



# **Strategic Alliances for Social Investment (*Alianzas*) El Salvador**

Final Report

September 28, 2006–October 31, 2009

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# **Strategic Alliances for Social Investment (*Alianzas*) El Salvador**

Final Report

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## List of Acronyms

ADESCO	Communal Development Association (Asociación de Desarrollo Comunal)
AED	Academy for Educational Development
AIEPI	Atención Integrada a las Enfermedades Prevalentes de la Infancia (Integrated Attention to Prevalent Childhood Diseases)
AIN-C	Atención Integral en Nutrición en la Comunidad) Integrated Attention on Nutrition in the Community)
AOTR	Agreement Officer Technical Representative
CA	Cooperative Agreement
CAM	Central America and Mexico
CEDI	Centro de Estimulación del Desarrollo Infantil (Stimulation Center for Childhood Development)
COESAL	Centro de Orientación para Educación Sexual en El Salvador (Orientation Center for Sexual Education in El Salvador)
COP	Chief of Party
CSR	Corporate Social Responsibility
DAA	División de Asistencia Alimentaria (Alimentary Assistance Division)
DARE	Drug Abuse Resistance Education
DISZASA	Distribuidora Zablah (Zablah Distributor)
ENA	National Agriculture School (Escuela Nacional de Agricultura)
FAO	Food and Agriculture Organization of the United Nations
FIRMES	Fundación Infantil Ronald McDonald de El Salvador (Ronald McDonald Children’s Foundation of El Salvador)
FMLN	Frente Farabundo Martí para la Liberación Nacional (Farabundo Martí National Liberation Front)
FORTAS	Programa de Fortalecimiento y Acción Social (Social Strengthening and Action Program)
FOSALUD	Fondo Solidario para la Salud (Solidarity Fund for Health)
FP	Family Planning
CIDECO	Fundación Centro Integral de Desarrollo Comunitario (Integral Center for Community Development Foundation)
FundaGeo	Fundación LaGeo (LaGeo Foundation)
FUSADES	Fundación Salvadoreña para El Desarrollo Económico y Social (Salvadoran Foundation for Economic and Social Development)
FUSAL	Fundación Salvadoreña para la Salud y el Desarrollo Humano (Salvadoran Foundation for Health and Human Development)
GOES	Government of El Salvador

IR	Intermediate Result
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
OEF	Asociación para la Organización y Educación Empresarial Femenina de El Salvador (Association for the Female Business Organization and Education of El Salvador)
OP	Operational Plan
PMP	Performance Monitoring Plan
PPP	Public-Private Partnership
PSAG	Private Sector Advisory Group
RH	Reproductive Health
RMHC	Ronald McDonald House Charities
RTI	RTI International
SNF	Secretaria Nacional de la Familia (National Family Secretary)
STD	Sexually Transmitted Disease
TRC	Technical Review Committee
URC	University Research Corporation
USAID	U.S. Agency for International Development
U.S.	United States
USG	U.S. Government

# 1. Background

Despite social, political, and economic gains since the Peace Accords, in 2006 El Salvador continued to face daunting development challenges. These ranged from high levels of rural poverty to an economy that fell short of providing enough good jobs to keep the population gainfully employed.

There was a broad consensus across Salvadoran society and within the donor community that the critical short-term development priority was one of reducing polarization, stimulating job creation, and promoting broader participation of Salvadorans in the economic benefits of growth. Rural Salvadorans had particularly poor living standards compared to urban dwellers, in part because of inadequate economic opportunities and limited access to quality health and education services. Low levels of health and education translated into a negative impact on Salvadoran families and communities and a poorly educated workforce.

To help address this, the government of El Salvador (GOES) developed *País Seguro: Plan de Gobierno 2004–2009*, a plan that aimed to achieve universal health care and education coverage through increased investments in the social sectors and poor rural areas. *País Seguro* aimed to improve social conditions by decentralizing education and health services to the community level, reducing infant and maternal mortality and malnutrition, preventing disease, improving primary school completion rates, creating rural school networks to more efficiently manage scarce resources, applying national competency assessments in schools, and supporting the professional development of teachers, among other activities in the 100 poorest municipalities.

El Salvador's demand for health resources, however, far exceeded the ability of the GOES to meet those needs, even with donor support. The country faced an urgent need to attract additional resources to its health sector by encouraging private sector investment in health through alliance building. The U.S. Agency for International Development's (USAID's) 2004–2009 Country Plan for El Salvador, part of USAID's Central America and Mexico (CAM) Regional Strategy, included addressing El Salvador's development challenges through a social investment approach. USAID's plan gave priority to advancing El Salvador's efforts to increase investment in the health sector by engaging and encouraging new investments in health by the private corporate sector.

This was the setting when the USAID-funded Strategic Alliances for Social Investment (*Alianzas*) program in El Salvador began implementing program activities in September 2006.<sup>1</sup> Funded under modification number 7 to RTI International's Cooperative Agreement No. 520-A-00-04-00204-00 (which covered the CAM region), *Alianzas/El Salvador* was a 3-year initiative that began September 28, 2006, and operated until

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<sup>1</sup> With USAID's approval, the Strategic Alliances for Social Investment Project was called "*Alianzas*" for short.

October 31, 2009. *Alianzas/El Salvador*'s strategy and activities complemented and built upon USAID's Country Plan for El Salvador under CAM. At the same time, the program mitigated the impact of reduced donor assistance levels by leveraging USAID/El Salvador dollars through alliances with the private sector. New resources raised by *Alianzas/El Salvador* were to finance new and expanded health activities targeted to El Salvador's poorest communities in rural and marginal urban areas.

Following similar programs launched by USAID/Guatemala and USAID/Nicaragua that supported strategic investments in health and education, the *Alianzas/El Salvador* program funded by USAID/El Salvador sought to forge public and private alliances to increase investments in health. USAID funding for *Alianzas/El Salvador* consisted of US\$1.3 million, which included US\$494,914 for program management costs and US\$825,086 for strategic alliances. The purpose of the program was to forge strategic public-private alliances to increase access to and improve the quality, equity, efficiency, and use of basic health, nutrition, and hygiene services in priority underserved areas of the country. Activities under *Alianzas* in El Salvador contributed to the following USAID Intermediate Results (IRs):

IR 3.1 Increased and Improved Social Sector Investments and Transparency

IR 3.3 Improved Integrated Management of Child and Reproductive Health (RH)

IR 3.4 HIV/AIDS and Other Infectious Diseases Contained and Impact Mitigated

In addition, private sector alliances developed and managed by *Alianzas* had to assist and complement other USAID alliance-building programs in the country and achieve the CAM Regional Strategic Objective 3, Investing in People: Healthier, Better Educated People.

The program was to be implemented nationwide; however, end-beneficiaries targeted by *Alianzas*-sponsored activities had to be low-income families and individuals, primarily living in rural areas. Direct beneficiaries of alliances supporting health and nutrition projects implemented at the community level were to be primarily women, youth, and children. Communities were to be selected based on indices of poverty, maternal and infant mortality, malnourishment, and other indices directly related to *Alianzas* health priorities. Communities in which USAID/El Salvador was supporting health activities through other awards also had priority consideration for *Alianzas*-sponsored project activities to foster synergies and maximize impact.

Several challenges to be addressed during implementation were noted at program start up and included in the Life of Project Strategic Plan (December 20, 2006). These were identified early so that strategies could be developed during program implementation to overcome these challenges, including the following:

- Many potential private corporate partners preferred to be the only participating brand of its category, which could limit forming a broader coalition of corporate alliance partners.

- Companies in El Salvador had limited funds designated for social investment, social marketing, or corporate social responsibility (CSR). In some cases, companies funded their own private foundations with a specific predetermined agenda that might be difficult to match with the *Alianzas/El Salvador* program’s objectives.
- Some potential implementing partners (nongovernmental organizations [NGOs] and communities) had limited capacity to raise their own funds and build their own alliances. Some also had limited management skills. Given the small size of the *Alianzas/El Salvador* staff, it could be difficult to respond to and meet all capacity-building needs of implementing partners.
- Education initiatives have traditionally received strong support from the corporate private sector, but there was much less interest in and commitment to funding health initiatives, including RH and other preventive maternal and child health (MCH) projects.

## 2. Key Lessons Learned and Recommendations

Along with results, below we summarize the key lessons learned under the *Alianzas/El Salvador* program and present for each our recommendations for USAID’s consideration in future programming.

### 2.1 Management Structure

*Alianzas/El Salvador* management staff initially consisted of one full-time chief of party (COP) who was supported by technical assistance from RTI’s sister *Alianzas* programs in Guatemala and Nicaragua, with financial and administrative support from the El Salvador Regional Office. Although the *Alianzas/El Salvador* program budget allocation to cover costs of RTI headquarters-based staff was extremely limited, management oversight and technical support was provided in health project design, public-private partnership (PPP) development, M&E, grants management, project management and administration, budgeting, and accounting.

In El Salvador, the COP’s role was to manage the program, build strategic PPPs and alliances, convene and manage the Technical Review Committee (TRC) and Private Sector Advisory Group (PSAG), develop and manage grants resulting from the alliances, and monitor and evaluate the program. Within the first few months of program implementation, it became clear that this lean management structure was not well-suited to the demands of the program because it did not allow the COP time to build and foster new alliances while also developing and managing the grants. It was determined that a second person needed to be hired to support the COP in the development and management of the grants and written reports. Due to *Alianzas/El Salvador*’s small management budget, it was not possible to contract this second person as a full-time program employee with full benefits. The tight budget allowed only for the hiring of a

low-salaried independent consultant as the grants manager to develop and manage the grants and reporting component of the program.

The *Alianzas/El Salvador* COP and grants manager benefited from the experience of the two sister projects in Guatemala and Nicaragua. During program start up, El Salvador was able to build upon the experiences of these two other *Alianzas* programs and utilize marketing materials, corporate contacts, memorandums of understanding (MOUs), and reporting and other templates for El Salvador. Throughout the life of the program, the three *Alianzas* COPs collaborated with each other in regards to sharing information about potential alliance partners, reports and presentations, and marketing and promotional materials.

## **Recommendations**

- The management budget for a program such as *Alianzas* should allow for at least two full-time technical staff to create alliances and manage the alliance projects and grants. Having a long-term monitoring and evaluation (M&E) expert on staff to strengthen program-level systems and provide capacity building to partners would also be advantageous (this is discussed in more detail below). In addition, having long-term health technical staff working for the program would have significantly decreased the need for *Alianzas/El Salvador* to heavily rely on the expertise of implementing partners receiving USAID funding and support from other USAID-supported projects, such as the TASC2 El Salvador Strengthening Health Project–Task Order B, run by University Research Co. (URC). While the interchange of expertise among USAID-supported projects and between alliance projects and their implementing partners should be encouraged, it is important for a program such as *Alianzas/El Salvador* to also have a solid base of in-house technical knowledge. In-house technical expertise would have helped ensure the quality of health project design and implementation, including the incorporation of state-of-the-art best practices, and identify or create technical materials, as needed, that could even be used by other USAID-funded projects and implementing partners. In terms of short-term technical assistance at the program level, provisions should be made for PPP expertise, as needed (particularly networking with potential corporate partners outside of El Salvador); ongoing technical oversight; and administrative and grants assistance and training, as needed, from local, regional, and/or headquarter offices.

## **2.2 Alliance Building**

In El Salvador, the process for building funding alliances began with the identification of potential funding partners, by using the COP’s extensive network of corporate contacts, through regional corporate contacts developed by RTI elsewhere in Central America, or by approaching institutions recommended by USAID. These potential funding partners

represented a wide range of industries, and there was no specific industry more receptive than others to potentially partnering with *Alianzas/El Salvador*. As in Guatemala and Nicaragua, companies tended to favor supporting education rather than health investments, which were much more challenging to develop. Thinking that focusing on health-related industries would be a good way to jump-start the development of health alliances, the COP approached various regional and international pharmaceutical companies. These companies tended to be narrow in their focus and were not very receptive to the concept of an alliance project, integrating various health technical areas. They were more interested in supporting one-off philanthropic activities rather than longer-term, more sustainable investments. Instead, it was easier to establish health alliances with funding partners that represented sectors within the food industry. This is probably because companies manufacturing and/or distributing food products were concerned with having a positive image and were already aware of the effects of good health on their consumers and workers. Peer-to-peer exchanges of information and experiences supported by *Alianzas/El Salvador*, including showcasing health alliances and the benefits of investing in the health sector, helped promote interest among new corporate partners. Of the funding partners that invested in health alliance projects with *Alianzas/El Salvador* all but one (Mattel) had installations established in El Salvador. This was one of the key reasons why these partners were interested in partnering with *Alianzas*; the projects benefited their consumers, workforce, and local communities.

**Table 1** below lists the *Alianzas/El Salvador* program’s principal funding partners, their respective industries, and geographic locations.

**Table 1. *Alianzas/El Salvador* Principal Funding Partners**

Principal Funding Partner	Industry	Type of Company
Grupo Excel Automotriz	Automotive	Regional
McDonald’s El Salvador	Fast-food	International
Fundación Centro Integral de Desarrollo Comunitario Fundación (Fundación CIDECO, Integral Center for Community Development Foundation)	NGO	Local
Distribuidora Zablah (DISZASA, Zablah Distributor)	Food and consumer products distribution	Regional
Ingenio El Angel	Sugarcane	Local
Compañía Ortiz Barriere	Coffee	Local
LaGeo	Geothermic energy	Local
Mattel Children’s Foundation	NGO (CSR arm of Mattel, manufacturer of children’s toys)	International
Productos Alimenticios BocaDeli	Snack foods	International
Empresas Lácteas Foremost (Foremost)	Dairy	Regional

An important point to note is that funding and implementation alliances and partners in El Salvador were closely linked. A funding alliance is one in which a private sector partner contributed cash and/or in-kind resources to a project but was not necessarily involved in the direct implementation of the project activities. An implementation alliance was one in which a private sector partner, usually an NGO or corporate foundation, received funding and was responsible for implementing the project activities as stipulated under a signed subgrant agreement. In El Salvador, private sector funding partners had already identified their implementing partner or vice versa. It was not necessary for *Alianzas/El Salvador* to match funding and implementing partners during the development of an alliance project. Thus, there were no open calls for proposals from potential implementing partners interested in receiving in-kind and case donations from funding partners such as in Guatemala and Nicaragua. In El Salvador, implementing partners were NGOs or corporate foundations that had previously worked with the funding partner on past projects, had a long-term connection to the funding partner and received the majority of their financing from the funding partner, or had been established as the funding partner's CSR arm.

**Table 2** below illustrates the relationship between *Alianzas/El Salvador*'s funding and implementing partners.

**Table 2. *Alianzas* Program Partners**

Principal Funding Partner	Implementing Partner	Relationship between Implementing and Funding Partner
Grupo Excel Automotriz	Fundación Salvadoreña para la Salud y el Desarrollo Humano (FUSAL, Salvadoran Foundation for Health and Human Development)	CSR arm of Grupo Poma (owners of Grupo Excel Automotriz)
McDonald's El Salvador	Fundación Infantil Ronald McDonald de El Salvador (FIRMES, Ronald McDonald Children's Foundation of El Salvador)	Long-term connection to funding partner
Fundación CIDECO	Fundación CIDECO	One in the same
Fundación CIDECO	Centro de Orientación para Educación Sexual en El Salvador (COESAL, Orientation Center for Sexual Education in El Salvador)	Previously worked together on past projects
DISZASA	Asociación Barra de Santiago	Long-term connection to funding partner
Ingenio El Angel	Ingenio El Angel	One in the same
Compañía Ortiz Barriere	Fundación Crisálida (Glasswing International)	New connection established by the funding partner
LaGeo	Fundación LaGeo (FundaGeo, LaGeo Foundation)	CSR arm of LaGeo
Mattel	Save the Children	Previously worked together on projects

Principal Funding Partner	Implementing Partner	Relationship between Implementing and Funding Partner
Productos Alimenticios BocaDeli	Asociación para la Organización y Educación Empresarial Femenina de El Salvador (OEF, Association for the Female Business Organization and Education of El Salvador)	Long-term connection to funding partner
Foremost	Secretaria Nacional de la Familia (SNF, National Family Secretary)	New connection established by the implementing partner

At the beginning of the alliance-building process, it was important for the COP to establish a strong working relationship with the funding partner’s executive-level management (e.g., general manager, chief executive officer [CEO], or president) in order to get the board of directors’ approval to finance the alliance project. If the relationship was first established with middle management rather than executive management, potential alliances tended to fall apart because the board of directors and executive management had a different CSR vision than middle management; did not fully understand the project as presented by middle management; or did not approve the amount of the financial contributions. Executive-level management buy-in and approval was necessary to move forward in the alliance-building process and in developing alliance project concept papers to be presented to USAID.

