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DEL PUEBLO DE LOS ESTADOS
UNIDOS DE AMÉRICA

Annual Report
Period: April-September 2006
Task Order “B”

For :
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ACRONYMS

| | |
|-----------------|--------------------------------------------------------------|
| IMCI | Integrated Management of Childhood Illnesses |
| AIN | Integrated Childhood Care |
| KAP | Knowledge, Attitudes and Practices |
| BCC | Behavior Change Communication |
| EONC | Essential Obstetric and Newborn Care |
| CTOs | Cognizant Technical Officer |
| VCN | Voluntary Nutrition Counselors |
| CHT | Community Health Team |
| FOHEALTH | Fondo Solidario de Health |
| TAG | Technical Advisory Group |
| GOES | Government of El Salvador |
| GDO | General Development Office |
| IEC | Information, Education and Communication |
| UTI | Urinary Tract Infection |
| COP | Chief of Party |
| JICA | Japanese International Cooperation Agency |
| BF | Breast Feeding |
| MADLAC | Direct Support Monitoring for Breast Feeding |
| CQI | Continuous Quality Improvement |
| MOH | Ministry of Health |
| LO | Local Office |
| NGO | Non-Governmental Organization |
| FP | Family planning |
| IP | Infection Prevention |
| RHESSA | Reconstruction of Hospitals and Extension of Health Services |
| IR | Intermediate Result |
| SIBASI | Basic Integrated Health Unit |
| SIP | Prenatal Information System |
| SISVIN | Nutritional Surveillance System |
| URC | University Research Co., LLC |
| USAID | United States Agency for International Development |
| USANYM | Unidades de Health Amigas of the Niñez y las Madres |
| MMS | Maternal Mortality Surveillance |

I. EXECUTIVE SUMMARY

This quarterly report reflects the activities carried out with under Task Order “B” of Activity 519-0463- Strengthening Health – for the period April-September 2006.

The URC technical assistance team began work in El Salvador on April 24, 2006. Start up activities during this fiscal year included the integration and introduction of the technical assistance team to USAID authorities and to relevant MOH authorities and counterparts. The first year Work Plan (covering May-December 2006) and the Monitoring & Evaluation Plan (covering the entire project cycle) were formulated and presented to both USAID and the MOH. The URC technical assistance office was then located and equipped accordingly. Technical project activities began soon after the Work Plan was approved by the USAID Mission.

The first year Work Plan for April-December 2006 was prepared with the active participation of the MOH counterparts in the offices of Quality Assurance, Regulation, and Epidemiology. A total of 24 employees of MOH participated in the formulation, review, analysis and approval of the aforementioned plans.

Moreover, technical officers working in the USAID General Development Office directed, reviewed and approved the Work Plan and acknowledged receipt of the Monitoring & Evaluation Plan. The latter plan is currently being adapted by the Planning Office of the MOH in an attempt to incorporate the list of monitoring and evaluation indicators for the MOH’s five-year (2006-2009) health plan for El Salvador.

After USAID approved the Work Plan, the execution of said plan began immediately. It should be pointed out that a dengue epidemic broke out in El Salvador on July 11 which continued until the date this report was issued. The MOH declared a red-alert health emergency for a number of areas covered by the current project and as a result some of the project activities were suspended, as various health professionals were busy combating this epidemic.

During the current period various activities were carried out for each of the four project components: family planning, maternal/infant health, nutrition, and the prevention and control of infections. These activities were geared toward developing baselines, the review, adaptation and updating of standards, guides, and protocols. In addition, new definitions were developed for concepts and methodology of new models regarding family health, supervision and continuous quality improvement, and training sessions on specific topics.

During the formulation process of the Work and M&E plans, government authorities suggested the development of a family health model that would incorporate activities promoting maternal/infant health, nutrition, and family planning as part of the National Modernization Reform of the MOH. This model resulted in the creation of a sub-component on family health to be included as part of the community health component.

2. INTRODUCTION

On June 11, 2005, the governments of El Salvador and the United States of America signed agreement 519-0463 whereby the US - through the United States Agency for International Development (USAID) – would provide support to El Salvador - in this case the Ministry of Public and Social Assistance (MOH) - to achieve the common objective of strengthening basic health care.

The focus of the technical health assistance provided through this agreement is to support the MOH in reaching Intermediate Result 3.3. “Improved Integrated Management of Reproductive and Child Health” and IR 3.4 “Infectious Diseases Contained and Impact Mitigated”

This report covers the period of April-September 2006 and presents the activities that have been implemented, the results achieved, and the challenges encountered in each of the main technical components. The IEC/BCC and Monitoring & Evaluation components are transversal areas reported according to each of the relevant components.

3. MANAGEMENT OF THE ACTIVITIES OF TASK ORDER “B”

The URC technical assistance team started work in El Salvador on April 24, 2006. For the period covered by this report - April-September 2006 - the following activities were conducted:

Introduction and integration of the technical assistance team and dissemination of the technical assistance proposal and contract

During the first week of project activity, the URC Project Manager for Task Order “B,” Mr. Jack Galloway, introduced the URC Chief of Party, Dr. Reinaldo Grueso, to the authorities of the USAID Mission - Director, Assistant Director, Head of the General Development Office and CTOs for Task Order B. The same process was carried out between the Chief of Party and the Minister and Deputy Minister of the MOH.



Launch of USAID-El Salvador Activity 519-0463 “Strengthening Health”

On May 11, 2006, the Director of the USAID Mission in El Salvador, in conjunction with the Minister and the Deputy Minister of the MOH, officially launched the support strategy activities for “Strengthening Health and Basic Education” financed with funds from USAID and the government of El Salvador (GOES). Approximately 100 guests from the central, regional, and local (SIBASI) levels of the MOH, representatives of international organizations

and USAID authorities attended the project launch. At this meeting, the Director of USAID introduced the Group Leaders of Task Orders “A” and “B”.



Formulation and presentation of the Work and Monitoring & Evaluation Plans

In accordance with the technical proposal and the contract, it was decided that the first year Work Plan would cover the period of April-December 2006, while the Monitoring & Evaluation Plan would cover the three-and-a-half-year project life. The head of the General Development Office and the CTOs were all involved in this decision.

In addition, it was agreed that the first fiscal year (April-December 2006) should be used to complete baseline data, review and adjust the norms, guides, protocols and standards related to the provision and integration of family planning, maternal-child, nutrition, and infection prevention services. New models (based on clinical evidence) of health care, information, education, and communication should also be developed and validated during this period. Finally, this period should be used to define the processes for continuous quality improvement and monitoring and evaluation.

Based on the reference framework mentioned above, the strategy, methodology and instruments for the development of the Work and Monitoring & Evaluation plans were defined. After this stage was completed, a timeline was discussed with the MOH for the joint preparation of the Work Plan. Activities for the development of the work plan started immediately during a three-day workshop attended by 20 counterparts from the Quality Assurance, Maternal-Child Health and Adolescence offices of the MOH.

Review and approval of the Work and Monitoring & Evaluation Plans by USAID and the Offices of the MOH

On June 19, 2006, the CTOs made comments, suggestions, and specific recommendations regarding the Work and Monitoring & Evaluation Plan. These suggestions and recommendations were analyzed by the technical assistance team and, based on discussions with MOH counterparts, adjustments were made to the aforementioned plans.

At the same time, the MOH Directors received a first draft of the plans and made a number of suggestions and recommendations. These comments were then distributed to both the COP and the MOH employees who helped prepare the first drafts and a new workshop to review and adjust the work plans was held from May 27 to 29, 2006.

A specific matrix was used in order to systematically discuss and validate the performance and monitoring and evaluation indicators. This table listed, by indicator, which activities were in progress, which were already achieved, information still required, and the criteria on which the indicators were based. This process was carried out with the counterparts for each component in order to extend and supplement the definition of each indicator. Through this exercise, a broader view was gained of existing materials, required support and activities, and the technical assistance to be provided by the URC team.

