition Improvement	$234,000	1978	1982	
519-0179	Rural Health Aide Project	$652,000	1978	1981	
519-0203	Nutrition Education	$40,000	1978	1981	
519-9999	Private and Voluntary Organization-OPG(Population)	*	1979	***	
519-0222	Nutrition Production/ Education -OPG	$480,000	1979	1983	
519-0253	Health and Nutrition	$1,100,000	1980	1984	
519-0250	Trade Union Nutrition	$40,000	1980	1982	
519-0273	Training of Rural Health Volunteers-OPG	$49,000	1980	1981	

This chart contains USAID-funded projects active since 1980 known to contain a child survival, HIV/AIDS, other health, or population component. The Life-of-Project (LOP) column indicates total authorized funding planned for all project activities from the beginning until the conclusion of the project, and not an amount allocated to a specific project component. The project beginning year and project completion date (PACD) appear after the LOP. OPG is the abbreviation for Operational Program Grant. Please see Data Notes.

** Total LOP is not available* *** Fiscal year of final obligation* **** Project is ongoing*

Source: AID0000

Project Information					Fiscal Year
Project #	Project Name	Life-of-Project	Begin FY	PACD	Pre 85 / 85 86 87 88 89 90 / 91 92 93 94 95 / 96 97 98 99 2000
519-0279	Public Service Restoration	$111,634,000	1982	1990	
519-0275	Salvadoran Demographic Association-OPG (Population)	$9,873,000	1983	1989	
519-0281	Health and Jobs for Displaced Families	$64,603,000	1983	1993	
519-0291	Health Systems Revitalization	$35,625,000	1983	1988	
519-0300	Save the Children-OPG (Health, Child Survival, Nutrition)	$4,825,000	1985	1990	
519-0308	Health Systems Support	$69,000,000	1986	1994	
519-0210	Population Dynamics	$10,000,000	1986	1990	
519-0329	Maternal/Child Health Promotion	$220,000	1986	1989	
519-0330	Strengthening Rehabilitation Services-OPG	$280,000	1986	1989	
519-0346	Strengthening Rehabilitation Services-OPG	$6,350,000	1987	1994	
519-0343	U.S. Medical Referrals-OPG: HOPE	$65,000	1987	1988	
519-0342	Assistance to Civilian Amputees	$720,000	1987	1988	

Project Information					Fiscal Year
Project #	Project Name	Life-of-Project	Begin FY	PACD	Pre 85 / 85 86 87 88 89 90 / 91 92 93 94 95 / 96 97 98 99 2000
519-0320	Public Services Restoration/ Rehabiliation (Water)	$75,000,000	1989	1994	
519-0364	Community Based Integrated Rural Development	$8,540,000	1989	1994	
519-0370	Mother Child Feeding-OPG	$70,000	1989	1992	
519-0367	Maternal Health/Child Survival Services	$25,000,000	1990	1997	
519-0363	Family Health Services/MCH	$22,000,000	1990	1995	
519-0394	Peace and National Recovery	$116,000,000	1992	1996	

Fiscal Year Obligations for USAID-funded Projects Related to Health

SEPTEMBER 1993

Project #	Project Name	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
519-0000	Program Development and Support	1,020	850	374	300	105	161	0	0
519-0210	Population Dynamics	0	0	0	816	0	0	0	0
519-0275	OPG:Salvadoran Demographic Association	0	0	0	0	200	0	0	0
519-0279	Public Service Restoration	0	0	0	4,000	0	0	0	0
519-0281	OPG:Health and Jobs for Displaced Families	1,025	3,000	1,500	0	0	55	3,938	0
519-0291	Health Systems Vitalization	12,830	0	0	0	0	0	0	0
519-0300	OPG:SCF:Community Based Integrated Rural Development	0	0	1,300	1,625	0	0	0	0
519-0308	Health ms Support	0	14,900	13,924	11,824	7,352	0	6,935	9,078
519-0320	Public Services Restoration/Rehabilitation	0	0	0	0	8,000	11,618	3,198	2,200
519-0329	Maternal/Child Health Promotion	0	220	0	0	0	0	0	0
519-0330	Strengthening Rehabilitation Services	0	280	0	0	0	0	0	0
519-0342	OPG:Assistance to Civilian Amputees	0	0	500	220	0	0	0	0
519-0343	OPG:U.S. Medical Referrals (HOPE)	0	0	65	0	0	0	0	0
519-0346	OPG:Strengthening Rehabilitation Services	0	0	1,435	1,015	900	0	1,500	1,500
519-0363	Family Health Services/MCH	0	0	0	0	0	1,500	750	0
519-0364	Community Based Integrated Rural Development	0	0	0	0	1,240	763	1,550	0
519-0367	Maternal Health/Child Survival Services	0	0	0	0	0	3,772	5,385	5,542
519-0370	OPG:Mother Child Feeding	0	0	0	0	70	0	0	0
519-0394	Peace and National Recovery	0	0	0	0	0	0	0	7,952
936-3057	Central Contraceptive Procurement	0	0	0	0	0	0	200	0
	Total ($000s):	***$14,875***	***$19,250***	***$19,098***	***$19,800***	***$17,867***	***$17,869***	***$23,456***	***$26,272***

Funding is based on reported attributions for child survival, HIV/AIDS and other health activities from all funding accounts, except population account funding in FY 1985-91. FY 1985-92 funding figures are actual. Please see Data Notes.

