

PDALG-891 #89

SALVADORAN DEMOGRAPHIC ASSOCIATION

CLOSING REPORT FOR PROJECT
"FAMILY HEALTH SERVICES " No. 519-0363-A-00-0408-00
Agreement SDA-AID 519-A-00-90-408-00

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I. PROJECT SUMMARY

A. Project Goal and Purpose

The Project goal was to improve the quality of life of the Salvadoran population by reducing Infant and Child mortality and morbidity rates and to improve reproductive health services in general. The Project purpose was to continue with, and to extend delivery of Family Planning and Maternal Child Health services to high-risk population located in rural and urban marginal areas and to improve the quality of those services. Also, to integrate Family Planning activities into the Maternal Child Health services to make them attractive and acceptable to current and potential users. It was expected that mothers would prefer to seek Family Planning counseling if these services would be offered simultaneously with preventive and curative child services.

The following specific objectives were expected to have been achieved by the end of the Project's implementation:

- a) Increase the number of Salvadoran couples using Family Planning methods from 120,000 in 1988 to 200,000 en 1995.
- b) Increase the number of Family Planning private distribution centers from 800 to 1,550, each one with extensive quality training, and to increase coverage to 750 additional rural communities.
- c) Include Child Survival activities (such as: vaccination, distribution of Oral Rehydration Salts, Growth Monitoring, Breast Feeding Promotion, Health Education Distribution of Vitamin A, Treatment of Acute Respiratory Infections, etc.) into the current Family Planning services that are being provided by the SDA's Health Promoters.
- d) Increase the number of treatments given to Diarrhea cases (though the distribution of Oral Rehydration Salts) in rural areas from 10 to 50 percent.

B. Project Components

The Project originally included the following three Components: a) Delivery of Family Planning Services, b) Institutional Development and c) Policy and Research Development. However, Amendment No. 11, dated June 23, 19995, restructured Project Components as follows: 1) Delivery of Family Health Services, 2) Institutional Development and Sustainability, 3) Policy and Research Development, and 4) Project Administration and Coordination.

The "Delivery of Family Health Services" Component integrated the following Sub-components: a) Reorganize and Extend Rural Services, b) Social Marketing Program, c) Extend SDA's Clinical Services System, and d) Improve the Information, Education and Communication System. Under this Component, the Project objective was to extend Family Planning services in rural areas and also to extend these services to low income population living in urban areas.

Also, in order to encourage and increase the effectiveness of SDA's birth spacing programs, the Project incorporated Maternal Child Services Health activities to current and available Family Planning services. The activities under this component were carried out in both the rural and urban areas of the country, their focus was to maintain and increase, if possible, delivery of such services in all Municipalities of El Salvador. These activities also tried to solve and overcome social-cultural beliefs related to the use of modern contraceptives by developing information, education and communication programs, specially interpersonal programs, and to solve institutional financial problems by improving SDA's efficiency, effectiveness and increase coverage of the Clinical Programs.

The Institutional Development and Sustainability Component integrated the following Sub-components: a) Personnel Strengthening, b) Management Information Systems, and c) Sustainability. Project objectives under this Component were to increase SDA's financial capability by improving their organizational efficiency and to include delivery of new health services which, besides generating additional income, would provide access to quality clinical services to urban population with a slight higher income level.

The Policy Development and Research Component integrated the following Sub-components a) Demographic and Family Health Surveys, and b) SDA's Program Design and Effectiveness. Project objectives under this Component were to carry out internal evaluations of different SDA Programs to improve their efficiency. Also, to coordinate with the Ministry of Public Health and other health sector NGO's, particularly with CONSALUD, the nation wide delivery of services, specially in rural areas. Under this Component, the Project financed the Demographic and Family Health surveys of 1993 and 1998.

Under the Project Administration and Coordination Component, key SDA activities were supported, such as the local purchase of commodities, audits and maintenance services, in support of Project Management. The Project also supported, with Technical Assistance, different studies that analyzed our direct and indirect cost rates, which included and considered SDA's infrastructure and operation costs.

C. Project Current Situation Analysis

The "Family Health Service" Project started on July 31, 1990 and ended on June 30, 1999, it fulfilled all its goals and purposes and in many cases these were exceeded. During this period SDA provided 1,187,900 Couple Year Protection (CYP's) of which 58.3 percent corresponded to methods used for birth spacing and 41.6 to reduce pregnancy and births. In 1994 the number of Rural Service Program posts delivering Family Planning services were 1,528 of which 1,117 were Pro-Familia Health Promoters (PSP's) and 441 were Rural Contraceptive Distributors (DAR's). Promotion services were incorporated under this Program for the vaccination of children under 5 years of age and pregnant women. The following activities were also carried out: wide distribution of oral rehydration salts, distribution of Vitamin A, prenatal and child multivitamins and informative education activities. All of these activities were guided to promote the use of Maternal Child Health services, such as prenatal care, birth care services given by trained personnel, post partum, breast feeding practices, and growth

monitoring in children under 5 years of age, including early prevention and treatment of diarrhea diseases and acute respiratory infections. In the Clinic Services Program all Maternal Child Health services were integrated and extended into the original Family Planning program.

