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October 2006 - September 2007
Task Order “B”

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TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	4
2. INTRODUCTION	7
3. MANAGEMENT OF THE ACTIVITIES OF TASK ORDER “B”	8
4. REVIEW AND ANALYSIS OF RESULTS. INTERMEDIATE RESULT 3.3: IMPROVED INTEGRATED MANAGEMENT OF REPRODUCTIVE AND CHILD HEALTH	9
4.1. COMPONENT: FAMILY PLANNING	9
4.1.1 Progress Achieved:	9
4.1.2. Difficulties encountered and proposed solutions	12
4.2. MATERNAL – CHILD HEALTH COMPONENT	12
4.2.1. Progress Achieved, Maternal Health:	12
4.2.2. Difficulties encountered and proposed solutions:	26
4.2.3. Progress Achieved, Child Care:	27
4.2.4 Difficulties encountered and proposed solutions	31
4.2.5. Progress Achieved, Community Health:	32
4.2.6. Difficulties encountered and proposed solutions:	36
4.3. NUTRITION COMPONENT	37
4.3.1 Progress Achieved:	37
4.3.2. Difficulties encountered and proposed solutions:	41
4.4 IEC/CBC	41
4.4.1 Achieved Progress	41
4.4.2 Difficulties encountered and proposed solutions	45
5. REVIEW OF RESULTS AND ANALYSIS. INTERMEDIATE RESULT 3.4 INFECTIOUS DISEASES CONTROLLED AND IMPACT MITIGATED	46
5.1. DISEASE CONTROL AND PREVENTION COMPONENT	46
5.1.1. Achieved Progress:	46
5.1.2. Difficulties encountered and proposed solutions:	49
6. REVIEW OF RESULTS AND ANALYSIS: MONITORING AND EVALUATION COMPONENT	50
6.1. MONITORING AND EVALUATION COMPONENT	50
6.1.1 Progress Achieved	50
6.1.2 Difficulties encountered and proposed solutions:	57
7. ADMINISTRATION.	58
8. BUDGETS AND EXPENSES OCTUBER 2006 - SEPTEMBER DE 2007	64

ACRONYMS

AIEPI	<i>Atención Integrada a las Enfermedades Prevalentes de la Infancia</i> (Integrated Care of Prevalent Childhood Illnesses)
AIN	<i>Atención Integral en Nutrición</i> (Integrated Nutrition Care)
BCC	Behavior Change Communication (<i>Comunicación para el Cambio de Comportamientos</i>)
CONE	<i>Cuidados Obstétricos y Neonatales Esenciales</i> (Essential Obstetric and Neonatal Care)
CTO	Cognizant Technical Officer (<i>Oficial Técnico de USAID para la Orden de Trabajo “B”</i>)
IEC	Information, Education, and Communications (<i>Información, Educación y Comunicación</i>)
IUD	Intrauterine Device
MADLAC	<i>Monitoreo y Apoyo Directo a la Lactancia Materna</i> (Monitoring and Direct Support for Breastfeeding)
MSPAS	<i>Ministerio de Salud Pública y Asistencia Social</i> (Ministry of Public Health and Social Assistance)
RHESSA	<i>Reconstrucción de Hospitales y Extensión de Servicios de Salud</i> (Hospital Reconstruction and Healthcare Services Extension Project)
SIBASI	<i>Sistema Básico de Salud Integral</i> (Basic System of Integrated Health)
URC	University Research Co., LLC
USAID	U.S. Agency for International Development
USANYM	<i>Unidades de Salud Amigas de la Niñez y las Madres</i> (Child- and Mother-friendly Health Units)

1. EXECUTIVE SUMMARY

This annual report reflects the activities carried out with the implementation of Task Order “B” of Activity 519-0463 - Strengthening Health – for the period October 2006 to September 2007.

The work plan for the October 2006 to September 2007 period was developed with the active participation of the main authorities and counterparts at the MSPAS; members of the Quality Assurance National Council, Regulatory Office, Epidemiology Office and the directors of the Central, Paracentral and Eastern Regions in which the 69 municipalities covered by the project are located. A total of 91 employees from the MSPAS participated in the formulation, revision, analysis y approval of the plan. The action plan was approved by USAID February 16 2007.

Once the work plan was approved by USAID, its execution began. We must point out that starting July 11 and until the end of August a dengue epidemic occurred in the country, and for that reason, the MSPAS declared a red alert health emergency status for several regions in the country; including several municipalities under the influence of the project, which resulted in the suspension of some of the activities outlined in the work plan, since the human resources available were dedicated to fight the epidemic.

For each of the four components: Family Planning, Maternal-Child Health, Nutrition, Disease Control and Prevention; during the period covered by the present report, several activities were executed that were focused on the complementation of baselines, revision, adjustment, updating and implementation of policies, guidelines, protocols and standards; as well as the conceptual and methodological definition and implementation of new models of prenatal and family health care, supporting the use of the Perinatal Information System and Supervision and continuous quality improvement activities.

During the 2007 fiscal year, a total of 453 workshops and monitoring, evaluation and training seminars were carried out in which a total of 22,422 people participated. They covered specific subjects in the different components.

Main accomplishments by component.

Family Planning

During this fiscal year a work was done on making improvements on the regulatory framework of the MSPAS in relation to FP counseling, which integrates the techniques of balanced counseling and ACCEDA. We took advantage of this opportunity to introduce the relevant aspects on the legal framework that regulates the use of funds originating from the U.S. Government that are utilized in the family planning program.

Given the importance of this legal framework several activities were developed in this area. National human resources were trained, both; advisors and facilitators, on the application of that framework and particularly the laws that apply to El Salvador, Tiarht Law, PD-3 and De Concini.

Monitoring Instruments were created to give follow up information to the application of this legal framework and meetings were held with authorities at the MSPAS to prioritize this important topic.

Contraceptive knowledge was updated for 233 people through new workshops and 87 people were trained in the use of FP counseling and the legal framework.

A Technical Counseling Guide on FP was created and during the first trimester of the fiscal year 2008; 5,500 copies will be made and distributed.

A national short-term consultancy job took place to strength the skills of the providers in surgical techniques and IUD (Intra-uterine device) insertion. As a result of this consultancy 58 doctors were trained on service in Minilap and Vasectomy techniques as were 57 people in the Cojutepeque, Santiago de María Jiquilisco, Usulután, Nueva Guadalupe and San Miguel Hospitals, and the San Barrios Health Units.

Two workshops were completed with the participation of 47 people from different regions to gather successful experiences in FP. Eighteen experiences were related to the reduction of waiting time, access to IUD, among others. These workshops allowed the interchange of opinions, views and solutions implemented among the participants.

Visits for monitoring and supervision were made to 19 hospitals and 13 Health Units to evaluate the implementation of the FP program. Weaknesses were assessed, and specific recommendations were made to improve delivery and quality of services. This activity was coordinated with the maternal health component. Within the Prenatal Guide a specific chapter was focused on counseling on the different methods for FP, particularly those that can be used post-delivery; and to comply with the informed consent in permanent methods starting from the 28th week of pregnancy.

266 teenage facilitators were trained in the use of “Guide to Life Education” and 1,500 manuals were printed and delivered to the MSPAS.

Maternal Health

In the subject of Maternal Health the existing policy framework was reviewed and revised. This review determined that the regulatory framework of the prenatal attention model of the MSPAS presented limitations in its implementation and included several elements needed to be adjusted accordingly to a new scientific evidence. Therefore, the creation of a new operational guide directed to care providers was prepared and its is being implemented in a current pilot test in three SIBASI.

Utilizing data generated by the PIS and considering 18 standards of maternal and perinatal care, a monthly evaluation of the maternal program is taking place through the Local Hospital Committees for Maternal and Perinatal Health; and each semester by the regions and hospitals. These evaluations are contributing to the improvement of the quality of the service directed to the maternal and neonatal population. There is a document that reflects national data on the maternal program; this allows us to evaluate program trends and compare each year, and also every hospital can compare itself to the national data.

Child Health

The training in neonatal reanimation has permitted that for the January–July 2007 period the number of neonatal deaths for neonatal asphyxiation diminished from 21 deaths in 2006 to 10 in 2007. In general neonatal asphyxiation as a cause of infant mortality has descended from the second to the sixth cause of death in less than a year.

One hundred and twenty nine Oral Rehydration kits were bought and distributed in the 69 municipalities in the project's jurisdiction. These kits contain everything necessary at the health units for the preparation, conservation and supply of oral rehydration solution to children that suffer from diarrhea. They also contain material to teach mothers in its adequate preparation. 100% of the health units covered in the project (93) were supplied with these kits.

The Child Care Policies that were in force since 1991 entered in a review and update process. This process was completed, and the new norms were presented to the MSPAS regulatory office for approval.

Nutrition

An expansion of AIN with the training of sixty five (65) new facilitators was initiated. Also new graphics depicting growth that includes the three anthropometric indicators for nutritional surveillance for a child less than 5 years of age are available. Seventeen (17) hospitals of the 28 existing ones now have trained personnel in the management and follow up care for a severely malnourished child.

In coordination with the Ministry of Education, the Republic National Secretary and the MSPAS Nutritional Unit a Third National Census of Child Growth was supported and completed. A total of 217,000 first grade students were weigh and sized. For this activity 419 facilitators and 7,319 first grade teachers from the Ministry of Health and the Ministry of Education were trained.

For the development of the program to promote exclusive breast feeding during the first six months of infant life, 37 workshops were completed, these trained 1,229 health workers belonging to the 69 municipalities covered by the project.

With the objective of guaranteeing nutritional surveillance at the community level, 10 training sessions for the standardization of anthropometric measurements; weight and size were completed. In these 646 specific supervisors and health promoters for the three USAID priority regions were trained.

Community Health

Health promotion supervisors were designated to all the Health Regions and now there is relation of 17 to 1 health promoters/supervisors. During the entire year 16 quarterly monitoring and evaluation workshops were undertaken regarding the Community Health Program, in these 820 Community Health workers participated and new innovations regarding health promoter performance were introduced. The Manual for Supervision of Health Facilitators was reviewed and updated, as were the monitoring and supervising instruments. The Occupational Health Promoter Profile was also reviewed and updated; this has been submitted for USAID and MSPAS for approval.

A international consultancy job in order to support the Family Health model design with a community focus was completed. The final product was a framework document for the model and its implementation plan. The new model is now being implemented in the five municipalities of the SIBASIs of Chalatenango and Cuscatlán.

The official launch of the Family Health model on a national level was supported. Three hundred and forty four (344) people participated in this activity, including representatives of foreign cooperation agencies and MSPAS functionaries and workers, as well as other government and non-government agencies.

A community survey was completed, with a sample of 1260 households. The objective was to find out the coverage, practices and knowledge of MSPAS care services by the users in the 69 municipalities covered by the project. This survey has been used to adjust the policies and guidelines that regulate care processes and will serve as a baseline to evaluate in 2009 the impact of the project.

Disease Control and Prevention.

A diagnostic process was made to determine and evaluate the organizational structure and the level of functionality of nosocomial infection committees in the 28 maternity wards. On the basis of this study nosocomial Infection Committees were reactivated in 22 hospitals and a donation of computers, printers, software licenses, voltage regulators and Operational Systems to the 28 infection committees was made.

Ten workshops on Clinical Care Guidelines of the main obstetric problems, such as surgical site infection, endometriosis and urinary tract infection in the second and third care level, were carried out as well as Clinical Guidelines on the care of the main pediatric diseases, such as neonatal sepsis in the second care level and clinical guides for newborns (neonatal sepsis) with pathologies. A total of 175 professionals were trained.

In coordination with the reproductive health component, an educational methodology and contents on pregnancy infection prevention was established. This component is incorporated within the new model for prenatal care that is currently being implemented in three SIBASI: Ilobasco, Nueva Concepción and Santiago de María.

IEC/CBC

An inventory of the educational material and radiophone products in the IEC of the priority components of the Project was carried out. This allowed the identification of existing educational material and the need of them for the implementation of the education interventions in the health units of the 69 municipalities.

106 educational materials, 81 graphics, 19 radio spots, 4 television spots and 2 videos for the different components of the project were designed. A company was hired to develop the final artwork for the graphic, radio and television material. These products will be available at the end of December 2007.

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 October 2006 to September 2007 and presents the activities that have been carried out and the results that have been achieved, as well as the challenges that have been faced in each of the technical components.

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

Coordination with Technical Assistance Team

During the 2007 fiscal year integrated work was maintained by the URC Technical Assistance Team, under the coordination of the COP. Coordination meetings were held that have served to give a weekly follow up to current progress in each component, defining the relationship between them, identifying the encountered difficulties and giving solutions to the difficulties; and also to plan activities for upcoming periods.

Technical Assistance Team and MSPAS Coordination of activities

Each one of the advisors in charge of the components have programmed and carried out periodic meetings with the directors and technical personnel of the MSPAS. Some of these meetings have had the participation of the CTOs. In these meetings progress achieved according to the work plan, difficulties encountered and solutions were analyzed.