Source: AID0000, AID9308

USAID-Funded Health Projects Active During Fiscal Year 1992

SEPTEMBER 1993

Project #	Project Name	U.S. Contractor/Grantee
519-0000	Program Development and Support	Multiple
519-0281	Health and Jobs for Displaced Families	National Commission for Assistance to Displaced Persons, Government of El Salvador
519-0308	Health Systems Support	Ministry of Health
519-0320	Public Services Improvement	N/A
519-0346	OPG:Strengthen Rehabilitation Services	Fundacion Teleton Pro-Rehabilitacion
519-0363	Family Health Services/MCH	Asociacion Demografica Salvadorena
519-0364	Community Based Integrated Rural Development	Save the Children Federation
519-0367	Maternal Health/Child Survival Services	Medical Service Corporation International
519-0370	Caritas Maternal and Child Health	Catholic Relief Services
519-0394	National Reconstruction Program	Government of El Salvador
936-3057	Central Contraceptive Procurement	Multiple

Please see Data Notes.

Source: CIH0001

Descriptions of USAID-Funded Child Survival, HIV/AIDS, and Other Health Projects

SEPTEMBER 1993

Bilateral Projects

Project Number: 519-0367

Project Title: Maternal Health/Child Survival Services

Country: El Salvador

Project Area: Entire country

Project Duration: FY 1990 - 7/31/97

Partipating Organization(s):

Host Country: Ministry of Health (MOH) and approximately 50 local private voluntary organizations (PVOs)

U.S.: Medical Service Corporation International (MSCI)

Project Overview:

Maternal Health/Child Survival Services supports efforts of about 50 PVOs to expand community-based maternal health and child survival services in rural and marginal urban areas of El Salvador. MSCI supports the PVO network which provides access to immunization, prenatal care, family planning, breastfeeding support, and basic curative care for illnesses such as acute respiratory infections and diarrheal disease control. Approximately 350,000 people living in the country's poorest communities are expected to benefit. While supporting service delivery by PVOs, the project also encourages institutional development of the organizations and coordination among them.

Service delivery support is intended to accomplish the following:

- Provide community health education for both men and women focusing on areas such as contraception, pregnancy, birth, diet, hygiene, prevention of infectious diseases, and growth monitoring.

- Train traditional birth attendants to improve their practices, enable them to recognize risks, and use referral where appropriate.

- Construct potable water and sanitation systems, and educate communities on their maintenance and use.

- Offer maternal health and child survival interventions including clinic services, vaccinations, promotion of oral rehydration therapy, vitamin A distribution, birth spacing

methods, prenatal and neonatal care, treatment of infectious diseases (especially diarrhea and respiratory infections), and referral of pregnancy-related complications.

The project aims to institutionally strengthen participating PVOs through training in such areas as project planning, financial management, cost recovery, supply management, community participation, monitoring and evaluation, and training of community health personnel. Training is tailored to needs of the PVOs and includes the use of long and short-term technical assistance, as well as attendance at national conferences and seminars.

Efforts are made to ensure community participation in the design and implementation of these services. MSCI works with the PVOs to plan for cost recovery through community participation in building water systems and charging fees for medical services. MSCI also serves as a catalyst for establishing cooperative links between local and U.S. PVOs.

Finally, the project fosters cooperation and coordination between PVOs and host government agencies. Working through the MOH's Office of International Cooperation (OIC), the project promotes MOH coordination with PVOs in areas such as the sharing of training materials, joint training of personnel, PVO assistance with MOH services, and the possible coordination of pharmaceutical purchases. MSCI also trains OIC personnel in information collection and dissemination.

Recent Project Activities and Accomplishments:

Through the efforts of roughly fifty local PVOs and MSCI, the project has produced a model program for public/private sector coordination. Bridging political divides with cooperative links between the MOH, the Pan American Health Organization (PAHO) and associated organizations, this project was presented at a PAHO conference as a model for PVO-MOH coordination. For the first time in the history of El Salvador, community health promoters from local PVOs were included in the MOH Training Program in FY 1991. This effort was hailed by both the MOH and the PVOs as an excellent example of true inter-sectoral coordination.

Efforts to strengthen local PVOs continues. Two new editions of a quarterly newsletter have been distributed to 225 PVOs and other organizations nationally and internationally.

In 1992, 34 clinics were established with community participation, 1,822 group and 11,400 individual education sessions were conducted, and Salvadoran PVOs recruited 7,000 community volunteers.

Lessons Learned/Future Activities: Not available

Sources:

AID0001, CAB9101, QUE9100, QUE9200

Project Number: 519-0308

Project Title: Health Systems Support

Country: El Salvador

Project Area: Entire country

Project Duration: FY 1986 - 9/30/94

Partipating Organization(s):

Host Country: Ministry of Health (MOH)

U.S.: Clapp & Mayne, Inc.

Project Overview:

Health Systems Support is designed to improve the MOH's capacity to deliver basic health services, especially those critical to child survival, through upgrading its program management, policy making and operations capabilities.

To improve health service delivery, the project provides long and short-term technical assistance to the MOH Training Center and supports U.S.-based training of Center faculty members. The Center is finalizing treatment norms and developing operational manuals for service delivery. These manuals will be used by basic health service providers and community workers. Additionally, training is also provided to supervisory personnel. Other health personnel being trained include directors of emergency medical services and 300 community health promoters.

The MOH will receive current health statistics and logistical information from a new computerized management information system. In addition to the hardware, software, and training, the project provides technical assistance to help the MOH Planning Directorate use the system for policy and program planning. National, regional and local personnel learn to conduct applied health services research in areas such as financing, private sector delivery, and provider mix and training.

To help ease El Salvador's shortages in medical and pharmaceutical supplies, this project initially financed 54 percent of these purchases. This support will gradually decrease to 28 percent over the life of the project.

