

# PROSANO




**USAID**  
 DEL PUEBLO DE LOS ESTADOS  
 UNIDOS DE AMERICA


**CARE**

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# **PROSALUD**

**CARE International In El Salvador  
Financed by USAID - El Salvador  
Cooperative Agreement No. 519-A-00-03-00011-00**

## **FINAL REPORT**

### **INTRODUCTION**

On November 14<sup>th</sup>, 2003, **CARE** El Salvador entered into a cooperative agreement with **USAID**/El Salvador in order to finance and implement child survival activities through a sustainable water and sanitation project in rural communities of El Salvador. The terms and conditions of this agreement are contained in Cooperative Agreement No. 519-A-00-03-00011-00. **CARE** El Salvador will undertake this project in collaboration with partners with mutual interests; hereinafter will be referred to as "**PROSALUD**".

The purpose of **PROSALUD** is to improve health conditions in selected communities—as measured by diarrhea incidence in young children—through the implementation of integrated water and sanitation activities.

The total program budget initially consisted of \$7,922,043 million. Of this amount, **USAID** will contribute \$4,375,000 million. **CARE** El Salvador will provide in-kind the remaining \$3,547,043 million. On January 21, 2003, **CARE** was informed by **USAID** that cooperative agreement should have immediately a **USAID** funds reduction of \$1.4 million, and **CARE** must present a reprogrammed proposal of **PROSALUD** according to \$2,975,000.

Because of the reduction of funds, the original proposal has been reprogrammed and determined that initial activities will take place in the Department of Cuscatlán, and the Departments in the Eastern Region of the country would not be considered, thus eliminating the participation of the Salvadoran Foundation for Health and Human Development - FUSAL.

On February 3, 2003, **USAID** made an amendment to the cooperative agreement and increased it in \$1.4 million, and for this reason **CARE** presented a reprogrammed proposal of **PROSALUD** according to \$4,375,000.

Because of the increased funds, **CARE** reprogrammed **PROSALUD** and determined that activities would be undertaken in the departments of Cuscatlán and La Paz, leaving **CALMA** and **FUSAI** in charge of the department of Cuscatlán, and **CALMA** and **CARE** in charge of the department of La Paz, as well as some projects in the department of Cuscatlán.

**PROSALUD** project plan specifies that the program will improve sanitary, health, and environmental conditions to reduce diarrheal diseases, especially in children less than five years of age. Nursing Mothers Support Center - **CALMA** - will be responsible for the health education and environmental components; and the Salvadoran Integral Support Foundation - **FUSAI** - will be responsible for the social and infrastructure components. Community members and local government authorities will become active participants in the development process through a participatory methodology. The Salvadoran Water and Sanitation Network - **RAS-ES** will be enhanced through activities designed to this end.

**PROSALUD** considered applying the same intervention strategies developed in **PROSAGUAS** and improved during **PROSPERAR** in order to take advantage of their previously acquired experience in the implementation of said strategies. These strategies have facilitated and unified health, environmental, organization, and infrastructure activities in the field by using the project's purpose as its cornerstone and logically adapting to the reality of each community.

The project implemented activities in beneficiary communities, and each community consisted an individual project. A community may consist of several cantons and their respective settlements.

This project replicated the experience, strategy and lessons learned in **PROSAGUAS** and **PROSPERAR**. The utilization of participatory methodologies **SARAR**<sup>1</sup> and **CEFE**<sup>2</sup> ensured the active participation of the community and the local governments in the processes. In addition, the use of these methodologies helped create, expand, and consolidate local capacities, both in the local government as well as in the community as a way of guaranteeing the sustainability of the interventions. Likewise, **PROSALUD** assisted each administrative board on aspects such as administration, leadership, and systems operation and maintenance.

<sup>1</sup> **SARAR** - A participatory, learner-centre approach which focuses on developing participants' capacities to assess, choose, plan, create, organize and initiate. These are reflected in the acronym: Self-Esteem, Associative Strengths, Resourcefulness, Action Planning and Responsibility. **SARAR** emphasizes the importance of realizing the creative capacity of participants to explore, understand and address problems, and of encouraging them, from the outset, to assume ownership of the process of problem exploration, analysis and solution.

<sup>2</sup> **CEFE** - Created in 1979, in Nepal, by GTZ advisors (Technical Cooperation of the German Government) to attend, in a different way, the low income public, the **CEFE** methodology has proved to be an approach of great success in the promotion of small and medium- size enterprises in over 60 countries. The basic idea of this methodology is that, the action of entrepreneurs with personal skills to transform ideas into profitable enterprises brings economic growth and development to the country. It is an involving set of training instruments, with an approach centered in the action, in the active learning methods. The objective is to develop and improve personal skills in business administration, keeping in mind, mainly the generation of income and jobs, and the economic development, through guided self-analysis, motivation of the entrepreneurial behavior and development of entrepreneurial competence. The **CEFE** methodology is based in three pillars: Learning Through Action/Enterprise Games -System of simulating real situations in order to introduce concepts and develop postures, searching for efficient behavior; Andragogy - Education of adults, using individual experiences, Theory Of The Entrepreneur - Necessity of accomplishment, valorization and revival of the entrepreneurial characteristics, to reach better performances. These are reflected in the acronym: Competency based Economies through Formation of Entrepreneurs

It is important to take note that although much of the **PROSAGUAS** and PROSPERAR experience was replicated, as part of CARE' practices (reflection and learning) **PROSALUD** introduced new elements to the intervention model developed. Current features include integrated community mobilization, sustainable health promotion, protection of water sources, and development of fully empowered, well trained Water Boards. New features are mainly in two components:

↓ In the community mobilization and social promotion component where the principle innovations are:

- Substantially larger counterpart funding contributions were available from more varied sources, which means that the average size of the matching funds for each project increased over the previous projects (**PROSAGUAS** and PROSPERAR R). In each **PROSALUD** project, counterpart funding was around 45% of the funding needed for the 9 projects in 6 municipalities, amounting to more than \$4 million; and USAID finance contribution had been around the 55%, that be equal of \$4.3 million. Communities, municipalities, plus three external entities: government institutions (as FISDL, ANDA), international organizations (as CTB<sup>3</sup>, International Rotary Club, ACDI, and the French Ministry of Ecology), other local institutions and private enterprises have all contributed to each project. In order to achieve the above, the technical team has fostered, at community and municipality level, a management process aimed at establishing strategic alliances for each project with other programs present in the area, government institutions and international donors. It is important to mention that in **PROSALUD** municipal cost-sharing commitments was the norm, which could lead to greater impact and build sustainability.
- The use of the **CARE - COMURES** Trust funds to finance municipal counterpart inputs in the case of Multiple El Rodeo. Lessons learned from **PROSAGUAS** and PROSPERAR on how to help municipalities locate and apply for this local development funding were of use here.
- The use of an innovative partnership strategy of local financing and resources involving an private enterprise, represented by **AMANCO**, in the cases of Multiple El Centro and Istagua. This innovation has the potential to unlock far greater resources to meet the demand for water and sanitation systems with preventative health programs throughout rural El Salvador.

The strategy to seek local funds involved institutional arrangements with the private sector in order to fully fund local counterpart contributions; thus, CARE and AMANCO signed an agreement and developed a strategy where rural

<sup>3</sup> Belgian Technical Cooperation

communities and municipalities had access to technical resources and materials to supplement investments in projects executed by **PROSALUD**. This was a unique and innovative arrangement that allowed communities and municipalities to economically contribute – in a different way – to water projects; such contributions will be paid off to AMANCO through the monthly rates. It works as a one-year term loan with no interest; with preferential prices on materials; with a symbolic interest rate from the start date; and a variable term as negotiated between AMANCO and the community. CARE and AMANCO were able to facilitate water access in two pilot projects Multiple El Centro and Istagua through this mechanism.

- ☑ Another improvement was the experience of transfer of leadership to local actors by facilitating a dialogue space or “Technical Tables” (meetings that were held with local actors that were working in the municipalities, including community leaders and partner institutions) led by the respective local government (municipalities of Suchitoto, San Pedro Perulapán, and Santa Cruz Michapa). “Technical Tables” were held on a monthly basis, and showed an innovative feature of being summoned by the local government. The purpose of such meetings was to discuss and review the progress made by the different components of the water and sanitation projects under execution in the municipality; to establish coordination mechanics, define contributions by each partner, and strategic decision-making. This strategy became a space for social accountability for those involved, and control for the beneficiary population, as well as for following up on commitments acquired by participants. Those meetings were key in managing the projects, because through this exercise mechanisms and strong links were created that will provide support and sustainability for health, water and sanitation interventions developed in communities served by the project.

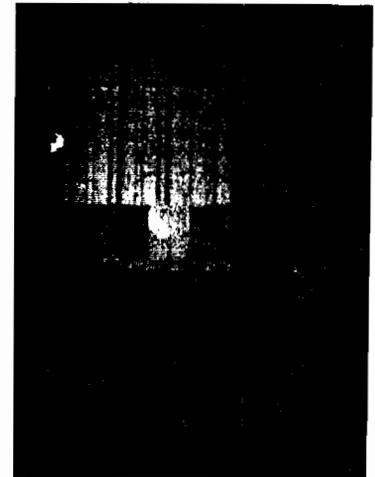


↓ The same is true of the health component with the following innovations:

- ☑ The innovative Community Oral Re-hydration Units (UROC)<sup>4</sup> underwent optimization. As a result, 66<sup>5</sup> Oral Re-hydration Centers (UROC's) were set up in communities' strategic places in eight of the nine projects executed by **PROSALUD**.

To equip these UROCs, **PROSALUD** supplied basic equipment and MSPAS supplies oral serum constantly. Health volunteers underwent training on UROC management and how to treat people with re-hydration salts. In general, all cases served presented symptoms of diarrhea, vomiting, and stomach pain. The attention given consisted in the administration of oral serum/ oral re-hydration salts, and those assisted received a dose for home preparation and recommendations on how to prepare the oral serum at home, its use and maintenance. In addition, orientation was provided about signs of severity and when to take them to a health facility, as well as preventive measures.