According to the 1998 National Demographic and Family Health Survey (FESAL-98) results, the number of diarrhea cases, in rural areas, treated with oral rehydration salts have increased from 11.5 percent in 1988 to 46.9 percent in 1998. The FESAL-98 results also show a prevalence rate in the use of contraceptive methods of 34.2 percent in rural areas in 1988, which was expected to rise to 40 percent in 1995, rose to 51.2 percent in 1998. Infant mortality rate in rural areas estimated in 61 deaths per 1,000 live births for the period 1983-1988, was reduced to 41 deaths per 1,000 live births for the period 1993-1998.

This proves the important contribution of the Project to the overall improvement of life conditions, particularly in the health of target population that were defined as women in fertile age and children under 5 years of age living in rural communities and marginal urban areas of the country.

However, considering the differences that still exist in the main health indicators according to the areas in which the population lives, the persons living in rural areas are still in great disadvantage. Under the implementation of the new Cooperative Agreement between USAID and SDA, the "Sustainable Sexual and Reproductive Health Project", we will seek a higher degree of sustainability for the Association in order to maintain and strengthen the Rural Services Program. At the end of the Family Health Services Project, SDA had reached a level of sustainability of 69 percent.

The following table compares the programmed specific objectives of the Project, their situation in December 1995 and in June 1999. The first date is the original completion date of the Project and the second the actual closing date.

Description	Programmed Jul/90 – Dec/95	Accomplished	
		Dec/95	June/99
a) Increase the number of Salvadoran couples using Family Planning methods from 120,000 en 1988 to 200,000 in 1995.	200,000	813,363 *	1,187,900 *
- Prevalence rate in the use of contraceptives in rural areas	40 %	45.6 %	51.2 %
b. Increase the number of Family Planning private distribution centers from 800 to 1,550, each one with extensive qualitative training and increase coverage to 750 additional rural communities.			
Total	1,950	1,395	882
Pro-Familia Promoters	1,550	1,033	793
Voluntary Distributors	400	362	89
c) Incorporate child survival activities (vaccination, distribution of oral rehydration salts, growth monitoring, breast feeding promotion, health education, distribution of vitamin A, treatment of acute respiratory infections, and others) into the routine Family Planning services offered by SDA's promoters.	All activities	All activities	Only promotional and referral activities
d) Increase the number of treatments given to diarrhea cases (by distribution of oral rehydration salts) in rural areas from 10 to 50 percent.	50 %	47 %	47 %

* The Project originally was to report the "number of couples using Family Planning methods" but due that it was impossible to keep annual records on this indicator, in was agreed with USAID/EI Salvador to report on "Couple Year Protection" (CYP's).

II. FINANTIAL REPORT

ADVANCES RECIEVED AND EXPENSES MADE FROM 7/31/90 TO 6/30/99 PROJECT No. 519-A-0090-00408-00 "FAMILY HEALTH SERVICES"

	<u>ADVANCES RECIEVED</u>	<u>EXPENSES MADE</u>	<u>DIFFERENCE</u>
Training	¢ 989,723.62	¢ 988,255.86	¢ 1,467.76
Logistic and commodities	44,664,873.97	44,598,636.07	66,237.90
Administration and Project coordination	82,599,797.61	82,477,302.31	122,495.30
Information, education and communication	17,842,490.09	17,816,029.72	26,460.37
Research	7,620,222.80	7,608,922.03	11,300.77
Audits and Evaluation	1,799,102.01	1,796,433.95	2,668.06
Unforeseen and Inflation Expenses	0.00	0.00	0.00
Evaluation	0.00	0.00	0.00
Delivery of Family Health Services	12,259,909.91	12,241,728.49	18,181.42
Institutional Development & Sustainability	1,683,072.57	1,680,576.58	2,495.99
Policy Development & Research	2,205,566.86	2,202,296.01	3,270.85
PROGRAM ADMINISTRATION	2,701,379.67	2,697,373.53	4,006.14
TOTAL	¢ 174,366,139.11	¢ 174,107,554.55	¢ 258,584.56

NOTE:

The amount that was returned to the US Treasury was ¢735,603.52 colones, distributed as follows:

Balance of advances received:	¢ 258,584.56
Sale of furniture and equipment	¢ 223,354.85
Special Fund for I.E.C material	¢ <u>253,664.11</u>
TOTAL RETURNED	¢ <u>735,603.52</u>

- Detail of reimbursements and advances received are in Annex No. 1

III PROJECT ACHIEVEMENTS

A. Achievement Summary

By integrating the Maternal Child Health services into the Family Planning services and the progressive increase of the promoter network in rural and urban-marginal areas of influence of the Rural Services Program, we were able to facilitated the direct delivery of such services to the population in most need, and with less access to primary health care services.