In May 1991 the project was extended to September 30, 1994. The extension emphasizes decentralization, planning and budgeting, and sustainability. A first measure to decentralize the decision-making process will be to extend the management information system beyond the central office to the regional offices. Other anticipated activities include:

- Installing basic laboratories in health units
- Installing water and sanitation facilities in health units and posts
- Supporting the MOH's malaria program
- Supporting selected family planning training, commodity, and IEC activities previously supported under the Population Dynamics project

- Training more than 2,000 MOH personnel in emergency medical services
- Assessing cost-recovery options
- Restructuring MOH's personnel system
- Supporting applied health service research studies at the central and regional levels

Recent Project Activities and Accomplishments: Not available

Lessons Learned/Future Activities: Not available

Sources:

AID0001, CAB9102, QUE9100, QUE9200

Project Number: 519-0364

Project Title: Community-Based Integrated Rural Development

Country: El Salvador

Project Area: San Salvador Department: San Martin, Cuscatlan Department: San Pedro Perulapan, San Bartolome Perulapia, Santa Cruz Michapas, Cabanas Department: Ilobasco, La Union Department: San Alejo, Anamoros, Nueva Esparta, Poloros, Bolivar and San Jose la Fuenta.

Project Duration: FY 1989 - 8/31/94

Partipating Organization(s):

Host Country:
U.S.: Save the Children Federation (SCF)

Project Overview:

Community-Based Integrated Rural Development, implemented by SCF, stimulates involvement in addressing local needs in the health, nutrition, agriculture, education, and small enterprise sectors. Working in rural areas of four departments, covering a total population of 140,000, SCF is strengthening the communities' capacity to plan, implement and coordinate development activities. Sector-specific committees are formed to implement specific community projects. Community development committees are responsible for planning and coordinating multisectoral development activities for the entire community. SCF staff work closely with these groups to improve both financial and project management skills. Training and technical assistance is provided to the committees, community members, indigenous SCF staff and cooperating Salvadoran ministries and organizations. As the community organizations within a given impact area grow stronger, SCF will gradually turn over full responsibility to them.

The training of health workers and mothers is a significant component of the health and nutrition-related activities. Quarterly training sessions cover topics including oral rehydration therapy, prevention of high risk births, the control of acute respiratory infections and nutrition. Nutrition-related activities include the promotion of proper infant feeding, vitamin A supplementation, growth monitoring and community gardens. Because of their nutritional value, soybeans have been introduced to the communities and are grown in the community gardens. Mothers are learning to prepare them and other foods grown in the gardens to enhance family diets. The use of chlorine to purify drinking water has also been introduced to the communities as a means of preventing diarrhea. This and other potable water activities are coordinated with the MOH clean water campaigns.

Recent Project Activities and Accomplishments: Not available

Lessons Learned/Future Activities: Not available

Sources:

AID0001, QUE9200

Project Number:	519-PL48
Project Title:	Mother/Child Feeding
Country:	El Salvador
Project Area:	Entire country
Project Duration:	FY 1989 - 12/31/92
Partipating Organization(s):	
Host Country:	
U.S.:	Catholic Relief Services (CRS)

Project Overview:

Mother/Child Feeding, implemented by CRS, a U.S. private voluntary organization, promoted child survival and maternal health services throughout El Salvador. The project supported CARITAS centers which participate in Public Law 480 feeding programs. Public Law 480 commodities such as food supplements and weighing scales are supplied along with packets of oral rehydration salts (ORS), equipment, technical training. The project promoted breastfeeding and control of diarrheal diseases as well.

Recent Project Activities and Accomplishments:

During 1992, the project was active in the promotion of oral rehydration therapy. Packets of ORS were distributed and training was provided in their preparation as well as the preparation of alternative home fluids including a sugar/salt solution. Nutrition activities included the promotion of breastfeeding and improved child feeding practices, the distribution of vitamin A supplements, food fortification for micronutrient deficiencies, and food in support of maternal and child health programs.

Community education raised awareness of the importance of preventing high risk births. Activities targeted high risk groups such as women under 18 and over 35 years old, women who have four or more children and women who have given birth within the previous 24 months. Traditional birth attendants were trained in the screening and referral of high-risk pregnancies and life-saving delivery skills. The project also raised mothers' awareness of the dangers of acute respiratory infection and how to recognize when prompt medical treatment is necessary. Community health workers, traditional healers and community leaders and mothers received education in nutrition and primary health care.

Lessons Learned/Future Activities: Not available

Sources:
QUE9200

Project Number: 519-0363

Project Title: Family Health Services/Maternal and Child Health

Country: El Salvador

Project Area: Entire country

Project Duration: FY 1990 - 7/31/95

Partipating Organization(s):

Host Country: Salvadoran Demographic Association (SDA)
U.S.: Cambridge Consulting Corporation

Project Overview:

USAID's grant to SDA strengthens delivery of family planning services in rural and poor urban areas of El Salvador while expanding its role by adding maternal/child health activities such as the promotion of oral rehydration therapy (ORT), vaccinations, prenatal care and nutrition education. The project consists of three components: family health services delivery, institutional development and policy research.

Specifically, family health service delivery will be strengthened in the following ways.

- The rural outreach network will be reorganized to reduce the number of community-based contraceptive distributors from 800 to 400, while adding 750 community volunteers in a more comprehensive Pro-Family Health Promoter Program.

- The contraceptive social marketing program which previously operated through pharmacies and "mom and pop" stores will be expanded to add new retail outlets and new products, such as oral rehydration salts (ORS).

- SDA's clinic system will increase the types of services offered in existing facilities (general medicine, pediatrics, etc.), open 12 new rural marketplace clinics and six new satellite clinics in marginal urban areas, and add 50 private physicians to its rural referral network.