Funding partners who worked with the *Alianzas/El Salvador* program did so for three principal reasons. First was the fact that the program provided investment funds in the form of seed capital for new or expanded health projects, the opportunity and prestige of partnering with USAID, and a chance to be part of a reputable program such as *Alianzas*. The second reason was that funding partners appreciated that *Alianzas/El Salvador* targeted the 100 poorest municipalities of El Salvador. This wide range of options for project location allowed these partners to develop alliance projects in their zones of influence, thereby benefiting the communities surrounding their company’s installations and many of their laborers. The underlying economic benefit to working in their zones of influence was that the funding partner could present itself as being socially responsible and thereby obtain or improve community support for its business activities and/or products. Another underlying benefit was that it allowed the funding partner to directly improve the well-being of its workers and their families, as the health of a company’s workforce is supported by a healthy family. Although most *Alianzas/El Salvador* funding partner’s workers were men, many of the companies realized that if the communities and homes in which their workers live were not healthy, then the workers themselves were not healthy, which had a negative affect on the company’s productivity. In addition, since the companies tended to hire workers from families in communities surrounding their installations, supporting the health of their children would also lead to a healthier future workforce. The third principal reason why funding partners invested with *Alianzas/El Salvador* was to gain technical expertise in the development and implementation of CSR

projects. Some of the funding partners wanted to learn how to move away from sporadic and unfocused philanthropic activities to directly improve and implement their own CSR projects. Technical alliance-building and management expertise from *Alianzas/El Salvador* provided them with the tools to achieve this. Other funding partners were already implementing their own CSR projects but wanted to create more integrated projects that focused efforts for greater impact. *Alianzas/El Salvador* worked with these partners to help them identify CSR priorities in health and network with other *Alianzas* partners in order to provide a broader range of support and project activities to beneficiaries.

### **Recommendations**

- Health alliances are more difficult to establish than education alliances. When looking to build health alliances, funding partners with pre-existing relationship with the food industry tend to be among the most receptive. Promoting peer-to-peer exchanges of experiences among potential corporate partners and showcasing health alliances and the benefits of investing in health can help persuade new companies to invest.
- When in the initial phases of the alliance-building process, it is very important to establish a strong relationship with the funding partner's top executive management team in order to ensure that the board of directors will be more likely to approve funding for the alliance.
- Providing alliance partners with a selection of project location choices is important in attracting funding partners because it allows them to develop or support projects within their zone of influence, thereby benefiting their consumers, laborers, and the communities surrounding their installations.
- Involving all partners during the alliance-building process builds ownership, clarifies roles and responsibilities, and allows less-experienced partners to gain a solid understanding of how to develop better-designed and higher-quality CSR health projects.

### **2.3 Role of the GOES in Alliance Project Development**

During the second half of the first program year, USAID/El Salvador instructed *Alianzas* to collaborate more directly with the Ministry of Health (MOH) and required that all investments benefit public sector health system institutions in some way. In the development of health alliances, this could be accomplished via establishing a system of referrals between an alliance project and public health facilities; coordinating with public health units to provide a basic package of medicines to the alliance project and/or supplying public sector medical personnel during medical brigade visits to rural communities; and collaborating to identify and fill service gaps in underserved areas of the country. The benefits of this approach meant that *Alianzas* was closely aligned with

the GOES's priorities and approaches, and more directly impacted the government-supported health system.

The MOH was a critical partner in the development of the alliance projects. At both national and local levels, the MOH provided private sector partners with data on health service provision and coverage in the communities or regions where these partners were interested in supporting health activities. This allowed private sector partners to complement the MOH's efforts without duplicating services and coverage areas. Private sector partners filled coverage gaps and increased the range and/or frequency of health services. The MOH's public hospitals and health units also provided implementing partners with neonatal and child health service delivery guidelines, pamphlets, and other materials regarding preventive health practices, as well as technical assistance in the development of new materials. All of the *Alianzas*/El Salvador-supported alliance projects providing curative health services were issued a basic package of medicines, and for some, the MOH provided additional resources in the form of medical personnel, either working directly for the project or by accompanying project staff on medical brigade visits to communities. The majority of *Alianzas*/El Salvador-supported health projects were also able to establish a system of referrals with public clinics and hospitals so that beneficiaries requiring more specialized care could receive treatment. Follow-up care was provided by the alliance-supported health project in their respective community.

RTI found that the relationship with the MOH was most successful when it was formed directly between the private sector implementing partner and the MOH, without *Alianzas* acting as an intermediary. This direct relationship provided open communication between alliance project partners and the MOH while also laying the foundation for a long-term relationship. The *Alianzas*/El Salvador program's role was still crucial in the establishment of the relationship with the MOH because *Alianzas* staff provided the initial contact and/or guidance to implementing partners on how to successfully dialogue with the MOH and what type of in-kind support to request.

Close alignment with the GOES did involve some risks, however. With the change in government administration in 2009, the public sector reevaluated its priorities and the programs and projects that had received support under the previous administration. This was the first time that the leftist Frente Farabundo Martí para la Liberación Nacional (FMLN, Farabundo Martí National Liberation Front) party gained executive power in El Salvador, and the new government wanted to make its own mark. During the reevaluation, funding for many projects was halted until the FMLN administration decided whether to continue support or change directions. In addition, agreements between the MOH and private sector-supported health projects had to be renegotiated by the end of 2009, with no guarantee that MOH support would continue. Some *Alianzas*/El Salvador-supported activities, such as the Ronald McDonald Mobile Clinic, depended on MOH-supplied medical personnel, medicines, supplies, and referrals. This support is now currently under review, and if not renewed for 2010, could significantly curtail the

number and range of services that the mobile clinic can provide, as well as the number of communities that it can serve.

During the first few months of the new administration, some government priorities clearly changed, which directly affected the viability of one of the *Alianzas*/El Salvador alliance projects. The Glass of Milk student nutrition project was funded by Foremost, and implemented by the SNF, a government agency managed by the previous First Lady of El Salvador. When the government changed, this agency was dissolved, and the alliance project lost its main implementing and joint-funding partner. Without a technically savvy implementing partner to turn to and complementary funding, Foremost decided to terminate the grant agreement and pull out of the alliance. In an effort to keep the project running, USAID offered to increase the grant amount to Foremost; however, the company decided that it was not able to continue project activities without direct government support and technical expertise. As a result of shifting government priorities, a key pilot project for El Salvador that could have become a national-level student nutrition project in all public schools ended.

### **Recommendations**

- The MOH, at both local and national levels, plays a key role as an alliance partner, providing private sector-supported health projects with needed policies, protocols, and data on health service provision and coverage in communities or regions where partners may be interested in working. This allows private sector partners to complement the MOH's efforts without duplicating services and coverage areas. The public sector also benefits as private sector partners fill coverage gaps and increases the range and/or accessibility of health services.
- When there is a change in government and/or government priorities that could affect the viability of an alliance, potentially vulnerable alliances (for example, those closely aligned with an important political figure) should be identified and contingency plans developed. In the case of the Glass of Milk alliance, early and proactive action involving USAID's senior directors along with the COP and the USAID Agreement Officer Technical Representative (AOTR), could have led to dialogue with key government officials and actions taken that may have prevented this worthy activity from being discontinued.

### **2.4 Development, Review, and Approval of Alliance Projects**

In El Salvador, the process for developing alliance projects was dynamic and changed over time. The initial intent was to use the same development, review, and approval system that *Alianzas*/Guatemala and Nicaragua used. Under this system, alliance concepts were developed by *Alianzas*/El Salvador staff in close coordination with private sector partners for presentation to a TRC for review and approval. The TRC was created

to select and approve projects, using pre-established evaluation criteria developed by RTI for implementing health, nutrition, and hygiene activities in El Salvador. Members of the El Salvador TRC included the COP, a representative from the MOH, the USAID AOTR, and health technical staff from the Mission. A PSAG made up of key members of the corporate sector was also supposed to be established and serve in an advisory, networking, and knowledge transfer capacity.

At the outset of the *Alianzas*/El Salvador program in late 2006/early 2007, concept paper proposals for potential alliances were developed between the COP and the COP's personal network of business contacts but did not involve USAID. Once these concept papers were developed, they were brought before the TRC for review. The TRC was convened twice during the first program year. During the first meeting, TRC members approved 4 out of 10 alliance concept paper proposals that were presented; during the second meeting, the TRC approved only 2 out of 9 alliance proposals presented. The poor approval rate was due to the fact that the alliance project concepts were not developed with input from USAID staff, did not benefit from USAID's technical expertise and guidance, and did not reflect USAID's health priorities.

After the second TRC meeting, the COP, AOTR, and USAID's Office of Human Investment determined that the alliance project development and approval process needed to be re-examined and reworked in order to be better aligned with USAID's objectives and needs. USAID determined that the AOTR should be directly involved in the development of potential alliance concept papers and proposals from the beginning. Concepts developed would be presented to USAID's Human Investment Office for internal review and approval rather than to the TRC, which was abolished. In addition, rather than convene a PSAG composed of recognized, socially responsible Salvadorans with extensive private or public sector experience in El Salvador, USAID felt that private sector partners would be better served by individually introducing and connecting implementing partners with activities in common and/or that could benefit from knowledge transfer and the sharing of best practices and technical expertise.

Under this new alliance project development, review, and approval process, the COP and AOTR jointly identified and selected potential funding and implementing partners. In the initial alliance-building phase, during which time the COP determined whether the potential funding partner shared common interests with the *Alianzas* program and was willing and able to meet or exceed the leverage requirements, the AOTR was not involved. Once the COP determined that a potential funding partner was a viable fit for the program, the AOTR participated in alliance-building and concept-development meetings with potential funding and implementing partners; the AOTR did not participate in financial negotiations.

Potential alliance projects that were not of interest to USAID's Office of Human Investment did not move into the concept development phase. During concept paper development, the AOTR reviewed and commented on draft concept papers and participated in selected preapproval field visits to the alliance project sites. Although

more time consuming in the beginning, this strategy allowed *Alianzas/El Salvador* to better tailor alliance projects to USAID's vision and thereby secure a greater probability of USAID approval. During the concept paper development phase, a few private sector partners pulled out. The reasons were either because the board of directors did not approve the funding or the partner decided to invest in other health activities that *Alianzas/El Salvador* could not support (such as improvement to hospital infrastructure or the purchase of high-tech medical equipment).

Upon finalization of an alliance project concept paper, the AOTR presented it to the USAID Office of Human Development evaluators for review and preliminary approval. Comments and suggestions obtained from USAID during this review process were taken into account and frequently resulted in important modifications and adjustments to the concepts. After a preliminary approval from the evaluators, the AOTR performed one last review of the concept paper before approving the alliance project.

With this new process, it took an average of three months to develop an alliance project concept paper and obtain USAID approval. None of the private sector partners pulled out because of the long approval time frame, but some (e.g., Fundación Crisálida, Fundación CIDECO, and Foremost) were especially frustrated with the wait and wanted to move the process forward more quickly. During this review and evaluation time, it was important for *Alianzas/El Salvador* staff to set expectations concerning realistic time frames for approvals with the private sector partners because the private sector is accustomed to quicker turnarounds. Establishing time frame expectations up front with the private sector partners and quickly communicating USAID comments and suggestions to them helped smooth communications and establish trust. These sentiments were important to establish early on because they allowed the grant development phase to be more efficient and transparent, and also to form important lines of open communication during alliance project implementation reporting and monitoring.

During the development of the concept paper, grant agreement, and subsequent implementation of the alliance project, the COP, *Alianzas/El Salvador* grants manager, and AOTR had minimal contact with the funding partners' executive-level management, who generally did not have the time or desire to be involved in such details. Instead, *Alianzas/El Salvador* worked almost exclusively with the implementing partner and the funding partner's designated representative, such as the operations manager or CSR manager.

### **Recommendations**

- USAID/El Salvador's heavy involvement in the development of alliance concept proposals for funding ensured that alliances were in alignment with USAID priorities and that they benefited from USAID's technical expertise and guidance. However, compared to the *Alianzas* programs in Guatemala and Nicaragua, the amount of USAID funding available for social investments was small. It is not clear if this model would work as efficiently

or effectively if the size of the investment fund was larger, as USAID staff are very busy and have multiple responsibilities. Delays in approvals were frustrating for some private sector alliance partners who, once they agreed to participate, were used to quicker turnarounds in decision making. To avoid raising expectations and fostering misunderstandings with potential private sector partners, USAID should make it clear as early as possible if it is not interested in funding a potential alliance concept. This would also allow *Alianzas* program staff to focus on developing alliance projects that are more likely to be approved. *Alianzas* staff also need to be clear with potential private sector alliance partners on the process and time frame for developing and approving alliance projects. Quickly providing feedback on USAID's comments and suggestions to private sector partners helped eliminate potential misunderstandings, reduced frustration, and established trust and a sense of being involved in a true partnership.

## 2.5 Management of Alliance Projects

The process for developing and managing alliances was fairly consistent during the life of the *Alianzas/El Salvador* program and closely followed *Alianzas/Nicaragua's* program model. Both *Alianzas/El Salvador* and *Nicaragua* received administrative support from the financial manager in RTI's Regional Office in El Salvador. Financial management practices already established for *Alianzas/Nicaragua* were successfully applied to *Alianzas/El Salvador* and allowed for more cost-efficient management as staff, processes, and procedures were shared between the two programs. Grants management procedures and processes under *Alianzas/El Salvador* followed those developed by RTI for the *Nicaragua* and *Guatemala* programs, which included use of the Grants Tracker tool found in *Annex A*.

Once an alliance project concept paper was approved by USAID, the *Alianzas/El Salvador* grants manager worked with the COP to develop an MOU to be signed by the COP and the funding partner's legal representative. The purpose of the MOU was to establish a "gentlemen's agreement," stipulating how much cash and in-kind resources each alliance partner was to contribute to the alliance. The MOU was a non-legal, non-binding agreement that united alliance partners while grant documentation was drawn up; the legitimacy of the MOU continued until the end date stated on the grant agreement.

Grant agreement documentation was drawn up by the grants manager in close collaboration with the implementing partner and in accordance with RTI's Grant Administration Manual, which was developed based on U.S. Government (USG) and USAID regulations for grants to U.S. and non-U.S. NGOs. The COP provided only limited support during the development of grant agreements and it took an average of two months to develop and sign a grant with an implementing partner. The *Alianzas/El Salvador* project used all three grant types during the life of the project: 1) fixed obligation; 2) simplified cost reimbursement; and 3) standard cost reimbursement.

Following *Alianzas/Nicaragua*'s lead, the first few grant agreements were signed as fixed obligation grants, even though they did not specifically meet the requirements. After consultation with RTI's headquarters-based grant officer, it was agreed that fixed obligation grants were not appropriate for *Alianzas*-supported projects in El Salvador because activities were constantly adjusted to fit the realities and needs of beneficiary communities, and there was no certainty about the costs involved. Fixed obligation grants should rather be used for activities where there is a certainty about the costs. The three fixed obligation grant projects signed and implemented under the *Alianzas/El Salvador* project were required to submit milestones every quarter before receiving their fixed disbursement. The specific milestones for each alliance project were dictated in the respective signed grant agreement. If the milestones were not completed, the grants manager worked with the implementing partner to ensure delivery of the missing information. *Alianzas/El Salvador* never made a fixed obligation grant disbursement until the milestone associated with the respective disbursement was complete.

Thus, most grants awarded by *Alianzas/El Salvador* were cost reimbursement grants, which proved to be easier to manage and more appropriate for implementing partners. The eight implementing partners that received simplified cost reimbursement grants and the one partner that received the standard cost reimbursement grant were required to submit monthly invoices and expense reports within 10 days of the close of the month. Invoices and expense reports were reviewed by the grants manager and financial manager, to ensure that only allowable line items approved in the grant budget were being reimbursed. Reimbursement requests required the approval of the COP and either the grants manager or the financial manager.

Regardless of the grant type, all *Alianzas/El Salvador* alliance projects were required to submit quarterly technical and financial expenditure reports to RTI. The technical reports contained information about the alliance project activities, achievements, and challenges over each quarter; photos; alliance project indicators; and beneficiary training information. The financial reports detailed the line item leverage contributions made by each alliance partner (private and public sector) and the line item expenses using USAID funds during each quarter. Halfway through the *Alianzas/El Salvador* program, the USAID AOTR requested monthly leverage reports of the private sector leverage and USAID funds expenditures. From that point onward, the grantees presented their quarterly financial reports with month by month leverage and USAID funds expenditure detail rather than quarter by quarter detail. After the close of each quarter, all of the grantees had one month to have their financial report audited by an independent external auditor. All the *Alianzas/El Salvador* grants were subject to this requirement except for Save the Children's Alliance for a Healthy Start, which was covered by an A-133 report.