Access to services in urban areas were improved by increasing the number of clinics functioning in those areas from 4 to 9, by the support of 25 private physicians collaborating with the SDA and 38 companies providing Family Planning services to their workers at their work place during 1999. We have also increased the services we are providing to include others much needed ones such as colposcopy services, cervical-uterine biopsy tests, and criotherapy for the early treatment of oncology abnormalities and increasing clinical laboratory tests. We have also integrated the Sexual Transmitted Infections (STI) in all Pro-Familia clinic services.

These strategies have contributed to increase the prevalence use of temporary Family Planning methods and to decrease child mortality as proven by the results of the National Demographic and Family Health Surveys FESAL 93 y FESAL-98.

The changes made from voluntary personnel into health promoters, the continued education process for our technical and promoter personnel, and the development of education and counseling activities, focused on decision making on a knowledgeable and voluntary manner, influenced positively on the image and acceptance of the promoters in rural communities. This was reflected by the increase of Family Planning and Maternal Child Health coverage. At the same time, we improved the quality of health care in our clinics by providing a higher degree of privacy and confidentiality, improving infrastructure and visual quality of the facilities, rearranging deliver schedules in accordance to the needs of our clients, and implementing periodic supervision and medical audits.

In both our Rural and Clinic Services, we implemented the administrative and programmatic decentralization of services. This decentralization, and the support of the computerized information system, simplified the decision making at the local level. All of this and a complete and permanent availability of different Family Planning methods, the appropriate field support, and the design of education material to provide personalized health care, are some of the elements which contributed to improve the quality of health care services.

In the research field, we disseminated both national and internationally, results and copies of the 1993 National Demographic and Family Health Survey (FESAL-93) and the distribution of the preliminary results of FESAL-98.

We achieved an essential and vital level of sustainability from 28% in 1990 to 69% in 1998. This level of sustainability was reached due to the implementation of an institutional strategic plan, with emphasis in Social Marketing programs, Clinic Services, Rural Services, and since 1994, with the Pro-Familia Hospital. This achievement is associated with the personnel skill strengthening and the efficiency of our operative systems, which have reached a high degree of productiveness fulfilling all of SDA's goals and objectives, and particularly, those of the Family Health Services Project.

B. Achievements by Components and Sub-components

1. Family Health Services Delivery

a) Rural Service Programs

Increase Family Planning coverage: During the 1980's the rural service program had a special distinction as a community contraceptive distribution program for birth spacing, through 800 rural contraceptive distributors (DAR's) in 1990. After the signing of the Agreement in 1990, the Association initiated a process of changing (transforming) the contraceptive distributors into to new Pro-Familia Promoters (PSP) increasing their number to allow them to provide integrated Maternal Child Health services in rural and urban marginal areas of the country.

During the implementation of the Project, we continuously increased our net services from 800 DAR's in 1990 to 1,061 PSP's in 1999, which made a total of 909,060 voluntary working hours in community care services.

We supported and kept close coordination with 8 NGO's and trained their 65 health promoters in Family Planning activities and opened contraceptive distributions centers in their communities that provided services for approximately 12,500 women in fertile age.

During 1998, the following new strategies were supported:

- Promoted the use of IUD's in rural areas by implementing promotion, information and other activities related with this method, achieving a total of 605 CYP's.
- Active male participation in reproductive health activities with emphasis in Family Planning; this was done by training the spouses of 86 female Pro-Familia Promoters. They contributed with a total of 11,374 interviews and 683 education meetings with male population of their communities.
- Reproductive health services in agricultural enterprises, which were focussed in counseling owners and managers on the benefits of Family Planning services. Eight distribution centers were established in eight coffee farms, which contributed with 65 CYP's.

Increase prevalence in the use of temporary contraceptive methods: When we compare the results of the FESAL 88 and the 98 surveys, we notice that the prevalence rate in the use of contraceptives in rural areas has increased from 34.2% in 1988 to 51.4% in 1998. This represents an increase of 17.2 %. We can state that the increase of this prevalence rate, which started to improve in 1988, is associated mainly with temporary Family Planning methods.

Include Maternal Child Health care activities for women and children under five years of age into existing Family Planning services.