- Information, education and communication initiatives will be carried out, emphasizing interpersonal contacts rather than mass media.

The project aims to contribute to national efforts to increase the use of child spacing practices from 34 percent in 1988 to 40 percent in rural areas of El Salvador by 1995, decrease the rate of infant mortality from 48 to 40 deaths per 1,000 live births by 1995, and increase the use of ORS and home fluids for diarrhea by 50 percent by 1995. The project also plans to provide basic antiparasites, vitamin A and multivitamins to children under five years old.

Improving SDA's financial viability and its organizational efficiency are two ways the project aims to promote institutional development. SDA will receive technical assistance to:

- Expand its social marketing program,

- Establish a central referral clinic to provide a more complex technical level and array of services to low income population, while also serving as a "private medical center" for higher income persons willing to pay for a private physician,

- Conduct marketing and feasibility studies to determine the viability of other service expansion options such as establishing a medical insurance company, and

- Decentralize and improve supervision of its programs, improve its management information and financial systems, and modify personnel policies.

The project also finances policy-related research, including a national demographic and health survey, a maternal and child morbidity/mortality study, studies in contraceptive technology such as Norplant, an IUD postpartum study and various studies in SDA program design and effectiveness.

Recent Project Activities and Accomplishments:

As of September 1992, the SDA had already achieved over fifty percent of the major family planning related outputs. Also, SDA has 296 health and family planning promoters in 66 ex-conflictive municipalities of El Salvador. Training in child survival interventions and family planning reached approximately 2,700 family health promoters, community leaders, and mothers.

Lessons Learned/Future Activities:

SDA is contracting with a local advertising agency to promote services offered to the population and thereby increase family planning users nationwide. In addition, it will continue expanding its coverage in the ex-conflictive areas of the country. A new Demographic and Health Contraceptive Prevalence Survey (FESAL-93) is planned in 1993 with the technical assistance from the Centers for Disease Control.

Sources:

AID0001, CAB9102, CAB9103, QUE9100, QUE9200

Project Number: 519-0320

Project Title: Public Services Improvement

Country: El Salvador

Project Area: Entire country

Project Duration: FY 1989 - 9/30/94

Partipating Organization(s):

Host Country: Water and Sewage Authority, Ministry of Health (MOH)

U.S.: Louis Berger International, Development Associates, Tech International

Project Overview:

The Water Supply, Sanitation and Health component of the Public Services Improvement project, in conjunction with the Maternal Health/Child Survival Services project, fosters links between the Water and Sewage Authority and the MOH. Together, these organizations work to integrate health and hygiene education programs with construction of water supply and sanitation systems.

Community health workers are trained in hygiene education and the control of diarrheal diseases. The project also works with communities to establish water committees who will assume local responsibility for water services. Commodities including hand pumps and latrines are supported with Public Law 480 funding.

Recent Project Activities and Accomplishments: Not available

Lessons Learned/Future Activities: Not available

Sources:

CIH0001, QUE9100

Project Number: 519-0281

Project Title: Health and Jobs for Displaced Families

Country: El Salvador

Project Area: Primarily rural areas throughout the country

Project Duration: FY 1982 - 5/31/93

Partipating Organization(s):

Host Country: National Reconstruction Secretariat, CONADES (National Commission for Assistance to Displaced Persons)

U.S.: International Rescue Committee, Creative Associates International, Ronco Consulting Corporation

Project Overview:

Since 1982, the Health and Jobs for Displaced Families project has provided assistance to families displaced by the civil war in El Salvador. The project originally consisted of small public works projects which provided jobs, preventive and curative health services, and distributed Public Law 480 Title II food assistance. Local and international private voluntary organizations (PVOs), local credit agencies and Salvadoran government entities implemented the project activities.

By 1984, the number of displaced persons had risen to about 10 percent of El Salvador's population, a great deal of whom were unregistered displaced persons not receiving any services. In order to extend assistance to the increasing numbers of displaced persons, the project was extended from August 1984 to August 1987. The project goals were amended to provide more jobs, more extensive health care, and a more complete food basket, including a new therapeutic and supplemental feeding program for children. A pilot relocation program for those who wished to resettle was also initiated.

To aid resettling families, the "basic grains" program was added in June 1987. This project extension was set up to distribute agricultural starter packages, including bean and corn seeds and other supplies, to returned and relocated families.

The latest amendment was made in 1990 which extended the project for three more years to May 1993 in order to achieve a durable solution for the remaining displaced population of about 125,000 persons. Activities concentrate on the following areas:

- To settle approximately 6,000 additional families in 64 newly established resettlement communities.
- To finance the basic needs (food, agricultural starter packages, and skills training) of the 15,000 families expected to graduate from requiring assistance while they are in the process of finding new jobs and homes on their own.
- To hold 90 more community preventive health and nutrition seminars as well as train 50 additional rural health volunteers.
- To identify an estimated 20,000 persons -- including single mothers and the elderly or frail -- who require more permanent assistance and transfer their cases to social service agencies.
- To transfer more project responsibilities to CONADES.

Preventive and curative health care is a significant activity throughout the project including child survival interventions.

Recent Project Activities and Accomplishments:

In 1992, community health workers, community leaders and mothers received training in diarrheal disease control, hygiene, vaccination, and nutrition. Additionally, many of the PVOs participated in the MOH's mass vaccination campaigns.