- ☑ As an innovation, **PROSALUD** implemented a more intensive pilot strategy to promote the construction and/or install a wash-hand basin near the latrines in two projects. The purpose of this innovation was to encourage - among beneficiary families - a hand washing practice – as a result, 275 wash-hand basins were built and are in use (65 in San Agustín, 210 in Montepeque); most extraordinary is the fact that these were financing by each beneficiary person, not one was financed with **PROSALUD** funds
- ☑ Health committee members used the REFERENCE AND COUNTER REFERENCE SYSTEM, as part of the community IMCI strategy and personnel from Health Units at local project municipalities accepted it. Moreover, as a result the health committee members were referring children under five who presented signs of danger such as fast breathing, diarrhea and vomit to Health Units.



Using these initiatives, **PROSALUD** produced the following outcomes at each site through an integrated development of four components: community mobilization and social promotion, health education, environmental education, and infrastructure. There is assurance that these components act interdependently and that a gender, partnership, community participation, and sustainability approaches were included as cross cutting axes.

<sup>4</sup> First experiment cases were carried out during 2001-2002.

<sup>5</sup> 4 in San Agustín, 10 in La Mora, 26 in El Rodeo, 8 in El Centro, 8 in Istagua, 3 in Copapayo, and 7 in Montepeque.

## 1. SUMMARY OF ACTIVITIES

### PURPOSE, GOALS AND COMPONENTS

#### I. PROGRAM PURPOSE

The purpose of *PROSALUD* is

*"TO CONTRIBUTE BOTH DIRECTLY AND INDIRECTLY TO MITIGATE DIARRHEAL DISEASE PREVALENCE AMONG CHILDREN UNDER FIVE YEARS OF AGE AND THE HAND WASHING HABIT OF PEOPLE LIVING IN BENEFICIARY RURAL COMMUNITIES WHERE PROJECT ACTIVITIES WERE BEING CARRIED OUT. THIS IS TO BE ACCOMPLISHED THROUGH INTERVENTIONS THAT INCLUDE BREAST-FEEDING, GOOD INFANT-CHILD AND MATERNAL NUTRITION, AND IMMUNIZATION PROMOTION, AS WELL AS WATER AND SANITATION SYSTEM CONSTRUCTION/REHABILITATION, AND PERSONAL, DOMESTIC, AND ENVIRONMENTAL HYGIENE EDUCATION IN ORDER TO REDUCE DIARRHEAL DISEASE PREVALENCE BY 30% FROM THE BASE LINE".*

This reduction of diarrhea prevalence<sup>6</sup> was accomplished by providing access to potable water supply and sanitation systems, as well as hygiene and health education, in rural communities that constitute the general target population of the project. Additionally, environmental awareness was enhanced through conservation and protection of water & soil resources activities, which were carried out by local populations.

#### TARGET BENEFICIARY POPULATION



<sup>6</sup> *PROSALUD* perceives diarrheal prevalence as the percentage of children under 5 who were sick 15 days before the interview, compared to the total number of children in the sample or census.

**PROSALUD** was created to carry out health activities to ensure the health of the child population through the introduction of potable water and latrines, based on an overall environment of beneficiary communities. Therefore, **the first and main target beneficiary population** was 33,000 people living in rural beneficiary communities from the departments of Cuscatlán, and La Paz. All 33,000 people benefited from new or expanded water supplies and sanitation facilities (latrine and gray water disposal systems) and health education components.

## **II. PROGRAM GOALS**

**PROSALUD** will work to achieve its purpose by accomplishing two interrelated and complementary goal of impact and goals of effect. Both, impact and effect goals, were designed to contribute to the achievement of the previously stated program purpose. These goals operate through a completely integrated package of health, organization, environment, and infrastructure intervention activities involved in the overall program.

**PROSALUD's** goals will be met by improving on the already successful approaches and methods developed in **CARE's** past WSH work replicating the model developed in **PROSAGUAS** and improved during PROSPERAR.

These goals are stated as follows:

### **1. PROSALUD PROJECT GOAL OF IMPACT<sup>7</sup>**

#### **IMPACT GOAL IS REDUCTION IN DIARRHEAS IN CHILDREN UNDER 5 YEAR OLD.**

*This impact goal is defined and will be measured according to the compliance of the verifiable indicator that state: the prevalence of diarrhea among children under five years of age will be lower by at least 30% in relation to the base line in participating communities. The latter will be achieved by providing adequate access to potable water and sanitation systems, as well as intensive health education interventions in rural communities.*

Achieving the impact goal--lowering diarrhea incidence by at least 30%-- required a fully integrated package of health, organization, water, and sanitation interventions. Any activity that has a direct impact on achieving a reduction of diarrheal illnesses in children under five years of age is considered a child survival intervention, such as the adoption of proper hygiene habits, proper use and maintenance of latrines, and the adoption of other good health habits. Integration is thus a vital strategic element.

<sup>7</sup> A goal of impact consists of the desired fundamental change in the human condition. These changes are the consequences of assistance in emergencies or development interventions, measured at the individual, social, geographic or administrative levels.

Health and environment education was provided in beneficiary communities parallel to the infrastructural construction of water and sanitation systems.

**When observing the general averages appearing in the chart below, it is evident that the overall goal of diarrheal reduction by 30% in relation to base line averages was accomplished. A total average of 40%<sup>8</sup> was achieved.**

### **Behavior of Acute Diarrheal Diseases According to Year and Seasons**

No.	Communities	Base Line		Evaluations			
		Dry season	Rainy season	Dry season		Rainy season	
				Result	Obtained	Result	Obtained
1	San Agustin		28.9% July 2003			13.9%	51.9%
2	Montepeque		12.8% September 2003			7.1%	44.5%
3	La Mora		11.0% November 2003			5.9%	46.4%
4	El Rodeo		15.1% November 2003			13.4%	11.3%
5	El Centro	12.1% March/04		16.0%	32.2%		
6	El Pedregal		26.7% <sup>9</sup> June 2004			10.1%	62.2%
7	Copapayo		20.7% August 2004				
8	Istagua		14.3% September 2004				
9	La Herradura		12.8% March 2005				
	<b>Average</b> (evaluation & monitoring)	12.1%	17.8%	16.0%	AVERAGE DECREASE ACCOMPLISHED DRY SEASON: 32.2%	10.1%	AVERAGE DECREASE ACCOMPLISHED RAINY SEASON: 43.3%
	<b>Average</b> (just evaluation)						9.0%
BASELINE GENERAL AVERAGE: 14.95%				FINAL RESULT EVALUATION & MONITORING: 11.1%		AVERAGE DECREASE ACCOMPLISHED (EVALUATION & MONITORING): 26%	
				FINAL RESULT (JUST EVALUATION): 9.0%		AVERAGE DECREASE ACCOMPLISHED (JUST EVALUATION): 40.0%	

Data from results of last monitoring in the same season of base line.

Data from evaluation results

**Source:** CARE El Salvador.

<sup>8</sup> Results of the average decreases accomplished by season were obtained by subtracting the result obtained from the base-line average result, dividing by the baseline average, and multiplying by 100. The Baseline General Average Result as well as the Final Result were obtained by a simple average of the results from the 2 seasons. The Average decrease accomplished result was obtained by subtracting the Final Result from the baseline general average, dividing by the baseline general average, and multiplying by 100.

<sup>9</sup> Each datum changed with respect to previous progress reports because certain communities did not participate

It is important to note that, of the nine projects executed, only three were evaluated and another three were being monitored. Therefore, the results can be analyzed from two angles: one will be using only data from the three projects evaluated, and the other will be by combining data from the last monitoring activity performed for the projects (where no evaluation was performed) in the same season of base line. Thus we concluded that of the three projects evaluated, all surpass the 30% reduction goal, from the three that only were monitored, the results show a trend towards reduction, in one of them the 30% reduction was surpassed.

By combining evaluation and monitoring results, the average decrease accomplished is 26%. This means that a reduction was achieved although not the 30% stated by the program, but since the monitoring data show a trend towards reduction, we can say, as program, that the impact goal of reducing diarrhea prevalence by providing water and sanitation is been accomplished. The cases where the projects have just finished their execution stage (which are those not evaluated), the goal will be achieved in the short term.

## 2. **PROSALUD PROJECT GOALS OF EFFECT<sup>10</sup>**

Building on lessons learned from **CARE**'s past WSH work, **PROSALUD**'s goals will be met by improving on the already successful approaches and methods developed and which have been shown to increase impact and ensure sustainability.

Two effect goals will support this:

**EFFECT GOAL NO.1 INCREASED ACCESS TO QUALITY HEALTH,  
WATER, AND SANITATION SERVICES AND PRACTICES  
FOR 33,000 PERSONS**

Four indicators and benchmarks define this goal. One of these stated that the target population (33,000 persons) would have access to potable water through the actions developed by **PROSALUD**; this water provision can be achieved through the direct construction and improvement of water systems.

<sup>10</sup> A goal of effect consists of the desired changes in human behavior or practices as well as in systems (e.g., improved water systems), policies (e.g., local governments) or services (e.g., agricultural extension).

In addition, the second main indicator and benchmark stated that the population (20,000 persons), would have access to latrines through the direct construction of sanitation systems.