All grant modifications under the *Alianzas/El Salvador* program were grantee-initiated. The grants manager required that grantees submit a formal letter detailing the nature of the modification and justification for it. The grants manager then worked closely with the grantee to make the appropriate changes to the grant attachments, whether it was

technical or financial, and to complete the Grant Modification Form. The affected attachments and form were then forwarded to RTI's Grant Office for review and approval.

Grant closeouts required that the grantees submit their alliance project's final technical report and final financial expenditure report, covering the life of their respective alliance project. In addition to these reports, the grantees submitted signed letters certifying that all milestones were completed and delivered (if a fixed obligation grant), all M&E products were completed and delivered (if a cost reimbursement grant), and that there was no pending financial obligation. The submission of this closeout documentation, the final audited financial expenditure report, and the completed Grant Closeout Checklist to RTI's Grant Office officially closed out the grant.

### **Recommendations**

- The simplified cost reimbursement grant is the most appropriate type for the Salvadoran context as related to health alliances. This type of grant requires a greater amount of financial management, but allows for close monitoring of USAID-funding expenditure; is able to respond to market price fluctuations; and opens opportunities for financial capacity building in implementing partners.
- Alliance project reimbursement or disbursement requests from implementing partners should always be carefully double-checked by a financial manager to ensure that the invoices do not contain errors and should always require at least a double approval.
- Alliance projects greatly benefit from quarterly audit reports in order to provide transparency in how funds are being utilized and ensure that the partner handling the money is correctly tracking and reporting expenditures and contributions by alliance partner.

### **2.6 Monitoring of Alliance Projects**

The *Alianzas/El Salvador* program began with only two indicators, both of which concerned leverage. These were "Private Expenditures in health as a result of USAID activities" and "Amount of in-country public and private financial resources leveraged by USG programs for family planning (FP)/RH." In collaboration with the program COP, about halfway through the first program year, USAID added three new Operational Plan (OP) indicators: 1) Number of people (male and female) trained in child health and nutrition through USG-supported health area programs; 2) Number of children reached by USG-supported nutrition programs; and 3) Number of people (male and female) trained in maternal health through USG-supported programs. The two original leverage indicators were monitored via the submission of alliance project quarterly financial expenditure reports. The three new indicators were monitored via the submission of

alliance project quarterly technical reports for which each implementing partner was required to report on those indicators.

The grants manager and COP worked with each implementing partner to develop a project M&E plan and to ensure that M&E systems were in place and relevant indicators were included. In addition to the three OP indicators mentioned above, each alliance project worked closely with the grants manager and COP to develop a set of project-specific performance indicators, which were reported on quarterly. These indicators tracked the impact of key alliance project activities in beneficiary communities and were monitored by the implementing partners on a weekly, monthly, quarterly, or annual basis, depending on the indicator.

In addition to monitoring via submission of quarterly technical and financial reports and the technical assistance provided during the development of alliance project-specific M&E indicators, *Alianzas/El Salvador* also conducted M&E field visits to alliance project sites. The purpose of these visits was to verify that activities were being executed in accordance to the signed grant agreements and to discuss the progress of project activity implementation with beneficiaries and field staff. M&E visits also provided the AOTR and other USAID representatives the opportunity to see how USAID investment funds were being used. Field visits verified that implementing partners were very dedicated and genuinely concerned with achieving, and even surpassing, alliance project objectives.

Although these field visits proved useful, funds available to *Alianzas/El Salvador* staff for M&E were limited and allowed for only one or two visits to each alliance project. Without an M&E specialist on the *Alianzas/El Salvador* team, it fell to the COP, in coordination with the AOTR, to perform the field monitoring visits. In addition, because there were few indicators, it was not possible to assess the impact of alliance projects on improving health status beyond simple output data, such as numbers of people trained and anecdotal information provided by implementing partners and beneficiaries.

### **Recommendations**

- Given the pilot nature and relatively small size of both the overall program and the individual alliances created, the number of indicators and level of funding available for M&E was probably appropriate. However, more resources for M&E at the program level, including a dedicated staff person with M&E experience, could have helped improve the quality of data collected and the frequency of visits and allowed for more analysis of the benefits of health activities on communities.

### **2.7 Technical Activities and Projects Funded by *Alianzas***

Alliances developed in El Salvador varied as USAID's funding strategy and the program's project development process evolved during the first year of the program. Of the concept papers presented during the first TRC meeting in December 2006, the TRC approved and *Alianzas/El Salvador* subsequently funded: 1) the first year of a new child

health and nutrition project in rural communities; 2) the first year of a brand new mobile clinic project; 3) an expansion of an MCH services project in an established clinic; and 4) a new RH education project for school students. The TRC did not approve funding for any additional years of the child health and nutrition project and the mobile clinic, and did not approve an auditory project for children/youth or a large child health project based in the national children's hospital. Underscoring the principle of "additionality," USAID wanted *Alianzas/El Salvador* to provide "seed funding" for a large number of small alliance projects that were either entirely new or were innovative activities under existing CSR projects that brought additional benefits. All such funded alliance projects were to receive funding for only one year. The purpose of this funding strategy was to test different approaches and concepts while ensuring that alliance projects would not rely on USAID funding beyond one year to promote sustainability.

Of the concept papers presented during the second TRC meeting in April 2007, the TRC approved an alliance for an MCH and nutrition project in an established clinic run by the Catholic Church and a new healthy childhood project. The TRC did not approve two mobile clinic projects (one of which was supported by the First Lady of El Salvador), a nutrition and hygiene project in a national hospital's maternity ward, a youth RH project, a surgery project for children suffering from curable congenital heart disease, or a health project for children of policemen disabled or killed in the line of duty. The large child health project based in the national children's hospital was presented for a second time but did not receive approval. A little more than a month after the second TRC meeting, the AOTR and the Human Investment Office team met with USAID/El Salvador's front office, where the two projects approved during the TRC's second meeting were presented and subsequently rejected.

As the *Alianzas/El Salvador* program gained experience, USAID funding priorities shifted toward funding larger alliances with greater integration between health program areas. Throughout these changes, *Alianzas/El Salvador*'s technical program areas and objectives/priorities remained the same. However, USAID no longer wanted alliance concepts that were narrow in scope, only focused on one of the *Alianzas/El Salvador* health program areas, or did not directly coordinate efforts with MOH facilities. Instead of just concentrating on MCH or nutrition, alliance concepts approved by USAID after the new *Alianzas/El Salvador* program development guidelines were put in place had to combine multiple health program areas in order to provide greater benefits and range of services to beneficiaries. The four health program areas that *Alianzas/El Salvador* supported were MCH, RH, nutrition and hygiene, and youth. In the first program year, all four technical program areas were equally important. During the second program year, however, USAID directed *Alianzas/El Salvador* to focus more on MCH and nutrition and hygiene because USAID's sources of funding for these areas were greater and population funds were not available. This "integrated model" for health investment developed by *Alianzas/El Salvador* reflected USAID's integrated team approach in the Human Investment Office.

With this integrated model as its focus, *Alianzas/El Salvador* pushed funding partners outside their traditional areas of investment. Some alliance funding partners, such as DISZASA, had traditionally been involved in philanthropic activities that typically involved donation of in-kind resources to beneficiary communities or implementing partners. Under the new integrated model, *Alianzas* convinced DISZASA to invest in a new prenatal health and child nutrition project that worked directly with two public health units and public schools. The aim was to support children from birth through their first years in school by ensuring proper growth and development via nutritional, child development, and health activities. To help break the cycle of poverty, youth and young families were also engaged in productive projects to increase their income.

Alliance concepts that were not preapproved by USAID and hence did not develop into full concept papers included the following: prevention of maternal cancer; support for RH education brigades; support for established nursing schools; and various new mobile clinics, MCH, and nutrition proposals. Below are the four *Alianzas/El Salvador* program-supported health areas and the alliance projects that fall under each. A complete description of each alliance project can be found in *Annex B*.

- MCH
  - Grupo Excel Automotriz and FUSAL/Pounds of Love Ataco;
  - McDonald’s El Salvador and FIRMES/Ronald McDonald Mobile Clinic 2007 and 2008;
  - Fundación CIDECO/MCH in the CIDECO Clinic;
  - DISZASA and Asociación Barra de Santiago/Prenatal Health and Child Nutrition;
  - Ingenio El Angel/Support to the Apopa and Nejapa Health Units;
  - Compañía Ortiz Barriere and Fundación Crisálida/Establishment of a Family Dispensary Clinic;
  - LaGeo and FundaGeo/Expansion of Medical Coverage;
  - Mattel Children’s Foundation and Save the Children/Alliance for a Healthy Start;
  - Productos Alimenticios BocaDeli and OEF/MCH in Rural Communities; and
  - SNF and Foremost/Glass of Milk
- RH
  - Grupo Excel Automotriz and FUSAL/Pounds of Love Ataco;
  - McDonald’s El Salvador and FIRMES/Ronald McDonald Mobile Clinic 2007 and 2008;
  - Fundación CIDECO/MCH in the CIDECO Clinic;
  - Fundación CIDECO and COESAL/CIDECO Community RH;

- DISZASA and Asociación Barra de Santiago/Prenatal Health and Child Nutrition;
- Ingenio El Angel/Support to the Apopa and Nejapa Health Units;
- La Geo and FundaGeo/Expansion of Medical Coverage; and
- Productos Alimenticios BocaDeli and OEF/MCH in Rural Communities.
- Nutrition and hygiene
  - Grupo Excel Automotriz and FUSAL/Pounds of Love Ataco;
  - McDonald’s El Salvador and FIRMES/Ronald McDonald Mobile Clinic 2007 and 2008;
  - Fundación CIDECO/MCH in the CIDECO Clinic;
  - DISZASA and Asociación Barra de Santiago/Prenatal Health and Child Nutrition;
  - Ingenio El Angel/Support to Apopa and Nejapa Health Units;
  - Compañía Ortiz Barriere and Fundación Crisálida/Establishment of a Family Dispensary Clinic;
  - LaGeo and FundaGeo/Expansion of Medical Coverage;
  - Mattel Children’s Foundation and Save the Children/Alliance for a Healthy Start;
  - Productos Alimenticios BocaDeli and OEF/MCH in Rural Communities; and
  - SNF and Empresas Lácteas Foremost/Glass of Milk.
- Youth
  - Grupo Excel Automotriz and FUSAL/Libras de Amor Ataco;
  - McDonald’s El Salvador and FIRMES/Ronald McDonald Mobile Clinic 2007 and 2008;
  - Fundación CIDECO/MCH in the CIDECO Clinic;
  - Fundación CIDECO and COESAL/CIDECO Community RH Education;
  - DISZASA and Asociación Barra de Santiago/Prenatal Health and Child Nutrition;
  - Ingenio El Angel/Support to Apopa and Nejapa Health Units; and
  - Productos Alimenticios BocaDeli and OEF/MCH in Rural Communities.

### **Recommendations**

- Convincing funding partners to invest in health was challenging. However, by providing them with opportunities to network with their peers, to observe other successful health alliances, and to be mentored were effective methods

of pushing funding partners outside their traditional areas of social investment. Along with increasing access to services, integrating health services seemed to provide a greater range of benefits to beneficiaries. USAID’s criteria of funding only the first year of a project also forced alliance partners to consider sustainability objectives from the outset (see *Section 2.9*).

## 2.8 Benefits of *Alianzas*-funded Projects

*Alianzas*/El Salvador’s M&E indicators were focused on measuring cash and in-kind leveraging performance and the number of people trained or benefited by health activities, not on determining impact on health status. USAID recognized that impact on health status would be limited given the small size and short duration of each alliance. Instead, the overall objective of the *Alianzas*/El Salvador program was to change the culture of PPP in the health sector and to increase investment funds for high-priority public health services in underserved areas. *Annex C* presents detailed information on *Alianzas*/El Salvador’s leveraging performance, which is summarized in **Table 3** (below).

**Table 3. Summary of Leveraging Performance**

	Private Sector Cash Funds	Private Sector In-kind Funds	Salvadoran Government Funds	USAID Funds Disbursed	Value of Alliance Projects
Project Targets	\$895,061 (34%)	\$895,061 (34%)	\$0 (0%)	\$825,086 (32%)	\$2,615,208
End-of-Project Totals	\$1,354,203 (39%)	\$628,891 (22%)	\$433,131 (14%)	\$777,785 (27%)	\$3,194,009

In addition to impressive leveraging performance, the program observed health-related benefits associated with increased coverage and the number of health services delivered. As mentioned above, the three indicators tracked by *Alianzas*/El Salvador and whose results are summarized in **Table 4** (below) were as follows:

- Number of people trained in child health and nutrition through USG-supported health area programs;
- Number of children reached by USG-supported nutrition programs; and
- Number of people trained in maternal health through USG-supported programs.

**Table 4. *Alianzas/El Salvador* Operational Plan Indicator Results**

Indicator	Number of People Trained in Child Health and Nutrition through USG-supported Health Area Programs		Number of Children Reached by USG-supported Nutrition Programs	Number of People Trained In Maternal Health through USG-supported Programs	
Subtotal	27,082 women	3,053 men	30,954 girls and boys	13,371 women	1,274 men
Total	30,135		30,954	14,645	

*Annex C* provides the full program Performance Monitoring Plan (PMP).

## 2.9 Sustaining Alliances

USAID requested that *Alianzas/El Salvador* place more emphasis on ensuring the financial sustainability of funded alliance projects as the program was being implemented. Even though none of the *Alianzas/El Salvador*-supported projects had developed specific sustainability plans as part of their concept proposals (which was not a requirement), USAID wanted the program to demonstrate that it was working with alliance partners to help them develop their capacity to achieve financial sustainability during project implementation. *Alianzas/El Salvador* made it clear to alliance partners that USAID funding for alliance projects would only last for a maximum of one year. Although short, the 12-month funding limit was more feasible for the smaller alliances involving fewer partners that were supported in El Salvador. To support partners' efforts to achieve financial sustainability, the COP worked with partners to identify activities that could help toward this end. This included various types of fundraising efforts; networking and project marketing to attract new private sector, public sector, and/or donor partners; and budget planning. To help achieve sustainability, the *Alianzas/El Salvador* team also provided partners with capacity-building assistance, including the development of technical materials for new project activities and proposals; the provision of advice regarding marketing materials and approaches; and facilitation of a Sustainability Workshop for implementing partners during the last month of the *Alianzas/El Salvador* program.

### 2.9.a. Capacity-building assistance

Technical and financial capacity building was a major activity under *Alianzas/El Salvador* in order to strengthen the alliance partners' abilities to develop, implement, expand, and monitor their health projects over the long term. Some implementing partners needed more assistance than more established partners with years of experience working in El Salvador and/or previous experience working with USAID. For implementing partners who needed it, *Alianzas/El Salvador* provided assistance in the development of alliance concepts and the design of projects, including how to a structure

a project, create key activities and indicators, and develop a full project budget. Some partners were also provided with financial management assistance on how to prepare invoices, keep financial documentation to support invoices, and produce financial expenditures reports, detailing approved budgets and expenditures. Through third parties, *Alianzas/El Salvador* conducted quarterly audits of all alliance projects (except for Save the Children, which was covered by an A-133 report) to ensure that the financial documentation was correct. The cost of these audits was included in alliance project budgets as an *Alianzas/USAID* contribution. For all implementing partners, *Alianzas* developed technical reporting guidelines and provided technical assistance in how to prepare high-quality quarterly and annual technical and financial reports. The COP and grants manager also worked with implementing partners to develop and obtain USAID approval for marketing/promotional materials and technical materials (e.g., brochures, booklets, posters, etc.) for their use. Technical assistance was also provided to some implementing partners to help them develop their marketing strategies to attract new funding.

As already mentioned, *Alianzas* provided little direct health-related technical assistance to alliance partners since program staff in El Salvador had only limited health expertise. Instead, *Alianzas* staff relied on RTI headquarters for technical support, expertise from other local USAID-supported projects (most notably from URC), and, particularly, on the technical expertise of implementing partners. To ensure that prospective implementing partners had in-house health expertise, positive past performance references, and a solid reputation in their field, due diligence was conducted by *Alianzas/El Salvador* staff during the alliance concept development stage.

### ***2.9.b. Creating long-term linkages among partners***

Another important role of *Alianzas/El Salvador* in establishing sustainability and building partner capacity was the creation of long-term linkages between partnerships and sources of technical assistance expertise. This was accomplished through networking and helping to transfer technical knowledge among *Alianzas*-supported partners; creating technical assistance alliances between program partners and the public sector; and providing direct (*Alianzas*-provided) technical assistance.