Lessons Learned/Future Activities: Not available

Sources:

AID0001, QUE9100, QUE9200

Project Number: 519-0346

Project Title: OPG: Strengthening Rehabilitation Services

Country: El Salvador

Project Area: Entire country

Project Duration: FY 1987 - 6/30/94

Partipating Organization(s):

Host Country: Fundacion Teleton Pro-Rehabilitacion (FUNTER)

U.S.:

Project Overview:

Private and public rehabilitation services in El Salvador are being established and supported through the Pro-Rehabilitation Telethon Foundation (FUNTER). The grant enables FUNTER to build and bring into operation a privately-operated prosthetic manufacturing workshop staffed by at least six technicians. The workshop is equipped to produce a minimum of 20 prostheses monthly at a cost of U.S. $450-750 each.

As a complement to the workshop, FUNTER established a patient support fund to subsidize the cost of providing prostheses to the needy. This fund is capitalized by Salvadoran and international charitable contributions.

FUNTER also strengthens the rehabilitation, educational and vocational training courses offered by eight centers of the Salvadoran Rehabilitation Institute (ISRI) for people who are physically and mentally disabled. A seminar aimed at identifying priority needs for materials and training was conducted for each center and an overall plan for meeting these needs was developed. Technical assistance is provided in curriculum development and ISRI staff receive on-the-job training and attend special courses at local universities. Some equipment and materials are also provided.

To improve the way people with disabilities are seen in Salvadoran society, FUNTER initiated a public awareness education campaign. People with disabilities assist FUNTER in preparing materials, and thereby provide role models. Related efforts help private businesses to provide on-the-job training and establish an employment placement strategy for people with disabilities.

A four-year project extension through 1994 focuses on strengthening FUNTER's capacity to continue project activities when donor support ends. One way to increase sustainability is the broadening of FUNTER's market. Two possible avenues that are being explored are to make prosthetic devices available in additional geographic areas and/or to include selective orthotic services. The project will be exploring each of these. Because FUNTER has been hampered by the lack of a central office, the project also contributes to the construction of a building to house its central operations.

Recent Project Activities and Accomplishments:

FUNTER has far exceeded its initial goal of providing 1,000 amputees with prosthetics. As of September 1992 FUNTER has registered 2,233 amputees nationwide and has produced 2,000 protheses. Five additional Level I centers in other areas of the country have also been opened.

In July 1992, the National Reconstruction Component was added to finance activities in 109 additional communities. These communities are in the former conflictive zone, providing services to demobilized ex-combatants. During the month of September 1992, a total of 59 persons received aid from FUNTER in these areas.

Lessons Learned/Future Activities:

FUNTER will continue to expand its role and leadership in the rehabilitation field of El Salvador by opening additional basic centers in the ex-conflictive zone of the country. Emphasis will be given to the National Reconstruction Program currently supported by USAID. In addition, FUNTER will start production of orthotics devices.

Sources:

AID0001, QUE9100, QUE9200

Project Number:	519-0394
Project Title:	National Reconstruction Program
Country:	El Salvador
Project Area:	115 Municipalities located in the ex-conflictive zone in 12 departments
Project Duration:	FY 1992 - 4/30/97
Partipating Organization(s):	
Host Country:	Government of El Salvador, National Reconstruction Secretariat
U.S.:	

Project Overview:

National Reconstruction Program helps the 115 communities which were declared by the government of El Salvador as the target area of the National Reconstruction Plan. USAID's assistance is directed toward the nearly 800,000 people living in this area. This project assists the government in restoring basic humanitarian, social and health services while reintegrating ex-combatants into Salvadoran society. Assistance aims to increase access to education, health services and income-earning opportunities, and extend credit to purchase land and other services.

While just under 10 percent of this project is specifically related to health and child survival, the development of a health care system in this underserved area is essential to the well-being of residents of these communities. Funds are being provided to equip health posts and expand the vaccination programs. The project also plans to assist in the development of water and sanitation systems. Other health-related activities may arise as community members express their perceived needs at open town meetings.

Ex-Combatants are receiving rehabilitation assistance from local non-governmental organizations. Physically and sensorially war wounded are receiving prosthetics and orthotics.

Recent Project Activities and Accomplishments:

During 1992, the first year of the project, activities targeted immediate relief to those areas most drastically affected by the civil war. Emergency food relief and food for work were provided to meet the most urgent needs found in these ex-conflictive zones.

Lessons Learned/Future Activities: Not available

Sources:

QUE9200

USAID/Washington Support, Regional Projects

■ **Accelerated Immunization** works through Pan American Health Organization to improve child survival in the Americas by reducing vaccine-preventable diseases. The project has been vital to improving national vaccination coverage rates, strengthening the Ministry of Health's institutional capacity to provide vaccination services, and providing a framework for effective donor coordination.

Sources:

AID9105, AID9300

■ **Health and Nutrition Technical Services Support** includes (1) the LAC Health and Nutrition Sustainability project, which studies alternative health financing strategies and coordinates region-wide efforts to strengthen non-governmental nutrition activities, and (2) the LAC Regional Cholera project, which conducted an assessment of the current cholera epidemic and provides assistance to control cholera in affected areas.

Sources:

AID9105, AID9300

USAID/Washington Support, Bureau for Research and Development

■ TAACS (Technical Advisor in AIDS and Child Survival) provides management support for child survival and AIDS projects. The program assigns long-term advisors to assist USAID missions in carrying out those child survival interventions identified by USAID as priorities, including immunization, oral rehydration therapy, nutritional improvements, birth spacing, and STD HIV/AIDS prevention. The TAACS can manage and/or coordinate USAID project activities, and act as a liaison between Ministries of Health and international or collaborating country organizations on behalf of USAID.