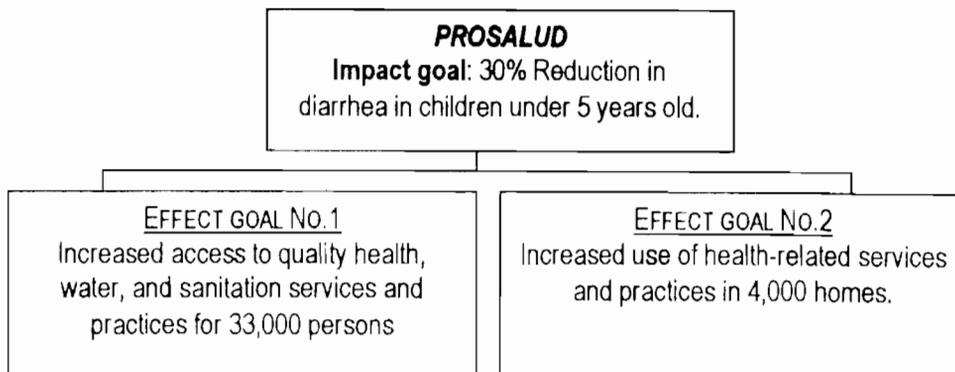
**EFFECT GOAL NO.2 INCREASED USE OF HEALTH-RELATED SERVICES AND PRACTICES IN 4,000 HOMES.**

This goal is defined in its verifiable Benchmark indicator that states what Percentage of 33,000 beneficiaries wash their hands after latrine use.

The table in the following page shows in detail the location of all systems built, the type of system, and the beneficiary population covered at the end of the program. It shows that the effect goal No.1 was accomplished. The table also shows the number of latrines and gray water disposal systems built in each project and the beneficiary population covered at the end of the program, it is evident that 10,766 are direct beneficiaries of latrines and 9,500 are beneficiaries of gray water disposal systems. Although **PROSALUD** established that it would provide access to new/rehabilitated latrines to 20,000 people and would construct 4,000 gray water disposal systems. The difference of 9,234 people with access to a latrine and the additional 2,070 gray water disposal systems, or 10,500 people, is because **this intervention was carried out by PROSALUD among those who lacked access to adequate sanitation**. For most projects, the communities already showed a high percentage of sanitary coverage, either through new or adequate conditions, because other programs had recently benefited them. However, **PROSALUD** dedicated its efforts to **basic health** education aspects, thereby assuring the proper use and maintenance of the latrines and gray water disposal systems among **all the 33,046 beneficiaries with water supplies**.

To achieve the goals and to ensure sustainability of project impacts, **CARE** used a set of interventions which included the following: health and hygiene education; community organization, management, and participation; community and counterpart capacity building; cost sharing; proper operation, administration, and maintenance of the entire system by members of the administrative organization through the participation of beneficiary communities.

Summarized project goals are presented in the following chart:



**V - CUMULATIVE ACHIEVEMENTS**

N°	DEPARTMENT	MUNICIPALITY	PROJECT	CANTONS	SETTLEMENTS	LATRINES					GRAY WATER DISPOSAL SYSTEM					TYPE OF SYSTEM	POTABLE WATER						
						BENEFICIARIES			PROGRAM TO BE BUILT	TOTAL	BENEFICIARIES			PROGRAM TO BE BUILT	TOTAL		PLANNING		TOTAL				
						Persons	Homes	TOTAL			Persons	Homes	TOTAL				Persons	Homes	TOTAL	Persons	Homes	Persons	Homes
1	CUSCATLAN	San Pedro Perulapan	San Agustín <i>This project ends in sep/04</i>	San Agustín	San Agustín Amiba, San Agustín Abajo, Peña Colorado, El Uraj, and La Ensenada	652	131	1,045	131	210	1,071	215	596	215	129	Pumping Electromechanic System	1,122	238	1,060	204			
2			Istagua <i>This project ends in jun/05</i>	Istagua		145	33	48	33	10	-	-	220	-	40	Pumping Electromechanic System	1,500	380	2,228	405			
3		San Pedro Perulapan and Tatalcingo	El Rodeo <i>This project ends in may/05</i>	El Rodeo, San Francisco, El Paraiso, La Esperanza, Tecoloco and Santa Anita		9,849	2,039	4,507	2,039	804	12,751	2,640	2,667	2,640	542	Pumping Electromechanic System	12,751	2,640	10,113	1,740			
4		Suchitoto	Montepeque <i>This project ends in mar/05</i>	Montepeque and Ichangueso	Sito Nuevo, Ichangueso, Ciudadela Ungo, Monseñor Romero, Huerta Enana, Hdad. Montepeque, Alegria, El Nancito, Altos de Montepeque, Acolluno, Copinol, and Santa Anita	1,573	371	2,009	371	466	2,065	487	1,658	485	372	Pumping Electromechanic System	2,910	533	3,135	570			
5			La Mora <i>This project ends in mar/05</i>	El Zapote and Plistaneres	La Mora, Santa Fe, El Sito, San Antonio del Monte, Puercas de San Antonio and Valle Verde	1,074	236	1,429	236	314	1,465	322	1,013	322	239	Pumping Electromechanic System	1,534	322	1,534	322			
6			Copapayo <i>This project ends in jun/05</i>	Copapayo	Peperstenango and Agua Caliente					0						Pumping Electromechanic System	770	173	952	173			
7		Santa Cruz Michapa	El Centro <i>This project ends in jun/05</i>	Las Delicias and El Centro	Las Delicias, El Centro, La Macarena and Santa Bárbara	1,031	241	981	241	220	3,240	757	3,344	757	608	Pumping Electromechanic System	5,198	945	5,209	947			
8	LA PAZ	Rosario de la Paz and Santiago Nonualco	El Pedregal <i>This project ends in jun/05</i>	El Pedregal	San Francisco, San Jose, Santa Cristina, El Pedregal, El Cauca, Artes	1,355	271	748	271	136	-	-	0	-	-	Pumping Electromechanic System	4,373	795	4,373	729			
9		San Luis La Herradura	La Herradura <i>This project ends in jun/05</i>	Barrio Guadalupe El Llano Urban Area, El Calvario, El Escobal, San Sebastian El Chingo, Guadalupe La Zorra	La Zorra, El Zapotillo, Bella Mar 16 2, Los Angeles, Brisas del Mar, Rio Viejo, La Cruz, El Cementerio, El Centro, El Portiado, El Chingo, El Salomar, La Colonia, El Centro, El Astillero					0				0		Pumping Electromechanic System	3,000	667	4,444	808			
SUBTOTAL						15,679	3,322	10,766	3,322	2,160	20,592	4,421	9,500	4,419	1,930		32,657	6,693	33,046	5,898			

\* In this period it was update the gray water disposal system beneficiary census

\*\* These latrines were finalized to constructed at the beginning of this quarter, but beneficiaries were reported in the last report

### **III. PROGRAM COMPONENTS**

The implementation process for each of the projects executed by **PROSALUD** demanded an integrated approach as well as a strategy for reaching the established goals, strengthening the project's impact and ensuring sustainability. The following four technical components were considered: **Health Education, social promotion and organization, infrastructure** and the **environment**. **PROSALUD** followed many of the same strategies and replicated many of the same activities implemented by **PROSAGUAS** and **PROSPERAR**.

**PROSALUD** integrated these four components, assuring that each one acted interdependently with the other three. In addition, a methodological participation was utilized to actively involve community members and local Governments in the development of the process.

#### **1. STRATEGIES**

Specific strategies carried out by **PROSALUD** to improve the health of 33,000 people include the following:

- Involve users in participating—all working together to obtain results.
- Empowerment through: Training, capacity building in organizational and technical fields; Sharing of all methods, materials.
- Water fee structure that fully supports needs of integrated system.
- Gender focus; avoidance of discrimination of all sorts (unite efforts).

These strategies were developed in the following actions: applying health interventions to reduce diarrheal prevalence in children under five years of age, including breast-feeding and oral re-hydration therapy activities; training of local facilitators in workshops on local organization and leadership; health promotion; and basic organizational skills for Water Boards in four technical areas: water system management - general management, resource administration, accounting, and billing; protecting water sources by means of micro-watershed management; collaboration with municipal governments to promote municipal development and citizen participation; focusing on gender equity and women's participation.

The intervention strategy defined by **PROSALUD** aims efforts at articulating new actors who may provide value added to program interventions, for this reason it has been important to promote institutional and citizen accountability in order to ensure sustainability. Therefore, coordination took place with MOH, at SIBASI and Health Unit levels, and with ANDA and FISDL.

## 2. HEALTH EDUCATION

The purpose of this component was to change practices and attitudes towards basic sanitation and health practices, to improve the population's health in relation to achieving a reduction of diarrheal illnesses among children under 5. The project promoted attitude changes in health practices at household level, as well as gray water disposal.

Health and basic hygiene education were developed parallel to the construction of water systems and sanitation infrastructures in beneficiary communities. Organizational structures were formed and trained to promote a sustainable educational process among every family in the community, especially families with children under five.

Each project developed by **PROSALUD** formed a health committee to facilitate a health education process. A training process was implemented through a sequence of workshops and educational sessions, covering topics related to the health education component, including community health promotion and IMCI (Integrated Management of Childhood Illnesses) for Communities; and basic environmental sanitation, which were addressed to the health committees. These educational and training processes provide committee members with practical tools to become efficient health facilitators in their communities. Health committees used their training to educate the community about the causes, incidence, and severity of diarrheal disease, and how to treat it. They replicated topics through educational sessions addressed to families in the community in order to update and enrich the community's knowledge on topics such as the adequate use and maintenance of latrines, and 'Mother to Child' seminars for pregnant and nursing mothers, and mothers of children under 5. This health and hygiene education reached all families, whether or not they participated in the water system.

Once this training process ended, regular follow-ups ensure that families put this knowledge into practice and the recommended behaviors (i.e., hand washing, food hygiene, proper care of diarrheas, latrine upkeep) are sustained.



Educational interventions were monitored to guarantee that inadequate hygiene practices were being changed for the better. The communitarian monitoring of diarrheal among children under 5 years old and the hand washing after using the latrine were carried out using the pictographic questionnaire during the execution of each project. This monitoring took place each month by Health Committee member who visited each household to verify behavior improvements in beneficiaries. In addition to monitoring these habits, it also monitored other practices as the use and maintenance of latrines as well as domestic and personal hygiene. All these previous conducts were monitored through two-fold: 1) at communitarian level: using posters with families, and the use of a pictographic questionnaire, 2) At a program level: through the analysis of base line surveys.