On June 6, 2006, as stipulated in the contract signed by USAID and URC, the Spanish versions of the Work and M&E plans were officially delivered to USAID. On August 22, 2006, USAID acknowledged that the Work Plan had been reviewed and approved for the period April-December 2006. USAID also acknowledged that the Monitoring & Evaluation Plan for the period 2006 to 2009 had been received. Currently, this plan is being reviewed by the Planning Office of the MOH to include the M&E indicators for the five-year (2006-2009) health plan.

Coordination of Work: Technical Assistance Team

In order to maintain integration within the group, weekly meetings have been held, under the coordination of the COP, from the start of the contract. These staff meetings serve to familiarize the technical advisors with the basic scopes of work, responsibilities, products and expected results as listed in the technical proposal. Furthermore, the meetings are used to ensure integration among project the components. Weekly progress, related activities, common challenges and proposed solutions, and upcoming activities are all discussed on a weekly basis.

Coordination of Work: Technical Assistance Team and the MOH

Monthly meetings were held between the URC technical assistance team, the technical advisors from the MOH, and the CTOs. During these meetings Work Plan progress updates, problems encountered, and solutions provided were all analyzed. The meetings are chaired by the deputy minister of health, attended by all managers and technical counterparts of the MOH, and are supported by the MOH project management office.

Three meetings were also held during the period covered by this report, with the participation of the Minister (2 meetings), the deputy minister (1 meeting), and the Managing, Quality

Assurance, Epidemiological Surveillance, Planning, Regulation, and Administration and Finance directors. USAID representatives and the respective Chiefs of Party for Tasks “A” and “B” also attended. In these meetings, the progress of the work plans was analyzed and specific recommendations were made to strengthen the project activities.

Coordination of work: Technical Assistance Team and USAID

Every two weeks, from the beginning of the project until the presentation of this report, the COP held a meeting with the CTOs of USAID to review the progress of each component, identify problems and seek pertinent solutions. Activities were analyzed and approved for the subsequent periods, strategies were defined to ensure adequate counterpart resources, terms of reference were analyzed for various consultancies and baseline studies, and approvals were monitored for both short-term international and national consultancies and project equipment.

The CTOs and the COP are in constant contact to clarify issues pertaining to the execution of the Work Plan. Moreover, coordination and tracking meetings were scheduled and jointly attended by the four technical offices of the MOH.

A meeting was held with the Assistant Director of USAID to evaluate the scope of the project. The meeting was held in conjunction with Task Order “A” and each technical advisor presented the activities to date for his or her corresponding component.

Regional and SIBASI Level Work Strategy

The Technical Assistance group presented a proposal for work at the Regional and SIBASI level to both USAID and the MOH Office of Quality Assurance. This proposal, at the suggestion of the Managing Director, was analyzed and discussed with the Technical Team Coordinators from the Central, Para-central and Eastern Regions. At this meeting, coordinated by the Managing Director of the MOH, the professional profiles, functions, and location of the SIBASI facilitators were agreed upon. Furthermore, it was decided that SUVs would be the best form of transportation for travel among the 69 municipalities covered by Activity 519-0463. The facilitators will be the liaison between the URC office in San Salvador and the regional and local levels. Candidates for these positions are currently being selected in consultation with the central and regional levels of the MOH. In addition quotes are being gathered for office equipment, computers, printers, projectors and vehicles (subject to USAID approval), for purchase during the month of November.

The following table shows the status of the management activities executed during the present period.

**LEVEL OF PROGRESS: MANAGEMENT ACTIVITIES - TASK ORDER "B"
APRIL - SEPTEMBER 2006**

| ACTIVITY | STATUS |
|-----------------------------------------------|--------|
| Integration of the Technical Assistance Team. | 90% |
| Setup and equipment of the office. | 90% |

| | |
|-----------------------------------------------------------------------------|------|
| Introduction of the Technical Assistance Team to USAID and MOH authorities. | 100% |
| Identification of MOH counterparts. | 100% |
| Introduction of the Task Orber “B” team to MOH officials. | 100% |
| Preparation of the April - December 2006 Work Plan. | 100% |
| Preparation of the performance monitoring plan. | 100% |
| Presentation of the Work and M&E Plans to USAID | 100% |
| Discussion and adjustment of the Work Plan, in conjunction with the MOH. | 100% |
| Preparation of technical and financial quarterly reports. | 100% |
| Hiring of local facilitators. | 70% |

4. REVIEW AND ANALYSIS OF RESULTS. INTERMEDIATE RESULT 3.3: IMPROVED INTEGRATED MANAGEMENT OF REPRODUCTIVE AND CHILD HEALTH

4.1. COMPONENT: FAMILY PLANNING

4.1.1 Progress achieved:

The family planning work of both the URC advisors and the MOH has been consolidated and all activities conducted during the present period included the complete participation of the relevant counterparts. Moreover, URC personnel actively participated in the entire preparatory phase of each activity, providing methodologies and technical assistance. The following activities were carried out during the period covered by this report:

Development of the Work Plan for the period of April-December 2006

In the initial stage, technicians were familiarized with the scope of work and anticipated results while methodology, tools, and instruments for formulating the Work Plan were also analyzed and discussed. The Work Plan was prepared based on the results included in the agreement signed by the government of El Salvador and USAID, the contract signed by USAID and URC, and the domestic needs as established by MOH technicians.

Familiarization of the Technical Advisors on the Donor Country’s Family Planning Rules and Regulations

The reproductive health and family planning advisors held a meeting with CTO Maricarmen de Estrada and the attorney for the Mission in order to identify the role of technical assistance as it relates to informed consent and the free selection of family planning methods. It was determined that the role of the technical assistance provided by URC is not that of a direct provider. Furthermore, it was agreed that any suspected violation of the regulations and norms established by the donor country should be reported to USAID. It was also determined that the technical advisors – within the framework of the Work Plan – needed to hold a meeting to present these laws to the URC personnel in country and the MOH counterparts.



Indicators were formulated to measure informed consent and were then included in the Monitoring & Evaluation Plan.

Monitoring & Evaluation Activities: Family Planning

The URC-CHS reproductive health and family planning advisors analyzed, discussed, and validated the indicators by intermediate result.

In order to monitor compliance with the donor country's laws on family planning and abortion, specific indicators were developed to measure informed consent and the availability of information on the free selection of FP methods. Indicators related to abortion are not included since the use of funds regarding this topic is forbidden by the donor country. Furthermore, abortion is illegal under Salvadoran law.

The M&E plan also includes the observation made by USAID, that the indicators reflect the reproductive health situation according to municipality.

IEC/BCC Activities: Family Planning

It was determined that there is no national strategy in this field for the family planning program, as such, a mid-term plan was formulated - to be incorporated in the Work Plan - that includes the promotion of family planning activities, with special emphasis on adolescents. This mid-term plan should be defined by the end of December 2006.

It was agreed that it is necessary to review, analyze and evaluate the materials regarding contraceptive methods targeting the user population. The manual on contraceptive methods used by midwives to provide community level education - particularly rural communities - will also be revised. These materials will include information on maternal-child health and nutrition, and will be reviewed in accordance with the international eligibility criteria published by the World Health Organization in 2004. This activity should be completed in December 2006.

Execution of the Work Plan

The Work Plan for this period has undergone a few changes involving the implementation schedule and in some cases the methodology employed. For example, there were recent changes to the user eligibility criteria made by the WHO. These changes were made after the MOH had published its documents, thus it necessary to adapt all materials to the new guidelines, and to train the personnel to apply said criteria. These tasks will be added in the work plan of this period. The materials for supporting family planning activities in the adolescent population, in addition to requiring the aforementioned adaptations, also require an in-depth review by the USAID with regard to informed, conscious and free decision, and the Tiahrt Law. As of the date of this report, the URC technical team was still waiting for the validation of these materials by USAID, in order to be able to start the activities related to the dissemination of materials and training of providers and youth promoters.