Sources:

AID9203, AID9300

Bureau for Research and Development, Short-term technical assistance & support

■ **REACH II** (Technology and Resources for Child Health) supports USAID's goal to reduce child deaths through simple, affordable, and evolving technologies. Activities in El Salvador have included research on acute respiratory infections. In El Salvador and other USAID-assisted countries, the project strengthens host country capabilities to immunize children in the first five years of life and to provide technical assistance in primary health care technologies.

Sources:

AID9204, AID9300

■ **Vector Biology and Control** (VBC) joined with experts from the Pan American Health Organization (PAHO) and the U.S. Centers for Disease Control in 1992 to review El Salvador's malaria control program. The review team concluded that El Salvador's program should be a model for control efforts in other LAC countries. Since USAID support began in 1984, the program has reduced malaria and insecticide use by 90 percent by emphasizing community-based early detection and treatment, targeted mosquito control, and environmental management. In 1991, for the fourth year in a row, the malaria rate was below the program's target of 10,000, or 1.7 cases for every 1,000 people; the number of cases of falciparum malaria, the most severe form of the disease, has also dropped dramatically, from more than 15,000 cases in 1980 to only 18 in 1991.

Sources:

QUE9200

■ **WASH** (Water and Sanitation for Health) supports efforts to improve water and sanitation systems by providing technical assistance to design, implement and evaluate water, sanitation, and waste management projects. In 1991, WASH conducted an evaluation of the status of surface and groundwater contamination in selected waterways in El Salvador. Data from studies will be used by the government to develop a national strategy for natural resource management.

Sources:

AID9205

■ **WIN** (Women and Infant Nutrition) supports the Wellstart Lactation Management Education program which promotes optimal breastfeeding by improving the knowledge and practices of health care workers

Sources:

AID9105

VI: DATA NOTES

SEPTEMBER 1993

Notes On Mortality Estimation

Throughout this profile, references are made to infant and under 5 mortality rates for individual countries or groups of countries. In past years, the primary source of data on infant mortality was the World Population Prospects, a set of estimates updated every two years by the Estimates and Projections Section of the Population Division of the Department of International Economic and Social Affairs, United Nations. The primary source of data on under 5 mortality was a special report published in 1988 by the same group. Where another source, such as a recent Demographic and Health Survey or a national census, was available for a given country, the reported values from that source were cited in place of the United Nations estimates if the technical staff of USAID in the Country Mission and/or the appropriate regional bureaus confirmed the validity of the alternative source.

Known as indirect estimates, those of the United Nations are generated from accepted demographic models which combine the results of all available surveys and censuses in a given country to produce a single time series of estimates and projections. When new empirical data becomes available for a given country, the entire time series of estimates and projections is updated. Thus, using conventional demographic approaches, a survey done in 1990 may generate a new estimate of a mortality rate for 1970 or 1980.

During 1993, a new set of estimates for mortality was generated for 82 countries for publication in the World Development Report 1993 and a forthcoming UNICEF publication entitled The Progress of Nations. Based on a curve-fitting model, the methodology applied to generate these new estimates purports to depict more accurately the trend derived from all available data sources for a country. Like the estimates generated using conventional demographic models, the entire time series might change upon the addition of a new empirical source. These estimates were made available to USAID through the courtesy of the World Development Report of the World Bank and UNICEF.

The selection of the mortality rates was done through a consultative process involving representatives of the Office of Health in USAID's Research and Development Bureau, USAID's Regional Bureaus and, in many cases, the USAID Country Missions. The source determined to best reflect the reality in a country for the current values of infant and under 5 mortality was identified and one of a number of a computation procedures, depending on the source selected for the current value, was applied to estimate the longitudinal rates. The consideration of the additional source of data developed for the World Development Report and UNICEF during the consultative process has prompted some changes in the reporting of mortality rates from those reported in recent years.

Definitions

Demographic Indicators

Total Population: The mid-year estimate of the total number of individuals in a country.

Average Annual Rate of Growth: An estimate of the rate at which a population is increasing (or decreasing) in a given year.

Infant Mortality Rate: The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. This rate may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

Under 5 Mortality Rate: The estimated number of children born in a given year who will die before reaching age five per thousand live births in that same year. This rate may also be calculated by direct or indirect methods.

Maternal Mortality Ratio: The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is actually a ratio because the unit of measurement of the numerator (maternal deaths) is different than that of the denominator (live births). The measure would be a rate if the units were the same. Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

Crude Birth Rate: An estimate of the number of live births per 1,000 population in a given year.

Crude Death Rate: An estimate of the number of deaths per 1,000 population in a given year.

Life Expectancy At Birth: An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

Children Under Age 1: Mid-year estimate of the total number of children under age one.

Annual Infant Deaths: An estimate of the number of deaths occurring to children under age one in a given year.

Total Fertility Rate: An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

Child Survival Indicators

Vaccination Coverage In Children: An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday -- three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of inoculations of an antigen given during a year to children who have not yet reached their first birthday divided by an estimate of the pool of children under one year of age eligible for vaccination. Survey estimates are based on samples of children between the ages of 12 and 23 months.

Vaccination Coverage In Mothers: An estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid during their pregnancies. This indicator is being changed in many countries to account for the cumulative effect of tetanus toxoid boosters. A woman and her baby are protected against tetanus when a mother has had only one or, perhaps, no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (The appropriate number of boosters required during any given pregnancy varies with number received previously and the time elapsed.) The revised indicator is referred to as TT2+. Rates are computed using administrative methods or surveys.

DPT Drop-out Rate: An estimate of the proportion of living children between the ages of 12 and 23 months who received at least one DPT vaccination but who did not receive the entire series of three vaccinations before their first birthdays.