Furthermore during this period, meetings with the MSPAS were organized and in four of them the Minister himself participate along with the Vice-Minister, the General Director and the directors of the Quality Assurance Program, Epidemiology, Planning Unit, Regulation Office, Administration and Finance Office, the CTOs and the COP of the Task A and B. In these meetings, progress of work plans was analyzed and specific recommendations to strengthen the development of the activities were made.

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 maintain permanent communication to clarify pertinent issues related to the implementation of the work plan. Moreover, coordination and tracking meetings were scheduled and jointly attended by the four technical offices of the MOH.

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:

Relevant issues

According to the plan of this year, the strengthening of two fundamental aspects was worked on; one was family planning counseling, the other was updating counseling techniques. In this regard, work was carried out in the improvement of MSPAS regulatory framework with the Guidelines to FP Counseling, which integrated the techniques of balanced counseling and ACCEDA. We took advantage on the preparation of this guideline to introduce the relevant aspects on the legal framework that regulates the use of funds from the US Government that are utilized in the family planning programs. Provider health personnel have been trained, particularly doctors and nurses of the country health regions in the counseling and strengthening of free informed choice and informed consent.

Given the importance of this legal framework several activities were developed in this area. National personnel were trained, both advisors and facilitators, on the application of the framework and particularly the laws that apply to El Salvador, Tiarht, PD-3 and De Concini.

Monitoring Instruments were created to give follow up information to the application of this legal framework and meetings were held with authorities from MSPAS to prioritize this activity.

It is also worth mentioning that work was done on reviewing the process of patients that seek surgical services for family planning. On this regard, it was found that there is no homologation of pre-surgical and surgical procedures in the hospitals of the country. Therefore, surgical technical skills were strengthening in all the hospitals and the provision of IUDs were enhanced in the 69 municipalities under project jurisdiction.

The following training events were held:

1. Update on Contraceptives: 233 people were trained in 9 workshops.
2. FP Counseling and FP legal framework: 87 people were trained in 5 workshops.

Advances by Intermediate Results

Intermediate Result 3.3.1 Provide Counseling and FP Services:

A technical Guideline for FP Counseling was created. During the first trimester of the fiscal year 2008, 5,500 copies will be made and distributed.

A training program and teaching guide was carried out to train facilitators in FP Counseling.

The following personnel have been trained:

- 7 regional and SIBASI facilitators in FP Counseling

- 233 service providers, including both doctors and nurses of the 5 health regions

Regarding FP services, the accomplishments have been the following:

- Standards: FP standards within the SI-EONC-FP models have been established.
- Supplies: The Informed Consent Sheet has been supplied in 15 of the 69 municipalities. These will be filled in during the prenatal care stage.
- Guides: Workshops have been carried out to establish and validate a First and Second Level Service Provider Guideline. This guide did not exist previously in the country, and its objective is to be a reference to program chiefs and service providers on the clinical and administrative steps to make the program work.
- Short Term National Consultancy: A 100 day national Consultancy was carried out to strengthen service provider surgical and DIU skills. As a result of this consultancy:
 - 50 doctors were trained in Minilap and Vasectomy techniques.
 - 57 people were trained with the simulacrum technique, in the application of IUD in the Cojutepeque. Santiago de María, Jiquilisco, Usulután, Nueva Guadalupe and San Miguel Hospitals as well as Health Unit Barrios.
 - A technical manual was created for the application of Minilap sterilization, vasectomy and IUD application which will be distributed in the 2008 fiscal year.
- Equipment Supply: Technical specifications were made for the acquisition of clinical equipment for doctors' offices and instruments for surgical procedures and IUD insertion, this acquisition is in progress by the central office of the URC.
- Successful Experiences: Two workshops were completed with the participation of 47 people from different regions to gather successful experiences in FP. Eighteen such experiences were related to reduction of waiting time and access to IUDs among others. These workshops allowed the interchange of opinions, views and solutions between the participating from the health units.
- Monitoring Visits: Monitoring and supervision visits were made to 19 hospitals and 13 Health Units to assess the existing of training programs, counseling programs and the existence of IEC materials. On this point, evidence of the existence of an FP manager or person in charge at a local and SIBASI level was not found. Also lack of training and counseling programs was discovered. Additionally IEC materials were often not visible or available. Meetings were held with the Directors of each unit to inform the findings and our counterpart at the central level recorded in the supervision book the recommendations to solve these problems.

Intermediate Result 3.3.1.2. FP Counseling in prenatal and post partum stages.

This activity was coordinated with the maternal health component and within the development of the Prenatal Guideline; a specific chapter was focused on counseling, to guide in the different methods for FP, particularly those that can be used post-delivery; and to comply with informed consent in permanent methods starting from the 28th week of gestation.

The application of these updated instruments will be monitored in 15 of the 69 municipalities in which this new model of prenatal care is being implemented.

Intermediate Result 3.3.1.3 annual update in contraceptive technology

Based on the training program and with the active participation of the regional URC facilitators, 233 service providers including doctors and nurses were trained in the municipalities involved in the project. This training was made through 9 workshops, each with two day duration.

Intermediate Result 3.3.1.4. Programs aimed to teenagers

A reprint of the Life Education Manual both; the participant and facilitator manual has been made. 1,500 manuals have been delivered to the MSPAS.

Workshops for the creation of a teenage peer counseling manual have been carried out. This manual has been field validated. Corrections have been made and it is currently ready for the editing process.

266 teenage facilitators have been trained in the use of the Life Education Manual.

The following material has been delivered: 500 t-shirts, 1000 pens, 500 backpacks and 500 hats.

Coordination with other Project Components

Together with the IEC/CBC Component, the definition, selection and priority of the materials for each of the methods, with a focus on the legal framework, informed choice, and informed consent were developed.

Draft sketches for the two reminder sheets for pre-operative and post-operation requirements for Minilap sterilization and vasectomy were created. Three flyers to promote informed choice and partners' participation, 9 three fold brochures, related to method of use, action mechanism, advantages and disadvantages of each method and one with all the methods were designed. A gyratory material for service providers for sexual and reproductive health counseling, 5 radio spots and 4 television spots were also produced. Currently all this material is being designed in graphic form by a consulting firm that will deliver the finished products by the end of November 2007.

4.1.2. Difficulties encountered and proposed solutions

Challenges:

- There is no supervisor or person in charge of the FP program in most hospitals. In some of them temporal FP methods are not supplied to patients during hospitalization.
- Trained personnel do not remain in their original posts. For example, one of the trained doctors in surgical techniques was transferred to regional level two weeks after her training was completed. The same scenario occurs with the nursing staff. It is often the case in the operations room that there is no trained support staff during sterilizations and the doctor must work alone during the interventions. Trained personnel is required in the operating rooms and to achieve that, time must be invested in training, and if this personal is in constant shift, the skills required to adequately perform such duties are lost.
- Lack of training in surgical methods and IUD application especially in the so-called school-hospitals in which future medical and nursing resources are trained. Since approximately five years ago no training in these techniques is given, neither in the ISSS or other resident training hospitals.

Solutions:

- It has been suggested to ask the General Health Director for the designation of supervisors or persons in charge of FP in each of the 28 hospitals and SIBASI. This person in charge has to be trained in the management of the program, for that purpose a Service Guideline is currently being edited.
- There is an initiative to propose to the General Health Director that FP trained personnel in Hospitals and SIBASI in particular should not be transferred unless that transfers have significant administrative or personal reasons.
- Proposal to the General Health Director and the National Commission for Health Surveillance for Women and Children the introduction of an FP training program in school-hospitals

4.2. MATERNAL – CHILD HEALTH COMPONENT

4.2.1. Progress Achieved, Maternal Health:

Relevant Facts

With the goal to reinforce and facilitate the achievement of expected results for the reproductive health component of the project, objectives were established, the specific counterparts for each objective and expected result were defined, the identification of existing structure necessary for the development of the component, the target population and the human resource required were defined. The level of management and participation the MSPAS would have in the execution of the action plan of the component was also defined.

As can be observed in table 1, some working groups were organized. These would serve as counterpart for the design, implementation and follow up of the activities. In the various teams, representatives of the different programs: maternal, epidemiology and teenager of the different bodies including Universities and ISSS would participate. In other words the maternal health subject contributed significantly to the internal and external coordination of the MSPAS.

CUADRO N° 1

Intermediate Result	Objective	Counterpart	Current or Created Structure	Target population
System for Maternal Mortality Surveillance (SMMV)	Create a Surveillance System	Maternal Program. New program to prevent Maternal Mortality	Regional Coordinators	Care providers of 28 epidemiology hospitals
Perinatal Information System (PIS)	Evaluate the maternal and neonatal program	Maternal Program: Dr. E. de Aparicio and subsequently Dr. Elisa Menjivar Dr. Yanira Burgos (Child Program)	Regional Supervisors and at a hospital level, doctors and statisticians	28 Hospitals 5 Regions
Prenatal	Maternal Services concentrated on this population and offer 5 controls focused on prevalent pathologies	Dr. María Elena Ávalos (Teenager Care Unit) Lic. Celia Hernández (Woman Care Unit) Dr. Mario Soriano (Teenager Care Unit)	Local representatives on teenager subjects. Regional and SIBASI Facilitators	Service providers for the 79 municipalities. Pregnant teenagers. Medical suppliers and nurses in SIBASI "Pilots"
Intermediate Result	Objective	Counterpart	Current or Created Structure	Target population
Delivery	Delivery plan. Internships in Hospitals. Qualified care. Timely care.	Lic. Enma Lilian de Cruz (Community Health Unit) Dr. Mario Soriano (Teenager Care Unit) Lic. Celia Hernández (Woman Care Unit)	SIBASI Facilitators Hospital Facilitators.	Local care providers. Pregnant teenagers. Care providers of 28 epidemiology

		Dr. Eva Mateu y Lic. David López (Community Health Unit)		hospitals. Health Promoters.
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Methodological framework utilized for the technical assistance in this component.

The work on this component has begun with the use of the existing situation. Methodologically the following steps have been performed:

1.) Available information in the country was used to determine the problems to be encountered. From the obtained data from the Baseline Maternal Mortality study belonging to the MSPAS, in which there was participation from the Technical Assistance groups of the URC, as well as the data supplied by the PIS, the priority problems were identified; among them the lack of information by the user in relation to complication signs and what to do about them and perinatal mortality in the period between the 38th – 41st weeks of pregnancy and the increase in premature births stand out.

2.) The existing regulatory framework was reviewed. This review determined that the prenatal care model of the MSPAS presented limitations in its implementation. Several elements within required adjustment to new scientific evidence, also focus was required on the solutions of the main pregnancy health problems, the model used a risk based approach that experience has shown to have limited usefulness. Therefore, work was carried out on an operational guideline focused on care providers. This new focus was based on: a) The center of the care model is the user, with a strong educational emphasis for her and her family and a high commitment in part of the care provider to help her solve her problems. B) A identification within certain weeks of gestation to recognize the presence of certain complications, managed locally until stabilization of the subject, and the introduction of high-impact interventions previously unavailable in the country.

3.) A technical Guideline document was created with the new prenatal care focus and with a team of players relevant at the central level, including the Teenager Care Unit and its validation with a team of obstetrics specialists that are nationally recognized. These teams were created and have favored the definitions of models for care services. For example, care services to pregnant teenagers that required analysis from several perspectives and disciplines, since some aspects of the subject were not known to MSPAS functionaries, who themselves need training in the new focus.



Coordination meeting in Ilobasco for the implementation of the new prenatal model

- 4.) Definition areas to practice. For that three pilot tests sites were selected; one in each of the three regions in the project. These were: Nueva Concepción (7 municipalities), Santiago de Maria (7 municipalities) and Ilobasco (1 municipality). In total 15 of the 69 municipalities with a total population of 277,085 inhabitants (data by DIGESTYC) and 8,387 pregnancies were included. Once the test sites were selected, training sessions were prepared in such a way as not to interrupt regular service activities.
- 5.) 28 hospital facilitators were trained in prenatal skills in the health regions of the project. A first group of obstetrics specialists, hospital nurses, general doctors, supervising nurses for the SIBASI including obstetrics specialists from regions not included in the project was formed. Subsequently these facilitators trained at least one doctor and one nurse in the units associated with the pilot test.
- 6.) Checklists were made to evaluate the skills of the care providers according to the Prenatal Technique Guideline, including new interventions and following a specific case.
- 7.) Supplies were provided according to workload, expecting mothers and preparations of support paperwork was made.
- 8.) Actions with SIBASI personnel and local facilitators were implemented.
- 9.) To follow up the activities, and to give field support, the central team of MSPAS was divided into groups that cover each of the testing areas.

Evaluation of Maternal Program.

Utilizing data generated by the PIS and considering 18 standards of maternal and perinatal care, a monthly evaluation of the maternal program is taking place through the Local Hospital Committees for Maternal and Perinatal Health and also each semester by the regions and hospitals. The execution of the maternal program is being evaluated by field visits to the hospitals; subsequently the information is compared to that generated by the PIS. A further step was taken, from evaluating the PIS itself, to giving a better follow up through to the program at the regional level and taking measures to solve existing problems and improve its quality.