As from 1991 we included the following services:

- Distribution of vitamins for children, vitamin A, prenatal vitamins, medicine against parasites and oral rehydration salts.
- Registration referrals for/or continued Family Planning services, cervical-vaginal cytological tests, prenatal and postnatal controls, vaccination of pregnant women and children under 5 years of age with incomplete vaccination schemes, acute diarrhea diseases and acute respiratory infections, and growth monitoring control.
- Family Planning counseling, STD-HIV/AIDS, and other reproductive health subjects such as responsible parenthood, nutrition, etc.

As a results of having initiated these interventions, we succeeded in distributing 452,232 doses of vitamins for children, 239,175 soft-gel capsules of Vitamin A, 172,242 doses of prenatal vitamins, 475,785 ante-parasite treatments, and 999,308 packages of oral rehydration salts. We also made a total of 1,384,996 Family Planning and Maternal Child Health referrals and held 97,729 Family Planning and reproductive health counseling meetings.

The distribution of the above mentioned medicines (such as Vitamin A) was made during the 1991-1997 period. Distribution of anti-parasite medicines continued to the end of the Project. Insufficiency of funds made us suspend the delivery of all other medicines.

Contribution to reduce infant mortality. The FESAL-98 survey shows that child mortality has been reduced in the rural areas from 55 per thousand in the 83-88 period to 41 per thousand in the 93-98 period. This represents a decrease of 11%.

Diarrhea and respiratory infections are the most frequent causes of post-neonatal and child morbidity and mortality. However, these can be reduced by taking appropriate and adequate health preventive actions, which has been one of our main priority approach in the activities carried out by our volunteer promoter network. This contribution is reflected in the results of the FESAL-98 survey, as it shows a decrease in the diarrhea prevalence, in rural areas, for children under 5 years of age, from 26.9% in the period 88-93 to 22.1% in the period 93-98. Respiratory infections also decreased from 60.5% in the period 88-93 to 34.1% in the period 93-98.

We can also mention the contribution in the prevalence of deficiency in Vitamin A. The results of that same survey show that only 3.8% of children under 5 years of age have Vitamin A deficiencies, this is, considering values under 20 micrograms per deciliter. The survey did not show major differences between the areas of residence (4.1% in the urban area and 3.6% in rural areas).

Strengthening the abilities and skills of service providers (promoters and technical personnel). On a monthly basis, we provided continued education seminars on Family Planning, Maternal Child Health and prevention of STD/HIV/AIDS, and on

administrative and quality of service deliveries, focused on our clients. We trained approximately 2,100 promoters.

As a result of the above mentioned training, we improved the skills of all our community personnel in areas in which we provide care services.

We would also like to mention the increase of basic knowledge on HIV/AIDS. If we compare the results of FESAL-93 and FESAL-98, the percentage of women in rural areas who consider they could be infected with the virus, without presenting any symptoms, has increased from 49.6% to 68.1% respectively. The same situation occurs with documented knowledge on how a person can be infected with HIV/AIDS, being the most commonly known, those related to blood transfusions (from 86.2 to 95.2 percent) and use of used syringes and needles (from 88.9 to 96 percent).

Management and Administrative:

Regional and decentralized care services administration. The program was implemented in four regions: Western Region that include the departments of Ahuachapán, Santa Ana and Sonsonate, Central Region that includes the departments of Chalatenango, La Libertad and San Salvador, Paracentral Region that includes the departments of Cabañas, San Vicente, La Paz and Cuscatlán, and Eastern Region that includes the departments of Usulután, San Miguel, Morazán and La Unión. Each Region has one coordinator, a secretary, eight supervisors and a net of approximately 250 promoters (both male and female), with operative and administrative duties that has allowed a much faster and efficient delivery of services.

Gradual incorporation of volunteer promoters into the service network. With the new Project, the program was restructured and extended, thus allowing to expand project's reach. Community contraceptive distributors continued to work in a very reduced way, from 800 to 400 community distributors. At the same time, and in a gradual manner, we identified and trained persons who lived in communities where the program had a presence, to allow them to provide Family Planning and Maternal Child Health care services. By doing this, we increased the number of Family Health Promoters (PSP's) from 298 PSP's in 1991 to the maximum amount registered of 1,117 PSP's, which, when added to the 411 contraceptive distributors, made a grand total of 1,528 PSP's by the end of 1994. Afterwards, and based on a change of strategies at the end of the Project, we had a total of 1,061 volunteers of which approximately 900 were Pro-Familia promoters and 161 contraceptive distributors.

Design and implementation of a computerized information system. By doing this, the Central and Region levels had a much faster mechanism for decision making that allowed greater work effectiveness.

Improvement in the Logistic Supply System. The timely availability of information, the inventory control system, use of regional warehouses, and adopting a minimum and maximum commodity stock inventory supply system, contributed to a substantial improvement on commodity availability in all regions.