Oral Rehydration Salts (ORS) Access Rate: An estimate of the proportion of the population under age five with reasonable access to a trained provider of oral rehydration salts who receives adequate supplies. This is a particularly difficult indicator to measure and, therefore, it may fluctuate dramatically from year to year as improved methods of estimation are devised.

ORS and/or Recommended Home Fluid (RHF) Use Rate: An estimate of the proportion of all cases of diarrhea in children under age five treated with ORS and/or a recommended home fluid. ORT use may be determined using administrative means or surveys. In general, administrative estimates are based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available. Thus, changes in the estimates of the frequency of diarrhea episodes can alter the ORT use rate as well as "real" changes in the pattern of use. Surveys are more precise in that they focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

Contraceptive Prevalence Rate: An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern method of contraception. Where sources fail to distinguish modern and traditional methods, the combined rate is shown.

Adequate Nutritional Status: An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center for Health Statistics, endorsed by the World Health Organization (WHO). The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.

Appropriate Infant Feeding: A composite estimate of the proportion of infants (children under age one) being breastfed and receiving other foods at an appropriate age according to the following criteria: breastfed through infancy with no bottle-feeding, exclusively breastfed through four months (120 days) of age, and receiving other foods if over six months of age (181 days). Water is not acceptable in the first four months (120 days). ORS is considered acceptable at any age. Surveys are the only source of data to form this indicator. Surveys yield an estimate of how many infants are being fed correctly at the moment of the survey. They do not give an indication of the proportion of individual children fed appropriately throughout their first year of life. A number of sub-

indicators may be calculated from the data used to form the composite, of which two are presented in this report.

Exclusive Breastfeeding: An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breast milk.

Complementary Feeding: An estimate of the proportion of infants six to nine months of age (181 days to 299 days) still breastfeeding but also receiving complementary weaning foods.

Continued Breastfeeding: An estimate of the proportion of children breastfed for at least one year. In this report, all values presented for this indicator are the proportion of children 12 to 15 months of age at the time of the survey still receiving breast milk.

Other Health Indicators

HIV-1 Seroprevalence, Urban: An estimate of the proportion of all persons (pregnant women, blood donors, and other persons with no known risk factors) living in urban areas infected with HIV-1, the most virulent and globally prevalent strain of the human immunodeficiency virus.

HIV-1 Seroprevalence, Rural: An estimate of the proportion of all persons living in rural areas infected with HIV-1.

Access to Improved Water, Urban: An estimate of the proportion of all persons living in urban areas (defined roughly as population centers of 2,000 or more persons) who live within 200 meters of a stand pipe or fountain source of water.

Access to Improved Water, Rural: An estimate of the proportion of all persons not living in urban areas with a source of water close enough to home that family members do not spend a disproportionate amount of time fetching water.

Access to Sanitation, Urban: An estimate of the proportion of all persons living in urban areas with sanitation service provided through sewer systems or individual in-house or in-compound excreta disposal facilities (latrines).

Access to Sanitation, Rural: An estimate of the proportion of all persons not living in urban areas with sanitation coverage provided through individual in-house or in-compound excreta disposal facilities (latrines).

Deliveries By Trained Attendants: An estimate of the proportion of deliveries attended by at least one physician, nurse, midwife, or trained traditional birth attendant.

Notes on Project Information

The primary source for information related to USAID projects is the USAID Health Projects Database (HPD) operated by the Center for International Health Information/ ISTI.

The HPD tracks bilateral, regional and centrally-funded USAID projects and sub-projects with a health component, including child survival, HIV/AIDS, nutrition, water supply and sanitation, and other health related activities. Projects are identified for the HPD through the annual USAID Health and Child Survival Project Questionnaire, Annual Budget Submissions (ABS), Congressional Presentations (CP), and the Activity Code/Special Interest (AC/SI) System. Information on project activities, organizations implementing these activities, and project assistance completion dates is also taken from other official USAID documents such as project reports

In the **Timeline: USAID Activities Related to Health and Population** table, Life-of-Project (LOP) funding indicates the total authorized funding planned for all project activities from the beginning until the conclusion of the project. Projects may contain components which are not directly related to health, and therefore, LOP totals reported here may not be used to describe funding for health activities specifically. Please refer to the Fiscal Year Obligations for USAID-funded Projects Related to Health table to determine funding attributed to health activities. Where project assistance completion dates are not available, the timeline reports the planned final year of funding for the project and notes this with **. Project activities may extend beyond this reported final year of funding.

The **Fiscal Year Obligations for USAID-funded Projects Related to Health** table does not include total project obligations; it includes only totals for health, child survival and HIV/AIDS activities. These funding totals are based on calculations of annual obligations reported in the USAID Congressional Presentation and on reported attributions for health activities. These attributions are reported through the annual USAID Health and Child Survival Project Questionnaires for Fiscal Year (FY) 1985-91, and the AC/SI System for FY 1992. Reported obligations include all accounts except population account funds for FY 1985-91. Public Law 480 funding is not included in this report.