Many of the activities developed in this component required the use of the sanitary education module<sup>11</sup> as well as other educational material. **PROSALUD** staff provided training sessions in coordination with MSPAS health promoters who also participated along with local partner institutions continually supporting project activities.

### 3. ORGANIZATION



This component addressed the need for sustainable systems by empowering local communities to construct, operate, maintain and administer water and sanitation systems. The main objective was to facilitate a community organization process in order to promote an active participation among community families and to get them involved in project related decision-making processes. This strengthened leadership and prompted new leaders to create solidly structured organizational entities.

This implied promoting a systematized educational process based on personal development to foster a collective responsibility towards the adoption of decisions and action planning, thus guaranteeing that infrastructure works would be used within a sustainability approach.

The methodological participation was utilized to actively involve community members and local government representatives in process development. Each topic suggests development techniques based on participative education methodologies used to train community leaders. These techniques were enhanced with the incorporation of elements such as gender, community participation, and empowerment.

The strategy developed included a series of procedures such as formation and training of organizational structures; formation and establishment of administrative boards in

<sup>11</sup> This is one of the nine educational modules elaborated with **PROSAGUAS** funds; these modules were utilized to facilitate an educational process conducive to developing skills and abilities among leaders participating in the execution of projects.

each project; elaboration and interpretation of statutes and internal regulations together with the administrative boards. The Boards of Directors were oriented and coached to obtain their legal representation from the Municipal Council, and trained on technical, managerial and financial/accounting aspects to guarantee an adequate administration, operation and maintenance of every water and sanitation system.

All the processes concerning the formation of committees were conducted based on the strategies described in the first four educational modules elaborated by **PROSAGUAS**<sup>12</sup>. Training sessions included integrated workshops that covered methodological aspects and the necessary tools to prepare committee members for teamwork. The organization module<sup>13</sup> is used for this component and it covers topics related to social participation and the procedures needed to provide sustainability of the interventions. A part of these procedures involved legalizing plots of land and obtaining legal permits for pipeline rights of way.

#### 4. ENVIRONMENT

The Environmental Component promoted the adoption of practices to protect water sources and environmental surroundings. Additionally, sanitation has to be approached with adequate wastewater treatment and solid waste management. Hence, the purpose of this component was to develop an educational process to promote changes in attitudes related to practices such as solid waste management, wastewater treatment and micro-watershed protection through organized community participation as an Environmental Committee. In addition, educational sessions were carried out with students and teachers as part of the Environmental Education Process for local schools (teachers and students), the main objective was to promote adequate solid waste management at household level; but other topics were covered, and were extracted from the "Water House" program. The main training activities included: workshops for school teachers on "La Casa del Agua", techniques for a successful environmental education, three environmental lectures for students of elementary schools and high schools.



<sup>12</sup> Regarding this collection it is important to mention that three of the nine modules elaborated by **PROSAGUAS** were published under the PROSPERAR project. These modules were utilized to facilitate an educational process conducive to developing skills and abilities among leaders participating in the execution of projects.

<sup>13</sup> This is the third module from the collection of nine elaborated with **PROSAGUAS** funds.

In every project, an environmental committee received training on several topics that were later facilitated for beneficiary communities. Topics were:

- micro-watershed management
- rational use of water, and water contamination
- quality of water for human use
- solid waste management concepts
- how to build, use and maintain the gray water disposal systems
- water and soil conservation practices

To accomplish this objective, an intervention strategy was developed for the environmental committee and the community. Some of the actions included in this strategy involved organizing and training the environmental committee to carry out activities such as the construction of infiltration ditches, the construction of hedges and stone barriers and the promotion of reforestation in the micro-watershed.

In addition, these Committees participated in reforestation activities implemented in each project. As a result, 32,557 trees of different species<sup>14</sup> mainly from nurseries of Coca Cola Company, Banco Agricola, and PAES, were planted in the defined areas of the different micro-watersheds, and lands of drilled wells, tanks and parcels of farmers. Distribution per project is as follows: San Agustín: 3,848; Montepeque: 2,224; La Mora: 3,825; El Pedregal: 3,500; El Centro: 6,660; El Rodeo: 12,500 (this number allowed to forest an estimated 15.4 Hectares).

Like the other components, the strategy, topics and tasks in this component were developed using the environmental education module elaborated by **PROSAGUAS**. This module describes the topics covered on environmental issues and was developed together with each area community.

## 5. INFRASTRUCTURE



The Infrastructure Component coordinated the construction or the improvement of water and basic sanitation systems (latrines and wastewater disposal devices) together with the community. The objective of this component was to ensure the sustainability of water and sanitation systems through the construction of quality facilities and through training for the administrative entity on the proper way to operate and maintain the systems.

<sup>14</sup> Madrecacao, Flor Amarilla, Flor de fuego, Chaquiro, Leucaena, Caoba, Cedar, copinol, Cereso de Belice, Conacaste, Cortes Blanco, cortés Negro, Balsamo Citricos, Papayo, Marañon

Interventions included the supervision of work groups formed by community beneficiaries as part of their contribution of support labor in the following areas: ditch excavations, construction of tanks, delivery of materials, plumbing assistants, masonry assistants, etc. A group leader was elected for each group to monitor work sessions on a daily basis. In addition, community staff members from each potable water system (plumbers, operators, and members of the administrative board) were trained during the construction process in the areas of plumbing, warehouse management, system administration, and operation and maintenance.

All training embraced a gender approach in close relation to the social organization component to guarantee complete community participation during the construction process, from the moment of deciding which type of water system to be built, to the type of latrines and wastewater elimination systems, to the analysis of water fees and water consumption blocks to be implemented.

A process was followed to control the removal of materials, equipment and tools from the warehouse. The community was involved during the execution of the project and in selecting a warehouse manager. Once elected, the warehouse manager received thorough training in order to efficiently carry out his/her responsibilities.



## 6. MONITORING AND EVALUATION OF INTERVENTIONS CARRIED OUT IN EACH *PROSALUD* PROJECT

As mentioned earlier, *PROSALUD's* goal was to accomplish a reduction of 30% in the prevalence of diarrheal diseases in relation to the baseline. Therefore, *PROSALUD* measured this impact indicator from the time of project through its *Monitoring and Evaluation department* by means of base lines and impact and effect evaluations.



The base line study was elaborated to identify the conditions of the community before the project's intervention. This consisted of surveys using an instrument called "information record card" for a sample or census of homes targeted in each project. The survey always included six modules: social and demographic characteristics, housing, water and sanitation characteristics,

wastewater and excreta disposal, jobs and income, and the health module. The evaluations were carried out once the projects had concluded and using the same instrument in every community once the project ended.

The decision to develop a random census or sample depended on the size of the communities; a census was developed in communities having fewer than 300 households, and random samples were developed in larger communities; these were carried out in selected conglomerates. The level of accuracy of the work resulted in 95%, with a maximum probable error of 5.7%. The selection process for the samples involved a topographic study, facilitated by **CARE** El Salvador's Design Unit, and the houses were later identified on the map to determine the population to be surveyed.

To analyze the impact results obtained in communities it was necessary to consider the weather conditions in which the base line and evaluation studies had been elaborated. Each community reflected a different behavior in this indicator, but the accomplishment of goals could generally be determined by comparing the evaluation results from the dry season with base lines from the dry season, or in the other case, during the rainy season.

#### **IV. CROSS CUTTING AXES**

Four strategic approaches were inherent to the strategy to achieve goals: 1) gender approach; 2) work in partnership; 3) community participation; and 4) sustainability.



##### **1. GENDER APPROACH**

Men and women participated in every committee activity at every decision-making level throughout and during the entire project period, starting with the selection process. Awareness was introduced in the procedures and educational materials used by **PROSALUD**. These materials aimed at promoting gender equality in relation to women's participation in the project in an effort to provide the necessary conditions for everyone's involvement and participation. The **SARAR** methodology was utilized in the mobilization and training areas since this methodology is designed to create a balanced participation and motivates people who usually tend to stand behind the lines of participation.

Equal participation from men and women was promoted, especially in the following activities:

- Participation, promotion, and facilitation for both men and women in every organization created in the project, with an emphasis on representation in Water, Sanitation and Environmental System Administrative Boards.
- Leaders were trained on gender equality topics, and training sessions in general included gender equality.
- Training sessions were defined based on availability of men and women.