Improvement in field support and community care services. The ratio between supervisors and supervised personnel during 1990 was 1:250, by mid 1995 it had

changed to 1:91 and since 1996 this ratio was further reduced to 1:37, which allowed a much closer support to promoter activities in their communities.

Contributions towards financial sustainability through sale of commodities. The sale of contraceptives and anti-parasite medicine at affordable prices for rural population, allowed a modest income source of funds if compared it with programs that have a much higher income generation, but nevertheless, it was very significant considering the nature of the program.

Coordination with Governmental Agencies, NGO's and private organizations. We made contact with the Ministry of Public Health at both the Department and Operation levels, seeking a stronger joint coordination effort for activities in rural communities. We also promoted the activities that are carried out by our Health Promoters in order to reach an agreement with them, that they would provide adequate health care services in Ministry of Health facilities, for patients referred by our Promoters.

With NGO's, we provided technical support to Plan Internacional de El Salvador to include reproductive health components into their original programs. We also provided support to Salud sin Límites, World Vision (Visión Mundial) and AGAPE to set up a referral and counter-referral system for PAP tests. We also signed mutual support agreements with Fundación Maquilishuat, Organización de Mujeres Salvadoreñas, Asociación Iniciativa para el Desarrollo Alternativo and the Emmanuel Baptist Church, to include reproductive health services in their community programs.

With the private sector, we initiated the " Reproductive health services in Agricultural Enterprises" Sub-project. This Sub-project provides Family Planning and Maternal Child Health care for employees that work in coffee farms and coffee plantations.

Achievements due to other activities not considered in the Project:

Implementation of the Reproductive health services Sub-project in coffee farms and coffee plantations.

With the Ministry of Public Health and Social Assistance, and the support from PRIME, we jointly designed and reproduced educational/training materials for volunteer promoters. This material consisted of an orientation manual, a consulting manual, ten sets of promotional material sheets, and a promotion poster to support they're counseling and education activities.

b) Reproductive Health Social Marketing Program.

Description

When the Contraceptive Social Marketing Program initiated, it had programmatic objectives and held a third ranking place within the Organization. After a very close and detailed analysis, we envisioned its high funding generation condition, and in spite of the changes it has had in the past, it has fulfilled both the programmatic and the financial objectives and it has also contributed to subsidize other programs.

Programmatic Achievements:

- The Program initiated in 1990 with a 94% sustainability, reaching in June 1999 a 117% sustainability rate, which represents an increase of 23%.
- The Social Marketing Program currently has a total of 937 distribution centers such as pharmacies, motels, cooperatives, drugstores, convenience shops, hospitals, wholesalers, clinics, and NGO's. After performing a distribution check in pharmacies of Program distributed commodities, we found that 96% of all pharmacies distribute SDA commodities, which fulfills our objectives of making our commodities available to all consumers.
- In 1990 the Program accounted for a monthly rate of 2,675 CYP's, in 1999 this rate increased to 4,325 CYP's, which represents an increase of 1,650 CYP's. This amount represents a monthly increase of 62%.
- During the life of the project, we distributed 18,947,664 condoms and 3,689,967 pill cycles.

Managerial Achievements:

- We covered the different market segments by increasing the number of various contraceptive methods at competitive prices. We also launched into the local market a new condom called "Piel", which has been widely accepted by all consumers.
- We implemented a strategy to reduce costs, which also contributed to improve and increase Program's profits. The strategy was very effective in the areas of packing costs, sale commissions, contraceptive purchases and price review analysis.
- We designed a strategic advertising campaign to strengthen the contraceptive brands that are distributed by the Program.
- We structured a cost and price list for each product, which became a very important tool when making a product profit costing, and also in providing key information for price adjustments and for the promotional and advertising campaign plans.
- A very important achievement for the Association was to have been authorized by the Health Superior Board (Consejo Superior de Salud) to operate as a Drugstore. This allows us to import, distribute and commercialize health-related commodities.
- We implemented a management information system which provides timely data for marketing decision making.
- With support of Technical Assistance from TFG/Somarc, we designed and completed the Marketing Plans for both the Social Marketing Program, and for the Institutional Services (for 1997, first one for 1998 and second one for 1999). The

objectives of such plans were: the administration of goods and services for both the Social Marketing Program and the Institutional Services Marketing, as a mean to increase income generation and SDA's sustainability, in order to finance other social programs such as the "Rural Services Program".