In conjunction with the monitoring and evaluation advisor, and with the support of an international consultant, the Family Planning M&E activities were designed for the EPS, CPC, and focus groups, with special emphasis on quality at all levels of Family Planning care.

An action and monitoring plan was drafted to ensure compliance (by the MOH) with the regulations governing donations for family planning and the Tiahrt Amendment. This plan is specific and complements the Work Plan in all measures established by USAID. The experiences and lessons learned in the URC project in Guatemala have been reviewed and incorporated into the aforementioned plan.

All central-level MOH counterparts involved in the tracking of and compliance with the regulations were acquainted with the entire regulatory framework in order to ensure free, voluntary and informed provision of FP methods. In addition, the use of an informed consent form was included in the prenatal care model, during the 3rd visit of prenatal control. In addition, steps have been taken to periodically report to USAID on related activities.

The degree of achievement of the activities of this component included in the Work Plan, are presented in the following table:

| ACTIVITY | STATUS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Define terms of Reference of consultancy for the inventory of the basic equipment for the provision of the FP services in hospitals, healthcare units, convalescent homes, and sponsors. | 100% completed. The basic equipment of FP for providers and institutions was defined and is part of the study protocol. |
| Define the contents of FP for the EPS and KAP. | The definition of the content of FP for the EPS and KAP is 100% done. |
| Observation visits and review of the experience, documents. | Due to restrictions for performing activities at the local level by the central level, only two (2) of the 12 scheduled [activities] were carried out in the SIBASI. With the definition of the new structure of the Ministry, it is expected that this restriction will be lifted. This activity has only been 17% completed. |
| Inventory of evidence and best practices in Family planning. | The workshops for sharing successful FP experiences between the SIBASI and hospitals supported by the project will be carried out in |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | October. |
| 1 half-day session at the central level for presentation of the base line results | During the conclusion of the base line study, this is expected for December. |
| 3 1-day workshops, at the regional level, for review and update of the standards: technical norm, practical FP care guide and selected recommended practices | The activity has been 100% planned. To hold these workshops, the FP norms and practical guide are currently being reviewed and reproduced by the USAID. Technical Assistance submitted documents to USAID on September 6. |
| 1 2-day workshop for preparation of the FP advisory manual | This will be held on October 31 and November 1. |
| 1 2-day workshop for review and update of the manual and practical advisory guide for use of the youth promoters (peer-to-peer education). 1 day for validation of the manual and practical advisory guide for use of the youth promoters (peer-to-peer education). 1 1-day workshop for training of institutional facilitators for use of the education guide for the SSR life. | USAID must give its official approval of the manuals and guides to carry out these activities. Technical Assistance submitted the documents to USAID on September 6. |
| 1 1-day workshop for dissemination of the selection criteria of youth promoters. | This activity will be carried out on October 17. |
| 1 session for dissemination of the legal framework and the principles that govern the FP programs supported by USAID for 10 employees of the central level of the MSPAS. | This activity has been 100% carried out |
| Accompany the MOH to workshops for defining the hospital guide by DELIVER and in the operation of the logistics system. | These activities are not included in the Work Plan. However, at the request of the MSPAS, the validation of the guide has been performed collaboratively and participation has been provided in the evaluation of community distribution of the contraceptives. Activity 100% carried out. |

4.1.2. Challenges Encountered and Solutions Proposed:

Continuous warnings should be issued with regard to carrying out sexual and reproductive health activities, considering the socio-political environment throughout the country. Moreover, the donor organization, USAID, also issues these precautions considering experiences over the past years.

The family planning program should be strongly emphasized at the local level, particularly in the hospitals. This emphasis was not considered in the current action plan, and will accordingly be part of the 2007 Work Plan.

Challenge: Due to the new structure of the MSPAS, some activities - such as monitoring and supervision - are being reviewed by the central level. As long as this review process continues, there will be limitations in monitoring FP activities.

Solution: Other strategies are being used to monitor and find out about the processes, such as: sharing successful experiences through exchange sessions.

4.2. MATERNAL/INFANT HEALTH COMPONENT

4.2.1. Progress Achieved, Maternal Health:

The maternal program of the MOH is under the responsibility of a group of four technical advisors who collaborate with the reproductive health and family planning advisors. The following activities were carried out during the period covered by this report:

Preparation of the technical assistance work plan for the period April-December 2006

The current Work Plan was prepared based on the results included in the Agreement signed by the Government of El Salvador and USAID, the contract signed by USAID and URC, and the national needs planned by the MOH advisors. The proposed Work Plan was prepared in conjunction with the MOH technicians and the Offices of Maternal/Infant Care and Adolescence, in a three-day workshop that was held for that purpose.

Execution of the Work Plan

The Work Plan for this period has experienced some changes in the implementation schedule and in some cases, in the method of approaching the topic. In the maternal component for adolescents, preparation sessions were held, readjusting the materials for the service provision plan aimed at making them more operational.

The Prenatal Information System (SIP) of the CLAP is being reviewed to make it into a tool for managing maternal and neonatal services. The quality of the data and inconsistencies are being analyzed and technical indicators, frequency thereof and potential uses are being defined to establish an integrated maternal/pre- and neonatal monitoring system. This process has been 70% completed.

Based on the study of maternal mortality and the SIP, the most important interventions are being defined for prenatal care and deliveries and this information is being turned into a monitoring system of neonatal complications and maternal and neonatal mortality. This system will be completely defined in December.

Work teams have been formed to prepare the simplified prenatal model and the Prenatal Mortality Surveillance System. Accordingly, the methodology for Result 3.3.0.2 the Prenatal Information System and Result 3.3.0.3 the National Surveillance System of Maternal Mortality has been modified. To achieve both results, work with ad-hoc groups is being carried out to improve the current operation - in particular the quality of the data obtained, to institutionalize the system, to input data on site, and to use data as a program management tool (taking into account established standards).

A survey was conducted on the operation of the maternal/prenatal committees of the 28 hospitals, the regions and 5 healthcare units in each region. 100% of the information was gathered, is being processed and the report will be ready in the first part of November.

The processes of providing prenatal care are being reviewed based on the previous results and international evidence. The incorporation of a strong educational component is being

analyzed in order to strengthen these processes, as indicated by the results of the maternal mortality study. The Office of Women and Childhood of the MOH had contracted a specialist to prepare a prenatal care model, based on the four-control study of the OMS. The Work Plan of URC contemplated supporting the definition of the standards, the technical guides and the EONC model as a whole. Faced with the progress made on this topic by the MSPAS, technical assistance was directed at supplementing these efforts. The EONC model, the norms and guides will be ready in the second half of November. This activity has been 75% completed.

We are now in the acquisition process of ten obstetric simulator dummies to enable URC to evaluate the skills of personnel involved in childbirth and postpartum. Training centers are being set up in each region. An evaluation program of performance and skills of the providers during childbirth and immediate postpartum is being formulated, with the participation of the National Maternity Hospital and the Office of Women. This program will be ready by the end of November.

With regard to the quality and supervision of childbirth services, together with two technicians of the DAC of the MSPAS, two conceptual proposals were prepared: a.) the implementation quality of the EONC-FP model and b.) supervision as a quality-control tool. The two proposals were facilitated by the URC advisors and the result was validated by the Director General and the Quality Assurance [Director]. For the first proposal of “Implementing integrated maternal/neonatal services by using Continuous Quality Improvement, (CQI) pegged to the EONC-FP model”, the terms of reference were prepared for an international consultancy that will prepare the model and strategy of implementation. The arrival of this consultancy set up once the results of the base line are available in December.