In terms of networking, creating technical assistance alliances, and promoting technical knowledge transfers, these activities most frequently occurred when the COP recommended that a specific alliance partner consider connecting with other alliance partners to share technical expertise or to solicit in-kind resource contributions from some of the larger implementing partners, such as FUSAL or Save the Children. Among the more significant technical assistance linkages and technical knowledge transfers that occurred during the *Alianzas/El Salvador* program were informal alliances that involved URC, the Food and Agriculture Organization of the United Nations (FAO), and FUSAL. An informal alliance between *Alianzas/El Salvador* and URC provided all alliance partners with a ready resource for health-related technical assistance, technical materials,

and training in USAID FP legislation and regulations. An informal alliance between *Alianzas/El Salvador* and the FAO provided alliance partners implementing healthy school cafeterias in public schools with the technical expertise and materials necessary to improve the nutrition of school children and their families. FUSAL provided nutritional technical expertise, proven techniques, and in-kind resources to other *Alianzas*-supported alliance partners implementing projects fighting malnutrition in children under 5 years old.

*Alianzas* staff also provided direct technical assistance in developing and strengthening partner linkages. For example, for the MOH's Neonatal Health Alliance, USAID, URC, and the MOH requested technical assistance from the COP in order to learn how to best connect with the private sector and motivate them to contribute resources and supplies to neonatal activities in MOH facilities. Another example concerned FIRMES's Rural Education Program, which was outside the scope of the *Alianzas/El Salvador* program but built on the work of *Alianzas*' alliance partners. The Rural Education Program was linked with the Ronald McDonald Mobile Clinic so that both projects could simultaneously visit the poorest Salvadoran municipalities to provide basic health care to the communities and motivate school attendance. The short-term technical assistance alliance that existed among *Alianzas*, FIRMES, and the Academy for Educational Development (AED) resulted in a dual-project marketing strategy and facilitated coordination with the Ministry of Education (MOE) to solicit technical support and in-kind contributions from the public sector.

### ***2.9.c. Sustainability workshop***

The *Alianzas/El Salvador*-sponsored Sustainability Workshop for implementing partners was held two months after the last of the alliance projects ceased receiving USAID funding, and two weeks before the closing of the *Alianzas/El Salvador* program. The purpose of the time lag was to give alliance partners time to test out their plans for sustainability before sharing their experiences with others. For the first time, the Sustainability Workshop brought together all *Alianzas*-supported implementing partners from the private and nonprofit sectors, as well as public sector partners with whom implementing partners had collaborated. Partners were given the opportunity to network with each other in order to identify common areas of interest for future collaboration. To further contribute to the future sustainability of alliance project activities, each implementing partner gave a presentation summarizing the objectives and achievements of their respective alliance project, and explained how this work sustained after USAID funding ended.

**Table 5** below summarizes the topics discussed at the Sustainability Workshop that alliance implementing partners found most useful.

**Table 5. Participant Evaluation of the Usefulness of Topics Discussed during the *Alianzas*-supported Sustainability Workshop**

Topics Found Useful by Implementing Partners During the Sustainability Workshop	Number of Participants Who Found Topic Useful
Learn about the implementation of other alliance projects and get ideas that can be used in one's own project: methodologies, experiences, unique conditions, etc. Demonstrate/share project experiences and initiatives that benefit populations with limited opportunities and can be replicated in other projects	18
Understand that it is possible to optimize funds by making alliances with other institutions; by uniting efforts anything is possible	2
Direct expansion into other zones that are vulnerable and/or lack easy access by means of efforts and support from other institutions and willingness of the communities	2
Alliance project can continue via varied means of sustainability	2
Learn about other institutions that promote/support CSR initiatives, network, and obtain contact information for future collaboration and strategic alliances	13
Learn about the coverage of the <i>Alianzas</i> /El Salvador program	1
Generate hope for municipal-level alliance projects and learn about successful intervention areas in the communities and municipalities	2
Recognize the investing partners for their support in order to increase their motivation	4
Learn about the printed materials produced by other alliance projects	1
Recommendation made by Fundación Crisálida: Implementing partners should also discuss challenges, not just their achievements	1

### Recommendations

- Sustainability planning—including activities related to ensuring financial sustainability such as fundraising and marketing—should be part of the concept paper and project design and not postponed until implementation. Twelve-month time frames for USAID support are very short and are easier to plan for and manage in a smaller alliance, involving only a few partners. In the future, USAID may want to be more flexible with funding time frames, especially if considering funding large, technically complex, multipartner alliances that aim for health impact. However, because health priorities and funding needs may change over time as new partners emerge and new

activities are added or modified, any sustainability plan—no matter how well-designed at the outset—will need updating and must have inherent flexibility to adapt to changing conditions.

- Building capacity to strengthen implementing partners' technical and financial capabilities and providing them with effective tools to manage their projects and develop comprehensive, transparent reports for their funding partners are integral parts of ensuring the success of alliance projects. *Alianzas*/El Salvador staff focused on reporting and financial management capacity building, but more assistance could have been provided in proposal development, marketing, and fundraising, all of which were also in high demand. This would have required hiring additional program staff.
- Creating long-term linkages among implementing and funding partners is key to achieving knowledge transfer, accessing technical assistance, improving or expanding alliance activities, and achieving sustainability. These linkages should be fostered from the very beginning, even during project development, if possible. Due to the fact that different alliance partners and projects frequently are not aware of their commonalities and the possibility of benefiting from each other's experiences, it is important to underscore the crucial role that a program such as *Alianzas* can play in fostering inter-partner technical and funding linkages. Implementing partners need help in understanding which other partners they can contact and from what activities or program areas they could benefit.
- The Sustainability Workshop should have allowed time for discussion among partners about some of the challenges faced during alliance development and project implementation. It is as useful for partners to discuss problems encountered and how they were addressed, as it is to discuss successes and achievements. Discussing successes allows partners to identify common interests and experiences or potential new work areas for future activities and collaboration but may not provide them with a forum to learn about obstacles that can affect performance outcomes and help them develop useful problem solving skills.
- The *Alianzas*/El Salvador AOTR and COP discussed creating a mini-handbook for implementing partners based on the information gleaned during the Sustainability Workshop. However, even with a presentation template developed by the COP, the partner-led presentations focused more on alliance project results and successes rather than on the sustainability-related activities and processes that each partner implemented following the end of USAID funding. The focus of these presentations led to a shortage of information for the sustainability handbook, and the limited time remaining at the close of the Sustainability Workshop before the program ended prevented *Alianzas* staff from collecting such information elsewhere. In the future, USAID may want

to continue to track and document alliance partnerships formed under the *Alianzas/El Salvador* program for their ability to achieve long-term sustainability. USAID could use these lessons learned and those from other Global Development Alliance activities supported in El Salvador to develop such a handbook for future alliances.

### 3. Conclusions

The health landscape in El Salvador is currently in a period of transition as the FMLN administration considers how it works with international donors and private sector partners to benefit Salvadoran families living in under-served communities. This will be an important period during which USAID will find it useful to evaluate the role of PPPs in improving the health status of the Salvadoran people and identifying best practices for the future.

#### 3.1 Alliances

The *Alianzas/El Salvador* program demonstrated that public-private alliances could be successfully built and leverage significant funding for health, which averaged over US\$2.50 from the private sector for every US\$1.00 invested by USAID. By collaborating with the MOH and involving respected companies, corporate foundations, and NGOs as funding and implementing partners, *Alianzas/El Salvador* moved the private sector from focusing on periodic philanthropic activities mainly in education and for disabled persons, to longer-term social investments in health. For many corporate funding and implementing partners, this was their first experience directly working with the MOH, and *Alianzas/El Salvador* served an important role in forming this working relationship and bringing the private and public sectors together to the table.

Developing alliance projects that integrated different health program areas (MCH, RH, nutrition and hygiene, and youth) provided beneficiaries with a more accessible and broader spectrum of services, and also promoted private sector investments in new health areas, including those which were more culturally sensitive, such as sex education. This integrated approach also raised funding partners' awareness of RH as an important component of improving maternal health and resulted in funding partners being more willing to invest in RH activities over the long term. Besides encouraging private sector partners to invest in new areas, integrated health activities supported by *Alianzas/El Salvador* stimulated knowledge transfer among implementing partners and cross-fertilized innovations in their projects.

While *Alianzas/El Salvador* demonstrated that public-private health partnerships could work, bringing together diverse partners to tackle health development goals by building alliances and leveraging significant levels of new resources, *Alianzas* also demonstrated that there is no one-size-fits all alliance model. Each potential alliance partner had its own CSR agenda, set of objectives, and timeline. To build successful alliances, it is

important to carefully identify what motivates each partner. Alliance builders must take a tailor-made approach to developing each alliance and take into account the specific motivations and interests of each potential partner. In terms of private sector partners, alliances should be established so that these partners can maintain or even build their commitment over the long term. Forcing collaboration where corporate commitment is weak, goes against their agenda, or is financially unsupported can be risky for alliance sustainability.

With regard to implementing partners, some are much more mature and experienced than others in CSR partnerships and health project development and implementation. Those that lack experience can be challenging to work with and require much more capacity building and hands-on assistance during all stages of alliance building and project implementation. This factor has staffing implications for future alliance-development programs such as *Alianzas*, especially those that aim to involve a wider range of implementing partners, such as community-based or civil society organizations. In addition, from a program management perspective, a large number of small alliances is much more labor intensive and time consuming to manage than a fewer number of large alliances.

Successful alliance building must also recognize that each partner has its own mode of operations and the alliance, within reason, should be flexible and adapt as much as possible to the operating needs of each partner. Partners should also make an effort to understand each other's internal processes. Understanding the budget cycles, annual planning and approval systems, and operating time frames of other partners can reduce potential misunderstandings and lead to smoother alliance development and project planning. Trust and relationships in alliance building begins with individuals and is most effective when supported from the top down. In addition, when trying to engage a potential corporate partner, one must go to the top and get the attention of the most senior person possible, preferably the CEO, president or general manager, leading the board of directors. If the alliance captures the support of the board of directors and funding is approved, orders will filter down the company authority chain, and employees will work harder to get the partnership established and operational.

### **3.2 M&E**

The role of M&E under *Alianzas*/El Salvador at the program level was to demonstrate the potential of leveraging funds for health alliances; ensure accountability of alliance funds and program results; closely follow the implementation of activities in order to identify and correct problems early on; and learn lessons that could benefit others and improve program performance. At the alliance project-level, the role of M&E was to demonstrate to funding partners the value of their investments, highlight the accomplishments of project interventions managed by implementing partners, and encourage the participation of new funding partners.

As the primary purpose of this program was to demonstrate the potential of leveraging funds for health alliances, *Alianzas/El Salvador* primarily tracked cash and in-kind leverage from the private sector. Data on the numbers of Salvadorans benefiting from specific *Alianzas*-supported projects were also reported, but impact data with which to measure the effect on health status at the program level were not collected. The pilot-nature of the program, the structure of the PMP, and the small size of individual projects that were funded by *Alianzas/El Salvador* precluded assessing the impact of health interventions on alliance beneficiaries. Nonetheless, each alliance project funded by *Alianzas/El Salvador* had its own project-specific output and process indicators that were monitored by the implementing partners themselves. There was no *Alianzas* program-level M&E expertise on staff, which would have called for a larger *Alianzas* program management budget. If USAID scales up this kind of program in the future, consideration should be given to a dedicated M&E program team who work closely with program technical experts to develop and implement a full M&E strategy and plan that will address higher-level objectives and measure results. A program-level M&E team would also provide more technical assistance to implementing partners to build their own M&E capacity and ensure the quality of their internal data collection systems and reporting.

At the intervention or project level, each implementing partner should continue to be responsible for developing and carrying out a plan for monitoring progress during implementation and evaluating its success; these plans should continue to be a requirement in the grant application process. Proposed M&E plans should be closely linked with the program PMP, with each implementing partner selecting preapproved M&E indicators that are appropriate to its alliance project's objectives and activities and then documenting progress toward achieving the overall project results. As part of their M&E plans, implementing partners should also be required to provide baseline data against which progress can be tracked and results measured. To ensure collection of high-quality data and appropriate analysis of impact, it is also important that both experienced and less-experienced implementing partners receive ongoing M&E training and technical support.

### **3.3 Alliance Project Sustainability**

The private sector in El Salvador is seeking models for CSR that can help the country shift from an unsustainable “giving” mode to a more sustainable development mode, and that will allow them to invest and participate in development as good corporate citizens with government, NGOs, traditional authorities, and other stakeholders. The *Alianzas/El Salvador* experience demonstrated some of the key elements needed to ensure alliance sustainability. For example, sustainability is enhanced when funding and implementing partners have a commitment that transcends the life of the intervention (or project) itself. In addition, funding partners are more likely to support long-term health investments when they are located within their same geographic area and when they generate publicity that encourages consumer loyalty and market growth. Implementing partners

who have a history of working in the geographic and technical area targeted by the alliance-supported intervention are also more likely to have higher levels of stakeholder engagement and be committed to supporting the intervention long-term. Potential alliance projects should demonstrate community buy-in and support through the involvement of local authorities and community members. When community engagement is high and implementing partners are committed to project activities, potential impact and long-term sustainability is greater. Additionally, where feasible, active collaboration with other local health programs, activities, and actors can reinforce both impact and prospects for knowledge transfer, cross-fertilization, and networking, as well as enhance sustainability.

Sustainability planning for alliances is best conducted at the design stage, rather than after project activities have already commenced. Sustainability time frames and plans should be sensitive to the nature of the alliance, the partner, and the type of interventions being supported by the alliance. Plans should have enough flexibility to adapt as conditions change, but still lay out a general roadmap for partners to follow. For example, for some alliance partners, sustainability planning may only entail considering the first year or two beyond USAID funding and focusing on finding new investment through fundraising and marketing. For other more established partners, for whom financial sustainability is less of an issue, the focus might be on how to expand into new technical areas or scale-up interventions, which would involve a longer time horizon.

Ultimately, prospects for alliance sustainability will depend on the capabilities of the alliance partners themselves. Providing resources to build funding partners' capacity to engage in broad partnerships and evaluate sound social investments is crucial for strengthening their ability to identify, develop, and/or support top-quality health activities that will have a positive impact on Salvadoran communities. Building the capacity of alliance project implementing partners to diversify their funding base and incorporate best practices into their projects with technical assistance and training will strengthen their confidence, improve their performance, and enhance their ability to attract, manage, and report on new funding.