- We financed and gave Contraceptive Safety and Technology seminars, with the participation of representatives from different pharmacies, drugstores and cooperatives. Seven of these seminars were given in San Salvador, Santa Ana and San Miguel with a total of 238 participants. By doing this, we obtained a higher degree of support and acceptance for our commodities.

c) SDA's Clinic Services Program

Introduction

Prior to this project, SDA only had 4 clinics that were located in San Salvador, Santa Ana, Santa Tecla and San Miguel. These clinics provided Family Planning services through a wide range of temporary methods and also offering, upon free demand or request, permanent methods for men and women. We also provided cytology tests; gynecology, pediatric and prenatal consultations; and also consultation, prevention and treatment of STD's in the San Salvador clinic, which were also supported by a clinical laboratory.

Currently, we have 9 clinics: 3 regional and 6 satellite clinics, 25 private doctors collaborating with SDA activities, 38 companies providing reproductive health services at their work places and 3 clinical laboratories. We have increased services to include colposcopy, cervix-uterine biopsies and cryotherapy for the early treatment of abnormal cytologies. We must also mention that we have also included the early detection and treatment of STD's.

Achievements

- During the life of the project, we have given and provided a total of 602,244 CYP's, 687,206 medical consultations of which 28.4% represent Family Planning consultations, 46.6% gynecology consultations, and 16 % Maternal Child Consultations. The remaining were STD's and other general consultations. We also provided, amongst others, a total of 212,103 cytology tests and 287,698 lab tests.
- During the whole period we also generated a total income of ¢ 34,951,758 colones.
- We improved access to all our services by increasing the number of service care facilities and also by including new services. We accommodated our service schedules in order to meet the public demand.
- Improvement in the quality of services by: providing greater privacy and confidentiality to our patients; improving visual infrastructure of our clinics; accommodating service schedules to meet recipients demands; we implemented periodic medical audits and a continuous medical supervision.

- We increased clinic sustainability from 15% in 1990 to a 78% in 1998. This was achieved due to the administrative restructuring of clinics, a better utilization of resources and a price policy that increased income generation from ₡1,219,495 in 1990 to ₡ 6,396,330 en 1998.

Managerial Achievements

- Improvement in the quality of health care services by providing a higher degree of privacy and confidentiality to clients, improving visual infrastructure of our clinics; accommodating service schedules to meet recipients demands and needs and by implementing periodic medical audits and a continuous medical supervision.
- Improvement of administrative efficiency through the administrative regionalization and decentralization, which has facilitated decision making at the local level that included local level personnel involvement.
- Implementation of a continuous medical supervision in all clinics and to private medical doctors that supports SDA's activities, and in enterprises that provide reproductive health services.
- Inclusion of medical audits as a mean of improving health care services in all the different clinics. This includes a minimum required health care delivery standard.
- Restructuring of clinics making any needed changes of human and/or material resources. Because of this, a better and reasonable use of all resources, without affecting the quality of care delivery, was made.
- Inclusion of reproductive health care services into health care delivery in all clinics. This includes prevention and detection of STD's.

Achievements due to other activities not considered in the Project

- Design of Norms on How to Manage STD's, and SDA's important contribution in making the National Family Planning Norms.
- In 1996, we signed an agreement with UNFPA to initiate reproductive health units (UDESAR) in companies located in the Central Zone of the country, having started 27 UDESAR's in the same amount of companies, managed by trained counselors to provide Family Planning and reproductive health services. This project lasted only one year, however, to date, SDA continues to support the UDESAR's. The total amount of workers covered by these services, are approximately 15,000.

d) Improvement of the I.E.C. System

Information

During the Project we committed ourselves to review all existent printed materials and to introduce some variety into them. Within the Information Program we reviewed, validated and printed 18 different types of pamphlets and brochures, that included

information on Family Planning methods and on Maternal Child Health. We distributed 5,033,280 of them through the Education, Rural and Clinic Programs. We also printed 3 different kind of posters of which 9,000 of them were distributed through our programs. We designed, validated and printed 250 flipcharts on Reproductive Health and the Orientation Manual to be used by the Pro-Familia Health Promoters.

Communications:

Under the communication component, we produced a series of 10 videos to be used for the training of the Pro-Familia Promoters in Family Planning and Maternal Child Health themes.

Under the Communications Program, SDA advertised, awarded and contracted an Advertising Agency to manage our Advertising Campaign. The Advertising Campaign had 4 components: Maternal Child Health, Family Planning, Care Services Promotion and Institutional Image.

During the campaign we produced 4 TV spots and 6 radio messages, 3 press advertisements. This represented a total broadcast of 1,200 TV spots, 44,326 radio messages, and 70 Newspaper advertisements in which great emphasis was placed on the four above mentioned components. We will also like to mention that we were granted a 100% bonus on the TV and Radio messages. All campaign materials were validated with the appropriate target groups.