During discussions of the proposal regarding supervision, it was discovered that there are six documents regarding the topic at the Ministry of Health. This was the reason for deciding not to use a scheduled consultancy in the Work Plan on the topic, but rather a work of integration based on the partial efforts that exist. Currently the DAC of the MOH is in the process of appointing the counterpart personnel for this topic. It has been agreed that they will be appointed in October. The Task B team has collected the documentation and prepared a technical and comparative methods table of all the national efforts, ready for when the ad-hoc team is formed.

A basic list has been defined (as part of the baseline studies) of the medications and medical supplies in the healthcare establishments of the 69 municipalities. The study regarding medications has been coordinated with Task Order A who currently is conducting this inventory.

A list of basic equipment for maternal and neonatal care has been defined that will be inventoried in the maternity and neonatal wards of hospitals, healthcare units, convalescent homes and a representative sample of health workers and voluntary nutrition advisors who work in the 69 municipalities and cantons of the area covered by the project. This inventory will start in the second half of October and will be available by the beginning of December. This inventory will make it possible to identify equipment that needs to be provided with project resources.

The priority issues to be included in the baseline document were determined in conjunction with the monitoring and evaluation advisor and the short-term international advisor, Dr. Paul Richardson. A list of issues was prepared to evaluate prenatal, delivery and postpartum care services. This document provides an overview the maternal health component. Because the volume of work of the component is very broad, it was decided only to focus on strategic aspects: deliveries, recognition of danger signs and active handling of the third stage of the delivery.

Participation in the international workshop regarding Continuous Quality Improvement in Bethesda, Maryland

From June 19 to 23, advisors in reproductive health and family planning participated in a workshop on continuous quality improvement, organized by URC. The workshop was attended by persons in charge of this type of project currently being developed in Nicaragua, Honduras, Guatemala, Ecuador, Africa and Russia.

These projects [supervisors] who work collaboratively, exchanged technical information and results. They characteristically apply CQI to a specific topic, for example, maternal/neonatal wards, or pediatric wards in a hospital, or HIV/AIDS programs, at selected sites for learning about its implementation, until its gradual extension is achieved at the national level.

This activity enabled URC advisors who work in El Salvador and who are responsible for the reproductive health and family planning components, to better understand the approach of continuous quality improvement in health services that URC has used since 1992 in various countries of Central America. This meeting served two purposes: 1) to strengthen the common ties among Latin American countries that are implementing projects focused on continuous quality improvement of services – specifically, how to improve coordination, technical support and communication among countries; and 2) how to share the experiences for improving the health of the population of each country, and how to use those experiences in the health project of URC for the Hispanic population living in the USA.

Monitoring & Evaluation Activities: Maternal Health

National reproductive health and family planning advisors discussed the indicators by results.

In accordance with the Intermediate Results (IRs) and the indicators in the HIO, a document was prepared with the indicators according to results, its description, formula, source and persons in charge.

The version agreed upon also responds to the observations made by USAID. In this manner, the indicators will reflect the data of the municipalities as appropriate.

IEC/BCC Activities: Maternal Health

Part of the mid-range IEC plan indicated in the family planning component, includes the identification of behavior and key messages of the maternal/neonatal component will be incorporated related to prenatal care, delivery and postpartum. These will be used as a basis for designing of materials in 2007. This identification activity will be completed by December 2006.

Coordination with other projects

The reproductive health advisor together with the COP and the child health and nutrition advisor met with the management and technicians of RHESSA. This meeting was informative in nature, aimed at determining the scope, components and degree of development of our project. With this initial information, activities were formulated to minimize overlap in the actions of the two donors. During the next quarter, a close relationship will be maintained with RHESSA to maximize synergies.

The following table shows the achievements of activities included in the Work Plan for this sub-component:

| ACTIVITY | STATUS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sessions to evaluate the process and adequate use of the SIP output. Note: the sessions were not held, but rather meetings with the person in charge of the SIP | 100% completed. |
| Reproduction of the SIP sheet of newborns under 1,500 gr. | Postponed until November |
| Observation visits to a sampling of hospitals to determine the operation of the Maternal Mortality Surveillance committees. Note: A semi-structured questionnaire was distributed regarding the operation of all the maternal/prenatal committees of the hospitals and a sampling of 5 health units of each region | 100% progress in the gathering of data. |
| Determining the process for the Maternal Mortality Surveillance System . Note: This was done in meetings with the regional investigators and not in a session | This activity was 100% completed. |
| Training sessions to personnel of the municipalities | Rescheduled for November |
| Accompaniment for the report of the Base line Study regarding Maternal mortality. Note: activity not included in the Work Plan, but at the request of the MOHit was necessary to do it due to its importance for improving the models of prenatal, delivery and postpartum care | 50% completed. This activity will be terminated in October. |
| Workshops to certify instruments for the institutionalization of Maternal Health surveillance. Note: A proposal is being prepared through weekly meetings with ad-hoc equipment, of a System to institutionalize not only maternal mortality surveillance but strategies for maternal health. This will supply the structure of instruments | 75% completed. This activity will be terminated in November. |
| Reproduction of new instruments | Rescheduled for November-December |
| Monitoring and supervision visits for the implementation of the integrated model of maternal/child health care to review the process | This will be integrated into the visits to the maternal/prenatal Committees. |
| Form a technical group for supervision | A proposal was made at the central level and the group is being formed. It is estimated that it will be done in the third week of October by the DAC. 75% completed |
| Review of existing supervision manuals | A technical and methods table has been prepared |

| ACTIVITY | STATUS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | comparing the various proposals in the MSPAS. 30% completion. |
| Definition of supervision model, standards and supervision manual | 0%. The MOH has still not appointed the counterpart team. |
| Hiring of national facilitator to prepare a supervision manual | 0%. As above, we are waiting for the MOH to appoint the team of counterparts. |
| Activities related to Result 3.0.6 A program of Quality Assurance. These activities have been postponed until the base line has been completed. | The results of the base line will be ready in December. |
| Preparation of Baseline | <p>Basic equipment for maternal care at all levels must be inventoried was defined.</p> <p>A basic list of medications and basic supplies for maternal care was developed. The study is being conducted by Task Order A.</p> <p>Priority questions for users and providers regarding knowledge and handling of the third phase of the delivery were defined.</p> |
| Technical Assistance for the EONC-FP model, selection of standards and technical guidelines | <p>Subordinated to the quality consultancy.</p> <p>75% progress has been made in the definition of the simplified prenatal model.</p> <p>25% progress in the technical guides of the simplified prenatal model.</p> |
| Dissemination of the integrated model and the standards of essential obstetric and neonatal care | <p>Linked with the quality consultancy.</p> <p>The standards of prenatal care are being selected by the ad-hoc team. 25% progress. This activity will be completed in November.</p> |
| Workshops for updating quality standards | 0%. Postponed until 2007 |
| Review and adaptation of the plan for the provision of reproductive health services in different areas for adolescents | 100% of the activity completed. |
| Training of facilitators in the strategy of the plan of deliveries | This should start around November but may be postponed until 2007. This is linked to the prenatal model currently being defined |
| Workshops for the use of the manual of midwife procedures | A date is being set by the MSPAS. |
| Define mechanisms of coordination of the midwife with the rest of the community team | To be considered in the family health model that is being prepared |
| Reproduction of educational clubs for adolescents | These are subject to review and update of the method of the educational clubs pending completion of the simplified prenatal model |
| Training workshops of institutional facilitators in educational roundtable discussions | Pending the prior activity |
| Nutrition guides for pregnant women | Being coordinated by the Nutrition component |
| Apprenticeships in hospitals for groups of pregnant teenagers | In the planning stage with the Office of Adolescence |
| <p>Workshops of replication for the handling of the main obstetric complications</p> <p>Note. Skills will be evaluated based on the simulation technique with dummies and case studies. The purchase of dummies and materials is</p> | <p>50% completion. The dummies are being bought by URC. The program of evaluation of kills and performance of the providers of childbirth and immediate postpartum care is being prepared with the National Maternity Hospital and will be ready</p> |

| ACTIVITY | STATUS |
|---------------------------------------------------------------------------------------------------------|----------------------------------|
| underway in the URC. | at the end of November. |
| Social mobilization in support to maternal and neonatal health. Specifically to the plan of deliveries. | Activity scheduled for November. |

4.2.2 Challenges Encountered and Solutions Proposed, Maternal Health:

CHALLENGES AND SOLUTIONS:

The development of the activities for the present Work Plan has required more effort than what was originally expected. It is anticipated that in addition to the definition, conceptualization, and construction of models, the technical assistance team will also need to validate the proposals over a period of no more than 6 months, applying them in some of the 69 municipalities. After this operations validation stage, the respective documents will be prepared, based on the lessons learned.