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## ***Annex A: Grants Tracker***

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## Annex A: Grants Tracker

Project Name	Location	Implementing Partner	Funding Partner	Private Sector Cash (\$)	Private Cash %	Private Sector In Kind (\$)	Private In Kind %	Government Funds (\$)	Government Funds %	USAID (\$)	USAID (%)	TOTAL (\$)	USAID: Private Sector Ratio (1:_)	Concept Paper	Grant Agreement	Type of Grant	Period of Grant Execution	Total Disbursed (\$)
Pounds of Love Ataco	Ataco-Ahuachapan	FUSAL	Grupo Excel	238,433	59%	53,241	13%	0	0%	112,756	31%	<b>404,430</b>	2.59	Approved TRC 6-Dec-06	Signed 21-May-07 Mod #1 Effective 3-Mar-09	FOG	01-Jun-07 until 27-Feb-09	112,756.00
Ronald McDonald Mobile Clinic 2007	42 poorest municipalities of El Salvador	FIRMES	McDonald's El Salvador	136,758	38%	93,720	26%	53,565	15%	80,000	22%	<b>364,043</b>	2.88	Approved TRC 6-Dec-06	Signed 1-Jun-07	FOG	01-Jun-07 until 30-Jun-08	80,000.00
Maternal/Child Health in the CIDECO Clinic	San Luís La Herradura-La Paz	Fundación CIDECO	Fundación CIDECO	109,261	48%	30,323	13%	25,354	11%	64,776	28%	<b>229,714</b>	2.15	Approved TRC 6-Dec-06	Signed 7-Jun-07 Mod #1 Effective 31-Aug-07	FOG	01-Jun-07 until 29-Aug-08	64,776.00
CIDECO Community RH Education	Santiago Nonualco and San Luís La Herradura-La Paz	Fundación CIDECO/COESAL	Fundación CIDECO	263,396	76%	5,448	2%	0	0%	78,414	23%	<b>347,258</b>	3.43	Approved TRC 6-Dec-06 ----- Final CTO approval 11-June-07	Signed 25-Jul-07 Mod #1 Effective 20-Aug-09	SIG	23-Jul-07 until 29-Aug-08	78,414.12

Project Name	Location	Implementing Partner	Funding Partner	Private Sector Cash (\$)	Private Cash %	Private Sector In Kind (\$)	Private In Kind %	Government Funds (\$)	Government Funds %	USAID (\$)	USAID (%)	TOTAL (\$)	USAID: Private Sector Ratio (1:_)	Concept Paper	Grant Agreement	Type of Grant	Period of Grant Execution	Total Disbursed (\$)
Prenatal Health and Child Nutrition in Barra de Santiago and El Zapote	Barra de Santiago and El Zapote-Ahuachapan	Asociación Barra de Santiago	DISZASA	34,491	25%	41,027	29%	11,250	8%	53,062	38%	<b>139,830</b>	1.42	CTO approval 30-Nov-07	Signed 01-Apr-08 Mod #1 Effective 27-Feb-09	SIG	03-Mar-08 until 30-Apr-09	53,062.05
Support to the Apopa and Nejapa Health Units and Zacamil Hospital	Apopa and Nejapa-San Salvador	Ingenio El Angel	Ingenio El Angel	53,366	33%	31,172	20%	17,948	11%	59,297	37%	<b>162,353</b>	1.44	CTO approval 20-Feb-08 CTO re-approval 29-May-08	Signed 29-Apr-08	SIG	01-May-08 until 30-Apr-09	59,297.45
Ronald McDonald Mobile Clinic 2008	48 poorest municipalities of El Salvador	FIRMES	McDonald's El Salvador	176,013	28%	119,667	19%	233,558	37%	102,653	16%	<b>631,891</b>	2.88	CTO approval 18-Apr-08 Addendum approved 24-Jun-09	Signed 30-Jun-08 Mod #1 Effective 30-Oct-08 Mod #2 Effective 18-May-09 Mod #3 Effective 19-Jun-09	SIG	01-Jul-08 until 31-Jul-09	102,653.22

Project Name	Location	Implementing Partner	Funding Partner	Private Sector Cash (\$)	Private Cash %	Private Sector In Kind (\$)	Private In Kind %	Government Funds (\$)	Government Funds %	USAID (\$)	USAID (%)	TOTAL (\$)	USAID: Private Sector Ratio (1:_)	Concept Paper	Grant Agreement	Type of Grant	Period of Grant Execution	Total Disbursed (\$)
Establishment of a Family Dispensary Clinic	Santiago de Maria-Usulután	Fundación Crisálida (Glasswing International)	Compañía Ortiz Barriere	10,067	8%	84,453	66%	3,412	3%	29,944	23%	<b>127,876</b>	3.16	CTO approval 18-Apr-08  CTO re-approval	Signed 01-Aug-08	SIG	01-Aug-08 until 31-Jul-09	29,943.97
Expansion of Medical Coverage	Berlin, Alegría, Mercedes Umana-Usulután	FundaGeo	LaGeo	57,984	23%	114,962	45%	9,575	4%	72,770	29%	<b>255,290</b>	2.38	CTO approval 29-May-08	Signed 18-Aug-08  Mod #1 Effective 1-Dec-08	SIG	15-Aug-08 until 14-Aug-09	72,770.07
Alliance for a Healthy Start	Jujutla, San Francisco Menéndez, Guaymango, San Pedro Puxtla-Ahuachapan	Save the Children	Mattel	190,286	76%	0	0%	19,089	8%	40,000	16%	<b>249,375</b>	4.76	CTO approval 18-Aug-08	Signed 06-Nov-08	STG	15-Oct-08 until 14-Aug-09	40,000.00
MCH in Rural Communities	Chalatenango and Cuscatlán	OEF	BocaDeli	60,712	36%	54,308	32%	9,381	6%	45,000	27%	<b>169,401</b>	2.56	CTO approval 16-Sep-08  Addendum approved 24-Jun-09	Signed 14-Nov-08  Mod #1 Effective 1-Jun-09  Mod #2 Effective 19-Jun-09	SIG	10-Nov-08 until 14-Aug-09	44,999.73

Project Name	Location	Implementing Partner	Funding Partner	Private Sector Cash (\$)	Private Cash %	Private Sector In Kind (\$)	Private In Kind %	Government Funds (\$)	Government Funds %	USAID (\$)	USAID (%)	TOTAL (\$)	USAID: Private Sector Ratio (1:_)	Concept Paper	Grant Agreement	Type of Grant	Period of Grant Execution	Total Disbursed (\$)
Glass of Milk	Ataco-Ahuachapan	Foremost/SNF	Foremost	23,436	21%	0	0%	50,000	44%	39,112	35%	<b>112,548</b>	0.60	CTO approval 09-Sep-08	Signed 01-Dec-08 Terminated by Grantee 21-May-09	SIG	1-Dec-08 until 21-May-09	39,112.12
<b>TOTALS</b>				1,354,203	39%	628,891	22%	433,131	12%	777,785	27%	<b>3,194,009</b>	2.52					777,784.73

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***Annex B: Projects Funded by Alianzas/  
El Salvador***

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## Annex B: Projects Funded by *Alianzas/El Salvador*

### Grupo Excel Automotriz and FUSAL

#### *Pounds of Love Ataco*

The Pounds of Love project was created by FUSAL to provide training projects in basic health services and advice in preventative health, nutrition, hygiene, and RH to women and young children, to help overcome the effects of extreme poverty by decreasing child malnutrition. FUSAL is an NGO created by Grupo Poma, owners of Grupo Excel Automotriz, to provide basic health and reproductive services, nutrition, and hygiene help and guidance to poor Salvadorans. FUSAL is one of the most widely recognized and respected NGOs in El Salvador, with more than 20 years of experience. *Alianzas/El Salvador* supported 21 months of the Pounds of Love project in Concepción de Ataco, department of Ahuachapán. The project was implemented by FUSAL with MOH guidance and utilized a core medical team, consisting of a doctor, nutritionist, nutrition promoter, MCH specialist, and a group of volunteer nutrition advisors. During the period of performance, the project reached 6,290 women and children in rural areas of Concepción de Ataco.

The objective of this project was to contribute to the improvement of poverty, malnutrition, and population development through an integrated project of health and nutrition, within the frame of human development, in order to improve the quality of life for people living in rural areas of extreme poverty. This project specifically helped to

- Decrease the chronic malnutrition rate in children 5 years of age and under
- Decrease maternal/child morbidity and mortality
- Improve family income
- Increase the maternal lactation rate for children under 6 months of age
- Positively impact the coverage of personalized attention to health, hygiene, and community involvement
- Decrease the rate of respiratory infections and diarrheic illnesses in children under 5 years of age
- Increase the rate of at-home births
- Improve hygiene and nourishment habits.

The principal components of the Pounds of Love project in Concepción de Ataco were as follows:

- Food security
  - Provided a package of nutrient-rich food that was complementary to the basic diet in the beneficiary community. The food package was given to all families

with pregnant or breastfeeding mothers and/or children under 5 years of age. The package also contained nontraditional food items, such as soy, pasta, and wheat.

- Taught mothers how to prepare the food and provided them with new and nutritious recipes for their families.
- A group of community volunteers from the Pounds of Love project worked in coordination with the Escuela Nacional de Agricultura (ENA, National Agriculture School) to plant home vegetable gardens in the beneficiary communities. The ENA provided theory/practical training sessions to these volunteers on the following topics: introduction to home vegetable gardens and seed beds; and cultivation of tomato and cucumber, organic, fertilizers and insecticides. The vegetables helped to supplement the families' diets to improve nutrition.
- Family health services
  - Provided integrated health services to children from birth to age 9, vaccinations, and the monitoring of growth and development.
  - To promote safe pregnancies and births of a healthy children of good weight, the project provided health services to women who were pregnant, giving birth, or postpartum.
- RH services
  - Focused on early detection of cervical and uterine cancer, breast exams, and the promotion of self-exams. Promoted fatherhood and motherhood responsibilities throughout pregnancy and postpartum phases, as well as educational projects and discussions to prevent sexually transmitted diseases (STDs) and HIV.
- Services for adolescents and adults
  - Provided programs to: promote participation in STD and HIV prevention; sexual education; responsibilities of motherhood and fatherhood; prevention of inter-family violence; and children's rights.
- Nutritional services for children under 5 years of age
  - Provided nutritional advice, nutritional and hygienic education, nutritional services from a certified nutritionist, references for cases of severe malnutrition, and nutritional education in schools.
- Health education
  - Provided training to health advisors, demonstrations, and educational sessions for all members of the beneficiary community.

## **McDonald's El Salvador and FIRMES**

### ***Ronald McDonald Mobile Clinic 2007–2008***

The Ronald McDonald Mobile Clinic project implemented by FIRMES and funded by McDonald's El Salvador provided high-quality health services to Salvadorans that live in extreme poverty, specifically to the maternal/child and adolescent population in rural and marginal urban zones. During the second year of implementation, the project also provided preventive health training through informative brochures and newspaper inserts, children's books, and direct instruction by personnel trained in preventative health for children and mothers who attended the Mobile Clinic. The Ronald McDonald Mobile Clinic project was developed and officially inaugurated in the United States in August 2000, with the global vision of Ronald McDonald House Charities to improve the health and welfare of children around the world. FIRMES established the first Ronald McDonald Mobile Clinic in El Salvador; the fourth such Mobile Clinic located outside the United States. In 2007, El Salvador received a second, completely new and fully equipped mobile clinic donated by Ronald McDonald House Charities (RMHC) to replace the first mobile clinic.

Each Mobile Clinic project is developed based on local relationships with health organizations, such as El Salvador's MOH, to directly provide medical services and health education to children of high risk, living in rural and marginal urban areas. The Mobile Clinic vehicles are specifically designed and constructed to provide pediatric medical and dental health services. In El Salvador, the Mobile Clinics operated year round, except during national vacation weeks and scheduled maintenance. The Mobile Clinic visited the poorest municipalities in El Salvador. *Alianzas* supported the first 2 years of the Ronald McDonald Mobile Clinic in El Salvador. During the first project year, beginning in 2007, the Ronald McDonald Mobile Clinic reached 40 of the poorest Salvadoran municipalities and provided 18,000 consultations to beneficiaries, surpassing its target goal by 18%. The Mobile Clinic also provided health education and personal hygiene services, dental and RH treatments, nutrition alternatives, and prenatal health care to its patients. During the second project year, beginning in 2008, the Ronald McDonald Mobile Clinic reached an additional 48 of the poorest Salvadoran municipalities, provided 20,000 consultations, and benefited 30,500 people through the direct provision of preventative health workshops and/or discussions.

The project was implemented by FIRMES, with MOH guidance and in-kind resources contributed by FOSALUD. A core medical team consisting of a general practitioner, pediatrician, surgeon, dentist, two nurses, clinic assistant, and health promoter provided the initial consultations and preventive health workshops while follow-up care was provided by the public health institutions and Hospital Without Walls. Municipal mayors' offices organized and convened the communities for the arrival of the Ronald McDonald Mobile Clinic.

The project's specific objectives were as follows:

- Provide high-quality health services to Salvadorans that live in extreme poverty, specifically to the maternal/child and adolescent population in rural and marginal urban zones.
  - All services offered by the Ronald McDonald Mobile Clinic were free of charge for children and their families.
  - Services provided were determined according to the unique needs of each community visited and included
    - Basic medical attention and treatment
    - Healthy child check-ups
    - Growth and development services for children
    - Immunizations
    - Preventive and restorative dental care
    - Dental hygiene education
    - Prevention and treatment of respiratory problems
    - Prenatal care for adolescent mothers
    - Nutritional education services
    - Specialized pediatric care, cardiology and ear, nose, and throat care
- Provide preventive health training through informative brochures and newspaper inserts, children’s books, and direct instruction by personnel trained in preventative health for children and mothers who attend the Mobile Clinics.
  - Provided key preventative health messages established by the MOH and related to the importance of personal hygiene, to prevent diseases affecting children and mothers. The messages used simple vocabulary and were written in a colloquial manner so that beneficiaries with minimal education could understand and utilize the information. Key messages focused on
    - Hand washing to prevent diarrhea and respiratory infections
    - Importance of vaccination
    - Importance of breastfeeding
  - Distributed illustrated children booklets focusing on preventative health topics to all children and youth that visited the Ronald McDonald Mobile Clinic.
  - The direct preventive health instruction was imparted in the Mobile Clinic in a discussion and workshop format by a trained health educator.
    - Provided to a captive audience while children and mothers waited to be seen by the Mobile Clinic doctors and have their medical data completed before their consultation.

- FIRMES organized the donation of products, such as liquid soap from hygiene companies, that are used during demonstrations for the Mobile Clinic’s patients and their families.
- FIRMES’s funds paid for discussions and demonstrations regarding dental health aimed at children and youth who visit the Mobile Clinic for dental treatment.
- From May to November of each year of the project, the preventive health messages were included on placemats in all 10 of the McDonald’s restaurants in El Salvador.
- A strategic alliance with a national newspaper permitted the insertion of fliers describing the importance of personal hygiene, such as hand washing and boiling water before human consumption.
  - Used simple vocabulary and were written in a colloquial manner.
  - Approved by the MOH before distribution.

*Alianzas* was publicly recognized by FIRMES in April 2007 during a recognition ceremony for supporters of the Ronald McDonald Mobile Clinic. The event was attended by Rodrigo Quiñónez, FIRMES president; Beatriz Marroquin, FIRMES executive director; private businessmen; government and USAID officials, the *Alianzas/El Salvador* COP and consultant; RTI representatives; Ronald McDonald House Charities representatives, Ronald McDonald himself; and members of the press.

In February 2009, FIRMES submitted an entry to the annual Ronald McDonald House Charities (RMHC) Best Bets competition. The competition annually recognizes successful and innovative efforts by local RMHC organizations around the world and is structured in alignment with the five “Rs” (reach, relationships, reputation, resources, and results) in the RMHC Global Performance Plan. The “Rs” are strategies that the RMHC Global Board sets as a means to deliver on its mission of directly improving the health and well-being of children. The Best Bets competition includes four broad categories in reach, relationships, reputation, and resources. The fifth “R,” results, was not a separate category but because of its relevance to each of the strategies, Best Bets entries needed to demonstrate the results of their efforts.

With the support of the RTI consultant, FIRMES prepared and submitted an entry to the Best Bets competition under the “reach” category for their Ronald McDonald Mobile Clinic project in El Salvador. Announced at the RMHC International Conference in August 2009, FIRMES was named the winner of the “reach” category and overall Best Bets winner for 2009. These wins provide FIRMES and the Ronald McDonald Mobile Clinic with international recognition and an additional award funding from RMHC.

## **Fundación CIDECO**

### ***MCH in the CIDECO Clinic***

The MCH in the CIDECO Clinic project was developed by Fundación CIDECO and established in their Clínica Nuestra Señora de Lourdes located in the municipality of Santiago Nonualco, department of La Paz. Fundación CIDECO is an NGO with almost 10 years of experience in combating poverty through programs that focus on education and health, to support integrated sustainable development for families living below the poverty line. The MCH project was implemented by CIDECO's full medical team, with guidance from the MOH, and reached 1,658 new patients while also providing 13,626 additional health services to women and children

The project expanded the MCH, RH, nutrition, and hygiene services offered by the clinic through an increase in the quality of and access to said services. In addition to the expansion of health services, the project also involved the communities by launching health campaigns and providing educational health discussions and preventive health training on various basic health, nutrition, and hygiene themes. Home visits were also made to reinforce information exchanged during the discussions and training sessions, provide follow-up, and identify persons in need of medical attention.

*Alianzas* supported the first year of the MCH in the CIDECO Clinic project. The specific objectives of the project were the following:

- Expand and improve prenatal and postpartum care through periodic check-ups, educational discussions, and vitamin supplements.
- Expand adequate care services for newborns through consults in the clinic, medical brigade visits and home visits in beneficiary communities, specialized pediatric services, educational discussions, and activities oriented to early stimulation.
- Expand child health services through consults and medical brigades, specialized pediatric services, and educational discussions.
- Provide educational discussions to promote hospital births and decrease the risk of complications during birth.
- Train clinic personnel to develop birth preparation plans for pregnant women and their families.
- Provide educational discussions to promote prenatal and postpartum check-ups with medical personnel, to ensure a healthy birth, baby, and mother.
- Train clinic personnel to provide timely hospital references for prenatal and postpartum complications.
- Develop educational discussions and make home visits with the support of health promoters to decrease the risk of infectious diseases during pregnancy and postpartum.

- Develop educational discussions about the benefits of breastfeeding, childhood vaccinations, and RH, specifically related to reproductive education and family planning,
- Develop educational discussions about nutrition and hygiene, specifically vitamin and mineral supplements, nutritional programs, washing of hands and other personal hygiene practices, preparation of food, and treatment of water for human consumption.
- Develop community support groups to handle themes such as breastfeeding and the care of newborns and children.