## 2. WORK IN PARTNERSHIP

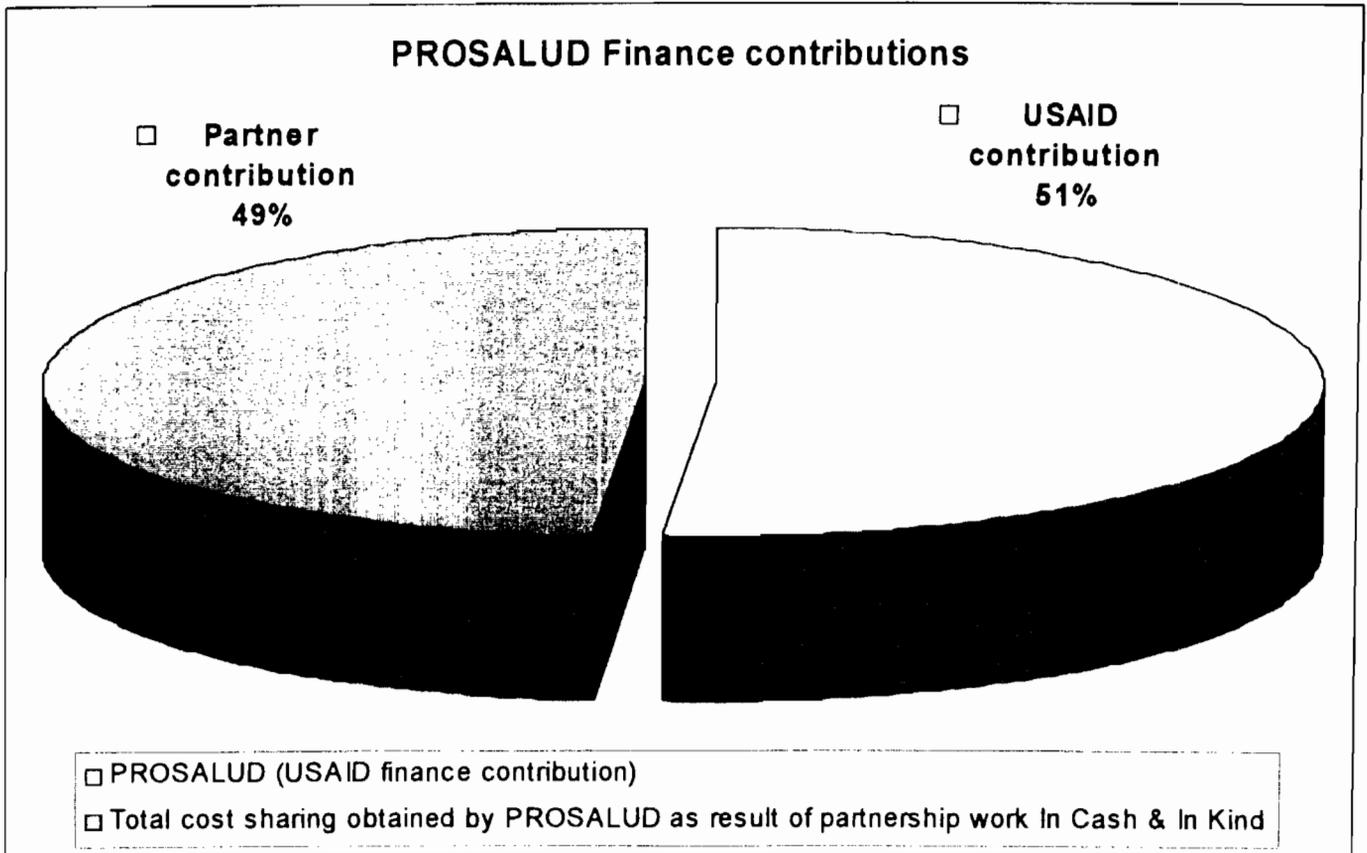
In its effort to provide better living conditions to the beneficiary communities, **PROSALUD** sought, as one of its transverse axes for project implementation and to better ensure long-term sustainability of built water systems, the implementation of projects in coordination with other institutions such as the central government, municipal governments, NGOs, other donors, and communities. This enhanced the achievement of established goals.

The strategy used to implement **PROSALUD** projects was to **supplement efforts with other actors and programs operating in the area**, that is, the mechanisms were directly associated with the integration and adding of efforts with other actors directly or indirectly involved with the components under development during the program implementation. **PROSALUD**'s methodology and experienced developed consisted in first using up the capacities and resources available at the municipalities, including those of the communities and health units, ongoing programs implemented before using the program's resources. As second resource, mechanisms to involve central level organizations (ANDA, FISDL, among others) were used. At last, came the program's resources. This mechanism of seeking to supplement and integrate additional efforts and resources ensured achievement of the program's goal and expected results.

**CARE**'s experiences prove that work in partnership provides value added to the work through the simple fact of facilitating products with less strain from each party, and also allows sharing institutional learning to strengthen one another. Additionally, the efforts contributed to guaranteeing the sustainability of all actions developed.

The counterpart funding contributions were available from more varied sources and it was around 45% of the funding needed for the 9 projects in 6 municipalities, amounting to more than \$4 million; and USAID finance contribution had been around the 55%, that be equal of \$4.3 million. Some of the institutions that established a partnership to develop projects with **PROSALUD** include the following: Governmental institutions (FISDL; MSPAS at a Health Unit or a SIBASI level; ANDA); SABES - CTB, ACDI, Rotary Clubs, the French Ministry of Ecology, UNICO; and all the municipalities (Municipalities of Suchitoto, San Pedro Perulapán, Tenancingo, Santa Cruz Michapa, San Luis La Herradura, and El Rosario) Local Organizations (ACOSAMA, MARDEPLATA, ACODERIN) and communities covered in the intervention.

The following table and graph shows cost sharing obtained by *PROSALUD* as result of partnership work.



**COST SHARING OBTAINED BY PROSALUD**

Nº	REGION	DEPARTMENT	MUNICIPALITY	PROJECT	PROSALUD (USAID)	Communitarian contribution in kind & in cash	Municipalities	SABES	Belgian Technical Cooperation	FISDL	UNICO	ANDA	ACDI	French Ministry of Ecology	Club Rotary Manny	ACOSAMA	Total Contribution In Cash & In Kind	
1	CENTRAL	CUSCATLAN	San Pedro Perulapan	San Agustin <i>It was conclude in Sept/04</i>	\$266,700	\$16,885	\$106,148	\$0	\$0	\$301,584	\$0	\$0	\$0	\$0	\$0	\$119,775	\$544,391	
2				Istagua <i>It was conclude in Jun/05</i>	\$185,174	\$187,619	\$26,366	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3		San Pedro Perulapan & Tenancingo	El Rodeo <i>It was conclude in mar/05</i>	\$1,230,627	\$414,628	\$454,551	\$0	\$0	\$171,877	\$50,000	\$276,051	\$0	\$0	\$0	\$25,000	\$0	\$1,392,107	
4		Suchitoto	Montepeque <i>It was conclude in mar/05</i>	\$592,837	\$285,678	\$47,085	\$139,791	\$65,877	\$0	\$0	\$0	\$13,734	\$79,056	\$0	\$0	\$0	\$631,222	
5			La Mora <i>It was conclude in mar/05</i>	\$497,502	\$139,814	\$60,024	\$0	\$63,256	\$42,981	\$0	\$67,034	\$0	\$0	\$0	\$0	\$0	\$0	\$373,109
6			Copapayo <i>It was conclude in Jun/05</i>	\$129,965	\$0	\$17,629	\$0	\$109,376	\$4,897	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$131,902
7		Sanita Cruz Michapa	El Centro <i>It was conclude in Jun/05</i>	\$698,709	\$231,113	\$256,868	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$487,982
8		LA PAZ	Rosario de La Paz	El Pedregal <i>It was conclude in Jun/05</i>	\$484,672	\$48,783	\$77,091	\$0	\$0	\$46,861	\$0	\$201,609	\$0	\$0	\$0	\$0	\$0	\$374,350
9				San Luis La Herradura	La Herradura <i>It was conclude in Jun/05</i>	\$298,824	\$0	n/a	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
				<b>TOTAL</b>		<b>\$4,375,000</b>	<b>\$1,324,526</b>	<b>\$1,045,762</b>	<b>\$139,791</b>	<b>\$238,509</b>	<b>\$568,200</b>	<b>\$50,000</b>	<b>\$544,695</b>	<b>\$13,734</b>	<b>\$79,056</b>	<b>\$25,000</b>	<b>\$119,775</b>	<b>\$4,149,048</b>

### 3. COMMUNITY PARTICIPATION

To achieve community participation, it is necessary to utilize appropriate methodologies, which is why **PROSALUD** employed **SARAR** and **CEFE** participative methodologies in every process of the project's execution.

For **PROSALUD**, beneficiary population participation was a cornerstone that proved that successful results could be obtained when communities intervene in every phase of water and sanitation projects.

**PROSALUD**'s community participation approach called for a strategy in which communities focused their efforts on: 1) defining how the community and existing organized groups would participate; 2) selecting the potable water project's level of service; 3) selecting the type of latrine; 4) selecting the community-managed administrative model for the potable water system; 5) participating in water source protection activities; 7) providing community labor; 8) providing existing local materials; 9) paying in cash a percentage of the cost of project materials; 10) legalizing necessary water sources, plots of land and rights-of-way; 11) providing local warehouses and warehouse keepers to store and control construction materials; 12) guaranteeing men's and women's participation in all organizational structures formed in every project; 13) promoting the modification of habits related to environmental health.

### 4. SUSTAINABILITY OF INTERVENTIONS

Sustainability as conceived by **PROSALUD**, means maintaining over an indefinite period the system's health beneficial effects from water and sanitation. That implies maintaining good operations in each of the functional areas of the health-focused water and sanitation system as well as for every social process developed in the areas of: social organization, health promotion, environmental protection, and water system management. To achieve this, **PROSALUD** created community enterprises at each project capable of self-maintenance in its own right.

To guarantee the sustainability, **PROSALUD** worked for supporting elements through the execution of actions grouped into three main categories:

- The cornerstone to sustainability is **community demand** to solve their health problems through the potable water infrastructure built, rehabilitated and/or improved and through the improvement of sanitary systems, analyzing carefully this community demand, the environmental needs and the existing technology to develop a design aimed at adequately tackling these three factors, and guaranteeing the sustainability of the systems built.
- Formation of **solid organizations**, with legal status and legal support.
- Promotion of **water fees**, including a percentage covering health costs. The process to promote these fees included fostering the installation of micro-meters to ensure that families only paid for actual consumed water. A minimum level for low-income families was also established.
- To ensure **better administration during monthly billing processes and improved accounting procedures** overall, **PROSALUD** included training sessions to operate the billing system software for small water systems (with a maximum of 5,000 users) denominated "**CARE Water**"<sup>15</sup>; a copy of this software was donated to each administrative board, along with the donation of a computer and a printer.

<sup>15</sup> This software was designed by CARE during the **PROSAGUAS** program under the water system's self-management concept and can be operated using computers operating at a minimum of Windows 98 and with low capacity printers.

## **V. GEOGRAPHIC PROGRAM AREAS AND RESOURCES**

Project management and coordination for **PROSALUD** took place at four levels: **USAID** official in San Salvador, **PROSALUD** headquarters in San Salvador, regions/municipalities, and at the project community level. **CARE** decentralized project management by placing regional coordinators in each regional area in the country. This was expected to enhance project implementation and strengthen impact by facilitating closer coordination and communication with **PROSALUD** staff, municipal/NGO counterparts and project communities. Geographic areas of intervention cover 2 regions in the country: Central and Southeast.