Management of the program at the local level will require significant attention, something that was not considered in this action plan.

Challenge: To promote the use of the Maternal Mortality Surveillance and Prenatal Information System as a decision-making tool for MOH management of the maternal program.

Solution: Use both information systems to set up solutions and define priority interventions in the simplified prenatal model.

4.2.3. Progress Achieved, Child Health:

Preparation of the Technical Assistance Work Plan for the period May-December 2006

The current Work Plan was agreed upon by counterparts from the Ministry of Health and approved by the MOH authorities. The SIBASI teams, local, and community officials prepared a timeline for the development of all pertinent activities.

A three-day workshop was held with MOH counterparts during which the existing baselines on infant health problems, the existing needs regarding standard processes, guides, protocols and systems for providing services, monitoring and evaluation, and the causal factors for the lack of integrality, continuity and quality in the delivery of services (with special emphasis IMCI and AIN strategies) were identified. The Work Plan was



then formulated based on a review by both an international consultant and MOH counterparts. Subsequently, ongoing consultations were conducted with counterparts regarding the planned activities, a timeline, and the parties responsible for said activities at various MOH levels. In addition, data and supplemental documents were gathered for the component. The infant health plan was included in the Work Plan after discussion and analysis with the rest of the URC technical assistance team.

Important progress has been made in updating the current Infant Care standards which were last revised in the 1980's. The standards were validated and finalized with the participation of with local officials and representatives from other institutions within this sector and finally presented to the Ministry of Health.

Significant progress has been made on the development of the Newborn (At Risk, Premature infants) Care guide to be applied at the primary care level. This guide will make it possible to monitor premature infants after they leave hospital care, in outpatient centers, and in the healthcare units during follow up visits. As a result, it will be possible to monitor the residual effects of premature birth in a proactive manner.



In addition, significant progress has been made on the Non-Prevalent Childhood Illnesses Guide for primary care providers. This activity is aimed at strengthening and supplementing the AIEPI strategy and regulating the care of illnesses not addressed by said strategy. These illnesses are the main causes of medical visits in children under 5 and include such conditions as Urinary Tract Infection, Conjunctivitis, Bronchitis, Burns, etc. The following institutions are participating in this activity: National Pediatrics Association, National Neonatology Association, National Nutritionists Association, Hospital Bloom, ISSS, REDSALUD, PLAN, CALMA and Universidad José Matía Delgado.

Three sessions were held to strengthen healthcare promoter skills in the identification of newborn danger signs, basic newborn care standards, and the application of the AIN-IMCI strategy at the community level.

A neonatal resuscitation course was conducted to strengthen care standards for asphyxiation at birth. Approximately 45 technicians including physicians, nurses and anesthesiologists from the Maternity, Zacamil, San Rafael, Chalatenango, San Vicente, Ilobasco and San Miguel Hospitals attended this training.



Two monitoring sessions were held in the SIBASIs of Jiquilisco and San Miguel to supervise the application of infant care strategies in health establishments, identify the priorities for strengthening IMCI content among service providers, and review infant care recording

instruments. Technical personnel from the Office of Integrated Women/Children's health also participated in the sessions.

Monitoring & Evaluation Activities: Child Health

A list of infant health indicators was first proposed by URC headquarters and then revised by the infant health advisor and MOH counterparts according to intermediate result. These indicators will not only measure project progress, but also reveal work plan adjustments that will maximize project impact within the infant health subcomponent.

The monitoring and evaluation indicators were reviewed in conjunction with MOH counterparts, revisions were made, and a proposal for new indicators was presented. For each proposed indicator, a description was provided, along with its formula, source, frequency and the party responsible for obtaining, consolidating and analyzing said indicator. It is important to note that the indicators include the observations made by the CTOs. The list of indicators for this component was presented and discussed with the rest of the URC technical assistance team in order to establish coordination with the other components and define the joint actions included in the work plan.

This activity was developed with the support of the URC monitoring and evaluation advisor.

IEC/BCC Activities: Child Health

A basic inventory was carried out to identify all existing IEC/BCC materials for strengthening infant care. The materials were then reviewed and adjustments were made to content regarding healthcare providers and users in the last quarter of 2006.

Coordination with other projects

As previously indicated in the maternal health sub-component, the RHESSA project is being implemented in 32 of the 69 municipalities covered by our project. As such, the Chief of Party and the Reproductive Health Advisor held a meeting with the management and technical advisors from RHESSA to determine the scope, components, and the level of development of the project. Considering this initial information, activities were formulated to ensure efforts were not duplicated. It is important to stress that in order to maximize synergies, a close relationship will be maintained with RHESSA during the next quarter.

Meetings were held with the American Red Cross to expand these strategies to geographical areas supported by Red Cross projects. Strategies of common interest were AINM-IMCI and IEC/BCC.

The following table shows the status of activities included in the Work Plan for this sub-component:

| ACTIVITY | STATUS |
|----------------------------------------------------------|--------------|
| Reproduction of the prenatal and infant mortality sheet. | 0% complete. |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 10 visits to supervise compliance of the essential newborn care package. | 40% complete. This activity will be completed in December. |
| 2 1-day courses, at the regional level, on neonatal resuscitation in hospitals | 100% complete. |
| 2 1-day sessions, at the regional level, for evaluating the neonatal resuscitation program. | Scheduled for November. |
| 2 1-day courses, at the regional level, regarding stabilization and transportation of the critical newborn. | Scheduled for November |
| 2 1-day sessions, at the regional level, for evaluating the neonatal transportation program. | Scheduled for November |
| 3 1-day workshops, at the central level, for designing the protocol for tracking high-risk newborns in the SIBASIs. | 75% completed. This activity will be completed in November. |
| 1 1-day validation workshop, at the central level, regarding the protocol for tracking high-risk newborns in the SIBASIs. | Scheduled for November |
| Diagramming and reproduction of the protocol for tracking high-risk newborns. | Scheduled for November and December |
| Purchase of updated books (latest edition) on neonatal resuscitation. | Scheduled for November |
| 22 1-day sessions, at the SIBASI level, to promote knowledge and skills for the provision of essential newborn care at home and in the community. | 30% complete. This activity will be completed by December. |
| Preparation of terms of reference for the study on the factors associated with prenatal death | Scheduled for November. |
| 18 4-hour sessions, 1 each week, at the central level, for the preparation of the primary care guides for children under 5. Participation will include specialists from various institutions, from June to October 2006. | 75% complete. This activity will be completed by December. |
| 2 1-day workshops, at the regional level, for the validation of primary care guides for children under 5. | Scheduled for November |
| 3 1-day sessions, at the central level, for the review and update of the Integrated Healthcare Standards for Children. | 100% completed. |
| 1 4-hour session, at the central level, for the launch of the Integrated Healthcare Standards for Children, the Guides for Prenatal, Infant and Child Mortality Surveillance Systems, and other regulatory documents. | Scheduled for December |
| Reproduction of 1,000 documents on Integrated healthcare standards for children and 500 Guides for the Prenatal, Infant, and Child Mortality Surveillance Systems. | Scheduled for November. |
| 3 1-day sessions, at the regional level, for dissemination and training on Integrated Healthcare Standards for Children and the Guides for the Prenatal, Infant and Child Mortality Surveillance Systems. | Scheduled for November |
| Reproduction and distribution of the integrated healthcare sheets for children under 5. | Scheduled for November. |
| Monitoring and supervisory visits to facilitate the child care process in health establishments of the 69 priority municipalities. | 40% complete. This activity will be completed in December. |
| 1 2-day session for the annual evaluation of the process indicators and preparation of the 2007 Work Plan for the Child Health and Nutrition Programs. | Scheduled for December. |
| 3 2-day sessions, at the regional level, as a refresher course for facilitators on the AIN-IMCI strategy and weight surveillance among pregnant women in the community. (IMCI Facilitators) | Scheduled for December. |

4.2.4 Challenges encountered and solutions proposed, Infant care:

Challenges:

Initially, the project faced difficulties integrating activities among the various programs and strategies within the infant and nutrition components.