VII: SOURCES

SEPTEMBER 1993

AID0000	Data for the timelines is a consolidation of data from: a) annual USAID Health and Child Survival Project Questionnaires, b) USAID Congressional Presentations (CPs), and c) the USAID Office of Private Voluntary Cooperation/Bureau for Food and Humanitarian Assistance.
AID0001	Project description as reported in the USAID/CDIE/DISC Development Information System.
AID0002	Family Health International. AIDSTECH and AIDSCAP Project Reports.
AID8601	USAID/El Salvador. Project Paper, Health Systems Support Project. Washington, DC: Agency for International Development, 1986.
AID8903	USAID/El Salvador. Country Development Strategy Statement. FY 90-94. June, 1989.
AID9011	Water and Sanitation for Health Project, U.S. Agency for International Development. WASH Field Report No. 334: Planning For Water and Sanitation Programs in Central America, August 1991.
AID9013	Government of El Salvador (as per Mothercare).
AID9104	USAID/El Salvador. Action Plan, Fiscal Year 1992-93. February, 1991.
AID9105	United States Agency for International Development. Child Survival 1985-1990: A Sixth Report to Congress on the USAID Program. May, 1991.
AID9203	United States Agency For International Development and the International Health Program Office, Centers for Disease Control, Public Health Services, United States Department of Health and Human Services. Technical Advisors in AIDS and Child Survival, Quarterly Progress Report, January - March 1992.
AID9204	Herrick, Allison, et. al. Midterm Evaluation of Technology and Resources for Child Health (REACH II). Submitted to the Office of Health, Bureau for Research and Development, Agency for International Development. July, 1992.
AID9205	Bendahmane, Diane B. Water and Sanitation for Health, Progress Report No. 14. Summary of Camp Dresser & McKee International Contract Activities for WASH III October 1, 1988 to December 31, 1991 and Cumulative List of WASH I, II, and III Reports. January, 1992
AID9300	United States Agency for International Development. Child Survival: An Eighth Report to Congress on the USAID Program. (Forthcoming)
AID9308	The USAID Activity Code/Special Interest (AC/SI) System, July 27, 1993.
BUC9105	Series of diskettes provided by Kevin Kinsella over a period of several months near the end of 1991 and the beginning of 1992. Data reported from the U.S. Bureau of the Census data base.
BUC9301	U.S. Bureau of the Census, Center for International Research. HIV/AIDS Surveillance Database. June, 1993.
CAB9101	USAID/El Salvador mission cable #02710, March, 1991.
CAB9102	USAID/El Salvador mission cable #08802, July, 1991.
CAB9103	USAID/El Salvador mission cable #02108, February, 1991.
CAB9301	Consular Information Sheet - El Salvador as described in USAID/El Salvador Cable #162960, May 1993.
CALXX01	Calculated from the values for total population, crude birth rate and infant mortality from designated sources for those variables.

CIH0001 The Center for International Health Information. The Health Projects Database, an ongoing record of projects in the health portfolio of the Agency for International Development.

DHS8703 Asociacion Demografica Salvadorena, and Institute for Resource Development/Westinghouse. Encuesta Nacional de Salud Familiar (FESAL-85). Columbia, MD:1987.

HHS8801 U.S. Department of Health and Human Services, Centers for Disease Control (CDC) and Asociacion Demografia Salvadorena. El Salvador 1988 Family Health Survey Final English Language Report. Atlanta, GA: CDC.

IDB9101 Inter-American Development Bank. Economic and Social Progress: 1991 Report. Washington, DC: IDB, 1991.

INC9000 Asociacion Demografica Salvadorena (ADS), Ministerio de Salud Publica y Asistencia Social (MSPAS), and Instituto de Nutricion de Centro America y Panama (INCAP). Evaluacion de la Situacion Alimentaria Nutricional en El Salvador. June, 1990.

LAC8900 Gwynne, Gretchen, and Dieter Zschock. Health Care Financing in Latin America and the Carribbean, 1985-89: Findings and Recommendations. HCFLAC Report No. 10, September, 1989.

MOH9200 Ministry of Health, Republic of El Salvador. II Plan National a Mediano Plazo para la Prevencion y Control del SIDA de la Republica de El Salvador, 1993-1995. July, 1992.

MRF9203 Epidemiology and Family Health Survey, 1991. (as cited in MRF-FY92).

NCI9201 The National Council for International Health. The U.S. Non-Governmental Response to the International AIDS Pandemic. Washington, DC: NCIH, 1992.

PAH0001 Pan American Health Organization. Office of External Relations. Personal communication.

PAH9002 Pan American Health Organization. Health Conditions in the Americas, Vol. II: 1990 Edition.

PAH9100 Sistema de Informacion del P.A.I. data, December 19, 1991 as cited in facsimile, December 12, 1991.

PAH9301 Pan American Health Organization. AIDS Surveillance in the Americas, Information as of June 10, 1993.

PAH9302 Pan American Health Organization, Regional Program on AIDS. Country Profile: El Salvador, 1993.

PAH9318 Pan American Health Organization, Regional Program on AIDS. AIDS Surveillance in the Americas, Information as of Sept. 10, 1993.

PRB9201 The Population Reference Bureau, Inc. OPTIONS for Population Policy,Briefing Packet, 1992.

QUE9100 Project Highlights, FY 91 Health and Child Survival Project Questionnaire.

QUE9101 Guatemala National Health Information System as cited in FY 1991 Health and Child Survival Questionnaire (Project No.520-0288).

QUE9200 Project Highlights, FY 92 Health and Child Survival Project Questionnaire.

SAL8701 Fiedler, John L. Recurrent Cost and Public Health Care Delivery: The Other War in El Salvador. Social Science and Medicine 25:8 (1987), 867-74.

SAL9001 Bitran, Ricardo. Household Demand for Health Care in El Salvador, Vol. II: Determinants of Household Demand for Curative Ambulatory Medical Care. Resources for Child Health (REACH) Project, 1990.

SAL9301 Fiedler, J. Increasing Reliance on Users' Fees as a Response to Public Health Care Financing Crises. Social Science and Medicine 36:6 (1993), 735-747.

UNI9312 UNICEF. The State of the World's Children, 1993. New York: Oxford University Press, 1993.

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