National and annual PIS Report:

A document was prepared that reflects national data for the maternal program, that permits evaluation of program trends and allows comparisons year to year and also for each hospital to compare itself to national data.

The main indicators that the PIS produced during the January – September 2007 period, and its comparison to the same period in 2006 shows us the following results:

- 52,350 deliveries have been performed in the 28 hospitals. This represents 55% of those planned by the MSPAS according to population estimates by the DIGESTYC, for the same period. Of these deliveries 26.5% ended with a cesarean section. This represents 4.3% under the average observed in the same period in 2006
- Prenatal registry has increased 10.3% in relation to the same period in 2006.
- 2,542 abortions were institutionally performed, represented an increase of 1,119.
- The percentage of teenage pregnancy maintains an average of 23.2% nationally. There are SIBASI in which this represents 33% of all deliveries.
- The percentage of users that received birth control post abortion has improved noticeably, with an increase of 26.5% during 2007 (52.5% in 2007 against 26% in 2006)
- Regarding active management of the third period MATEP, this to be understood as the applications of oxytocin within the first three minutes after birth, a 28.8% increase is observed against the same period in 2006. 68.8% of pregnancies that undergo vaginal births have received oxytocin.
- Regarding post-partum hemorrhage cases that were supplied with oxytocin an increase of 40.8% was observed.
- In deliveries performed by qualified personnel a 96% ratio was maintained similar to the same period previous year.
- Premature birth threats that have been handled with corticosteroids remain high, 6.7% compared to the previous year.
- The number of premature births have decreased 2.5% compared to the same period in 2006 (10.8% in 2006 against 8.3% in 2007)

- Fetal death in uterus, maintains the same level of 6.3% as the previous year.
- Neonatal death shows a decrease of 160 cases compared to the same period in 2006.
- Low birth weight has decreased 1.5% compared to the same period in 2006.

Advances in Intermediate Results

Intermediate Result 3.3.(0).2.

a.) Perinatal Information System development on a national scale.

The implementation of the system was supported in three levels:

Central Level: The health information Unit has incorporated PIS in the MSPAS information systems. A computer technical personnel resource was designated as responsible for the system.

As a product of the evaluations conducted, the need to update the PIS manual was detected to enable its use at a local level. This update was made in a single document that contains instructions to fill out the PCH sheet and introduce data in the system, frequently asked questions, the way to process information and how to perform quality control of the data. The new version is already edited and pending revision by the regional representatives.

Regional Level: Functionaries in charge of the program in the five health regions of the country were trained, in some cases they are the doctors that provide the maternal service component, and in others they are the maternal mortality surveillance program coordinators. Additionally, one of the five regional statisticians was trained to consolidate the results of all the hospitals of its region and generate the respective reports. Additionally the maternal - child care providers were trained in the filling out of the forms. The primary designates for this training were at the regional levels.

At the end of the 2007 Fiscal year, the 28 hospitals have updated digital information until the months of August, with the exception of the Sonsonate Hospital which is two months behind.



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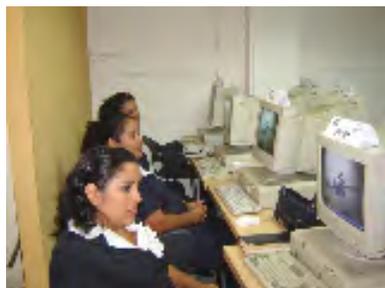
GUIA TÉCNICA PARA EL USO DEL SISTEMA INFORMÁTICO PERINATAL



EL SALVADOR, C.A. OCTUBRE DE 2007



Technical Guide for Perinatal Information System



Training in the use of PIS in the Eastern Region

In each of the 7 hospitals monthly meetings were coordinated by an obstetrician and quarterly meetings were coordinated by region with the maternal health committees.



Maternal-Perinatal Health Surveillance Committee meeting San Vicente

Perinatal Information System used for analysis and decision making

Some examples of the decision making that have been made at a hospital level during the 2007 fiscal year are the following:

- Decrease of the cesarean section indicator due to a second medical opinion, which is being implemented in hospitals since March this year and the reduction of failed birth inductions as a result of Misoprostol use since the same month.
- Compliance with protocol in the use of antibiotics in membrane ruptures of 18 hours of evolution.
- Quality control on the filling of PIS forms was strengthened with a second revision by a Maternal-Perinatal Health Surveillance Committee designated doctor.
- Implementations of service production audits using PIS. Medical and Administrative Division Chiefs participate in these audits.
- Optimization of oxytocin use in the third stage delivery phase.
- Improvement in prenatal controls.
- The pulmonary maturation of the child against a premature birth threat has become imperative, by the application of cortical steroids to the mother.
- Obstetricians and pediatric doctors are utilizing PIS to analyze the causes that produce obits and dead newborns.
- The causes of premature birth are being analyzed to determine maternal risk factors.
- Pregnancy mortality rates are being watched with the use of PIS

Intermediate Result 3.3.(0).3 National Maternal Mortality Surveillance System functioning according to MSPAS directives.

The editing of the Technical Guideline that describes the elements of the surveillance system, the processes, procedures that must be carried out on the different levels to inform and notify, the role of the different players and committees on maternal mortality, techniques to analyze cause of death and forms used to study death has been completed. Furthermore a chapter was added to study the maternal complications and to step up from only measuring negative indicators to study the aspects that would allow the reduction of patient death.

The surveillance system consists of two stages: Epidemiological and the provisional. The epidemiologic stage includes the following activities: case identification, data retrieval, classification of a death as maternal and the generation of a database and notification. The second moment includes case analysis, classification according to degree of possible prevention and delays, recording of recommendations and definition of interventions, as well as the measurement of achievements. This separations in two phases helps that the involved players in the system that belong to different areas, have clearly defined roles.

This is the first time that this system is implemented as is, in the MSPAS, and it has a specific role for the Epidemiologic Surveillance Office. The draft of the guideline was reviewed, validated and a training program has been defined for local, regional and national epidemiologists. The Epidemiologic Surveillance Office will initiate the process so that the Regulation Unit approves the document.

The work of this year has been directed to the strengthening of the system in the epidemiologic phase that falls under the responsibility of the doctors and local, regional and national surveillance committees. Local and regional committees have been trained in basic cause and the workings and use of system instruments. Also monthly meetings at the SIBASI level have been given support. The regional designated personnel have been trained to apply the surveillance system. A database of deaths of women 10 to 54 year's olds has been established. Municipal personal has been trained to improve their use of the death sheet and the care services personal as well to determine basic cause.

The MSPAS through the Office of the Minister has decided to strengthen the reduction of maternal deaths, creating the maternal death prevention program. This program does not have its own funding. This has necessitated support with unforeseen activities in the project action plan, with the request from the MSPAS and previous approval from USAID. Included in these activities are regional presentation activities on the subject of maternal mortality and training in the critical link technique for regional facilitators. Nonetheless there is work to be done to improve the coordination between the maternal program and the maternal death prevention program, as the subject of strategies, policies and norms is always in the hands of the maternal program.

Up to the present date there have been seven meetings with the surveillance committees in each hospital and 49 maternal deaths that occurred in the January – September 2007 period have been studied.

Intermediate Result 3.3.(0).4. Maternal-Perinatal Committees in the 28 Maternity Wards

The achievements obtained so far are described in the section of Maternal Mortality Surveillance Results.

Intermediate Result 3.3.(0).5.: Supervision, particularly in MSPAS units that perform deliveries as well as Health Units from 69 municipalities supported by USAID, executed in accord with MSPAS guidelines

An inventory and evaluation of the MSPAS supervision system was executed. It was found that currently 6 supervision manuals are used. Some of them are oriented from the individual profession point of view: nurses and health promoters, and others are made from the program point of view: environment health, teenagers, maternal – child. There is no unified focus or supervision process that is conducive to the performance the personnel at a local level.

Most of the manuals are based on checklists that give information to the supervisor and little emphasis strengthening of the performance of the supervised personnel. The main problems found are: Supervisions made at a central level to the local level, many times without the participation of regional levels or the Monitoring and Evaluation Units (MEU). b) Supervision visits made by functionaries of different programs in a vertical fashion to the same establishment, without follow through of the different commitments of other programs. c) Inadequate periods between supervisions due to lack of transportation. And d) Supervision visits based on checklists that are filled in a mechanical fashion without interaction or analysis of detected problems from the supervised personnel.

Based on the previous situation, the central level has decided the change to a supervising focus that allows the improvement of local personal and can be executed despite restrictions such as lack of transport and personnel rotation. To achieve this, it is recommended to begin with a manual created by the Luxemburg Cooperative with the support of the Eastern Region. It is suggested to step up from single person supervision, from generally a higher level, and from an inspection standpoint; to supervision made with both superior and internal people, auto supervision with peers and through meetings. These should be centered in the needs of the personnel being supervised.

The implementation will be supported in the 2008 fiscal year by a national short term consultancy job that facilitates discussion to unify focus, build a supervisor profile of the supervisor as a process and learning facilitator and with the skills to be able to train the members of the MEU / SIBASI.

Intermediate Result 3.3.(0).6.: A program to assure the quality of function in the 69 municipalities supported by USAID.

The MSPAS has established a National Quality Committee (CNC), which coordinates this topic on a national level and with the different units of the MSPAS and other health sector institutions. This CNC is coordinated by the representative of the General Director and has prepared a work plan, starting with the suggestions from our international consultant on the subject. This plan consists of two phases: a) preparation phase and b) training phase, with application periods between each unit that comprises it; it will also be given support by the international consultant.

The schedule of the international consulting has not been able to be executed as planned due to several factors, among them the emergence of epidemics that limited the involvement of the MSPAS functionaries.

Activities that were carried out are the following:

- The committee has prepared guidelines in the CQI model for all programs at the MSPAS.
- The implementation of the SI-EONC-FP will apply these guidelines and will be enriched by the involvement and experience of URC in the subject.
- Definition of the processes of SI-EONC-FP care that will be worked on initially: prenatal, delivery, puerperal, reference and return, and surveillance.
- Definition of SI-EONC-FP standards by the heads of the respective programs. So we have that for FP 6 care standards and 6 indicators, for prenatal 4 standards and 11 indicators, for delivery 1 standard and 5 indicators, for reference and return 1 standard and 3 indicators, for maternal mortality 1 standard and 3 indicators, for puerperal 2 standards and 6 indicators, for newborns 4 standards and 6 indicators. For a total of 19 standards and 40 indicators. The source of the data that will be most frequently used will be the PIS that currently feed 18 indicators. Most of the indicators that refer to protocol compliance will be obtained in file reviews.
- Selection of pilot tests: Ilobasco, Santiago de María y Nueva Concepción. For administrative and financial reasons a single site for each of the three regions covered by the project were selected. These sites are comprised of the reference hospital and some health units in its area of influence. 15 of 69 municipalities in the project will be encompassed, with a total of 6000 births a year that generate 30,000 prenatal check ups and 12,000 postnatal controls.
- Preparation for the material for the trimodular training in CQI stemming from the QCP experience in Latin-America.

Intermediate Result 3.3.2.1.: Quality Standards established for prenatal, obstetrics, neonatal and post-partum care, emphasizing friendly services especially for teenage users

Given the coordinated work between the maternal and teenage areas in the prenatal subject matter, its has been achieved that the focus in friendly service, that was concentrated in training of personnel specialized in teenage cases was extended for all care providers, at least in the pilot areas, who now have the skills necessary to treat the teenage population; which means that a pregnant woman will receive a similar service package whether or not she is a teenager. The service standards will be the same, only in counseling has there been an emphasis to detect aspects of violence and or mental health that may lead teenagers into health risks.

Intermediate Result 3.3.2.2.: Prenatal, obstetrics, neonatal and post-partum care in compliance with quality standards in the 28 maternity wards and the 69 municipalities supported by USAID.

This result was worked on through result 3.3.(0).6 and has been included in FP services.

Intermediate Result 3.3.2.3.: At least 70% of mothers in rural areas (including teenage mothers) completing 5 or more prenatal check ups in the 69 municipalities supported by USAID.

The MSPAS decided to review policies for prenatal care. It was concluded that the Technical Directive was too general and needed to be supported by a guide that focuses and defined operational capacity in accordance to the epidemiologic profile determined by the basal line Maternal Mortality study, the results of PIS and latest evidence.

A prenatal care model was defined, based on 5 controls, which dates are linked to the weeks of pregnancy that physiologically impact gestation. For example the last control that was initially programmed in the 36^h week has been moved to the 38th week, since according to PIS it was found that an increase of neonatal death in these last few weeks. Included are interventions that were not available in the country, such as pro-uterine detection by way of reactive tape twice during pregnancy, the detection of pregnancy with 4 weeks of amenorrhea and sifting for symptomatic bacteria, among others. These interventions are performed in the corresponding week of gestation.

Also the focus was changed from identifying women in risk by active search of complications, since now on all pregnant women are now considered to be at risk and by default the newborn as well. The basal line study also evidenced the importance that the educational aspect has during the prenatal stage. As a result counseling has been upgraded in all check ups. For new interventions specific paperwork was required. The Technical Guideline had been completed and validated by the personnel in the workshops with functionaries of diverse levels and representatives of other institutions in the sector.