### **1. CENTRAL REGION**

Six projects were executed in this region: San Agustín, Istagua, Multiple El Rodeo, Montepeque, La Mora, Copapayo, benefiting 19,022 persons / 3,414 families.

### **2. SOUTHEASTERN REGION**

Projects developed in this region include El Centro, El Pedregal, La Herradura, benefiting a total of 14,026 persons / 2,550 families.

### **3. SAN SALVADOR HEADQUARTERS**

This office served as headquarter for **PROSALUD**' management and for administrative, financial and technical assistance staff as well.

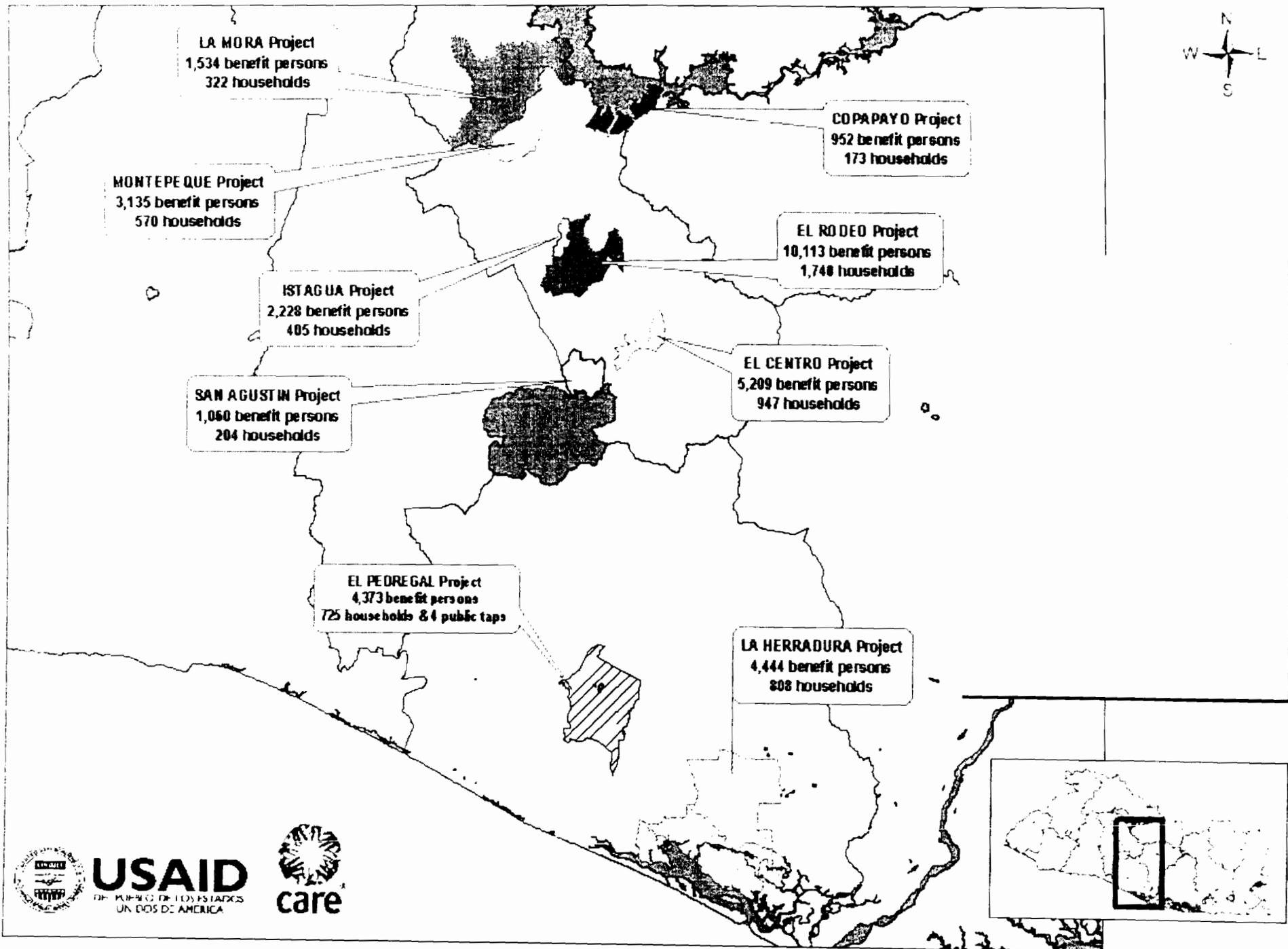
### **4. TECHNICAL ASSISTANCE UNIT**

The **Technical Assistance Unit's** responsibility was to provide support to water and sanitation administrative boards created during **PROSALUD** project execution by developing local capacities among leaders.

Some assistance activities carried out by the unit included providing training in the areas of administration, resource management, financial-accounting administration and billing processes (training on the use of the **CARE** water billing software). In addition, as a part of this activity, unit staff provided support to install the **CARE** Water billing system and trained them on its use.

In order to be consistent with the participatory processes being promoted, this Unit utilized **SARAR** and **CEFE** participative methodologies, and 4 of the 9 educational modules developed by **PROSAGUAS**: Management for System Administrators Module, Resource Management Module, Financial-Accounting Module, and Billing Module.

# PROSALUD GEOGRAPHIC LOCALIZATION PROJECTS



## 2. ACTIVITIES AND RESULTS ACCOMPLISHED

### PLANNED AND ACTUAL

The analysis of results will be developed by activity outputs contributing to the results of *Goals of Effect* since the scope of these activities could affect directly the goals of impact, thus contributing to the accomplishment of **PROSALUD**'s purpose.

#### I. GOAL OF IMPACT: REDUCTION IN DIARRHEA IN CHILDREN UNDER 5 YEARS OLD

Benchmark Indicator:	Communities	
30% of diarrhea reduction in children < 5 in each WSH project (compliance rate conditioned by construction of systems)	Total Planned	37*
	<b>Total Result</b>	<b>24</b>
Percentage of water and sanitation activity sites which have achieved a minimum of 26% reduction in the number of reported cases of diarrhea among children under five years old	Total Planned	
	<b>Total Result</b>	<b>30**</b>

\* It is necessary to keep in mind that the number of communities accounted for with this total includes settlements from the 3 evaluated projects.

\*\* In this case, 3 settlements from evaluated projects have been included and those from monitored projects.

Final result: 24 communities achieved a reduction in the prevalence of diarrheal diseases, according to evaluation results; however, if the trends seen in the results from the last monitoring activities are included, the number of communities increases to 30 the ones that achieved not only a 26% reduction, but that surpassed the 30%. When observing the general seasonal and total averages presented in the table in section II it is evident that the global goal of reducing diarrhea by 30% was achieved in relation to the base lines. A reduction of 40.0% was obtained at the end of the program. The analysis presented in section II applies to understanding the results obtained in this goal.

## II. GOAL OF EFFECT N° 1: TO INCREASE ACCESS TO QUALITY HEALTH, WATER & SANITATION SERVICES AND PRACTICES FOR 33,000 PERSONS

ACTIVITY OUTPUTS CONTRIBUTING TO GOAL OF EFFECT No. 1 ARE:

### 1. ACTIVITY OUTPUT 1: CONSTRUCT/IMPROVE WATER SYSTEMS

Benchmark Indicator:		Beneficiaries
Number of people with access to potable water.	Total Planned	33,000
	Total Result	33,046

Water supply for **33,046 persons** was achieved through the direct **construction/improvement of 9 water and sanitation systems within PROSALUD**; such water supply systems consisted of household connections or public tap connections. The strategy followed included coordination with Municipality in order to adjust the selection of communities according to the community driven demand, and with SIBASI in order to determine the incidence of diarrhea within the proposed communities. In the construction and/or improvement of water systems, **PROSALUD** monitored community participation and contribution, and provided USAID with reports as requested.



#### Final results:

- PROSALUD benefited directly 33,046 people (5,898 families) by providing them access to potable water through the construction and/or improvement of 9 water systems.**
- PROSALUD achieved 100% coverage in 6 executed projects, in some, even exceeding initial population estimations.**

As mentioned, 9 systems were built. In all systems, **PROSALUD** aimed at providing 100% coverage. This objective was accomplished in 6, as shown in the following chart:

No.	WATER SYSTEM	INITIAL HOUSEHOLDS ESTIMATED	CONNECTED HOUSEHOLDS
1	San Agustín	238	204
2	Istagua	380	405
3	Múltiple El Rodeo	2,640	1,740
4	Montepeque	533	570
5	La Mora	322	322
6	Copapayo	173	173
7	El Centro	945	947
8	El Pedregal*	795	729
9	La Herradura	667	808
<b>Totals</b>		<b>6,693</b>	<b>5,898</b>

\* In these communities, in addition to the system, there are also some public taps

**3. In all systems that were constructed or improved, 9 in all, chlorine is being applied to the water distributed.**

**2. ACTIVITY OUTPUT 2: CONSTRUCT AND REHABILITATE LATRINES**

Benchmark Indicator:		Households	Beneficiaries
Number of People with access to new/rehabilitated latrine	Total Planned	4,000	20,000
	Total Result	2,160	10,766

**Final result: 2,160 homes benefited with equal number of latrines 792 VIP and 1368 LASF) benefiting 10,766 persons. By building latrines, PROSALUD guaranteed that beneficiaries had access to better sanitary conditions.**

To increase access to latrines, the project offered households two types of latrines: VIP and composting. Latrines were built in 7 of the 9 projects executed by **PROSALUD**, but this intervention was not carried out by **PROSALUD** among all the 33,046 beneficiaries with water supplies. Only among those who lacked access to adequate sanitation.