In addition, there is a dearth of instruments for recording infant care at the health institution level.

A good deal of time was devoted by counterparts in the Office of Child Health to combating the Dengue epidemic.

Solutions:

Efforts will be made to define the national infant care program and precisely delineate the strategies that will be used for service provision.

We anticipate supporting the MOH further in finding adequate instruments for recording infant care.

Activities that had to be suspended during the Dengue epidemic will be rescheduled.

4.2.5. Progress Achieved, Community health:

Preparation of the Technical Assistance Work Plan for the period May-December 2006

The work in this sub-component began by familiarizing the MOH counterparts with all of the aspects of Task Order “B”, the technical assistance proposal presented by URC, and the annual operations plan of the MOH. The work plan was then formulated based on this information and an in-depth analysis of the methodology, tools, and instruments established by the URC technical team.

The main focus of the work plan was to restructure the Community Health Program based on a family health model. Training and management strengthening activities were incorporated into the plan, as well as a new supervision model for the health promoters. In addition, the occupation profile, the record keeping system, and the training curriculum of the health promoters was revised and included in the work plan.

Short-term international and local consultancies necessary for the family health and community health component were determined and an itemized budget was prepared for training, consultancies, and equipment for the sub-component.

Execution of the Work Plan

At the request of the General and Quality Assurance Director, Dr. Margarita Velis, MOH counterpart, and David López, the community health plan was again revised to include activities to strengthen Community health in the municipalities supported by USAID.

Activities carried out in August and September include: Meetings (4-hours) with community health supervisors in each region to assess community IMCI activities; a 1-day workshop at the central level to present success stories regarding the supervision of healthcare promoters in Sonsonate, La Libertad, La Paz, Nueva Concepción, Chalatenango and San Miguel. Due to the dengue epidemic, it was only possible to hold basic new born care refresher course. At

the time this report was issued, health promoters from all over the country were involved in activities related to the control of this epidemic.

Primary care guides for non-prevalent diseases were prepared and evaluated. In addition, health promoters' newborn care skills were strengthened and the protocol for monitoring at-risk newborns (premature infants) was prepared.

Two sessions were held to strengthen newborn care skills in San Miguel (40 attendees) and in San Vicente (17 attendees).

The promoter form for the Automated Statistical Report (IEMA) was reviewed and updated.

A short-term international consultant was hired for four months to design the family health model with a community health focus. As part of this consultancy a work plan was prepared, and various work meetings and field visits were conducted.

The consultancy began on August 27 and as of this moment; the following progress has been made:

- A group was formed to develop the aforementioned model with participation from the General Directorate, the Quality Assurance Division, and the international consultant.
- A first draft was prepared for discussion that includes the conceptual framework, structure, the operation of the family health department, and integral interventions.
- This document is being reviewed and supplemented by both the MOH group in charge of the model and the URC consultant.
- A workshop is scheduled for October 23 and 24 of this year to provide information on the model and make pertinent adjustments. Attendees will include MOH Directors, program managers, regional SIBASI technical advisors, and the URC technical assistance team. The complete model of Family health will be completed in December.

Monitoring & Evaluation Plan-Basic Studies for the establishment of the Municipal base line

During the last quarter of the fiscal year, preparation of the project's base line studies continued. Local and remote support was also provided by the short-term international consultant Dr. Paul Richardson. Meetings with URC technical advisors were held to define the most feasible investigation methods for each component. It was agreed that a community survey regarding Knowledge, Practices and Coverage (KPC) would be the best option for obtaining information from users and evaluating the EPS provision of healthcare services.

Various meetings were held with key personnel from the central level of the MOH to coordinate the execution of the baseline. Two technical advisors were assigned to support this process, one from the Planning Office to assist with the inventory, and another from the General Directorate to help organize the community survey and evaluation of the provision of healthcare services. The assignment of one additional person is underway.

A company is currently being selected to conduct the inventory of biomedical equipment in the health establishments throughout the 69 municipalities and in the 28 maternity clinics.

A comparative list has been developed to identify which indicators in the M&E plan coincide with those the MOH uses to assess their five-year health plan. Furthermore the team has established which indicators are based on an already established data source (i.e.: the Automated Monthly Statistical Report (IEMA), the maternal/infant mortality surveillance system, etc.). The purpose of these activities is to select the most appropriate and easily gathered indicators in order to standardize data measurement processes. Meetings have been held to discuss activities for each component with MOH counterparts and technical personnel from the Planning Office responsible for Monitoring and Evaluation.



Meetings have also been held with the CTOs of USAID, in order to make adjustments to the Monitoring & Evaluation Plan.

At the request of the USAID Mission, a plan will be drafted to supervise the community health program as required by the agreement signed between El Salvador and USAID. Ongoing consultations have been conducted with the coordinator of the community health program and a delegate from the General Directorate. The result of these joint efforts has been increased planning of counterpart actions by the MOH with special emphasis on the supervision of health promoters. As a result the MOH was able to accelerate negotiations with FOSALUD to hire 100 health promoters and 10 supervisors. At least 25% of these resources are expected to be assigned to the 69 municipalities supported by USAID.

4.2.6 Challenges Encountered and Solutions Proposed, Community Health:

Challenge:

There are doubts regarding the financial capacity of the GOES to support the application of the family health model in the “pilot” Healthcare Units.

Solution:

To clarify the previous doubt, a study was included within the Work Plan on the political, technical and economic feasibility of the application of the model. Ten healthcare establishments will be selected at the level local that - according to the information provided by the MOH - have the minimum personnel and vehicle capabilities required to make the model operational. The final study report will be ready in December.

Challenge:

Help the local and community levels acquire a culture and habit of monitoring and evaluation and improve the quality of services by means of appropriate and timely decision making.

Solution:

The project will support the MOH in an effort to establish standards and procedures, improve efficiency, and assign resources effectively at the regional and SIBASI levels. Task Order B has incorporated within the Work Plan, the development of various models and the hiring of health professionals with general management experience - such as supervision of local facilitators – to support this activity. Financial resources have also been budgeted for training and execution of monitoring and evaluation activities, all of which are based on continuous quality improvement. Facilitators will be hired in November.

4.3. NUTRITION COMPONENT

4.3.1 Progress achieved:

Preparation of the Technical Assistance Work Plan for the period May-December 2006

As with the other components, the Work Plan for the nutrition component was developed with the complete cooperation of the MOH counterparts, SIBASI teams, and local and community authorities. Based on these discussions a timeline has been prepared for the development of all activities.

After discussion and analysis with the rest of the URC technical assistance team the nutrition component activities were integrated into the general Work Plan.

Short-term international and local consultancies needed for this component were also determined, and the itemized budget was drafted for training sessions, consultancies, equipment and materials.

Execution of the Work Plan

The review of the growth charts and the table of minimum expected weight has begun. Moreover, standards for the surveillance of adequate growth in children under five have been reviewed and incorporated into the Child Care Standards.