The principal components of the project were as follows:

- Expansion of MCH services provided.
  - Prenatal care, neonatal care, references for pregnancy complications, treatment of infectious diseases during pregnancy and postpartum, postpartum care, breastfeeding, vaccination, and child health.
- Educational discussions oriented toward community involvement, including
  - MCH: Focused on prenatal care, neonatal care, postpartum care, breastfeeding, vaccination, and child health.
  - RH: Focused on RH education and family planning.
  - Nutrition and hygiene: Focused on vitamin and mineral supplements, nutritional programs, hand washing and other personal hygiene practices, food preparation, and treatment of water for human consumption.
- Establishment of medical brigades
  - Traveled into the communities and made house visits to promote MCH, RH, and proper nutrition and hygiene practices to improve the health of citizens in the communities surrounding the CIDECO Clinic.
- Increase quality and efficiency of health services offered by the CIDECO Clinic
  - Provided training for current and new personnel.
  - Contracted new clinic personnel to provide additional health services.
  - Acquisition of maternal/child medical equipment to provide proper medical attention.

## **Fundación CIDECO and COESAL**

### ***CIDECO Community RH Education***

The CIDECO Community RH Education project was developed by Fundación CIDECO for implementation in the CIDECO Mano Amiga Education Center and surrounding communities, in the coastal region of the department of La Paz. The project used COESAL as its implementing partner and offered RH workshops in public schools.

COESAL is a Salvadoran NGO with more than 10 years of experience providing RH education to reduce the incidence of HIV and STDs in vulnerable populations, such as adolescents. With guidance from CIDECO, the MOH and MOE, COESAL's team of trained RH facilitators provided RH and values training to 8,503 students, youth leaders, parents, and teachers. In addition to the workshops, they also mounted a youth fair to reinforce the RH knowledge outside of the classroom. *Alianzas* supported the first pilot year of this alliance project.

This project specifically helped to

- Improve the access to, quality, equity, and efficiency of RH education programs.
- Generate greater community involvement in RH education.
- Support RH education discussions and workshops for children, youth, teachers, and parents.
- Support community-based youth support groups oriented toward constructive activities and the mitigation of risk factors for adolescent pregnancies.

The principal components of the project were as follows

- RH educational discussions for children and adolescents
  - Provided children and adolescents with information and tools to learn about their RH and act responsibly in their reproductive lives. Participants received a RH pamphlet approved by the MOH, appropriate to each participant's respective age.
  - Each discussion ran for 45–50 minutes, depending on the available class time
  - The discussions focused on the following themes: definition of sexuality, individual potential, risks, and myths of being sexually active at a young age (e.g., adolescent pregnancy, STDs, prevention of sexual abuse), and personal values (e.g., self-esteem, respect, equality, freedom, and responsibility) necessary to prolong the age of first sexual activity.
  - The discussions also served as a platform for trainers to recognize children and adolescents who were especially attentive and could be invited to participate in the RH Educational Workshops for Community Leaders.
- RH educational workshops for community leaders
  - Trained 60 selected children and adolescents between 10–19 years of age to become positive community leaders regarding RH and choices. Also trained selected children and adolescents to actively participate in the youth fair and youth clubs. Participants received portfolios containing the workshop content, teaching materials to work the youth fair modules, and an informative RH pamphlet approved by the MOH that was appropriate for each participant's respective age.

- Each workshop ran for 6 hours. The workshops focused on the following themes: in-depth definition of sexuality, individual potential, risks and myths of being sexually active at a young age (e.g., adolescent pregnancy, STDs, prevention of sexual abuse), personal values (e.g., self-esteem, respect, equality, freedom and responsibility) necessary to prolong the age of first sexual activity, leadership, peer education, and support of the youth fair.
- RH educational workshops for teachers
  - Trained teachers at Mano Amiga School about RH so that they could provide sustainability to the project and be involved in the development and detection of young community leaders. Participants received portfolios containing the workshop content and a RH informative pamphlet approved by the MOH.
  - Each workshop lasted four hours. The workshops focused on the following themes: definition of sexuality, individual potential, risks of and myths about being sexually active at a young age (adolescent pregnancy, STDs, prevention of sexual abuse), personal values (self-esteem, respect, equality, freedom and responsibility) necessary to prolong the age of first sexual activity, leadership, and education with emotional intelligence.
- RH educational discussions for parents
  - Trained parents about RH to provide sustainability to the project and provide coherence to their children’s education during school. Participants received a RH informative pamphlet approved by the MOH.
  - Each parent attended three 50-minute workshops. The workshops focused on the following themes: definition of sexuality, individual potential, risks of and myths about being sexually active at a young age (adolescent pregnancy, STDs, prevention of sexual abuse), personal values (self-esteem, respect, equality, freedom, and responsibility necessary to prolong the age of first sexual activity), and the prevention of sexual abuse.
- Youth fair
  - Brought together, in a festive and dynamic environment, members of the CIDECO community (children, adolescents, parents, and teachers) to reinforce RH concepts presented during the project. Also involved other members of the community.
  - The fair was composed of multiple booths, all of which were different. Examples include RH theatrical mini-plays and testimonials and discussions with RH experts.
  - Participants were given RH informational pamphlets approved by the MOH and have the chance to win promotional prizes.

- Youth clubs
  - Provide continuity and sustainability to the CIDECO Community RH Education project through the formation of three youth clubs in Santiago Nonualco, San Luis La Herradura, and the immediate CIDECO Mano Amiga community.
  - Participants received portfolios with RH information to discuss and learn about during the monthly meetings, shirts, and caps for the youth club leaders, and educational material for the development of youth club activities that mitigate risk factors of adolescent pregnancies and provide constructive outlets for adolescents.

## **DISZASA and Asociación Barra de Santiago**

### ***Prenatal Health and Child Nutrition***

The Prenatal Health and Child Nutrition project was created by Asociación Barra de Santiago and DISZASA for implementation in Barra de Santiago and El Zapote, department of Ahuachapan. The alliance established a project of prenatal health attention, newborn care, and child nutrition and hygiene for mothers and children less than 5 years of age. The project also integrated periodic and permanent health monitoring and check-ups for children enrolled in the public schools, and educated the student and parent population in techniques for food preparation, cultivation of hydroponic vegetables, and cultivation of tilapia as a means of complementary nutrition. The project also trained young people and parents in income-generating activities that help to close the human development circle.

Asociación Barra de Santiago was formed by a group of private businessmen, who own property in Barra de Santiago. This group committed themselves to the positive development of El Salvador by seeking integrated solutions that help convert the populations of Barra de Santiago and El Zapote into agents in their own development. In 2004, these businessmen and their distinct activities united as Asociación Barra de Santiago, which was legally established as an NGO committed to sustainable development in coastal communities, especially Barra de Santiago. Since its establishment, the Asociación has sought to improve the quality of life for inhabitants of Barra de Santiago and El Zapote by developing specific activities targeting integrated human development issues through health, education, and environmental support. These successful activities have been realized thanks to the teamwork of the Asociación, organizations, and private businesses, such as DISZASA, that have supported the activities and provided cash and in-kind resources, as well as networking contacts.

*Alianzas/El Salvador* supported the first year of the Prenatal Health and Child Nutrition project implemented by Asociación Barra de Santiago. With guidance and direct coordination with the MOH and MOE, the project team consisted of a project coordinator, social worker in health and nutrition, nurse, administrative assistant,

hydroponics technicians, and technician for management of productive projects. The Prenatal Health and Child Nutrition project benefited 1,900 Salvadorans.

The specific objectives and project components were as follows:

- Establish a project of prenatal health attention, care of newborns, child nutrition, and hygiene for mothers and children under 5 years of age in the communities of Barra de Santiago and El Zapote.
  - Strengthened the existing mothers clubs in the two health units and converted them into support groups. Groups met every 2 weeks in their respective health unit under the direction of the nurse and social worker to address topics such as breastfeeding, care of the mother and new babies, early child stimulation, affectionate attention, and importance of medical check-ups.
  - Provided prenatal workshops for future mothers in the sewing and embroidery of clothing necessary for newborns. The materials for the workshops were donated by members of Asociación Barra de Santiago. The training was provided by women in the communities who volunteered to transfer their knowledge to future mothers.
  - Held additional support group meetings with the participation of the future mothers' spouses or partners to motivate responsible parenthood and encourage affectionate fatherly bonds with new babies.
  - Better equipped the special private rooms in each health unit, which are exclusively used for breastfeeding. Breastfeeding mothers using the rooms were assisted by the project nurse and health unit staff.
  - MOH doctor from the community performed prenatal check-ups of mothers, newborns, and siblings. Provided birth-planning assistance; emphasized the importance of breastfeeding and proper care of new babies, proper post-birth care, and preventive check-ups for diseases and cancers prevalent in women.
  - Social worker provided pregnant women and mothers of children less than 5 years of age with training in the proper and nutritious preparation of food and in general nutrition. This training provided guidance on the different types of meals, importance of adequate nutrition and hygienic habits, and how to budget for and prioritize food purchases.
  - Asociación Barra de Santiago received institutional support from FUSAL's Pounds of Love project. Based on this support and guidance, the Asociación structured a food delivery project. Pregnant women and mothers of children under 5 years of age received a package of nutritional food every 2 week; the delivery of food packages was dependent on their participation in the training workshops. The Asociación solicited more information from FUSAL about the proper preparation of meals and worked with FUSAL to develop a nutritional prenatal health menu and recipe booklet adapted for the coastal zone of Barra de Santiago. The booklet helped mothers of children less than 5

years old and pregnant women learn to nutritiously feed their families and themselves. The booklet is readily available in their coastal communities. The recipes helped guarantee healthy pregnancies and optimal child development.

- Integrate into the education system a program of periodic and permanent health monitoring and check-ups for children enrolled in the two public schools of Barra de Santiago and El Zapote.
  - The social worker and project nurse conducted a census of the two public schools and obtained information necessary for early detection of illness. Each student's age, vaccinations, de-parasitism status, height, and weight was monitored.
  - To ensure continuity in monitoring the project, school health committees and school medical brigades were formed by volunteers of teachers, parents, and students. These volunteers were trained in recording and monitoring the health parameters listed above.
  - In coordination with FAO, healthy school cafeterias were created in the public schools to replace the current commercialized food options available at the school stores with low-cost healthy food options. The new healthy school cafeterias functioned at both schools in barra de Santiago and El Zapote and were under the coordination of the social worker in health and nutrition. The cafeterias functioned year round and only offered nutritious food choices. The volunteers who prepared and distributed food to school children were trained to promote better alimentary habits and improved hygiene. Since this change, the school children embraced the new, healthier food options and became accustomed to eating more fruits and other nutritious foods during the day, rather than the junk food and sodas they previously consumed.
  - U.S. Peace Corps volunteers taught about proper nutrition and hygiene practices in school and at home, and about the importance of caring for the environment and exercising.
- Train the student and parent population in techniques for food preparation, hydroponic vegetables, and the cultivation of tilapia as a means of complementary nutrition and as an additional income flow to provide continuity to the techniques.
  - Conducted follow-up visits on 50 previously established hydroponic vegetable beds at the public school in El Zapote; installed and managed new beds at the public school in Barra de Santiago and the health units in each community. Students selected by school administrators managed the beds at the schools; beds at the health units were managed by the Peace Corps volunteers and pregnant mothers. The Peace Corps volunteers also motivated future mothers to provide continuity to the project by installing hydroponics beds in their respective homes.

- FORTAS-FUSADES provided training and installation support for tilapia tanks. Students from various grades were in charge of feeding the fish and maintaining the tank. Twice a week, fish were harvested, cooked by local women, and served to the students as a high-protein lunch.
- The hydroponic vegetables and tilapia provided additional nutrition to the school children and pregnant mothers. To strengthen these projects, a technician also provided workshops and seminars on the management of hydroponic vegetables and cultivation of tilapia as ways to generate income.
- Both the tilapia and vegetable initiatives were pilot-tested in the El Zapote public school. As a result of the success and positive reception of these activities, Asociación Barra de Santiago replicated them in Barra de Santiago. Asociación Barra de Santiago constructed two tilapia tanks at the Barra de Santiago public school and provided training for students and parents. The tanks were also replicated on a smaller scale for family consumption in homes. Hydroponic vegetable boxes were also installed in the Peace Corps house in Barra de Santiago and El Zapote, as well as in the El Porvenir public school. The Peace Corps volunteers trained local youth, mothers, and pregnant women to maintain and harvest the vegetables.
- Train young people and parents in productive projects that generate income and help to close the human development circle.
  - Continued and expanded the productive projects activities with the help of a specialist in the management of productive projects. Projects focused on production of jellies, piñatas, artesian jewelry from seeds, hammocks, and woven bags.
  - Provided young people an alternative and/or additional source of income for their families.

## **Ingenio El Angel**

### ***Support to Nejapa and Apopa Health Units***

The Support to Nejapa and Apopa Health Units project was a MCH and nutrition project designed by Ingenio El Angel to provide additional health coverage and preventive health activities to communities served by the Apopa and Nejapa public health units. Ingenio El Angel is a sugar company that also continuously seeks to improve the quality of life for its workers, their families, and other interest groups by developing and adhering to specific activities targeting labor, education, and environmental and health issues. These activities include the creation of a production quality system, the adoption of manufacturing best practices, a project for the eradication of child labor in the sugarcane fields, implementation of the Drug Abuse Resistance Education (DARE) program for children participating in Ingenio El Angel's soccer club, membership in the Kyoto Accord, and support to public schools in Nejapa and Apopa through the provision of

school lunches and the improvement of the school buildings. Ingenio El Angel has also developed health activities designed to improve the quality of life for inhabitants of Nejapa and Apopa, such as periodic medical campaigns, health support to public schools, training, sports, prevention of contamination and road dust to decrease respiratory illnesses, preventive health services for Ingenio's cane cutters, and financial contributions to the Nejapa and Apopa health units, Hospital San Bartolo, and the Red Cross.

*Alianzas* supported the first year of this integrated MCH project by assisting the Nejapa and Apopa public health units. Under the direction of Ingenio El Angel's CSR team and under the guidance of the MOH, the project utilized a medical brigade consisting of a full-time doctor, part-time doctor, nurse, and health promoter and provided basic MCH services and check-ups to women, children, and adolescents; vaccination campaigns in the surrounding public schools; nutrition and hygiene campaigns and workshops for women and children; and informative health campaigns to cane cutters. The project benefited 5,419 habitants of Apopa and Nejapa in the department of San Salvador.

The specific objectives and components of the project were as follows:

- Strengthen the MOH's existing program focused on prenatal health, care of recent births, child nutrition, and hygiene for mothers and children under 5 years of age who live in neighboring communities of Ingenio El Angel.
  - Identified (following the Atención Integral en Nutrición en la Comunidad [AIN-C, Integrated Attention on Nutrition in the Community] guidelines established by the MOH and via home visits and coordination with the health units) pregnant mothers and children less than 5 years of age and provided them with complete MCH coverage.
  - Motivated responsible parenthood by establishing meetings in each community with the participation of the Ingenio El Angel health promoter and nurse, as well as the pregnant mothers' partners and spouses.
  - Coordinated with MOH doctors to initiate and perform prenatal check-ups, health check-ups for mothers and children less than 5 years of age, provide birth-planning assistance, emphasize the importance of breastfeeding, and provide neonatal and postpartum care. Coordinated with the Zacamil Public Hospital to provide follow-ups for pregnant mothers receiving check-ups in the public health units.
  - Took into account the new model of prenatal attention designed by the MOH and URC to provide integrated health attention to expectant mothers, discover common training strategies, necessary supplies, and implementation protocols.
  - Provided children less than 5 years of age with preventive medical check-ups for height and weight, vaccinations, and de-parasitism. The monitoring was continued by trained volunteers once the children entered school. Children not attending school received health attention through home visits or via the public health units.