Latrines were constructed or rehabilitated for beneficiaries who did not have one or whose latrine has exceeded its useful life. **PROSALUD** provided all materials and skilled labor needed to construct or rehabilitate the latrines. However, it is important to mention that obtaining contributions from the communities was the strategy in this achievement. In some cases, beneficiaries fully financed the latrines. In Istagua the commitment was for the family to build the latrine with material provided by **PROSALUD**, likewise in Montepeque where certain families built their latrines with their own funds. An agreement was reached with communities in canton San Agustín where the community would contribute a number of latrines, that initially were funded by ACOSAMA, and later repaid to the Association with the rate payment, and **PROSALUD**'s commitment was to provide the proper latrine model.

**3. ACTIVITY OUTPUT 3: CONSTRUCT GRAY WATER DISPOSAL SYSTEM**

Benchmark Indicator:		Systems
Number of Gray water disposal systems	Total Planned	4,000
	Total Result	1,930

**Final result: 1,930 homes benefited with equal number of gray water disposal systems 292 absorption pits and 1,638 collecting boxes) benefiting 9,500 persons. By building gray waters disposal systems, PROSALUD guaranteed beneficiaries' access to better sanitary conditions.**

To increase access to these treatment systems, the project offered households mainly two types of treatment systems: absorption pits and collecting boxes. **Gray water disposal systems were built in 7 of the 9 projects executed by PROSALUD, but this intervention was not carried out by PROSALUD among all the 33,046 beneficiaries with water supplies. Only among those who lacked access to adequate sanitation.**

Systems were constructed for beneficiaries who did not have one; **PROSALUD** provided all materials and skilled labor needed to construct them. However, it is important to mention that obtaining contributions from the communities was the strategy in this achievement. In some cases, beneficiaries fully financed the latrines. On the other hand, for communities in Canton Copapayo, the Municipality acquired the commitment of executing the works in association with another program in order to provide access to gray water systems.

**4. ACTIVITY OUTPUT 4: ORGANIZE AND TRAIN COMMUNITY WATER BOARDS IN WATER SYSTEMS ADMINISTRATION, OPERATION AND MAINTENANCE.**

<b>Benchmark Indicator:</b>		<b>Systems</b>
33% of Water Board members are women, and the chair will alternatively be assumed by woman and men in each Water board period	<b>Total Planned</b>	13
	<b>Total Result</b>	8

**Final result: the 9 water systems constructed/improved are managed efficiently. Eight of nine by community administrative boards. The other one is managed by the municipality of San Luis La Herradura.**

It is necessary to clarify that in 1 of the 9 systems built, the community decided not to manage the system and the administrative board was not formed. The remaining 8 systems included the formation of administrative boards, through a democratic electoral process carried out during general assemblies to elect board members and to choose the type of administration desired. To ensure sustainable water supplies via adequate Operation, Maintenance, and Administration, the program organized and trained water boards to operate, maintain and administer water systems, ensured compliance with cross cutting axes, including community participation and gender equity, and mobilized community and municipal participation in water system construction. Women played a key role in all aspects of implementation, including decision-making. The specialized assistance unit of water and sanitation projects from **PROSAGUAS/CARE** trained the Administrative Boards formed by the project. In this way, administrative committee members can perform their duties in an efficient and fiduciary manner.

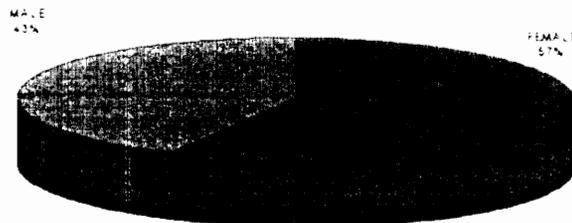
The tables and graphs in the next pages show the distribution by gender of each committee and administrative board formed, reflecting women's participation in these organizations.

## WATER, HEALTH AND ENVIRONMENT COMMITTEES BY GENDER

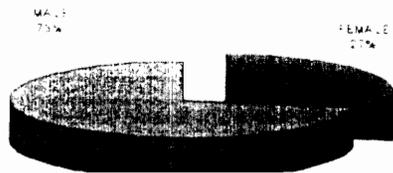
N°	REGION	DEPARTMENT	MUNICIPALITY	PROJECT	MEMBERS COMMITTEE											
					NUMBER OF COMMITTEES			WATER		HEALTH		ENVIRONMENT		TOTAL		
					WATER	HEALTH	ENVIRONMENT	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
1	CENTRAL	CUSCO	SAN PEDRO	San Antonio	1	1	0	0	0	0	0	0	0	0	0	0
2			PERU APAR	Peru Apurimac	1	1	0	0	0	0	0	0	0	0	0	0
3			SAN PEDRO	San Pedro	1	1	0	0	0	0	0	0	0	0	0	0
4			PERU APAR	Peru Apurimac	1	1	0	0	0	0	0	0	0	0	0	0
5			TEHUACANCO	Montepuez	1	1	1	1	22	10	10	44	33	65		
6			SUCHITOTO	Montepuez	1	1	1	3	6	25	1	4	6	32	13	
7			La Mora	La Mora	1	1	1	1	7	14	3	2	3	17	13	
8			COPACABANA	Copacayo	1	1	1	3	2	7	1	2	2	12	5	
9			SANTA CRUZ	El Centro	1	1	1	7	6	32	13	16	5	65	24	
8	LA PAZ	NORONIA DE LA PAZ	El Pedregal	1	1	1	1	9	51	19	12	15	64	43		
9		SAN LUIS DE MENDOCINA	La Herradura	0	0	0	0	0	0	0	0	0	0	0		
<b>TOTAL</b>					<b>8</b>	<b>8</b>	<b>8</b>	<b>18</b>	<b>48</b>	<b>169</b>	<b>60</b>	<b>56</b>	<b>82</b>	<b>243</b>	<b>180</b>	

This color means that the project is finished

GENERAL PARTICIPATION BY GENDER



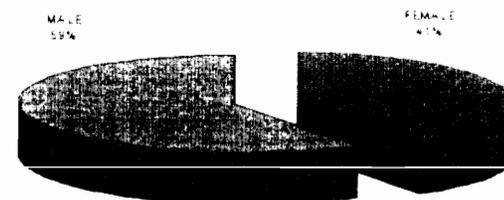
WATER COMMITTEES BY GENDER



HEALTH COMMITTEES BY GENDER



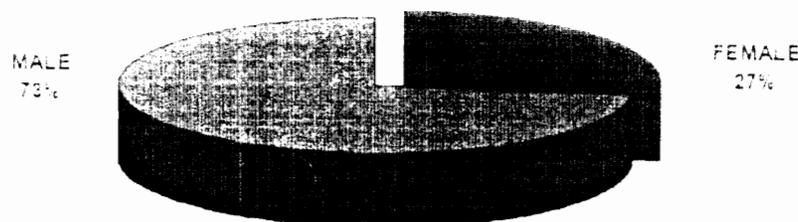
ENVIRONMENT COMMITTEES BY GENDER



### WATER ADMINISTRATION BY GENDER

ID	REGION	DEPARTMENT	MUNICIPALITY	PROJECT	WATER ADMINISTRATIVE BOARD		WATER ADMINISTRATIVE MEMBERS BY GENDER		
					NAME	ACRONYM	FEMALE	MALE	TOTAL
1	CENTRAL	CUSCATLAN	SAN PEDRO PERULAPAN	San Agustín <i>It was concluded in Sept 04</i>	Asociación Comunal Agua y medio ambiente	ACOSAMA	5	7	12
2				Isagua <i>It was concluded in April 05</i>	Asociación Comunal Bar de Plaza	ACMARDEPLATA	1	3	4
3		SAN PEDRO PERULAPAN AND TENANCINGO	El Rodeo <i>It was concluded in Aug 05</i>	Asociación Comunal Municipal de Medio Ambiente Salud y Agua The municipality participates in the board	ACMASA	2	9	11	
4				SUCHITOTO	Montepeque <i>It was concluded in March 05</i>	Asociación Comunal de Agua y Saneamiento "Monseñor Oscar Arnulfo Romero"	3	9	12
5		SANTA CRUZ MICHAPA	El Centro <i>It was concluded in April 05</i>	La More <i>It was concluded in March 05</i>	Asociación Rural "Agua, salud, medio ambiente Zapotón Plateados"	2	8	10	
6				Copapayo <i>It was concluded in April 05</i>	en proceso de legalización	-	6	6	
7		LA PAZ	ROSARIO DE LA PAZ	El Centro <i>It was concluded in April 05</i>	Asociación Integrada de Agua potable, salud y medio ambiente para el desarrollo de las comunidades "Montañas de Cuscatlán" The municipality participates in the board	2	7	9	
8				El Pedregal <i>It was concluded in April 05</i>	Asociación Comunal Administradora de Agua Potable El Pedregal	4	3	7	
9		SAN LUIS LA HERRADURA	La Herradura <i>It was concluded in April 05</i>	It is administrate by a Municipal Water Enterprise					
<b>TOTALS</b>							<b>19</b>	<b>52</b>	<b>71</b>

WATER ADMINISTRATION BY GENDER



### III. GOAL OF EFFECT N° 2: INCREASED USE OF HEALTH-RELATED SERVICES AND PRACTICES IN 4,000 HOUSEHOLDS

Activity outputs contributing to Goal of Effect No. 2 are:

#### 1. ACTIVITY OUTPUT 1: IMPLEMENT HEALTH EDUCATION ACTIVITIES.

Benchmark Indicator:		Households	Beneficiaries
Percentage of beneficiaries that wash their hands after latrine use	Total Planned	6,600	33,000
	<b>Total Result</b>	<b>5,087</b>	<b>25,436</b>