Monitoring & Evaluation Activities: Nutrition

A list of indicators for the nutrition component was proposed to the MOH to measure the state of progress during the three years of the project and to make it possible to analyze the adjustments to the work plans and implement the activities to achieve as much impact as possible, in this case at the nutritional level of the infant, maternal and adolescent population.

IEC/BCC Activities: Nutrition

The promotion materials for adequate feeding practices, supplementation of micronutrients, and the consumption of fortified foods will be reviewed, including the use of zinc to treat diarrhea. This review will be completed in December 2006.

The following table shows the progress of the nutrition activities included in the work plan:

| ACTIVITIES | STATUS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1 2-day workshop to review and update the nutrition guide for women aged 20 to 49. | 0% complete. |
| Print the first batch of IEC materials on the IMCI-AIN strategy, including promotional material for growth and development, breastfeeding, and Family Planning | Scheduled for November and December. |
| 3 1-day sessions, at the central level, to review and update the guides for integrating IMCI-AIN strategies. | 100% complete. |
| Reproduction of the annex for integration of IMCI-AIN material. | Scheduled for November. |
| 3 2-day sessions, at the regional level, for the update facilitators on the IMCI-AIN strategy for surveillance of the adequate growth of children under 2. (AIN Facilitators) | Scheduled for November |
| Purchase of 1,000 vests for the VCNs. | Scheduled for November. |
| Consultancy for the design of the ongoing education modules for the VCN. | Scheduled for November. |
| 3 1-day sessions, at the central level, for the design and validation of 2 ongoing education modules: 1) Healthcare for pregnant women and the promotion of FP and 2) Stimulation of development. | Scheduled for November. |
| 3 1-day workshops with specific supervisors, at the SIBASI level, for the standardization of anthropometric measures and guidelines for the quality control in weight measurement at the community level. | Scheduled for October, November and December. |
| 1 2-day session to update the Voluntary Nutrition Counselors (VCN) on the integration of IMCI-AIN in 24 healthcare units, for the surveillance of weight gain in pregnant women within the community. | Scheduled for December. |
| 3 1-day workshops, at the SIBASI level, to train to train health care unit and community personnel on BF counseling, with emphasis on problem resolution. (BF advisor group and Infant Feeding for Hospitals and Health Units) | Scheduled for October. |
| 3 1-day sessions, at the regional level, for the Evaluation of MADLAC and USANYM results in the health establishments supported by USAID. | Scheduled for November. |
| 3 1-day sessions, at the central level, for the Review and finalization of the SISVIN. | This activity has been suspended by the Coordinator of the Nutrition Unit of the MOH and will be resumed in 2007 |
| 1 1-day session, at the central level, for validation of the Nutritional Surveillance System (SISVIN). | This activity has been suspended by the Coordinator of the Nutrition Unit of the MOH and will be resumed in 2007 |
| Acquisition of computer equipment for the 12 SIBASIs supported by USAID, per the survey results of the inventory. | This activity has been suspended by the Coordinator of the Nutrition Unit of the MOH and will be resumed in 2007 |
| Hiring of 1 month consultancy, to support the implementation of the Nutritional Surveillance System (SISVIN). | This activity has been suspended by the Coordinator of the Nutrition Unit of the MOH and will be resumed in 2007 |
| 1 month consultancy to support the Third Census of Height in School-age children. | This activity has been suspended by the Coordinator of the Nutrition Unit of the |

4.3.2. Challenges Encountered and Solutions Proposed, Nutrition:

Challenge:

There is a lack of agreement among the nutrition technical team members regarding the best way to monitor the growth of children under two. One group thinks the best method is to use tables of minimum expected weight and another believes monitoring should be conducted by using the growth chart (weight/age).

A series of activities has also been suspended due to the dengue epidemic. Most of these activities have been scheduled to start after October 2006.

Solution:

Meetings will be held to review literature and scientific evidence of the best strategies and procedures for conducting nutritional surveillance.

5. REVIEW OF RESULTS AND ANALYSIS. INTERMEDIATE RESULT 3.4: INFECTIOUS DISEASES CONTAINED AND IMPACT MITIGATED

5.1. PREVENTION AND CONTROL OF INFECTIONS

5.1.1. Progress achieved:

Preparation of the Technical Assistance Work Plan for the period May-December 2006

Work on this component started May 16, 2006. Activities in this component began by familiarizing the URC technical advisor and the MOH Epidemiology Division counterpart with the components included in Task Order “B”, the technical assistance proposal presented by URC, and the annual operating plans of the MOH. The method, tools, and instruments established by the URC technical assistance team were then applied to formulate the first work plan.

Short-term international and local consultancies necessary for the component were determined, and lastly, the itemized budget was prepared for the skills training and consultancies.

Execution of the Work Plan

With help from a short-term international consultant, Joanne Ashton, a workshop was held to prepare protocols for the prevention of intra-hospital infections among mothers and newborns.

Twenty-one hospitals participated (25 participants) in this workshop the following results were obtained:

- Definition, prevention and monitoring guide for maternal infection and neonatal sepsis
- Definition, prevention and monitoring guide for intra-hospital pneumonia
- Definition, prevention and monitoring guide for surgical site-acquired infection

The above guides were validated in the participating hospitals while the strategy is currently being defined for implementation at the national level. Seventy-five percent of the activities have been completed for this intermediate result.

Steps and methods are being studied to reactivate the local intra-hospital disease committees. In order to revitalize these committees a diagnosis of the operating level has been initiated to define the areas to be strengthened. A meeting is pending to encourage hospitals, health unit, and SIBASI management to reactivate these committees.

URC is currently in the process of gathering information in order to draft a ministerial-level proposal to create an Inter-institutional Technical Advisory Committee for the Prevention and Control of Intra-Hospital Diseases. These activities are roughly 15% complete. One theoretical/practical workshop is being planned for members of the Committees. This activity is complete.

As per a request made by the Office of Epidemiological Control and Surveillance, the course for the prevention and control of intra-hospital diseases for Nursing Units is being supported by the project.

We are in the process of defining the methods and procedures for adapting protocols for the prevention, detection, timely and adequate treatment of UTIs in pregnant women, directed at healthcare provider personnel at all levels. These activities are 15% complete. The methodology for obtaining a baseline of the cases and the identification of healthcare provision weaknesses are being defined for a workshop to analyze and develop a plan to reduce hospital mortality by intra-hospital sepsis in mothers and newborns. Its level of achievement is 15%

An infection prevention advisor, Dr. Víctor David Franco, is in the process of being hired, subject to a consultation with the Deputy Minister and the Director of Epidemiological Control and Surveillance.

Monitoring & Evaluation Activities: Prevention and Control of Infections

A list of indicators for the infection prevention and control component was proposed by the URC central office and reviewed by the MOH counterpart and the rest of the URC technical assistance team. The indicators are organized according to proposed results and aim to measure progress during the three-year project. Through in-depth analysis, adjustments will be made to the work and implementation plans in order to achieve the maximum impact, in this case, the reduction of morbidity and mortality by sepsis in maternity clinics and the neonatology wards of the 28 hospitals and 35 healthcare units (that perform childbirths).

For each proposed indicator, a description, formula, source, frequency and the person responsible for obtaining, consolidating and analyzing said indicator were defined. In addition, the approved version of the M&E plan incorporates the CTO's observations.

All of the aforementioned activities were developed with support from the URC Monitoring and Evaluation advisor.

IEC/BCC Activities: Prevention and Control of Infections

As part of the inventory of educational materials and the determination of the base line, existing material and its level of use will be identified through surveying providers. This activity will be completed in December 2006.