- Provided training to mothers on the following topics: preparation of nutritious meals; importance of proper nourishment; family hygienic practices; treatment of water for human consumption; usage of public health unit-provided spray to eliminate mosquito larvae. The project’s medical team worked with a nutritionist on food preparation demonstrations modeled from the successful FUSAL Pounds of Love demonstrations and trained families in proper children’s nutrition.
- Ingenio El Angel took note that the global food crisis was affecting its beneficiary communities. Ingenio El Angel solicited and obtained support from FUSAL to purchase incaparina, a dietary fortifier, at a discounted rate and implement food preparation and nutrition workshops for parents.
- The project was fortunate to have three young nutritionists from the Nejapa public health unit join the project team midway through the year. Upon entering into their medical internships, these three women became aware of the project and decided to provide their support to help monitor and evaluate the beneficiary children. In addition, they provided parents with recommendations about the best ways to overcome malnutrition. In this manner, beneficiary families received direct and personalized nutritional advice.
- As value added to the project, Ingenio El Angel’s medical team developed and initiated the project’s first breastfeeding club. Mothers of newborns and infants up to 6 months of age met regularly to learn about the benefits of exclusively breastfeeding their infants during the first 6 months of life, as well as proper techniques. Many of the club attendees were adolescent mothers who had unplanned pregnancies; prior to joining the breastfeeding club, these young mothers had little experience with children and a poor understanding of the virtues of breastfeeding their infants. The breastfeeding club helped educate these young mothers to facilitate the best possible early development for their children.
- Integrate into the education system a program of health monitoring and check-ups for children enrolled in the five public schools located in Ingenio El Angel’s zone of influence.
  - Conducted a census of each public school and obtained student health information in order to detect early illness, including age, vaccination history, de-parasitism status, height, and weight.
  - Established medical support groups in the schools formed by teachers and alumnae who were trained in recording and monitoring of the health parameters stated above.
- Provide preventive health services and training to parents who work in the sugarcane fields.

- Provided preventive health training to the sugarcane cutters regarding the importance of family medical check-ups, proper nutrition and nourishment of their family groups, personal hygienic habits, and prevention of contagious diseases.
- Provided vitamin and mineral supplements and oral hydration liquids to workers to prevent contagious diseases and dehydration.

Ingenio El Angel complemented the project with extra activities, as needed, during project implementation. Such activities included sponsor support for malnourished children and repairing and painting local schools by Ingenio El Angel volunteers.

## **Compañía Ortiz Barriere and Fundación Crisálida**

### ***Establishment of a Family Dispensary Clinic***

The establishment of a Family Dispensary Clinic was a new project created by Compañía Ortiz Barriere and Fundación Crisálida to strengthen and complement the basic health services and promotion provided by the MOH in the rural area of Santiago de Maria, department of Usulután, through an increase in medical coverage and frequency of intervention by bringing the health services closer to the rural communities. The project also contributed to an improvement in MCH, sanitation, hygienic habits, nutrition; RH education; preventative care; prevention and monitoring of chronic and infectious diseases; psychosocial care; and prevention of domestic violence.

The Ortiz family has owned property in Finca las Mercedes, Santiago de Maria, for over 100 years. This extended period of ownership has allowed the family and their coffee company, Compañía Ortiz Barriere, to identify the needs affecting their workers, workers' families, and inhabitants of neighboring communities. Compañía Ortiz Barriere has developed numerous, diverse CSR initiatives related to education, health, protection of the environment, and emergency response in the event of disasters. To achieve long-term sustainability, these initiatives are directly coordinated with the communities and other institutions present in Ortiz Barriere's zone of influence. The CSR work performed by Compañía Ortiz Barriere has further permitted them to identify that the children and youth living in these neighboring communities suffer from malnutrition problems, chronic parasitism associated with poor hygienic habits and poor water quality, and from a lack of prenatal check-ups and vaccinations.

Fundación Crisálida is a recently established NGO whose main objective is to confront social challenges and promote improved social integration by utilizing and mobilizing human resources, investments, and materials through strategic alliances in El Salvador and Central America. Because of their inexperience in El Salvador and working with USAID, *Alianzas/El Salvador* characterized Fundación Crisálida as a high-risk grantee and took extra precautionary measures to ensure that their financial reporting was accurate.

*Alianzas/El Salvador* supported the start up year of the Family Dispensary Clinic, which was implemented by Fundación Crisálida in close coordination with the local MOH institutions and with support from FUSAL and AmeriCares. Compañía Ortiz Barriere donated the fully remodeled Family Dispensary Clinic and the property on which the clinic is located. They also donated all the basic water and electrical services, in addition to selected medical supplies and medicines. The project's medical team consisted of a doctor, nurse, nutritionist, MOH medical advisor, and sanitary inspector, all of whom brought health services closer to the rural communities through an increase in medical coverage and frequency of intervention. The project contributed to an improvement in MCH, sanitation, hygienic habits, nutrition, education in RH, preventative care, prevention and monitoring of chronic and infectious diseases, psychosocial care, and prevention of domestic violence in Santiago de Maria and the surrounding areas.

The specific objectives and components of the project are as follows:

- Establish a program of prenatal health attention, care of newborns, and child nutrition and hygiene for mothers and children less than 5 years old who live in neighboring communities.
  - The dispensary clinic's nurse met with community leaders and performed home visits to identify pregnant women and mothers of children less than 5 years of age.
    - The community nurse completed personal medical intake forms to enroll women in prenatal check-ups, as well as check-ups for women, newborns, and children.
    - Prenatal services were offered to all women of reproductive age who desired a planned pregnancy and to women who are already pregnant. The prenatal health services were provided until 40 days postpartum upon which time the healthy child services commenced.
    - Prenatal check-ups provided assistance during and immediately after pregnancy, promoted hospital births, and emphasized the importance of breastfeeding, early stimulation, and regular medical check-ups.
    - Monthly meetings organized by the community nurse motivated fathers in paternal responsibility and fatherly affection toward their children.
    - To provide patient follow-up monthly medical reports were provided to the health units and MOH.
  - Emphasis on proper nutrition was given to pregnant women and children less than 5 years of age to combat malnutrition and promote healthy development of the baby and child. In an effort to promote health nutrition from the beginning of pregnancy, communities were trained to identify common food types, understand their availability, and learn how to create healthy meals that are high in nutritional value for themselves, their family, and their children.

- Develop a project that provides medical attention to the general beneficiary population and a monitoring and health check-up program for older adults. USAID funds were only to be used for the MCH, nutrition, and hygiene portion of these projects, not for the older adults.
  - The Santiago de Maria public hospital provided support for training and follow-up and monitoring of patients older than 50 years of age who suffer from chronic diseases.
  - A reference system with the Santiago de Maria public hospital was created so that these patients could receive their necessary check-ups and medical follow-up through the hospital and receive their medicines thanks to alliances with FUSAL and AmeriCares.
  - Specialized medical consultations for the older patients were provided at the dispensary clinic 6 hours per week. These older patients were able to attend the clinic during regular service hours for basic health needs such as small surgeries, injections, and basic health treatments.
  - In order to provide patient follow-up monthly medical reports were provided to the health units and the MOH.
- Establish a health education project for the neighboring communities focusing on the following themes: care of one’s own health; nutrition; preventive health and the early detection of respiratory and gastrointestinal infections; basic sanitation; first response; secure management of pesticides; prevention of domestic violence; and values.
  - The community nurse, with support from community leaders and in coordination with health promoters from the MOH and volunteers, organized and developed educational sessions for parents, adolescents, and the adult population in general on themes such as hygienic habits, nutrition, and care of one’s health. Other topics included
    - Sexual and RH education. Targeted mainly to the adolescent and young adult populations in order to achieve a high level of sexual responsibility and education about RH. Sessions considered the related physical, cultural, social, and personal factors affecting individuals’ choices to engage in sexual acts. To conform to appropriate MOH and MOE regulations the development, planning, and implementation of this project was coordinated with URC.
    - Prevention of domestic violence. Strengthened self-esteem and values such as respect, patience, tolerance, understanding, honesty, and love, which favor the development of habits important to a respectful, peaceful, and united home life.
    - Prevention and management of pesticide poisoning. Because the dispensary clinic and surrounding communities are located in a primarily

agricultural zone, it was necessary to have an understanding of the different types of pesticides used, knowledge of their proper handling, and the primary response in case of accidental or intentional poisoning or contact.

- First response. Because the nearest public health institution is not located within these communities, it is necessary that inhabitants of these communities have knowledge about the proper immobilization of fractures, burn treatment, and handling of cuts and traumas to stabilize injured persons while medical assistance from Santiago de Maria public hospital is sought.
- Care of one's own health. Educated and trained individuals in the care and value of their own health. This was done by promoting the practice of basic healthy habits and educating beneficiaries on how to identify early warning signs and symptoms to prevent common diseases.
- Coordination with health institutions and organizations working in the project zone to develop health campaigns with themes such as vaccination, prevention of dengue, oral health, nutrition, and the early detection of cervical and uterine cancers, among others.
  - The medical team coordinated with the Santiago de Maria Health Unit in order to realize community campaigns within the project zone. The themes of these campaigns were determined by the MOH in accordance with the needs of the health unit; the most common campaign was childhood vaccination.
  - Sanitation and vector control. Conducted a campaign to teach the communities about the importance of eliminating breeding grounds for disease transmitting vectors that cause dengue, gastrointestinal infections, dermatitis, etc.
  - In close coordination and planning with the public health units and Santiago de Maria public hospital, the project hosted health fairs in the Dispensary Clinic. The two fairs provided the beneficiary communities with the following centralized services: blood work; dental consultations (provided by the MOH institutions); blood pressure screening; height and weight of children, vaccinations; general medical consultations; and informative preventative health discussions with the medical personnel. The community response was very positive, and these fairs will be repeated in the future.

## **LaGeo and FundaGeo**

### ***Expansion of Medical Coverage***

The Expansion of Medical Coverage project was developed by LaGeo and FundaGeo to expand health service coverage and reach in the communities neighboring LaGeo's

Geothermic Campus in Berlin, Usulután, to support the formation of individual health responsibility so that beneficiaries could acquire the knowledge, attitude, basic health, hygiene, and nutrition habits necessary for preventative individual and collective health. LaGeo's vision and mission are to contribute to El Salvador and Central America's sustainable development by mediating the investigation, industrialization, rational, and sustainable administration of renewable energy resources. These activities are realized based on a platform of values in which social responsibility and respect for the environment are essential parts of LaGeo's productive operations. As part of LaGeo's compromise with the country and the Salvadoran people, the company has its own CSR arm, FundaGeo, which develops social activities focusing on different areas, such as education, culture, sports, health, productive projects, infrastructure, and the environment. FundaGeo specifically works hand in hand with the communities neighboring the LaGeo campuses. The idea of FundaGeo is to motivate, support, and amplify social responsibility, understanding that the practice of CSR is a lifestyle and a means to constructing a better country with better opportunities for its citizens.

LaGeo and FundaGeo have facilitated the access to medical attention in communities of extreme poverty within LaGeo's zone of influence in Ahuachapan and Berlin to improve the quality of life and reduce the risk of diseases and epidemics affecting that population. With this project, LaGeo and FundaGeo helped increase the impact and reach of health care, both preventative and curative, to bring health services closer to the population and help make the importance of proper health care an integral part of the communities' and peoples' culture.

*Alianzas* supported the first year of the Expansion of Medical Coverage project serving the rural areas of Berlin, Alegría, and Mercedes Umaña, department of Usulután. The project was implemented by FundaGeo in coordination with community health promoters and local public health units. The mobile medical brigade consisted of a doctor, nurse, and psychologist for improved reach, scope, and frequency of integrated medical attention for individuals, families, and communities neighboring LaGeo's Geothermic Campus. It also emphasized preventive health in order to identify and prevent risks for diseases and death in the maternal/child population and their families. The project reached 11,441 Salvadorans.

The specific activities of the project were as follows:

- Curative medicine
  - The project provided continuity to the curative medical brigades realized by the LaGeo medical team. The community visits were made with greater frequency, visiting each community once a week.
  - Curative medicine activities included medical consults, small surgeries, injections, child check-ups, prenatal and postpartum check-ups, blood work, dental services (one visit per month, not paid for using USAID funding),

physical therapy (not paid for using USAID funding), and psychological services.

- Preventive medicine and health promotion
  - The project provided preventive health, health promotion activities, and health education to the communities.
  - Preventative medicine and health promotion activities worked to prevent diarrheic, respiratory, and other diseases affecting MCH; fight against preventative diseases by mounting integrated vaccination projects within the normal framework of health (not as separate campaigns); provide prenatal check-ups, RH education; fight against STDs; psychological services.
- Healthy nutrition
  - Social workers provided nutritional training that allowed beneficiaries to learn more about different types of food and nutrients that they and their families should consume.
  - Healthy nutrition activities included improving nutritional status and nutritional vigilance; promoting breastfeeding; weaning nourishment, and training in food hygiene and nutritional education.
- Home and vectors
  - Health promoters provided education in regard to the elimination of disease-causing agents.
  - Home and vectors activities included the promotion of sanitation and hygiene, fumigation brigades, and the delivery of water purifying agents.
- Social organization and participation in health
  - Involved the communities and the Asociación de Desarrollo Comunal (ADESCO, Communal Development Association) to create a culture of health and promote sustainability.
  - Social organization and participation in health activities included the training of health promoters; the formation of health committees, health brigades and sanitation brigades; and the donation of community first-aid kits.

## **Mattel Children’s Foundation and Save the Children**

### ***Alliance for a Healthy Start***

The Alliance for a Healthy Start project was created by Save the Children to provide children and families living in conditions of extreme poverty with access to a continuum of health care services that offer effective preventive and curative strategies to support optimal child development from cradle to classroom. *Alianzas/El Salvador* supported the first year of the pilot project located in the department of Ahuachapán. Save the Children is the leading independent organization creating lasting change for the lives of children in

need in the United States and around the world. Save the Children works in more than 50 countries and serves 41 million children and 25 million others, including parents, community members, local organizations, and government agencies. For decades, Save the Children has successfully worked with health care services in countries around the world to offer higher quality prenatal care, vaccinations, immunizations, and adequate sanitary conditions to prolong and improve life. The Mattel Children's Foundation (the philanthropic arm of the children's toy production company) signed an agreement with Save the Children for a second year of funding to support the educational outcomes of needy children living in rural El Salvador.

The Alliance for a Healthy Start project was implemented by Save the Children with guidance from and direct coordination with the MOH and MOE. A team consisting of health and administrative personnel increased access to holistic child development activities at health units, improved sanitation and waste management practices at public schools, improved nutrition and hygiene conditions at school snack shops, and strengthened local capacity related to health, nutrition, and hygiene. The MOH was closely involved with the design of the project activities, fully approved the proposed interventions, and asked to expand the activities to additional sites. Eight health units in the municipalities of Jujutla, San Francisco Menéndez, Guaymango, and San Pedro Puxtla in Ahuachapán benefited from health education activities related to child health and development. A total of 14 schools in Jujutla and San Francisco Menéndez benefited from health, nutrition, and sanitation education materials and workshops for students and teachers, plus additional health discussions targeting parents.

The specific activities of the project were as follows:

- Increase access to holistic child development activities at public health units
  - Learning corners were created at the 10 health units and equipped with materials focused on promoting healthy habits with children and their parents or caregivers. These materials included preventive health children's books, art supplies, dolls and puppets, growth charts, and dramatic play materials.
    - When parents/caregivers visited the public health clinics with their children for check-ups, the children were able to play with educational toys and books while a trained volunteer provided the parents/caregivers with early childhood stimulation and development techniques.
    - The techniques were adapted to the rural Salvadoran lifestyle and could be easily practiced at home; topics focused on age appropriate language, cognition, motor skills, affection, and socialization.
  - Save the Children worked with the communities surrounding the beneficiary public health units to recruit youth volunteers to facilitate daily sessions with children and parents using the learning corner methodology at the health units. Each public health unit has designated a staff member as the point of contact for the learning corners.