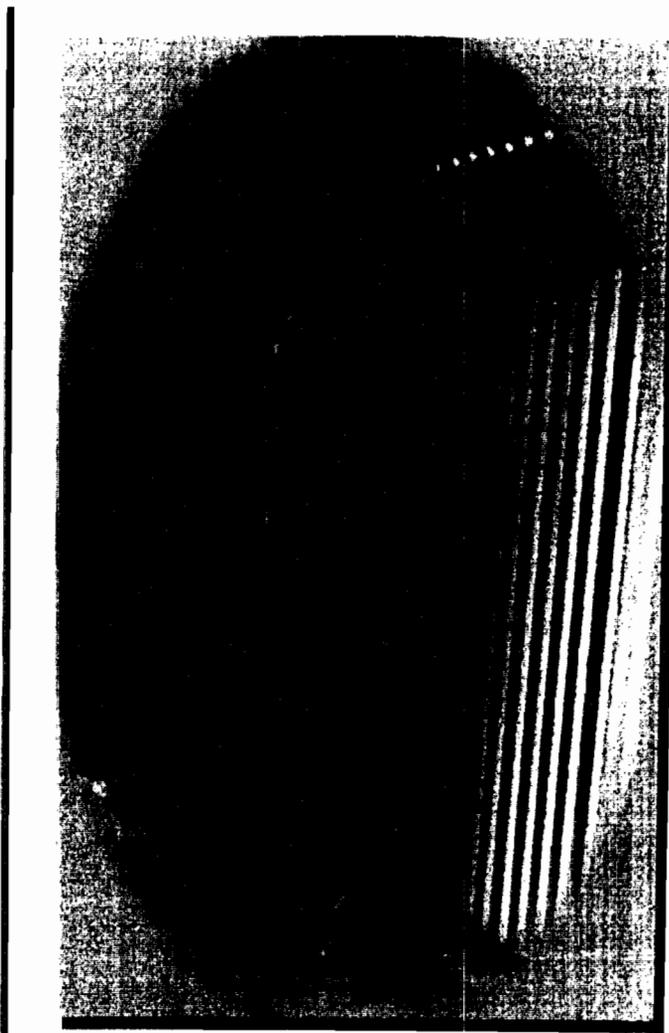
**Final results: this indicator reflects that 25,436 beneficiaries adopted the practice of washing their hands after using the latrine.**

The table below shows the results of the evaluations, and in cases where it was not possible to perform one, there were considerable results from the last monitoring. The results show that knowledge and practices among beneficiary families have been positively improved. Furthermore, regarding the indicator, and from an analysis point of view, it is possible to extrapolate the global average accomplished (86.5%) and apply it to the total number of beneficiaries (33,046), resulting in 28,585 people from the global goal achieved, thus we can assure that approximately that number of people wash their hands after using the latrines.

PROJECTS	BASE LINE	EVALUATION & MONITORING RESULTS	% INITIAL POPULATION THAT WASHED THEIR HANDS	% FINAL POPULATION THAT WASH THEIR HANDS
1 San Agustín. LB julio/03	78.4%	60.5%	880	641
2 Montepeque. LB Septiembre/03	63.2%	90.9%	1,523	2,850
3 La Mora. LB Noviembre/03	74.6%	75.1%	1,144	1,152
4 El Rodeo.* LB Noviembre/03	79.1%	94.1%	10,086	9,516
5 El Centro.* LB marzo/04	75.7%	97.5%	3,935	5,079
6 El Pedregal.* LB junio/04	50.2%	94.1%	2,195	4,115
7 Istagua.** LB septiembre/04	53.3%	93.5%	800	2,083
8 La Herradura. LB marzo/05	41.3%	-	0	0
9 Copapayo. LB agosto/04	40.2%	-	0	0
<b>Total average accomplished</b>	<b>61.78%</b>	<b>86.5%</b>	<b>20,563</b>	<b>25,436</b>

As evidenced by the benchmark, 5,087 families improved their knowledge and practices related to hand washing. In order to understand the strategy to ensure the adoption of this practice, it is worth mentioning that one of the criteria – established by the program – stated that families earned their right to a household connection if at least one family member participated in the training sessions. This guaranteed that families would improve their knowledge and practices related to washing their hands after latrine use.

The health component strategy to ensure the adoption of this practice included training sessions and educational workshops on personal and domestic hygiene (hand washing, garbage disposal) for community beneficiaries. Also, the strategy envisioned household visits as a means to ensuring the comprehension of knowledge acquired and that beneficiary families adopted the washing habit and at the same time monitored practices undertaken; and focused primarily in parents, but focused on all family members whether they have latrines rehabilitated or built by the project or not.



The results allowed us to conclude that beneficiaries improved not only their practice to wash their hands at the end of the program in every community where **PROSALUD** executed projects, but that the program had positively influenced change in 86.5% of community households.

In general, these interventions were carried out in places where water and sanitation was being provided through new or reconstructed systems. Health committee members were trained as health educators, and they play a key role in the health education component. Each member used regular home visits and community meetings to educate beneficiary families in project communities.

### 3. FINANCIAL STATUS

#### I. LINE ITEM EXPENDITURES AND OBLIGATIONS

Project Budget (U.S. Dollars)

#### SUMMARY FINANCIAL PLAN

PROSALUD PROJECT		New Budget mod.#3	
DESCRIPTION	BUDGET	ACUMULATED COSTS TO JUNE 05	AVAILABLE BUDGET
	FROM NOV 1st/2002 TO JUNE 30,-2005		
	\$		\$
PERSONNEL (See Page 2)(SV10301)	493,062.00	564,982.00	(71,920.00)
EQUIPMENT AND SUPPLIES (See page 3)(SV10302)	2,867,787.00	2,869,993.00	(2,206.00)
TRAVEL LODGING AND PER DIEMS (See page 2)(SV10303)	17,865.00	821.00	17,044.00
OTHER DIRECT COST (See page 2)(SV10304)	235,958.00	304,663.00	(68,705.00)
EVALUATIONS (See page 2)(SV10305)	38,605.00	25,709.00	12,896.00
<b>SUB-TOTAL</b>	<b>3,653,277.00</b>	<b>3,766,168.00</b>	<b>(112,891.00)</b>
PROJECT SUPPORT COST ALLOCATION (SV10306)	364,908.00	291,746.00	73,162.00
<b>TOTAL DIRECT COSTS</b>	<b>4,018,185.00</b>	<b>4,057,914.00</b>	<b>(39,729.00)</b>
INDIRECT COST RECOVERY(SV10307) A-133 Audits and Indirect Cost Recovery (0.467 + 7.255 = 7.722% )8.88%-7.83%	356,815.00	317,086.00	39,729.00
<b>TOTAL ICR COSTS</b>	<b>356,815.00</b>	<b>317,086.00</b>	<b>39,729.00</b>
<b>TOTAL COSTS</b>	<b>4,375,000.00</b>	<b>4,375,000.00</b>	
CONTRIBUTIONS IN KIND (Estimated in U.S. Dollars)(SV10308) CIK's from CARE (Non obligated or conditioned) CIK's from Participating Communities (Conditioned) CIK's from ANDA, NGO's, etc (Conditioned)	2,580,098.00	3,951,307.00	(1,371,209.00)
<b>TOTAL CIK's</b>	<b>2,580,098.00</b>	<b>3,951,307.00</b>	<b>(1,371,209.00)</b>
<b>GRAND TOTAL PROJECT BUDGET</b>	<b>6,955,098.00</b>	<b>8,326,307.00</b>	<b>(1,371,209.00)</b>
<b>TOTAL OBLIGATED AMOUNT</b>	<b>4,375,000.00</b>	<b>4,375,000.00</b>	

**Note A:** CARE's accounting policy is to treat all overseas expenses as Direct Project Costs.  
Project Support costs for overseas missions are allocated on a weighted average to all projects

## SUMMARY OF LESSONS LEARNED AND RECOMMENDATIONS

There are key variables determining that similar interventions cause different impacts on the prevalence of diarrheal diseases. However, an acceptable impact can be obtained when all potable water, latrine building and health education interventions are integrated into one, high infrastructure coverage can be obtained, administrative boards control the quality of water distributed to homes, and an educational program is carried out to motivate people to change their health attitudes and behaviors. This is a determining factor to be considered because technical teams with motivations, interests, experiences and different methods of approaching educational work have trained communities.

The results obtained in behavioral changes will be sustainable only if administrative organizations continue with the educational work. In time, people return to their old habits due to the lack of educational messages.

### I. CONCLUSIONS



**To accomplish the goal of 33,000 beneficiaries, with the financial amount assigned by USAID plus the counterpart funding obtained by CARE, it has been difficult to achieve.** Besides, if it's considered the costs of materials, fuel, and the manpower at the end of the PROSALUD project, **this goal won't be possible to achieve it again with a similar base financing to USAID provided in this occasion.**



The resources mobilization, since the local perspective is possible to achieve it, whenever the topic to finance will be part of the strategic plan of the Municipal governments.



Mobilizes the resources complement requires to hand several factors, as a disposition, attitude and tolerance for handling each participant's bureaucracy; a big administration efforts to obtain contributions from others. In a same way, it should be been willing to give the leadership to other actors, especially to the municipal governments and the communities.

## II. LESSONS LEARNED

- ✍ The manner how it was obtained the counterpart financing in PROSALUD propitiated spaces of accounts surrender that few times there are practiced in those types of programs; due to each participant demanded of the other ones, to visualize their contributions and to fulfill the assumed commitments.
- ✍ The strategy work used by PROSALUD with the municipal governments where projects were executed, it propitiated spaces of dialogue in those the local governments assumed the leadership, being able to strengthen their own administration and their relationship with the communities and with other local actors.

## III. RECOMMENDATIONS

- ✍ Integral programs as PROSALUD that demands to mobilize additional resources to achieve the goals, requires longer periods of time for its implementation, since the processes to dialogue with the local actors, to obtain the additional financing, and prepare and execute the projects requires periods of time that could be bigger than the 12 months.

## ATTACHMENTS

### LIST OF ATTACHMENTS

1. **SYSTEMATIZATION OF THE PARTNERSHIP EXPERIENCE WITH AMANCO**
2. **SOME SUCCESS STORIES OF *PROSALUD***
3. **PUBLICITY OF *PROSALUD* IN NEWS**
4. **SAMPLE OF BASE LINE RECORD CARD**