The status of the activities of this component is listed in the following table:

| ACTIVITY | STATUS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| A 20-day international consultancy, to adapt protocols for the prevention, detection and timely and adequate treatment of UTIs in pregnant women, geared toward personnel of Hospitals, Healthcare units, Health sponsors and community volunteers. | 25% complete. This activity has been scheduled for completion in November. |
| Workshop at the national level, for the review and definition of standards, protocols and manuals of existing procedures for the prevention of intra-hospital infections among mothers and newborns in delivery and postpartum rooms. | 75% complete. This activity has been scheduled for completion in November. |
| Create and authenticate an inter-institutional technical advisory committee for the prevention and control of intra-hospital diseases Hold 10 half-day sessions for strengthening and consolidation of said committee. | 15% complete. This activity has been scheduled for completion in December. |
| Hold session at the regional level to promote the reactivation of the committees for the prevention and control of intra-hospital diseases, geared toward management at hospitals, health units, and SIBASIs. | 10% complete. Planned for August but rescheduled for November |
| Hold a theoretical/practical workshop on 4 different days in 5 hospitals, to integrate the committees for the prevention and control of intra-hospital diseases. | 10% complete. The training for the coordinators (nurses) of the intra-hospital diseases committee in the 28 hospitals will be completed by November. |
| Initiate the operation of intra-hospital disease committees in five (5) hospitals. | 10% complete. Scheduled for November 06. The collection of information has started. |
| Based on the results of the baseline, hold a one-day session, by health region, to adapt the protocols for the prevention, detection and timely and adequate treatment of UTIs in pregnant women, geared toward personnel of hospitals, healthcare units, health promoters and community volunteers. | 10% complete. Pending completion of the base line. Scheduled for November-December, will be rescheduled according to progress of the base line study. |
| Hold 1 one-day session, in 5 hospitals and in 5 different SIBASIs, to train hospitals, healthcare units, health sponsors and community volunteers on the protocol for the prevention and treatment of | Depends on adaptation of protocols to base line data, which is not yet completed. Scheduled for November-December 06. |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| urinary tract infections in pregnant women. | |
| Documental review to define the number of neonatal deaths by hospital-acquired sepsis. | This activity is scheduled for November and it is expected that the infection control advisor from URC will evaluate it. This activity will be carried out by a local consultant. |
| Preparation of the terms of reference for the local consultancy to develop a workshop on the reduction of maternal/neonatal mortality from hospital- acquired sepsis | Scheduled for November 06. |
| Prepare an operational investigation to identify points of risk for acquiring intra-hospital diseases, during postpartum and newborn care. | Scheduled for November 06 |
| A three-day workshop to analyze and develop recommendations for the reduction of mortality due to hospital-derived sepsis in mothers and newborns. | Scheduled for December 06 |

Challenges:

Despite a strong interest, the assigned MOH counterpart has limited time to devote to the component as she is covering a number of other tasks.

The dengue epidemic has limited the personnel availability in (7) seven hospitals as most staff were involved in “red alert” workshops.

The lack of a URC infection prevention advisor has limited the scope of activities.

Solution:

Dr. Mario Serpas, Director of Epidemiological Control and Vigilance, was petitioned to provide additional staff support.

The prepared protocols will be disseminated during the last two months of 2006 and will cover the 7 hospitals that did not participate in the preparation of the protocols for the prevention of intra-hospital diseases.

The URC infection prevention advisor has been selected and will begin work in early November.

6. ADMINISTRATION

6.1. Personnel

International Personnel:

The Chief of Party traveled to the URC central offices from June 10 to 16 to receive orientation regarding the company’s policies, its mission, technical capacity, management processes, and company standards regarding finance, administration, and evaluation.

In August, administrative support was provided for the lodging, transportation, and setup of the URC office in San Salvador. In addition, between August 7 and 25, logistical support was provided to Joanne Ashton, the international consultant who reviewed the infection prevention strategy of and identified weak practices and policies.

During the same month, Mr. Jack Galloway, Project Manager, and Mr. Andrew Dorin, Project Coordinator, from the URC central office visited the project. They reviewed project activities and administrative, financial and accounting policies.

Administrative support was also provided for the visit of Humberto Jaime Alarid, consultant for the design of a Family Health Model, from August 27 to December 20 of this year.

In September, logistic support was provided to international consultant Paul Richardson, who assisted in the development of baseline surveys from September 4-16.

Local personnel: Delmy Núñez de Cideos was hired as Administrator, Manuel Chávez as accountant and Administrative Assistant, and Mario Marroquín as driver.

A consultant was contracted to evaluate the purchase of computers, printers, Internet equipment and air conditioning, remodeling, and review of the electrical and plumbing systems. In addition, the consultant provided support for computer configuration, software installation, and network and server configurations.

In July Norma Ramos de Pineda was hired as receptionist/secretary. She began work the last week of July.

In August 2006, Mr. Bladimir Hernández, a second driver, was hired.

The selection process for the SIBASI facilitators was also initiated. Resumes were requested, interviews were held, and applications were completed. Considering the salary history of the facilitators and the budgeted amount, a comparative table was prepared and sent to USAID for approval.

The selection of an infectious disease advisor is still pending USAID approval.

Equipment and organization of the office: Office space was leased, next to that of Task Order “A” and large enough to house both the technical and administrative staff. The office has two conference rooms for group work and is located at 103 Avenida Norte and Pasaje Subtiava No. 166-A, Colonia Escalón, San Salvador.

Accordingly, work was immediately started to determine the needs with regard to furniture, photocopiers, telephones, a server, computers, projectors, fax machines, air conditioners, Internet service, cell phones, and security and cleaning services. These goods and services were quoted in the local market and comply with USAID standards with regard to their certificate of source, origin and nationality. In addition, all purchases were submitted to USAID for approval. Remodeling of the facilities was as scheduled in accordance with USAID regulations.

In order to provide security to the personnel, to the facilities and to the equipment, a security company was hired, taking into account experience, cost, and customer references. The security company selected is the same that provides services to the US embassy and USAID.

Vehicle purchase: A market study was conducted and quotes of US-made vehicles were requested for a 4-wheel drive, all-terrain vehicle. The purchase of said vehicle was reviewed and approved USAID. An additional 4-wheel drive SUV was leased to provide extra transportation for the technical advisors.

In September, the down-payments for two vehicles, a Jeep Liberty and a Grand Cherokee Laredo, were made and insurance policies were taken out.

Other administrative activities:

Administrative support was also provided for the quote of educational material for training sessions, pending equipment purchases, and special project software needs.

During the aforementioned period, general administrative activities were carried out such as: preparation of monthly financial information, and payment to vendors, advisors, and personnel.

VAT reports for the Project and for expatriate employees were prepared and submitted to USAID along with reports detailing total costs incurred in the current period.

Finally, resumes of translators were obtained and a translator is currently being selected.

BUDGET AND COSTS INCURRED: APRIL-JUNE 2006

The following table contains the budget and costs incurred during the period April-September of 2006.

| Category | Budget | Balance Available | Spent during the period April-September 2006 |
|-------------------------------------------|---------------------|---------------------|----------------------------------------------|
| Salaries and Wages | \$920,076 | \$797,587 | \$122,489 |
| Fringe Benefits | \$312,826 | \$271,181 | \$41,645 |
| HCN Wages | \$2,275,537 | \$2,157,761 | \$117,776 |
| Allowances | \$195,070 | \$163,671 | \$31,399 |
| Overhead | \$518,491 | \$474,628 | \$43,863 |
| Consultants (includes "Statutory Fringe") | \$647,274 | \$632,055 | \$15,219 |
| Travel | \$420,326 | \$387,432 | \$32,894 |
| Equipment | \$1,723,850 | \$1,605,368 | \$118,482 |
| Other Direct Costs | \$2,607,816 | \$2,531,380 | \$76,436 |
| Subtotal | \$9,621,266 | \$9,021,063 | \$600,203 |
| Administrative Costs | \$1,731,828 | \$1,623,790 | \$108,038 |
| Total Estimated Cost | \$11,353,094 | \$10,644,853 | \$708,241 |
| Fixed Fee | \$681,186 | \$638,691 | \$42,495 |
| Total Cost plus Fixed Fee | \$12,034,280 | \$11,283,544 | \$750,736 |