The skills and knowledge that care providers require for the implementation of this new prenatal focus were determined in a joint work between the Teenage Care Unit and the Women's Care Unit. A manual was designed with checklists for the diverse skills, including counseling. Six clinical cases were created to apply these skills, and 8 skills stations were put in place. 22 facilitators were trained, followed by 250 functionaries. The duration of the course was 32 hours (Three days and two nights), in the three pilots sites, (15 of the 69 municipalities) This work was done in three months, each SIBASU had 3 workshops, with the exception of Nueva Concepcion, in which there were 4. In these there was participation from nurses, general doctors and obstetricians, regional supervision personnel from the SIBASI. This was considered very positive and a mutual learning opportunity.



Training Workshop on the new focus in Prenatal Care in Ilobasco

These training events have been very important to strengthen skills, even in the taking of vital signs. There were personnel that were not able to do this correctly. There were interventions that were not dominated by the obstetricians, for example breast exams. It was observed that several personnel had never performed one, the same thing occurred with the dual hand manual pelvic exam. The training was evaluated with a pre- and post- test. The increase in average grade was 1-3 points, the minimum obtained in the pre-test was 3.5 and a maximum of 8 (of 10) and in the post-test a maximum of 10 points was achieved.

The implementation of the new focus will be initiated in October 2007 in Santiago de Maria and November same year in Nueva Concepción and Ilobasco. Each site is already supplied with the necessary paperwork, the supplies for new interventions and it is expected to equip the doctor's offices with the medical equipment that the project will donate in the course of the last trimester of 2007.

To develop this activity the following technical instruments, materials and human resources are available:

- A Technical Guideline to the new prenatal focus.
- 250 people trained in the skills necessary to apply the new prenatal focus. A test site initiating activities since October 2007.
- Three test sites, equipped to provide the new focus, with the supplies and medicines to perform 12,000 prenatal check ups.

Intermediate Result 3.3.2.4.: At least 60% of pregnant women in rural areas (including teenage mothers) give birth with qualified personnel, in the 69 municipalities supported by USAID.

In the diverse studies performed in the country and through the results of the PIS related with delivery care by qualified personnel, it was found that the personnel that most often performs deliveries are interns, last year medical students and nurses. The gathered evidence during the prenatal skills workshops show that many professionals that graduate lack solid and systematic knowledge of diagnostic techniques for the type of clinical interventions they must perform in this field.

On the other hand the mortality rate and causes of death collected in the Basal Line study and the PIS show the need to concentrate on normal birth care, cesarean section and emergencies related to the three pathologies: hemorrhage, toxemia and sepsis. This implies the management of 12 procedures and their respective skills, among them delivery chart management, active MATEP management in the third period, infection prevention, the handling of delivery and post-partum hemorrhaging and the transport of hemorrhaging women, handling of HPD among others.

A strategy to strengthen the obstetrics knowledge and skills, 5 regional training centers has been created. Checklists have been designed and workshops have been held with simulations utilizing dummies.

Currently the following instruments and resources are available:

- Manual to develop skills workshops for obstetric interventions.
- Five regional training centers. They are pending the preparation of obstetric facilitators by the end of the year.

As a result of a national consultancy job supported by the project, actions were formulated to increase the Delivery Plan at a community level.

Workshops have been conducted to promote the new prenatal care model, delivery and puerperal with community leaders.

Six hospital internships were carried out for 98 teenage pregnancies with the goal of promoting institutional delivery. These activities will continue during the 2008 fiscal year.



Internship for pregnant teenagers in the Cojutepeque hospital

Intermediate Result 3.3.2.5.: At least 60% of pregnant women in rural areas (including teenage mothers) receive post partum care in the six weeks following delivery in the 69 municipalities supported by USAID.

This result is approached in three different perspectives:

- The base line study showed that most deaths occur in the immediate post-partum stage, therefore, post-partum follow up was included in the workshops. Additionally due to that one of the main causes of death is sepsis, which can manifest itself up to seven days after delivery, a control within the first 7 days has been implemented. Also as a consequence of the integration of FP services with prenatal, delivery and post-partum care, a control 4 weeks after delivery has been implemented.
- Follow up in the community through the health promoter. This includes training the new promoters to be able to perform a house visit. This activity will be developed next year in coordination with community health.
- Promotion of the importance of post-partum control with community leaders. Eight workshops at a local level have been completed; in these 200 people have participated.
- Social mobilization campaigns for the promotion of the delivery plan.



Social mobilization campaign.

4.2.2. Difficulties encountered and proposed solutions:

Challenges:

- During 2007 new player related to the Maternal Mortality Surveillance Program appeared. Their work plan included, with the exception of three activities, all the activities that are included in the 2007 action plan of the project. Furthermore this new player does not have specific funding. This year we included on request from the MSPAS authorities, two of the three activities of the prevention program: facilitator training and replication of the critical link technique.

- There is no specific structure for the management of the maternal program on a regional level and the SIBASI, which increases the difficulty of the follow up and monitoring duties, and therefore the adequate implementation of the program.
- There has been limited integration of the components of Family Planning, Obstetric care and Neonatal Essentials (SI-EONC-FP).

Solutions:

- Determine the range of the two programs and the areas of mutual interest to jointly plan activities for fiscal year 2008.
- Define the role of the program within the different levels of the MSPAS. Fortify the role of the regional level as supervisors at an operation level, leaving to the central level a normative and support role.
- Implement the continuous quality improvement method to integrate the components of family planning, obstetric care and neonatal essentials (SI-EONC-FP).

4.2.3. Progress Achieved, Child Care:

Relevant Facts

The main achievements obtained during this fiscal year in this component are the following:

- The training process in neonatal reanimation has permitted that for the January-July 2007 period, the number of neonatal deaths by neonatal asphyxiation has diminished from 21 deaths in 2006 to 10 deaths in 2007. In general, Neonatal asphyxiation as cause of child death has descended from being the second to the sixth most frequent cause of death in children less than a year old.
- The training process for the stabilization and transport of critical condition births has begun.
- An updated Child Policy is available, since the previous one was in force since 1991
- A technical Guideline to the follow up to Premature Birth with a lower than 2,000 grams birth weight is available.
- An updated Child Care Guideline for less than 5 year old children, the Child inscription form and the follow up control sheet for less than 8 days old and less than 5 years old is available.
- The use of a surveillance sheet for perinatal mortality, early childhood and children was implemented.
- Ninety three (93) Health Units were provided with complete equipment to administer oral rehydration therapy (OR kit)

- 239 field monitoring and/or supervision visits were made by the regional facilitators of the URC to the different health units and communities to strengthen the care process.

Advances in Results

Intermediate Result 3.3.2.1.: Quality standards established, for prenatal, obstetrics, neonatal and post-partum care, emphasizing friendly care especially for teenage users.

3.3.2.1.1 Fortifying Neonatal reanimation skills.

Re-certification and Certification in NRP.

The Neonatal Reanimation Program (NRP) is accredited by the American Academy of Pediatrics and the American Heart Association, and they have recognized El Salvador as the only country in Central America with authorization to train NPR instructors in compliance with internationally established standards. Furthermore, it demands that trained personal must undergo recertification every two years.

In 2006 the Academy launched a new edition that contains nine lessons, two more than the original course. Therefore, in the present year the following were undertaken: the acquisition and distribution of 520 NRP books, the recertification of functionaries already trained and the certification of new personnel in the 28 maternity wards in the country, having developed 50 training courses with the participation of 1,737 professionals including doctors and nurses on a national scale.

3.3.2.1.2 Fortifying skills for Neonatal Transport

Recertification and certification in STABLE.

A child born in critical state must be transported to a reference hospital to the best possible hemodynamic conditions. Ending the 2007 fiscal year an acquisition of books for training in neonatal transport (STABLE), 290 books and 29 CDs that are used for the training for instructors and functionaries for the 28 national maternity wards were acquired. Finishing the 2007 fiscal year a training course for 15 functionaries was completed.

3.3.2.1.4 *Improvements in the quality of high risk (premature) newborn care*

Production of a technical Guide for the follow up of premature infant with less than 2,000 gram birth weight

The incidence of premature birth is still high in El Salvador, and with programs like NPR and STABLE the goal is to improve the survival rate of these children. Once this newborn exists the intensive neonatal care unit provides their continuing development. Therefore a Follow Up Guide to high risk (premature) newborn care with the goal of bringing to health care personnel from second level hospitals the basic technical scientific guidelines for follow up care, as standardized criteria for care in second level hospitals as well as in Health Units, until three years of age. Currently this Guide has been approved by the Regulation Unit and is in the Office of the Health Minister pending approval.

Intermediate Result 3.3.2.2.:

Delivery of prenatal, obstetrics, neonatal and post-partum care, in compliance to quality standards in the 28 maternities in the 69 municipalities supported by USAID.

3.3.2.2.5 Monitoring the compliance of quality standards for the care of newborns

Supervision Visits to Hospitals.

At the hospital level, supervision visits have been made utilizing the Monitoring Sheet for compliance with the actions of the Mother-Baby Package. The reception areas for delivery, emergency and neonatal care were supervised. The hospitals visited were: National Cojutepeque Hospital, National San Rafael Hospital in Santa Tecla, National Zacatecoluca Hospital and National San Ilobasco Hospital

Among the most significant achievements obtained due to these monitoring visits has been the remodeling and reorganization of the neonatal services in the Zacatecoluca and Cojutepeque hospitals, including the acquisition by the Zacatecoluca hospital of the necessary antibiotic for neonatal care and the purchase of blankets and adequate clothing for hypothermia prevention for newborns the Cojutepeque hospital.

3.3.2.2.7 Child mortality Evaluations.

Evaluation of the Neonatal, Infant and Children Mortality at the institutional level

In the present year the socialization and follow up to the implementation of the surveillance sheet for perinatal, infant and childhood mortality was carried out. Starting this year a more adequate registry for the causes and number of reported deaths will be implemented, as well as a registry of the main implemented preventive measures.

Intermediate Result 3.3.3.1.: Strategies of the AIEPI, INA and material containing messages to promote adequate hygiene at the home level and adequate water use practices.

This fiscal year the definition and validation of key behaviors for intervention through IEC/CBC strategy regarding Infant Health and Nutrition were backed up, specifically in the educational materials that will be reproduced. There was a participation in the creation of two focus groups with community mothers for the validation of those materials; also key messages to be promoted in the materials were defined. Mainly they were directed to the promotion of child control, help on health units search in cases of diarrhea and pneumonia, promotion of breast feeding, hand washing and safe water consumption.

Intermediate Result 3.3.3.3.: All children less than two years old and breast feeding women, especially teenagers from the 69 municipalities supported by USAID, have their nutritional health and growth is monitored once a month with the appropriate equipment with the AIEPI-INA strategy.

3.3.3.3.1 Strengthening of health provider personnel for child care

Reproduction of updated and approved Child Care Policies

The policies for child care that were in force since 1991 entered a review and update process. This process was completed and the policies were presented to the Regulation Unit of the MSPAS for their approval.

Reproduction of the inscription sheet and subsequent comprehensive health care for a child less than 8 days old and younger than 5 years.

The update process for the infant inscription and control sheets for children less than 8 days old and younger than 5 years has been completed. These sheets are ready to be reproduced and used in the 2008 fiscal year.

Training for Health promoters on newborn care

Ten workshops were carried out on the identification of warning signs and counseling for basic care of newborns in which 187 health promoters participated.

3.3.3.2 Strengthening medical personnel and nurses on the monitoring of nutritional state and child development with the IMCI strategy.

Review and update of the children under 5 years old Care Guide (IMCI)

The revision, update and validation of the Care Guide for Prevalent Infant Diseases were completed. Also the course was designed for the augmentation of the skills of medical personnel and nurses to provide control for children under 5 years old.

The methodology to be used in training included the so-called skills tables in which the primary problems detected through the monitoring were taken into account. Each of the 5 skills tables developed the following subjects: healthy infant control, evaluation, classification and what to do with less than 2 month old children; with emphasis in the first seven days after birth, dehydration prevention in diarrhea cases, detection, adequate handling and opportune reporting of pneumonia cases and counseling in adequate feeding practices in children less than 5 years of age, with emphasis on exclusive breast feeding on children younger than 6 months old.

Creation of Care Guides for non-prevailing diseases for the first care level.

Complementing the Guide for Children less than 5 years of age, a Guide for the Care of Children with non-prevailing diseases was created. This is a protocol implementation of the management of the main causes of visits in the primary health care level. All care protocols were finalized and validated and currently there is an 80% progress in the editing of that Guide. Once finished, it will be presented to the Regulation unit for its approval and subsequent reproduction and distribution. Among the diseases included are: Common cold, Acute Otitis, Bronchitis, Bronchial Asthma, diverse forms of intestinal parasites, Conjunctivitis, Impetigo, Acute Faringitis and Tonsillitis, and allergic Rhinitis. These Guides were developed with medical methodology based on evidence and will regulate the management of those diseases in all first level units in the country.

3.3.3.3 Improving the quality of Child Care

Supervision of the child care process for children less than 5 years of age and observation of the compliance to that policy.