- The volunteers received three days of training and additional support in the implementation of the corners that consisted of follow-up demonstrations and modeling of the sessions.
- Training topics included child development, the learning corner methodology and daily routine, and a Save the Children-developed parent education curriculum consisting of illustrated flashcards.
- Improve sanitation and waste management practices at schools
  - Save the Children technical staff coordinated with school directors and school government student groups to choose and train a core group of students on latrine use and maintenance, proper hand washing, and waste management techniques.
    - The five to eight children who were members of each of these school sanitation clubs were appointed leaders in charge of evaluating their respective school's sanitation, nutrition, and hygiene, and then tasked with helping to implement targeted sanitation improvement plans.
- These leaders were also in charge of educating their peers about key messages learned in workshops related to best practices regarding school health and nutrition. Using a child-to-child teaching methodology allowed children to take on leadership roles, be creative in identifying problems and proposing solutions, and take initiative in implementing chosen solutions.
  - In coordination with Save the Children, the clubs conducted school assessments related to the health, nutrition, and hygiene conditions. The evaluations consisted of survey questions and a mapping activity where student members of the school sanitation clubs were responsible for drawing their school with red, yellow, and green colors to show areas of priority need, warning spots, and clean/safe places.
    - Through the evaluations the committees consistently found hand washing, latrines, garbage disposal, nutrition, and hygiene in general to be priority areas in need of improvement.
    - After the evaluations were conducted, training events were held to give children the necessary information to effectively respond to the issues they identified. Each committee member, along with a designated faculty member and parents, participated in one-day of training on the proper use and maintenance of latrines, water treatment for safe drinking water, and proper hand-washing techniques.
  - The school sanitation clubs created implementation plans to improve the health and hygiene in their schools. The plans included actions in which the student members of the school sanitation clubs led their peers in educational training activities on how best to wash their hands, how and where to throw

- away garbage, and how to cooperate to keep the latrines clean. Other activities included minor infrastructure improvements like painting and fixing doors.
- The school sanitation clubs received reinforcement training from Save the Children personnel; children and teachers were trained using skills-based methods that prepared them to replicate training messages with their peers in school.
  - Materials to support the school improvement plan implementation were also distributed. Each public school involved was provided with industrial trashcans with lids, soap dispensers, liquid soap, and water jugs with faucets for clean drinking water. The amount of materials provided to each school depended on student population and school size.
  - Improve nutrition and hygiene conditions at school snack shops
    - Using the Healthy Snack Shop materials developed by FAO, project staff trained snack shop volunteers in food preparation and storage and providing healthy, high-protein snack options.
    - Snack shop kits were also provided so that adequate food storage and preparation utensils were available at each project-supported school, and an educational exchange was offered so that a select number of participants from each of the supported schools could visit model schools that implement healthy snack shops.
  - Strengthen local capacity related to health, nutrition and hygiene
    - As school management committees prepared to review and develop their annual plans or their longer-term strategic plans (depending on where they are in the strategic plan cycle), project staff trained and coached committee members to ensure that health, hygiene, and nutrition were included as integral pieces of school performance.
    - Educational talks with parents were given by project staff and supported by the distribution of education materials.

## **Productos Alimenticios BocaDeli and OEF**

### ***MCH in Rural Communities***

The MCH in Rural Communities project was created by OEF to decrease the maternal and child morbidity and mortality rates due to preventable causes in 16 rural communities of the departments of Chalatenango and Cuscatlán by providing preventive and curative health services, improving nutritional status, and promoting good hygiene and environment habits. OEF is a nonprofit association that has implemented numerous projects in the departments of Chalatenango, Cabanas, and Cuscatlán on topics such as health, formal education, environment, access to microcredit for small business, and business training among others as part of an integrated development model. OEF's

presence in these impoverished communities has allowed them to bear witness to the needs of the rural population. BocaDeli is a privately held company that manufactures and distributes food products and is a regional leader in salted and sweet snacks, cereals, cookies, and wafers. As part of BocaDeli's compromise with the country and the Salvadoran people, the BocaDeli has supported the work of OEF for the past 20 years, helping to provoke change in the communities through education and health.

*Alianzas/El Salvador* supported the MCH in Rural Communities project for one year. The project was implemented by OEF with MOH guidance and utilized a team consisting of a doctor, community facilitator, social worker, MCH specialist, a group of health promoters, and administrative personnel to directly coordinate medical efforts and expertise with the public health units and hospitals in order to expand the reach and frequency of preventive and curative health services, support improvements in nutritional status, and promote healthy hygienic and environmental habits. The project also educated parents and children less than 5 years old so that they are better able to care for themselves and each other and improve their health status.

The specific activities of the project were as follows:

- Female health attention
  - Prenatal health. The project focused on early detection of pregnancy, enrollment of pregnant women into the prenatal health project, provision of prenatal health check-ups, classification of each pregnant woman according to obstetric risk, provision of health education and references.
    - The nutritional status of each pregnant woman was monitored during the monthly prenatal check-ups, and they were provided with nutritional advice and follow-up through home visits.
    - The pregnant women were also trained in early childhood stimulation in order to help guarantee appropriate development of each newborn, were provided with micronutrients and vaccinations to help guarantee normal development during gestation and help prevent anemia, were educated about the benefits of breastfeeding, and given proper techniques to follow.
    - The medical team worked with each pregnant woman to create a three-level birth plan: 1) advice for the pregnant woman, family, and community to influence the decision to elect a hospital birth; 2) coordination of transport to public health centers; and 3) establishment of a reference and counter-reference system for the follow-up and prevention of complications.
  - Integrated postpartum attention. Each mother was visited in their home within 24 hours after giving birth or as soon as the mother returned from the hospital in order to evaluate her nutritional status; detect potential danger signs and provide related references; deliver iron, folic acid, and vitamin A; and

promote and support exclusive breastfeeding during the first six months. During the first 28 days postpartum, each mother received check-ups in order to continue evaluating her nutritional status and risk. The mothers were also provided with information about care of newborns, nutrition during breastfeeding, family planning, and introduction to complementary foods.

- Attention to women of fertile age. Home visits were made to promote and take blood work, perform cervical-uterine cancer tests, and perform breast exams. Bi-monthly meetings with groups of these women discussed themes regarding sexual education, care of one's health, and provided them with iron and folic acid supplements and immunizations.
- Health attention and nutrition for children less than 5 years old
  - Newborn attention. Tracked births and visited the home of newborns within 24 hours of birth or 24 hours from when the mother returned from the hospital. Also enrolled newborns in health check-ups within 28 days of birth, evaluated newborns, according to the MOH's Atención Integrada a las Enfermedades Prevalentes de la Infancia (AIEPI, Integrated Attention to Prevalent Childhood Diseases) program, and looked for warning signs, evaluated nutrition, and verified or administered vaccinations and vitamin A.
    - Exclusive breastfeeding during the first six months was also promoted to new mothers.
    - Active coordination was maintained among the local health units, general hospitals, and the national children's hospital to guarantee child survival and recovery should references be needed.
  - Attention to children less than 1 year old. Evaluated nutritional status, eating habits, motor-skill development, presence of disabilities, dental eruption, head circumference, attention according to AIEPI, and presence of morbidity; provide references and vaccinations.
    - Provided parents with early childhood stimulation techniques in order to guarantee appropriate development of motor skills.
    - Used the AIN-Cs strategy and trained nutritional advisors in the communities to measure and track weight, eating habits, provide nutritional advice, administer micronutrients (iron, zinc, and vitamin A), promote breastfeeding for the first six months, and after 6 months of age, begin providing complementary foods.
- Attention to children from 1-5 years old. Evaluated nutritional status, eating habits, motor-skill development, presence of disabilities, dental eruption, head circumference of children less than 2 years old, attention according to AIEPI, and presence of morbidity. Provided references, vaccinations, iron, zinc, and vitamins A, and promoted dental health.

- Provided parents with early childhood stimulation techniques in order to guarantee appropriate development of motor skills.
- Parents were also educated through demonstrations and discussions about the importance of consuming fortified foods, and the nutritional value of soy, among other nutrition topics.
- Each CEDI implemented early education groups and clubs for pregnant women
  - The clubs for pregnant women taught pregnant women and mothers of newborns about the importance of breastfeeding, proper breastfeeding techniques and care of newborns, and RH and body changes during pregnancy. The clubs also promoted hospital births rather than giving birth at home in an uncontrolled setting.
    - The OEF health promoter, in coordination with the MOH’s public health units, ran the clubs.
  - The early education groups met once a week and educated mothers of children between 2–6 years of age (100% of this age group attended the CEDIs) about child care, proper child nutrition, and children’s rights. Mothers also learned ways to strengthen their mother-child bond and early childhood development through affection and motivational/stimulation games at home.
- Nutrition, hygiene, and the environment
  - The health dispensary managed by OEF provided nutrition workshops on how to incorporate soy as part of a healthy diet, especially for pregnant women and young children. It also trained families about child nutrition, fortified foods, nutritional value of soy, etc., and promoted hygienic habits in children and families, such as hand washing; proper food preparation; appropriate use of the latrine, garbage disposal; locating animals outside of the home; water for human consumption; and order and cleanliness of homes.
    - Home visits evaluated whether the topics covered were being put into use at home and to reinforce the techniques.
  - Trained parents and children how to create simple educational toys in order to stimulate physical, emotional, social, and intellectual development in young children.
  - Provided a nutritional daily snack prepared by parents to children attending the CEDIs in order to help improve their nutritional status.
  - Held various contests for the cleanest home and launched campaigns on the following themes: cleaning; eradication of vectors; and disease prevention.
  - Promoted observation outings to community spaces, where children could observe nature, learn to love it, and recognize it as a vital part of their lives and as something that deserves to be protected.

- Promoted the planting and care of fruit trees
  - The majority of these trees were planted around the health dispensary and the CEDIs, as well as around houses in the beneficiary communities. Each time a patient visited the dispensary clinic for a medical consult or health check-up, the patient could choose fruit from the trees to take home to consume. Patients were also given a fruit tree seedling and instructional booklet on how to care for their fruit tree and the importance of fruit as part of one’s diet. The same scenario applies when parents attend the weekly early education groups in the CEDIs.
  - OEF established an alliance with a government-supported agricultural school to provide the fruit trees at discount to OEF.
  - Training was provided on the importance of incorporating fruit as part of a healthy diet, reforestation, and environmental sensitization for improved hygiene.
  - These fruit seedlings and the mature fruit helped provide an important nutritional complement to the daily diet of young children and families.
- Local business development (paid for entirely with BocaDeli funds)
  - Provided microcredits to families in order to start or strengthen an economic activity that permitted them to improve their family income, thereby having more money for food to improve their families’ nutritional status.

## **Empresas Lácteas Foremost and SNF**

### ***Glass of Milk***

The Glass of Milk project was designed by SNF as a pilot project to contribute to the reduction of sub nutrition indices in Concepcion de Ataco, department of Ahuachapán, by improving the quality and quantity of ingested protein and calories among school children by providing each student with a glass of liquid milk each day of the school year. The project also provided nutritional and environmental education to the students and community.

The SNF’s División de Asistencia Alimentaria (DAA, Alimentary Assistance Division) was created by the previous government via a legislative agreement and was managed by the First Lady of El Salvador. The DAA was specialized in the development and coordination of its “Alimentary Assistance” strategies and had the support of the MOE, MOH, NGOs, and Programa Mundial de Alimentos (World Food Programme). Annually, DAA-SNF supported more than 28,000 people with food support, school vegetable gardens, workshops and training about family economics and nutrition, and support to other institutions.

Foremost, the funding partner for the alliance project, was founded in 1960 and resulted from the merger of the Salvadoran companies Badenia S.A. and Delta S.A. with the Californian company, Foremost Dairy Products. The production and commercialization of Foremost's dairy products began in January 1961; during the 1990s, Foremost expanded into fruit juices. From 2000 onward, Foremost has commercialized milk, juices, ice creams, cheeses, and cream. Foremost's brands include Foremost, Badenia, and Estrella Polar, all three of which are highly recognized in the Salvadoran market. Since 2002, Foremost has been continuously involved in various philanthropy and CSR activities that support Foremost's consumers.

*Alianzas* supported six months of the Glass of Milk project until it was terminated due to the change in government. The specific activities of the project were as follows:

- Generate a basic PPP model in the milk sector in order to foster the consumption of liquid milk in the school population as a complementary, to improve children's diets.
- Contribute to continual school attendance and improvement of academic performance.
  - The liquid milk provided to the schoolchildren was distributed for consumption in the early hours of the school day.
  - The decision to distribute the milk at the beginning of the school day was made to provide students with energy and nutrients that enable them to achieve in the classroom.
- Guarantee complementary food of optimal nutritional value that is hygienic, safe, and tasty in order to stimulate good eating habits.
- Establish a habit of milk consumption in the public schools of Concepcion de Ataco and community environmental care through recycling.

Details regarding the termination of the grant and the situation leading up to said termination are as follows:

- Foremost donated half of the milk for this project; the remaining half (approximately US\$130,000) was purchased from Foremost as part of the SNF's contribution to the project.
  - In accordance with government regulations, the SNF could not engage in direct commercial transactions valued at over US\$11,000 with private companies such as Foremost. As such, the SNF partnered with the NGO, Familias en Progreso (Families in Progress), which was responsible for purchasing the milk on SNF's behalf.
- In December 2008, Familias en Progreso made the first milk purchase, valued at US\$50,000, from Foremost. Although the remaining purchase (approximately US\$80,000) was to be made in January 2009, it never occurred.

- At the end of February 2009, the SNF notified Foremost that the purchase would be made during the first two weeks of March 2009; however, this transaction did not occur.
- In April 2009, the SNF notified Foremost that due to the impending change of government in June 2009, Familias en Progreso would cease to exist. As a result, the SNF began searching for a local NGO to handle the pending milk purchase.
  - To hold over Foremost during this process, the SNF provided a letter stating that the SNF would purchase a quantity of the milk pending for the project. With this assurance, Empresas Lácteas Foremost continued supplying the project milk.
- While SNF searched for a local NGO, the SNF also asked *Alianzas/El Salvador* if RTI International could receive approximately US\$80,000 from the SNF and then transfer it to Foremost as payment for the milk.
  - The *Alianzas/El Salvador* COP consulted RTI's Contracts department regarding the request. Although the response was favorable, SNF would have had to grant RTI the funds and pay administrative and financial fees based on the total value of the funds granted.
  - Based on this information, the SNF decided in early May 2009 that granting the funds to RTI would not be cost effective, and that there was not enough time to develop the required grant before the new government took office on June 1, 2009.
- On May 19, 2009, Foremost and *Alianzas/El Salvador* received a letter from the executive director of SNF stating that the Glass of Milk project would be suspended as of May 21, 2009, until further notice from the new government. On May 21, 2009, *Alianzas/El Salvador* received a letter from the executive president of Foremost stating that their obligation to the project had ended; without the approximate US\$80,000 payment, Foremost was unable to continue financing the project itself.
  - Due to the project's impact and that the project was technically sound, USAID/El Salvador offered to increase the amount of the grant by the necessary US\$80,000.
  - The Foremost board of directors decided not to accept the additional US\$80,000 and to not continue the project.
  - Based on this news, *Alianzas/El Salvador* began closeout procedures for a grantee-initiated termination. Throughout the entire negotiation process, the USAID/El Salvador AOTR was regularly informed about the status of the project and progress made.

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## ***Annex C: Indicators (Full PMP with Results)***

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## Annex C: Indicators (Full PMP with Results)

September 15, 2007–August 14, 2009<sup>1</sup>

Project Name	Partners	Number of People Trained in Child Health and Nutrition through USG-supported Health Area Projects		Number of Children Reached by USG-Supported Nutrition Projects	Number of People Trained in Maternal Health through USG-Supported Projects	
		Women	Men		Boys and Girls	Women
Pounds of Love Ataco	Grupo Excel/ FUSAL	15,359	213	4,095	2,530	16
Ronald McDonald Mobile Clinic 2007	FIRMES	1,385	977	207	1,563	18
MCH in the CIDECO Clinic	Fundación CIDECO/ Clínica Nuestra Señora de Lourdes	1,037	228	703	594	159
CIDECO Community RH Education	Fundación CIDECO/ COESAL	N/A	N/A	N/A	13	4
Prenatal Health and Child Nutrition	DISZASA/ Asociación Barra de Santiago	324	62	669	383	45
Support to Nejapa and Apopa Health Units	Ingenio El Angel	1,104	166	1,307	105	60
Ronald McDonald Mobile Clinic 2008	FIRMES	1,561	666	2,946	1,862	30
Establishment of a Family Dispensary Clinic	Compañía Ortiz Barriere / Fundación Crisálida	220	82	19	150	75
Expansion of Medical Coverage	LaGeo / FundaGeo	3,076	451	1,556	3,705	767
Alliance for a Healthy Start	Mattel/Save the Children	150	63	12,503	N/A	N/A

<sup>1</sup> All grant projects completed implementation with USAID funds by August 14, 2009.

Project Name	Partners	Number of People Trained in Child Health and Nutrition through USG-supported Health Area Projects		Number of Children Reached by USG-Supported Nutrition Projects	Number of People Trained in Maternal Health through USG-Supported Projects	
		Women	Men		Women	Men
MCH in Rural Communities	BocaDeli/OEF	2,866	145	3,117	2,466	100
Glass of Milk	Foremost/SNF	135	19	3,832	N/A	N/A
<b>SUBTOTALS</b>		<b>27,082</b>	<b>3,053</b>	<b>30,954</b>	<b>13,371</b>	<b>1,274</b>
<b>TOTALS</b>		<b>30,135</b>		<b>30,954</b>	<b>14,645</b>	

**June 1, 2007 – August 14, 2009<sup>2</sup>**

Indicator	Total
Private expenditures in public health as a result of USAID activities	<b>US\$1,951,342</b>
Amount of in-country public and private financial resources leveraged by USG projects for FP/RH	<b>US\$1,950,893</b>

<sup>2</sup> The project indicators are valid through this date rather than through the end of September 2009.