After the Campaign, the Donor Agency suggested we include the use of loudspeakers and the contracting of local radio stations in areas in which a clinic of Pro-Familia had an influence. We agreed to this and produced 2 radio messages and had 349 hours of loudspeaker coverage to obtain a higher user attendance to all clinics.

Achievements

The following major results were achieved under this project:

- Training of 100% of the Rural Services Program technical personnel on Sexual and Reproductive Health and Maternal Child Health services, as a way to improve their performance.
- Strengthening the performance of the Pro-Familia Volunteer Promoters as Family Planning and Maternal Child Health providers.
- Contributed to increase the capabilities of SDA's, Governmental and Non Governmental Institutions health educators, medical and paramedical personnel through training seminars.

Various short and medium term educational/training seminars were used as strategies for the above mentioned training, we also had short meetings, that lasted a maximum of 2 hours each.

We can quantify this training as follows:

Training Events

One day Seminars:	1,323
Small Counseling Meetings:	897
Courses:	383
Total educational/training events:	2,603
Total Participants:	21,293

Other Achievements

Under the project, we also produced multiple support materials and carried out other strategies that allowed the following achievements:

- Modules on: Diarrhea disease control; use of Oral Rehydration Salts; Immune preventive diseases; Acute Respiratory Infections; Nutrition; Child Growth and Development; Promotion and Communications Techniques.
- All Operation Manuals for Promoters.
- Creation of video scripts on Maternal and Child Health.
- Pro-Familia Promoter Manual.
- Vasectomy Manual.
- Follow up visits as a monitoring strategy.
- Departmentalization of training centers.
- Inclusion of IPPF 2000 strategies to the training programs in areas where a special effort is being made to include male participation in sexual and reproductive health activities.

Results:

Quantitative:

From 1991 to June 1999, we worked with adolescents on education and information materials for other adolescents; we had 65 Sexual and Reproductive Health basic courses for adolescents in which we trained 1,664 adolescent trainers. These adolescents (multipliers) held 7,913 counseling meetings with the attendance of 224,670 participants.

The adolescent trainers (multipliers) also provided a total of 107,018 hours of voluntary work.

Please refer to the 1991-1999 Program Summary Table.

Qualitative:

- After the adolescent trainers (multipliers) completed their training course, they were capable of planning other multiplying training, coordinate activities with education institutions, conduct counseling meetings for other adolescents, and also prepare and present different activity reports.

- According to surveys and meetings held with different focus groups, the multipliers mentioned they had built a much higher degree of self-esteem, were much better organized, had improved their communications skills and had planned future goals. They were conscientious of the risks in having early sexual intercourse, which made them a much responsible persons. The sexually active adolescents learnt to protect themselves and to protect their partner against unwanted pregnancies and/or STD's infections and STD/HIV/AIDS. Male adolescents were less "tough guys" (macho man).
- In different education institutions these adolescents were seen as a trustworthiness person and treated with much respect. Upon completion of their counseling, the majority of Directors of these centers presents them with a letter thanking them for the work and the skills shown while working with other adolescents and also for the valuable information they had shared.
- Goals such as the counseling meetings with multiplying effects increased and in some instances, fulfillment of these goals reached over 100%. We can honestly state that these adolescents did their work very diligently and we are convinced on the need to continue providing information to other adolescents by discussing with them Sexual and Reproductive Health related issues. This was a very important way to reach out to other adolescents.
- Adolescent multipliers remain in the program for up to one year. However, some have remained up to 6 years, coordinating with SDA other educational activities and receiving additional training to join an experienced group called "Adolescent Leaders.
- Other Organizations and Institutions, knowing the qualifications and training of our adolescent multipliers, have requested their contribution in adolescent education strategies, validation of educational material and other related events.

2. Institutional Development and Sustainability

a) Personnel Strengthening

During the life of the "Family Health Services" Project, actions were taken to improve the Association's image, changing it into a Non Governmental Organization, constantly seeking financial sustainability. All components of this agreement contributed, in one way or another, to reach this objective. The major achievements of the Human Resources Office are as follows:

- Planning, coordination and supervision of 263 local and international training seminars, which involved a total of 2,754 participants of the Association's management, technical, administrative and operations offices. These training seminars allowed working under the Management Participation for Objective mode, the modernization of the information and communication systems, and care services, amongst others. Other achievements from the training were the efficiency and effectiveness of our projects and also on the quality of care services being provided by our personnel. Also, and in spite of personnel reduction during 1995

and 19998, the activities and quality of services provided by the institution were not affected.

Institutional Development

As a part of the Association's institutional development, the project included the creation of a Central Referral Clinic that would strengthen SDA's financial capabilities. It was expected that these additional funds would help SDA work with much higher degree of efficiency, and introduce a cost recovery system that would provide high quality clinical services to a segment of the population which a slightly higher income.