Participation and support was given in the process of implementation of the monitoring sheet of the efficiency conditions in child care for children under 5 years of age. This sheet allows the monitoring of three important areas for the health unit: Management area that is responsibility of the Director of each unit, the existence of medicines and medical supplies in the areas of oral rehydration and nebulizations. This sheet helps to qualify the unit compliance to the parameters that are positive, and gives results as efficient, medium efficiency, or deficient. Also it allows the health unit to make commitments to improve and follow up controls with new monitoring and regional and SIBASI supervision.

This effort has been made on a national level, first updating the monitoring instrument, and then training the teams responsible for the supervision of the 5 regions and furthermore implementing monitoring duties through 7 visits in the year to the Health Units of La Palma, San Rafael, San Rafael Cedros, San Vicente, Jiquilisco, De la Cruz y Santo Tomás. 152 doctors and nurses have been trained in the application of the instrument.

Strengthening the Health Units for the adequate application of Plan “A” and “B” in Diarrhea cases.

One hundred and twenty-nine (129) Oral Rehydration Kits were purchased and distributed in the 69 municipalities under project jurisdiction. These contain everything necessary for the preparation, conservation and supply of oral solution to children that suffer from diarrhea in the health units, as well as to teach mothers in the preparation of that solution.

The kits are comprised of the following:

- Electrical kitchen to boil water.
- Pots to boil water.
- Pitchers for the preparation and conservation of prepared oral solution.
- 500 ml measuring cups to calculate the correct amount of solution to administer
- Cup and spoon to administer prepared solution
- Open slat pots both large and small to demonstrate hand washing before solution preparation.
- Towels and cloth necessary for the place where the demonstration area is located, and for the covering of utensils.
- Box to store the implements described.

4.2.4 Difficulties encountered and proposed solutions

Challenges:

- Administrative and organizational restructuring in the different management levels of the MSPAS. Child program chief changes.
- Difficulties in the integration of activities in the Child Health and Nutrition Component and the Maternal Component.
- National emergencies caused by epidemics and health environmental situations.
- Difficulties faced by the Regional Directors in some SIBASI in the municipalities where the Project does not have actions. They do not have the necessary resources from other sources to expand the strategies that the project is supporting, that have generated unhappiness since they are not targeted for aid and technical assistance.
- Little available time for monitoring activities.
- Delay in the start of execution of the action plan in 2007.

Solutions:

- A general presentation of the project, as well as the work plan and defined indicators for that plan was made to the new Program Coordinator, having obtained his approval and decisive commitment in the execution of that plan.
- Different topics were carried out in a single activity, or two health units were united in the same activity.
- When possible training at a local level was implemented, saving travel time for the health workers.
- Technicians of different strategies, programs and associations were involved in the process of revision, training, and expansion of priority activities. Also their opinions were taken into account for the decision making process. The Maternal Component was involved in the definition of danger signs in pregnancies that are to be detected by the Voluntary Nutrition Counselors. The National Pediatrics Association and the Bloom National Hospital was invited to participate in the definition of the policy and guidelines.
- One or more functionaries of the non-participating municipalities in the project, but geographically belonging to the SIBASI, were taken into account so that they received training and with their own resources were able to extend the information to the rest of their staff.
- Constant complement by the URC Technical Assistance in the development of different activities and monitoring, guaranteeing the execution and quality of the programmed activities.
- Support from the Program Coordinator was sought out to influence in the area of nutrition and some processes were accelerated.
- The presence of URC local facilitators was crucial to obtain a higher level of involvement and improved communication and coordination between the different technicians at a regional level and from the SIBASI.

4.2.5. Progress Achieved, Community Health:

Relevant Facts:

An important fact is that after several years of lobbying by USAID, the MSPAS finally organized the Community Health Unit, designating 5 technical officers. Additionally personnel were designated to work at a regional level; one for each Health Region. They were supplied with 17 computers and printer and at a central level a multimedia projector, scanner and photographic camera by the project.

A work plan was defined, and strategic lines were determined for its execution. Also indicators for the evaluation were defined for the monitoring of the performance of the program.

Under the leadership of this Community Health Unit, the MSPAS has carried out the legal procedures to assign supervisors in all Health Regions. By which the ratio of health promoter to supervisor has reached a current average of 17 – 1. Given the fact that these new supervisors worked as health promoters, the communities where they work, for the most

part, have been covered with new promoters that the MSPAS has hired with funding from FOSALUD.

During the fiscal year 16 monitoring and evaluation rounds were carried out quarterly. In there 820 functionaries of Community Health participated, and some innovations were introduced regarding the monitoring of the health promoter performance.

The Manual for Health Promoter and Facilitator Supervision was reviewed and updated. For this purpose the participation of a Working Group integrated by outstanding Supervisors and Community Health Promoters at the regional and local level. Nineteen new supervisors were trained for the Central Health Region; the training for the rest at a national level is pending. An update of the database of Health Promoters, Empirical Midwives, Voluntary Nutrition Counselors, as well as other volunteers and community leaders at a national level was begun.

The Health Promoter occupational Profile was updated, it has been submitted fro USAID approval. Within this process 2 workshops were carried out, with the participation of approximately 60 people, including health promoters and technical members of the different decision and institutional levels.

The activities, such as reviewing and updating of the management information system and its respective instruments, were pending on the approval of the new occupational profile of the Health Promoters. As a consequence, other activities dependent of these such as, the printing of the new manual and new forms, as well as training workshops using those materials are pending.



Participants on a workshop to review the health promoters profile

The materials for the training of IAMCI at the community level (Procedure table, rotational of preventive measures and participation guide) with which the Health Regions were able to carry out the training workshops in Health Promoter strategy for new arrivals were printed. Additionally, 6 field visits were made to communities in the various municipalities supported by USAID, to verify on site the progress in the implementation of the IMCI at the community level strategy and the implementation of supervision.



Family Health with a community focus.

An international consultancy job was carried out to support the design of the Family Health model with a community focus. The final product was the production of the regulatory document for the model and a work plan for the implementation of this new model.



Workshop on the new Family Health Model.

The consultancy job process included several field visits, consulting different people, a great amount of meetings of the Ad hoc team comprised of MSPAS and URC Technical Assistance staff, as well as two workshops with a national scope.

Three workshops were carried out to design and validate the Family Health model, starting in 2007, in these, 120 key officers of the different decision making levels of the MSPAS participated.

As part of the implementation process, two induction workshops on the Family Health Model with a community focus were carried out, for the benefit of 130 health workers of the SIBASI of Chalatenango and Cuscatlán

Field visits to monitor the implementation process of the model in the municipalities of Candelaria and San Ramon, in Cuscatlán and Dulce Nombre de María in Chalatenango were carried out.

A print run of 50,000 family folders and other instruments for data collection at a family level were produced to support the process of implementation of the Family Health model

On July 2007 a workshop for the evaluation of the implementation of the model in the municipalities covered by the project was carried out. In this evaluation 44 functionaries participated and limitations were found to the mobilization of equipment of Family Health, as well as shortage of work instruments and paperwork. These limitations were resolved in the case of the municipalities participating in the project, with the supply of materials and grant of biomedical equipment for the physical examinations.



Monitoring Visit for the Family Health Model

Support was provided in the official launch of the Family Health Model at a national level, in which 344 people participated, including diplomatic representatives, foreign cooperation agency representatives and officers, MSPAS workers as well as other government and non-government organizations.

The focus of MSPAS in the process of the creation of the Family Health Model, at the time considered a main priority, delayed the execution of some activities of the Community Health Component.



Meeting with USAID CTOs to assess the survey results

Activities regarding the Monitoring and Evaluation Plan

A community survey was done (base line). The data was gathered from a sample of 1260 homes. With the obtained results a presentation was made to USAID personnel. Immediately after receiving the approval from USAID to share the information with MSPAS (July 2007), a workshop was carried out with MSPAS personnel to show them the results and begin analysis from the institutional perspective.

The survey results are waiting for approval from MSPAS to publish and distribution.

Field visits with technical staff of the Unit for Information, Monitoring and Evaluation (IUME) from the MSPAS were carried out. In these visits abundant opportunities were found for improvement in the areas of registry, processing and analysis of information within the monitoring process and local evaluation of performance, as well as managements and custody of medical documents in the framework of the Family Health Model



IUME monitoring visit

Due to the great amount of evaluation activities (mainly of those program supported by cooperation agencies such as Tuberculosis, vaccination among others) and the General Direction Office of the MSPAS to give follow up to the management commitments, the activities of regional evaluation of the project were limited. For this reason, coordination with the person in charge of the General Direction has been established, so that the following year a joint evaluation of the management commitments will be done, since a good number of indicators of the project align with those commitments.

4.2.6. Difficulties encountered and proposed solutions:

Challenges:

- Achieve at a local and community levels a culture and habit of constant and permanent monitoring and evaluation of the activities in order to improve the quality of their services through opportune decision making.
- Allow the Health Promoters to spend more time in rural communities and devoted to health promotion.

- The implementation of the Family Health Model has required many resources, among them personnel, supplies, equipment and paperwork and the MSPAS does not have the additional resources required for its implementation.

Solutions:

- It is foreseen that the MSPAS will establish policies, procedures and assigns the resources so that the health promotion activities are made effective on a regional level, SIBASI and health units. Task Order “B” will incorporate within the 2008 work plan the development of models to strengthen this activity. Also financial resources have been budgeted for the training and execution of monitoring and evaluation activities on the basis of continual quality improvement for the Central and Regional level.
- Lobbying activities will continue at the Central and Regional levels of the MSPAS so that community resources are utilized in a rational manner, mainly, through the results of quarterly evaluations of the Community Health activities.
- Lobbying activities will continue so that the MSPAS provides budgetary support and assigns the resources to guarantee the implementation of the Family Health Model. The MSPAS manifests that the National Health Systems law will be approved in November 2007, which will allow additional resources to finance the Family Health Model that will constitute a legal mandate, pending the approval of the mentioned law.

4.3. NUTRITION COMPONENT

4.3.1 Progress Achieved:

Relevant Facts

The main achievements obtained by this component during the 2007 fiscal year are the following:

- AIN expansion begun with the training of 65 new facilitators
- New growth graphics that include the three anthropometric indicators for nutritional surveillance in children less than 5 years of age are available.
- Counseling for the opportune identification of warning signs in a child less than 5 years of age and pregnancy complications was implemented through the Voluntary Nutrition Counselors at a community level.
- One hundred and twenty (120) specific Health Promoters supervisors from the priority SIBASI supported by USAID were standardized in the correct method of taking anthropometric measures and are currently training their Health Promoters with those skills.
- The use of exclusive and complementary breast feeding has been promoted through workshops for training, monitoring and evaluation; so that approximately 15 units are ready to be certified as “Child Friendly” and 82 counselors for breast feeding have been trained.

- With the support of the URC the Ill Height Census among children attending first grade carried out.
- A Follow up Guideline for the Severely Malnourished Child at a hospital level is now available. 17 Hospitals have personnel trained in its use.

Advances by Results

Intermediate Result 3.3.3.1.: IMCI and AIN strategies and materials containing messages to promote adequate hygiene at a home level and adequate water utilization practices.

IEC/CBC Activities in Nutrition

In this period support was given to the definition process for key behavior to intervene through the IEC/CBC strategy, specifically in those educational materials that are to be published. Exclusive breast feeding was prioritized, adequate feeding practices in regards to consistency, frequency and quantity, to keep feeding sick children and to encourage mothers to supply the child with the micro nutrients prescribed by the doctors.

Result 3.3.3.3.: Monitor the nutritional status and growth of all children less than two years of age and breastfeeding women, especially adolescents in the 69 municipalities supported by USAID do so using appropriate equipment and following the AIEPI-AIN strategy.

3.3.3.3.4 Strengthening of the Integrated Care Strategy in AIN-AIEPI Nutrition

Monitoring and follow up visits to the AIN strategy activities.

Fifteen (15) monitoring visits to an equal number of INA units and communities were carried out. The units were visited for the monitoring of compliance with of the USANYM strategy; findings indicate that 6 such units can be recertified as “Child Friendly” in the next December.

In these monitoring activities of AIN communities, results point out that several of these communities were working well and have maintained the Voluntary Nutritional Counselors (VNC) and children less than 2 years of age in the strategy. However there were other communities in which the strategy needs strengthening since the work has deteriorated and the VNCa have been lost. This prompted a decision from the MSPAS Nutritional Unit that the expansion process will be carried out in a progressive manner starting in 2008 and fiscal year 2007 was used to recover the communities with execution problems concerning the strategy. Nonetheless in those communities that were working well expansion was initiated this year. Additionally it was defined that the strategy will be implemented with the active participation of the Community Health Component, as they hold the direct chain of command for the VNCs

Laminated counseling sheets for the nutrition volunteers have been completed. The sheets relate to danger signs in newborns, general danger signs, danger signs in cases of pneumonia and diarrhea in children under five years of age, and signs of a danger of complications in pregnant women. These [danger signs] were proposed and worked on by AIEPI and from this year on will be promoted by voluntary nutrition counselors.

Three (3) training courses for INA facilitators took place, training 131 facilitators to expand and/or fortify the strategy in an equal number of new communities.

In addition 6 training courses for 144 Voluntary Nutrition Counselors were carried out.

Standardization of specific Supervisors in the taking of anthropometric measurements

With the goal to guarantee the quality of nutritional surveillance at a community level, 10 workshops were carried out for the standardization in the taking of anthropometric measurements, weight and size, in which 646 specific supervisors and health promoters participated of the three USAID priority regions.

Result 3.3.3.4.: In up to 69 municipalities supported by USAID, at least 50 percent of women gain sufficient weight during their pregnancies, in accordance with MSPAS standards.

3.3.3.4.1 Review and Update of the Women's Feeding Guide in Pregnancy and Lactation Stage

Review and update of the Food Guide for Pregnant and Breastfeeding Women

The Food Guides for the Salvadoran Family is currently being reviewed and updated. Currently it stands at an 80% progress.

Result 3.3.3.5.: Thirty percent of children are exclusively breastfed up to six months of age in at least 69 municipalities supported by USAID.

3.3.3.5.1 Breast Feeding and Child Feeding Promotion

A workshop was carried out for the review and update of the MADLAC system in hospitals, reducing the number of questions in the questionnaire. This process is ongoing and will be completed next trimester.

In the development of the program 37 training initiatives took place that trained a total of 1,229 functionaries belonging to the 69 municipalities supported by the project

As part of these initiatives, we would like to emphasize the following activities:

- 7 workshops were carried out for the promotion of the Child-Mother Friendly Health Units strategy, that train doctors, nurses, in breast feeding and adequate complementary feeding strategies, 159 personnel were trained.
- 6 courses for counseling in breast feeding, training 90 counselors
- 5 auto evaluations were carried out in an equal number of hospitals for the ten steps to successful breast feeding, within the process of hospital recertification on the "Friendly Hospitals" initiative.

Scientific workshop for the updating of breast feeding and child feeding

A scientific workshop took place on the subject of breast feeding in El Salvador and its contribution to the reduction of infant mortality. Additionally, there was commitment by the hospitals to reach recertification and 94 promotional banners were produced, one for each Health Unit, Region and Nutrition Unit with the message: "Breast Feeding the first half hour: Saving a million babies."

Intermediate Result 3.3.3.6.: Decrease the global malnourished child percentage in children less than 5 years of age from 10.3% to 9% in the 69 municipalities supported by USAID

**3.3.3.6.1 Implementation of a Nutritional Surveillance System (SISVIN)
Proposed SISVIN review for the MSPAS.**

The creation of the technical SISVIN document in the MSPAS was supported, currently the design of the computer program is in development and the validation and beginning of the implementation process is being planned. The anthropometric measurements will be taken twice a year and the main person in charge will be the health promoter.

Third Height Census among Children Attending First Grade in El Salvador.

In coordination with the Ministry of Education, the National Secretary of the Republic and in direct support of the Nutritional unit of the MSPAS, the Third National Census for children in first grade in El Salvador was carried out in 217,000 school age children. It was made possible with the training of 419 facilitators from the Ministries of Education Health and 7,319 first grade teachers at a national level.

As part of the same effort, two posters were created related to the subject: the promotional poster for the event and the poster that shows the correct measurement procedure and a t-shirt that were given to all first grade teachers in the country.

3.3.3.6.2 Clinical Guide for the treatment of severely malnourished children at a hospital level.

Systematization of the Information on the Follow up Guide for severely malnourished children at a hospital level.

The Guideline for the treatment of severely malnourished children at a hospital level was reviewed, revised and completed.

Training on the use of the Follow up Guide for severely malnourished children at a hospital level

Ten training workshops have been carried out in which 259 functionaries from four health regions have participated. The Eastern Region is pending. Furthermore the hospitals have initiated their own training process and implementation of the Guide.

3.3.3.6.5 Strengthening the CRSN

Update on the growth, development and nutrition component for CRSN coordinators.

Two workshops were carried out for the refreshing of knowledge on the growth, development and nutrition with the CRSN promoters, having trained 44 lady promoters.

3.3.3.6.6. Update of Graphics for Growth of Children under 5 years old (Weight/Age).

The presentation of the new population's reference of the OMS was financed and participated in. This initiated a process of creation of new growth graphics for children less than 5 years of age, which are currently completed. A relevant fact is that these incorporate size measurement as part of growth surveillance on children less than 5 years of age.

4.3.2. Difficulties encountered and proposed solutions:

Challenges:

- The resignation in January 2007 of the head nutritionist for the AIN strategy.
- National emergency situations caused by epidemics and environmental factors.
- Little available time for monitoring duties.
- Delay in the start of the execution of the 2007 action plan.

Solutions:

- Within possibilities different subject matters were carried out as a single activity, or two units were united in the same activity.
- When possible training at a local level was implemented, saving travel time for the functionaries.
- The Maternal Component was involved in the definition of danger signs in pregnancies that are to be detected by the Voluntary Nutrition Counselors. The National Pediatrics Association and the Bloom National Hospital was invited for the guide and policy creation process.
- The presence of URC local facilitators was taken advantage of to obtain a higher level of involvement and improved communication and coordination between the different technicians at a regional level and from the SIBASI.

4.4 IEC/CBC

4.4.1 Achieved Progress

Relevant Facts

The main achievements obtained by this component during the 2007 fiscal year are the following:

- Inventory of education materials and radio products in the IEC of the main components of USAID project. Achieving the identification of existing educational material and determining the need of more for the implementation of the educational interventions in the health units in the 69 municipalities.
- Definition of a Methodological Model for the creation of a national Strategy of IEC/CBC, which facilitated the participation of health personnel in the different management levels of the MSPAS, as well as the creation of the document itself. It is important to mention that for the creation there was participation of health personnel from NGOs and the ISSS.
- Creation of a National IEC/CBC Strategy for the following components: Maternal, Child, Nutrition, Family Planning and Nosocomial Disease Prevention, currently in approval process.



- Creation of Operational plans of IEC/CBC at a regional level, obtaining that each region has its own Information, Education and Communication Plan, for the different components based on audiences and key behaviors.
- Creation of Operational plans of IEC/CBC at a local level, obtaining the each Health Unit has its own Information, Education and Communication Plan, for the different components



Workshop for the creation of Operational IEC/CBC Plans.

- Creation of a profile and designation of a Delegate for IEC at a Regional, SIBASI and Health Unit level in the 69 municipalities. Also knowledge and skills of health personal and IER delegates in the three health regions was reinforced through the implementation of 3 workshops on educational methods.

- Design of 106 materials: 81 graphic, 19 radio spots, 4 television spots and 2 videos. In Family Planning: 26, Maternal: 26, Child: 33, Nutrition: 12 and Nosocomial infection Prevention: 9.



Sample of produced materials.

- Hiring of a professional company for creativity, design and diagrams as well as final graphic, radio and television products.
- Active participation of the Health Promotion and Education Unit in the monitoring and follow up of the National Strategy implementation in the three regions supported by USAID.
- Creation and validations of daily and monthly registry instruments of educational interventions designed for IEC
- Review, update, printing and delivery to the Health Ministry of the following material:
 - 500,000 reminder sheets “Proper Food Handling and Preservation”
 - 100,000 reminder sheets “Does your Child have Diarrhea?”
 - 1,500 Flyers “Diarrhea and Nutrition”



Reminder sheets and flyers on Diarrhea, Nutrition and Feeding

Advances in Results

Intermediate Result 3.3.(0).7: Communication strategy promoting key messages in reproductive and infant health, created and implemented at the national level

- A national IEC/CBC strategy was created and currently said strategy is in the implementation process in the three Health regions and pending approval by the MSPAS. For the development of this strategy 5 workshops were carried out in which 201 people participated.
- The selection of IEC designates for each Region, SIBASI, Hospital and Health Unit for the 69 municipalities supported by USAID.
- 14 workshops were carried out for the creations of regional and local IEC/CBC plans for the 69 municipalities supported by USAID. In this activity 496 people participated.
- Three workshops on the educational method for the strengthening in knowledge and skills of IEC health care personal designated in the three health regions. 47 people were trained.
- A draft design of 106 educational materials of project components was made.
- One daily and one monthly registry instrument was designed for IEC interventions at a local level.
- Review, update, printing and delivery to the Health Ministry of “Adequate manipulation and conservation of food.” reminder sheets, “Does your Child have Diarrhea?” reminder sheets, and “Diarrhea and Nutrition” flyers

Type of Educational Material	Family Planning	Maternal	Infant	Nutrition	Oral Health	Nosocomial Disease Prevention
Rotational	1	1	3	1	1	2
Posters	6	4	6	3	3	4
Three-fold brochures	10	4	8	3	1	
Calendars		2				
Reminder Sheets		6	7			1
Slides		2	1			
Flyer d			1			
Radio Spots	5	7	7			
TV Spots	4					
Videos						2
Total	26	26	33	7	5	9

Type of educational Material	Total Created
Graphic Material	81
Radio Spots	19
Scripts for TV Spots	4
Scripts for videos	2
TOTAL	106

4.4.2 Difficulties encountered and proposed solutions

Challenges:

- Lack of compliance in the programmed activities of regional and local teams due to emergency situations and natural disasters.
- Limited communication between different management levels in the MSPAS relating to IEC/CBC

Solutions:

- New activities were programmed for the creation of regional and local health plans, achieving greater commitment by the functionaries of those levels.
- Communication was stimulated with the respective counterparts that favor communication between the different management and care provider levels.
- Risk focused activities were prioritized taking into account international commitments (Millennium Objectives)

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

5.1. DISEASE CONTROL AND PREVENTION COMPONENT

5.1.1. Achieved Progress:

Relevant Facts:

The main achievements obtained by this component during the 2007 fiscal year are the following:

- Execution of a diagnostic to determine and evaluate organizational structure and level of functionality of the nosocomial infection committees in the 28 maternity wards.
- Reactivation on the Nosocomial Infection Committees at a local level.
- Priority supplies needs analysis for prevention of maternal-child nosocomial infections in 28 hospitals.
- Definition of content and type of educational material for infection prevention, including urinary tract infections.
- Provision of computer equipment, printer, software licenses, voltage regulators and operating systems to the 28 infection committees.
- First draft of the Manual for Nosocomial Infection treatment standardization
- Modifying of incorrect behaviors in cleaning, disinfection and aseptic techniques
- Creation of a Prevention and Management Guide for Neonatal Sepsis prevention and training for the neonatal personnel in infection prevention.

Advances in Results

Intermediate Result 3.4.1 Standards and protocol for infection prevention in mothers and newborns to be established in 28 maternity wards and 35 Health units that perform deliveries.

Technically the infection prevention protocols in surgical cesarean wounds, infection prevention in urinary tracts through vesicle catheter and nosocomial pneumonia prevention have been approved.

The content for infection prevention in mothers during pregnancy, which was incorporated in the new prenatal care model, was created. Currently health professionals from the SIBASIs of Santiago de María, Nueva Concepción and Ilobasco are being trained. So far 22 facilitators and 250 functionaries have received the training on the subject of infection prevention during pregnancy.

There was participation and support on the first workshop, one day of duration, that the Neonatologists of the MSPAS put together to update the prevention guide and the management of neonatal sepsis. Eight (8) neonatologists from 8 different national hospitals

participated. The newborn sepsis management policies were reviewed and updated. These policies will be added to in 2008.

Ten local workshops for training in the Clinical Care Guide for the primary obstetric causes of death, such as surgical site infection, endometriosis, and urinary tract infections in the second and third care level, Clinical Guide for the care of primary pediatric diseases, such as neonatal sepsis in the second care level, and Clinical Guides for newborns (neonatal sepsis) with pathologies. These care protocols already existed in the MSPAS and infection prevention methods were emphasized. A total of 175 doctors, nurses and hospital administrative staff that implement these guides were trained.

In coordination with the reproductive health component, the educational method and content on infection prevention during pregnancy was developed. This component was incorporated to the new model of neonatal attention that is currently being implemented in three SIBASIs: Ilobasco, Nueva Concepción and Santiago de María.

The English to Spanish translation of three technical instruments (Management of an Infected Child with severe malnourishment, Pocketbook for Child Hospital Care, Problem Child manual: Sepsis, asphyxiation, and other pathological conditions.) was made. This material was being used in the training workshops for infection prevention and has served as reference material for the creation of other Guides and protocols, as in case of the Management of an Infected Child with severe malnourishment.

Intermediate Result 3.4.2: Infection Committees working actively in the prevention and reduction of acquired infections at a hospital level, jointly with the perinatal committees in the 28 maternity wards.

A diagnostic was carried out on the organization, structure, and level of functionality of the nosocomial infection committees in the 28 hospitals in the country. The report of this diagnostic will be presented to MSPAS with the goal of defining a strategy to fortify the organization and functionality of the committees during 2008.

A two day workshop on lobbying with hospital directors and functionaries, SIBASIs and some universities with the objective to inform on the creation and / or reactivation and support from the Nosocomial Infection Committees at a local level. The number of participants was 40.

The course for Nosocomial Infection Prevention and Control for the Nursing Unit Staff, requested by the Disease Control and Epidemiologic Surveillance Council was supported. Its goal was the strengthening of the infection committees. A total of 32 nurses that integrate the infection committees at a hospital level were trained. The course lasted five months with one full day of training a week. .

The functioning of the infection committees in 22 of the 28 hospitals was reactivated; these conduct an active search for disease, compliance with the infection control guidelines and generation of reports for decision making.

28 Nosocomial Infection Committees were provided with a computer, printer, software licenses, volt regulator and operating system. Also an antivirus was installed to support the epidemiological disease surveillance system. A normative document was prepared for the adequate use of computers by the committees, which was accepted and put to use by MSPAS.

Currently there is a first draft of the Manual for Training and Standardization for the treatment of Nosocomial diseases. It is expected to have a definite version, approved by the MSPAS to train Committee personnel in 2008.

Intermediate Result 3.4.3. Policies for the prevention and treatment of urinary tract infections in the 69 municipalities supported by USAID

Three Guides for the prevention and treatment of urinary tract infections: one for UTI prevention in hospitals, a nosocomial disease associated with catheter use and two of them are community oriented, integrated to the Guide to Maternal Care (bacteriosis and pielonefritis). These Guides have been submitted for technical approval from the MSPAS.

In coordination with the IEC/CBC component, conduct and key messages were defined and content and drafts of graphic and audiovisual materials for hospital infection prevention and those related to urinary tract infections especially among pregnant women were made. Currently these materials are being developed by a local consultancy firm that will deliver finished products on December 2007. The materials will be utilized on educational activities included in prenatal care.

Currently in the new model for prenatal care and in the training program for said model, that is being implemented in a pilot test in three SIBASIs: Ilobasco, Santiago de María and Nueva Concepción, as part of counseling, vulva cleanliness, cleaning after intercourse, check ups in the presence of urinary infection symptoms and the consumption of abundant liquids as preventive measures for urinary tract infection are emphasized. Also the presence of bacteriosis in asymptomatic pregnant women is made in two prenatal controls as fundamental tasks for the early detection of urinary tract infections.

Intermediate Result 3.4.4. Reduction of neonatal deaths due to nosocomial sepsis in the 28 maternity wards and the 35 Health Units that perform deliveries.

Terms of reference were defined and agreed upon for a consultancy study of the neonatal death by nosocomial sepsis with the Child Management Office. The identification of a candidate to perform this consultancy is necessary, since human resources available are low. Both the MSPAS and the URC are making a great effort to identify this professional.

A technical Guide and three short videos were produced on hand washing using soap and alcohol gel in support to the activities carried out jointly with the BASICS project in five hospitals and training of personnel for the implementation of these guides.

Twenty two (22) functionaries of neonatal services, pediatricians and nurses of the Western, Eastern and Central regions were trained in the prevention of neonatal infections with a nosocomial origin related to: catheters, surgical wounds, diaper rash and hand washing technique.

Joint Activities with Project BASICS in neonatal sepsis prevention:

Work has been coordinated with project BASICS, in compliance with the agreement signed between URC and BASICS, which has been approved by USAID. According to the fifth report presented by the El Salvador BASICS Coordinator, the following joint activities have been carried out with URC and the following results have been achieved:

- A baseline study on the knowledge, attitudes and practices of hand washing in five hospitals that were carried out by the BASICS Coordinator, only 71% of personnel that worked in maternity wards and neonatal care actually washed their hands.

As a response to this situation, training on hand washing was carried out, utilizing technical Guides created by the URC and the result of said training is that the percentage of hand washing increased 13.6%, from 71% to 84.5% in the 5 hospitals.

Due to lobbying actions by the BASICS coordinator, jointly with MSPAS, for the request of basic supplies the following results were obtained:

- Temporal supplies from FOSALUD of 500 jars of alcohol gel to be used in neonatal services in the five hospitals.
- BASICS collaborated with 300 yards of blankets to make 3,000 individual reusable towels for hand drying.
- The Diplomatic Wives Association donated 200 yards of raw blankets to make another 2,000 individual towels.
- FUSAL donated 264 bags of antiseptic soap of 200ml each and 183 bags of alcohol gel of 1,000ml each to be distributed among the 5 hospitals.

With the direct support of URC Technical Assistance, training for pharmaceuticals technicians from the 29 national hospitals was carried out on the production of local alcohol gel.

Also with URC Technical Assistance, and coordination with BASICS a total of 4 Video Conferences have been had with the participation of the Dominican Republic, Honduras and Washington D.C., in which results and experiences in neonatal sepsis prevention have been shared.

5.1.2. Difficulties encountered and proposed solutions:

Challenges:

- Delays in initiating the implementation of the plan due to adjustments requested by the MSPAS and the change of the main counterpart and the incorporation the Maternal-Child Care Unit as members of the group. Also the epidemics of dengue fever, pneumonia and diarrhea that impeded the involvement of the MSPAS functionaries in the programmed training activities.
- Difficulties in finding an available professional to perform the consultancy baseline study on the neonatal nosocomial sepsis death.
- Lack of human resources in hospitals in charge of component coordination.
- Limited basic supplies for the compliance with infection prevention measures.

Solutions:

- Work sessions were organized with participants from the Epidemiology and, Maternal-Child health areas of the MSPAS, and adjustments to the action plan were defined in a coordinated approach.

- With the reactivation of Nosocomial Committees designations of persons in charge for this component in 22 of the 28 hospitals has been achieved. This has greatly facilitated the work there.
- The purchase of basic supplies for infection prevention that will be distributed in the 28 hospitals was approved by USAID. These basic supplies include: antiseptic soap, clean water storage deposits, gloves, masks, surgical brushes and plastic cold sterilization containers for instruments.

6. REVIEW OF RESULTS AND ANALYSIS: MONITORING AND EVALUATION COMPONENT

6.1. MONITORING AND EVALUATION COMPONENT

6.1.1 Progress Achieved

Relevant Facts:

In the first trimester of the 2007 fiscal year, the URC presented a proposal for decentralized technical assistance, which, after a series of presentations to the General Health Director, his technical support team and regional technical team coordinators that would subsequently become Regional Directors, was accepted and came into force at the beginning of 2007 with the hiring of seven local facilitators, that are assigned to support the work of the priority areas for USAID. These URC facilitators currently perform the following tasks:

- Encourage, accompany and support monitoring and supervision of Regional and/or SIBASIs teams of the health units and community health.
- Facilitate and insure the quality of the compliance with the action Plan

These local facilitators received an induction course by the URC on the different program priority areas for USAID by the URC Advisors and the Managers and Coordinators of the program from the Ministry of Health.

Consequently in the second week of February they were incorporated into their respective work places. In the beginning of their placement, in the first week their activities were:

- Coordination meetings with regional and SIBASI teams to organize their first work plan and so begin fulfillment of their respective regional plan.
- Presentation to the technicians and Health Unit Directors.
- Identification, visit and quote of appropriate places for the execution of workshops, meetings and training activities for their respective areas. Also libraries and photocopy places.
- Attention to bidding company personnel for the overhaul process for SIBASI installations in Chalatenango, La Libertad, San Vicente, Cuscatlán, San Miguel and Usulután.
- In the SIBASIs that were relatively easy to reach, monitoring visits to Health Units were begun.

- SIBASIs of Usulután and San Miguel were dedicated, in a great part to the support of activities against rabies (promotion and vaccination of cats and dogs) by Regional mandate, since this region suffered an emergency situation due to the appearance of rabid humans.

Types of activities executed by facilitators.

The main activities of the facilitators were related to evaluation and monitoring of the Project components in the health units in their areas of influence and logistical and technical support for the execution of training events included in the regional work plans.

Monitoring and Evaluation Activities

At the end of the October 2006 – September 2007 work year, 82 Health Units of the 94 and 13 hospitals of the 28 in project jurisdiction had been monitored. The number of evaluation and monitoring visits is presented in the following table:

SIBASI	No. of Supervisions
SIBASI Chalatenango:	23
SIBASI La Libertad:	36
SIBASI Cuscatlán:	55
SIBASI San Vicente:	46
SIBASI San Miguel:	14
SIBASI Usulután:	39
TOTAL	213

The evaluation and monitoring visits covered several of the maternal-child care, nutritional, and disease control and prevention processes. The visits that were carried out by Region and SIBASIs are the following:

Central Health Region

SIBASI Chalatenango

During the 2007 fiscal year monitoring visits were made to 16 Health Units, 1 Health Home, and 1 Rural Nutrition Center belonging to this SIBASI. Through these visits the following processes were evaluated and monitored:

- Referral and return of patients and users.
- Hospital Internship program for teenagers and educational circles.
- Management of Acute Diarrhea Disease, Plan A and Plan B. Utilization of Oral Rehydration kits provided by the project.
- Implementation of the Family Health model.
- Detection of warning signs in pregnancies by the health promoter.

- Performance of the Voluntary Nutrition Counselors.
- Implementation of AIEPI – INA strategy
- Monitoring of efficiency and quality conditions for infant care services

During these visits and for each of the previously described processes, existing problems were detected and specific recommendations were formulated for the solution of said problems.

The units visited in this SIBASI were the following:

- Health Unit Dulce Nombre de María
- Health Unit Azacualpa
- Health Unit San Francisco Lempa
- Health Unit San Lu s del Carmen
- Health Unit Concepci n Quezaltepeque
- Health Unit La Reina
- Health Unit San Rafael
- Health Unit Las Pilas
- Health Unit Nueva Concepci n
- Health Unit Agua Caliente
- Health Unit Tejutla
- Health Unit Santa Rita
- Health Unit San Rafael
- Health Unit La Palma
- Health Unit Potrero Sula
- Health Unit Tejuela
- Health Home El Pepeto
- Rural Nutrition Center Cant n Santa B rbara (El Para so)

SIBASI La Libertad

During the 2007 fiscal year monitoring visits were made to 16 Health Units and 1 National Hospital, belonging to this SIBASI. Through these visits the following processes were evaluated and monitored:

- Maternal-Child Health and education activity registry.
- Implementation of the Measles vaccination campaign.
- Implementation of FP activities.
- Study of maternal and child deaths occurred during the January – September 2007 period.
- Implementation of AIEPI strategy
- Implementation of Labor - Delivery Plan
- Implementation of local IEC plan for teenagers
- Implementation of Family Health Program

During these visits and for each of the previously described processes, existing problems were detected and specific recommendations were formulated for the solution of said problems.

The units visited in this SIBASI were the following:

- Health Unit Mizata
- Health Unit Tamanique
- Health Unit Comayagua
- Health Unit Chiltiupan
- Health Unit San Pablo Tacachico
- Health Unit Opico y Caserío Lomas de Copinol
- Health Unit Puerto de La Libertad y Cantón el Cimarrón
- Health Unit Lourdes, Colón
- Health Unit Tepecoyo
- Health Unit Teotepeque
- Health Unit Puerto La Libertad
- Health Unit Playas
- Health Unit Sitio del Niño
- Health Unit Jicalapa
- Health Unit Nuevo Cuscatlan
- Health Unit Tacachico

The visited Hospital was:

- National San Rafael Hospital

Paracentral Health Region

SIBASI Cuscatlán – Ilobasco

During the 2007 fiscal year monitoring visits were made to 5 hospitals and 11 Health Units, belonging to this SIBASI. In the hospitals the care processes were monitored and specific recommendations were formulated to solve existing problems. The following processes were evaluated and monitored:

- Implementation of Breast Feeding promotion program.
- Nosocomial Infection prevention and control.
- Support for the Neonatal Reanimation training.

The visited Hospitals were:

- Suchitoto Hospital
- Cojutepeque Hospital
- Ilobasco Hospital
- Sensuntepeque Hospital
- Ilobasco Social Security Hospital

During monitoring visits to Health Units the following processes were supervised:

- Implementation of Breast Feeding promotion program.
- Implementation of Child Friendly Health Units USANYM initiative
- Implementation of AIEPI strategy
- Implementation of AIN strategy
- Evaluation of performance of Voluntary Nutritional Counselors
- Evaluation of efficiency conditions and child care service quality

- Implementation of vaccination program
- Implementation of Family Health model
- Implementation of new prenatal care model
- Implementation of FP program.

The units monitored and supervised were the following:

- Health Unit Candelaria
- Health Unit San Ramón
- Health Unit Tenancingo
- Health Unit Rosario de Cuscatlan
- Health Unit San Francisco del Monte
- Health Unit Oratorio concepción
- Health Unit Apastepeque
- Health Unit San José Guayabal
- Health Unit San Rafael Cedros
- Health Unit Santa Lucia/Ilobasco
- Health Unit Periférica

SIBASI San Vicente

During the 2007 fiscal year monitoring visits were made to 2 hospitals and 7 Health Units, belonging to this SIBASI.

In the hospitals the care processes were monitored and specific recommendations were formulated to solve existing problems. The following processes were evaluated and monitored:

- Nosocomial Infection prevention and control.
- Disposal of Hospital waste

The visited Hospitals were:

- Santa Gertrudis National Hospital of San Vicente
- Santa Teresa National Hospital of Zacatecoluca

During these visits the following processes were evaluated and monitored:

- Community Health program
- Nebulizer program
- Oral Rehydration program
- Vaccination program
- Monitoring of efficiency conditions for the quality of child care for those suffering from pneumonia or diarrhea

The units monitored and supervised were the following:

- Health Unit San Carlos Lempa
- Health Unit Tepetitán
- Health Unit Verapaz
- Health Unit San Esteban Catarina
- Health Unit San Ildefonso

- Health Unit San Sebastián
- Health Unit Apastepeque

Eastern Health Region

SIBASI San Miguel

During the 2007 fiscal year monitoring visits were made to 3 hospitals and 10 Health Units, belonging to this SIBASI.

In the hospitals the care processes were monitored and specific recommendations were formulated to solve existing problems. The following processes were evaluated and monitored:

- Nosocomial Infection prevention and control.
- Implementation of Maternal Program
- Use of Perinatal Information System
- Maternal – Child mortality Surveillance

The visited Hospitals were:

- San Juan de Dios National Hospital of San Miguel
- Nueva Guadalupe National Hospital
- Hospital of Morazán

During monitoring visits to Health Units the following processes and programs were supervised:

- Nebulizer program
- Oral Rehydration program
- Vaccination program
- Monitoring of efficiency conditions for the quality of child care for those suffering from pneumonia or diarrhea
- Evaluation of the logistical Contraceptive System

The Units monitored and supervised were the following:

- Health Unit Chirilagua
- Health Unit “Las Marías”
- Health Unit “Chinameca”
- Health Unit “San Buenaventura”
- Health Unit “El Cuco”
- Health Unit Anamorós
- Health Units Placitas
- Health Units Jocote Dulce
- Health Units Jucuapa
- Health Units Las Charcas

SIBASI Usulután

During the 2007 fiscal year monitoring visits were made to 2 hospitals and 21 Health Units, belonging to this SIBASI.

In the hospitals the care processes were monitored and specific recommendations were formulated to solve existing problems. The following processes were evaluated and monitored:

- Nosocomial Infection prevention and control.

The visited Hospitals were:

- Usulután Hospital
- Jiquilisco Hospital

During monitoring visits to Health Units the following processes and programs were supervised:

- Vaccination program
- Monitoring of efficiency conditions for the quality of child care for those suffering from pneumonia or diarrhea
- Implementation of AIEPI strategy
- Implementation of INA strategy
- Implementation of Labor - Delivery Plan
- Midwife and volunteer program
- FP program
- Growth and development control for children less than 5 years of age.

The Units monitored and supervised were the following:

- Health Unit Alegría
- Health Unit Berlín
- Health Unit Ozatlán,
- Health Unit Estanzuelas
- Health Unit Nueva Granada
- Health Unit Mercedes Umaña
- Unidades Salud las Islas la Bahía de Jiquilisco
- Health Unit Ciudad El Triunfo
- Health Unit El Espino
- Health Unit Tierra Blanca
- Health Unit San Agustín
- Health Unit Ereguayquin
- Health Unit San Francisco Javier
- Health Unit Puerto Parada
- Health Unit La Cruz
- Health Unit San Rafael Oriente
- Health Unit Concepción Batres
- Health Unit Nuevo Amanecer
- Health Unit La Canoa
- Health Unit Isla de Méndez
- Health Unit Corral de Mulas

Training activities coordinated by local facilitators.

Regarding training activities at a regional level, the local facilitators accomplished an important task in their execution. Their main operation was related to the technical orientation of the events that were being held at a regional and local level, as well as the logistics management tasks for these events.

The following table presents the training events that were organized and supervised by the facilitators

Training Events	Number of Events	Number of Participants
Voluntary Nutritional Counselors training	15	795
Training for community volunteers for the labor and delivery plan	6	376
Training facilitator and care provider training for the promotion of Breast feeding	38	1274
Education on hygiene practices at a family level	8	356
Hospital internships for teenagers	6	98
TOTAL	73	2,899

6.1.2 Difficulties encountered and proposed solutions:**Challenges:**

There exists a similar situation in the three regions and the main challenges can be summed up this way:

- There is still difficulty in getting support from the Central Region technicians for the monitoring and supervision activities. Other activities are prioritized and monitoring is shunted to second place.
- Activities were suspended due to epidemics, national emergencies or priority activities on a national scale (Vaccination initiatives).
- There is difficulty with last minute scheduling changes, despite having previously informed the technicians. The difficulty lies in changing contracts and reservations, additionally for the impact these suspensions or changes have on expected results.
- There is the problem of agendas not being received ahead of time, and the sending activity requests in a timely manner.

Solutions:

- Planning of activities and monitoring visits are requested since the beginning of the month to avoid cancellation.
- A better participation of the SIBASI team was achieved in the monitoring visits and training activities.

- Training sessions were held for the most part at a local level to save travel time for the resources and maximize work time effectiveness.

7. ADMINISTRATION.

During the 2007 fiscal year the following activities were carried out:

Financial Management:

- Implementation of an accounting module for the computerized generation of checks and follow up to budget expenditures.
- The IVA (Value Added Tax) report corresponding to the project and foreign functionaries the fiscal year.
- Preparation and transfer to URC Bethesda of monthly financial reports, as well as other reports of administrative and financial activities that are normally executed. .
- Implementation of a bank account deposit payroll system.

Hiring of National Consultancies.

Administrative support in the hiring of the following consultancies:

- The winning company for execution of the baseline hospital equipment inventory consultancy.
- Social mobilization in support to the Labor–Delivery and emergency plan.
- Training in qualitative methods of Family Planning.
- Creation of the occupational profile of the Health Promoter.
- Hiring of the firm “PRODUCCIONES MULTICOM, S. A. DE C. V.” to do a consultancy on creativity, design, diagrams and the delivery of final products in graphic materials, radio and television spots for the Information, Education and Communication strategy for Behavior Change in the Maternal-Child, Nutritional, family Planning and Nosocomial Disease Control and Prevention components.

Logistical support for training events.

- Hiring logistical support for the 453 training events in which 22,422 people participated. There training events were carried out in different locations throughout the country, including support for the Ill Nation Size and Weight for First Grade Children that was executed in 233 locations, representing a huge undertaking.

General administrative management of physical resources and supplies

- Reviewed and updated the URC procedure Manual and was adapted for its use in El Salvador
- Preparation of guidelines for Project transport.
- Hiring of preventive and corrective maintenance for Project equipment.
- Received four (4) new vehicles for the Project and their registered insurance policies.
- An initiative to change main office headquarters. Due to the cramped space of the office initially leased to the Technical Assistance Group, USAID as well as our central offices approved the lease and overhaul of a new more spacious headquarters with good physical resources to carry out simultaneous training activities.
- Process of computer equipment purchase. The purchase process of 53 computers with their respective printers, software and antivirus for the Community Health program and the 28 maternity wards as well as the acquisition of audiovisual equipment for the training that is carried out in the three Health Regions through their respective SIBASIs.
- Process of purchasing 129 Oral Rehydration kits. The acquisition was made and they were delivered to the MSPAS.
- Overhaul and equipping facilitator offices in the SIBASIs as part of the logistical support process to the SIBASIs of the three regions covered by the Project and approved by USAID. The renovations were carried out and the office equipment of the facilitators and SIBASI auditoriums for La Libertad, Cojutepeque, San Vicente, Chalatenango, San Miguel and Usulután was put in place.
- Purchase of an E1 Digital “PBX” Telephone Plant for the URC office.
- 25 tension meters and 10 oxigenometers were purchased and given to the Infant care areas of the hospitals specifically in the pneumonia epidemic.
- Delivery and support in the commencement of operations of the SIBASI offices in Usulután y Chalatenango to the Minister of Public Health and Social Assistance.



**Presentation of the SIBASI Auditorium in Chalatenango
To the Minister and Vice Minister**

Human resources Management

Hiring, terminations and resignations

Yesenia Bonilla y Rebeca González were hired as receptionist and Direction Assistant respectively.

Since the month of August Mr. José Bladimir Hernández Flores (Driver) and Delmy Esperanza Núñez de Cideos (Administrator) no longer form part of URC personnel; The first by the expiration of his work contract and the second by voluntary resignation. These people were replaced by Mr. Gerardo Antonio Pineda (Driver) y Lilian Margarita Umanzor de Hughes (Administrator).

Process of purchase and delivery to the Ministry, equipment materials and supplies for the Health units supported by the project.

The process of purchase and delivery to the Ministry of the computer equipment and training for the Community Health area, Nutrition area and Hospitals was executed. The configuration of the programs and delivery of equipment, medical materials and supplies, forms, and printed technical materials for the Ministry of Health was carried out as well.

The equipment and supplies mentioned were officially handed over by the Ambassador of the United States of America to the Minister of Public Health and Social Assistance in a special event held on the 21 of May 2007.

435 Manuals y 29 CD's on neonatal transport, STABLE were purchased and delivered to the MSPAS.



**Handover of computer equipment for the Disease Prevention and Control Component
by the Ambassador to the Minister of Health**

Acquisition Project for Biomedical equipment and Surgical Instruments

A baseline study was made on the state of equipments, furniture, and maternity services equipment for 17 hospitals, doctor's offices for maternal-child care of 94 Health Units and control groups of promoters and voluntary nutrition counselors located in the 69 municipalities supported by USAID was established.

The study included the verification of existence according to inventory and diagnosis of the state of the equipment, labeling it as acceptable, regular or reparable, and disposable according to its condition. The study was based in a pattern list which contained equipment, furniture and instruments by area, considering the classification of the obstetric care and neonatal essentials, including newborn management and service provision for Family Planning (EOC-FP).

The areas studied were external consult rooms for prenatal and infant care; labor-delivery and immediate puerperary rooms, operation rooms for surgical birth and family planning. Additionally the arsenal was included, considering the above mentioned Disease Prevention and Control component. The study showed that none of the units analyzed complied completely with the pattern list. The same conclusion was reached by the Health promoters and the Voluntary Nutrition Counselors.

With the basis of said study, a project to grant basic equipment to the 28 maternity wards, and 94 Health Units was approved by USAID as the MSPAS. Said equipment will be purchased by URC and delivered to MSPAS before the end of the 2007 calendar year.

III National Census for first grade children 2007

By instructions of the USAID mission, technical and administrative assistance was given to the execution of the Third National Size Census for first grade children. The logistical support for this initiative included the following activities:

- Supplies of food for 7,319 teachers and 419 facilitators located in 233 sites, who were in charge of taking measurements in the dates between the 14th and 21st of April
- Production and distribution of 5,544 t-shirts and printed material for the event.

Production and printing of Materials

During the 2007 fiscal year the following material was produced and delivered to the MSPAS:

- Family Health Folders: 10,000
- AIEPI Community Guides for Health Promoters:1,000
- Hats for Community Health Facilitators: 570
- T-shirts for teenagers: 500
- 1,000 Procedure Charts, 1,000 Rotofiles and 1,000 Consulting Guides for the AIEPI community component.
- 4,000 Counseling Slides “Care of Pregnant Women”
- 2,000 Counseling Slides “Child Warning Signs.”
- 689,100 copies of forms for Technicians and Health Promoters, for the Community Health component.
- 1,500 Manuals for life education: “Guide to Facilitators” for the maternal component.
- 5,000 Manuals for life education: “Workbook” for the maternal component.
- 2,000 Blocks of Birth files.
- 150,000 Perinatal ID tags

For the launch of the Family Health model the following materials were produced:

- 25,000 Calendar Posters.
- 25,000 Stickers.
- 5,000 Three-fold brochures.
- 25 Banners

Financing of Scientific Events

MSPAS requested financial support for the participation of functionaries to several scientific congresses. USAID approved these requests and authorized the URC to pay the entrance fees for the following events:

- 19th National Pediatrics Congress with the participation of 96 Doctors and Nurses
- National Infectology Congress, with the participation of 107 doctors and Nurses
- National Obstetrics and Gynecology Congress, with the participation of 50 MSPAS doctors

8. BUDGETS AND EXPENSES OCTOBER 2006 - SEPTEMBER DE 2007

The following table contains the budgeted value for Work Order “B” and the expenses incurred during the October 1 de 2006 to September 30 de 2007 period

Categories	Budget	Available	Oct. /06 – Sep. /07
Salaries and Wages	3,195,613	2,164,253	791,095
Social Benefits	312,826	190,172	81,009
Allowances	195,070	103,075	60,596
Overhead	518,491	344,041	130,587
Consultants	612,115	536,438	61,719
Statutory Fringe	35,159	33,627	271
Travel and Expenses	420,326	341,893	45,539
Equipment	1,723,850	1,170,182	435,186
Training	0	0	-6,115
Other Direct Costs	2,607,816	1,534,242	1,003,253
Subcontractors	0	0	0
Subtotal	9,621,266	6,417,923	2,603,140
Administrative Expenses	1,731,828	1,155,226	468,564
Total Estimated Cost	11,353,094	7,573,149	3,071,704
Fixed Fees 6%	681,186	454,389	184,302
Total Cost plus fixed Fees	12,034,280	8,027,538	3,256,006