With a much broader mind than what was envisioned by the project, the SDA took the initiative to start a private hospital, opened to all medical doctors and that could offer different specialized services. That is how, in 1994 the Pro-Familia hospital began to work. In less than five years, we have achieved complete sustainability and it also has become a financial source for other Association activities. We would like to point out the fact that the hospital does not only provide services to private patients as, since 1996, the hospital provides child delivery services to the Salvadoran Social Security Institute.

During 1998 the Pro-Familia hospital achieved the following:

Emergency Consultations:	5,423
Hospitalizations:	5,472
X-Rays:	4,560
Lab Tests:	18,058

All above generated an income of ₡19,131,767 colones.

We also provided services to 3,480 Salvadoran Social Security Institute patients for child delivery services. From these services the Pro-Familia hospital obtained the amount of ₡5,417,516 colones.

The Pro-Familia hospital income for 1998 for services rendered to private and Salvadoran Social Security Institute patients totaled the amount of ₡24,549,283 colones.

During the same period the Pro-Familia hospital transferred the amount of ₡1,500,000 colones to the Salvadoran Demographic Association to support social programs.

3. Policy Development and Research

a) Demographic and Health Survey

We completed the 1993 National Demographic and Family Health Survey (FESAL-93) and disseminated the results both national and internationally. We have completed the fieldwork, data processing and preliminary report presentation for the 1998 National Demographic and Family Planning Survey (FESAL-98).

We formed an International Consultative Commission for FESAL-93, which was extended for FESAL-98, with the active participation of additional institutions. As a part of this effort, we received financial support from PAHO and UNICEF and in-kind support from the Ministry of Public Health and Social Assistance (MSPAS), to finance the survey, particularly the nutrition module that evaluates, in FESAL-98, the anemia prevalence and blood levels of Retinol in Maternal Child populations.

Due to technical and financial problems to carry out a "Maternal Child Morbidity Mortality Study" programs for the 1993-1994 period, an agreement was reached with USAID, CDC, the Consultative Committee and SDA, to include new modules to evaluate infant mortality and maternal morbidity and mortality rates in FESAL-93. For this same reason we decided to include the nutritional conditions in children under 5 years of age through anthropometric tests.

b) SDA's Program Design and Effectiveness

- Result presentation report of the 1991 "Study of the Post-partum IUD" carried out jointly with the Ministry of Public Health and Social Assistance and the Salvadoran Social Security Institute.
- Results presentation report of the 1991 and 1992 "Training process evaluation for Pro-Familia Health Promoters" which was carried out by SDA's Education and Training Department. The evaluation was carried out during the basic training courses and 6 months later, at the Promoters local residence areas to evaluate their knowledge.
- Results presentation report of the 1991 and 1993 "Patient Flow in Pro-Familia Clinics Study" that was carried out in the clinics located in San Salvador, Santa Ana and San Miguel.
- Results presentation report of the 1991 and 1992 market feasibility studies to open 9 satellite clinics in same amount of cities and to increase the number of services being provided at the SDA's regional clinics.
- Results presentation reports for the 1995 and 1997 "User's Satisfaction and Desertion causes for SDA's Family Planning Program", " User's Satisfaction Indicators for Services Rendered by Pro-Familia Health Promoters" and "Price Increase Effect in the Desertion of SDA's Family Planning Program" studies. The first and third studies were carried out in the Pro-Familia net clinics and the second one in the Promoter network in the Rural Services Program.
- Results presentation report for the 1996 "Pre-introduction of the Norplant Sub-dermis Contraceptive Implant Study" carried out in Ministry of Public Health facilities, the Salvadoran Social Security Institute (ISSS), ANTEL hospital and the SDA.

- Results presentation report for the 1996 " Knowledge, Attitudes and Practices in Male Contraceptive Methods Study" carried out in San Salvador, Soyapango, Santa Ana and San Miguel.
- Results presentation report of the 1996 "Clinic Services Program and Rural Services Program Services Cost Study".

4. Administration and Finances

a) Financial Management

During the life of the Project, and with USAID's funds, the SDA contracted different audit firms to make periodic internal audits that complied with USAID's requirements and at the same time to review compliance with administrative procedures for management and control of goods and commodities purchased with Project funds. This initiative contributed to the implementation of a series of control and procedure mechanisms that guaranteed the proper and reasonable use of Project funds and resources. As a result of this, all yearly audits did never have an unfavorable recommendation towards this Association.

Cost Sharing

According to this Cooperative Agreement, SDA should have contributed, during the life of the Project, with a total of US\$13,826,000.00. We are very pleased to advise that at the end of the Project, the shared costs amounted to a total of US\$17,028,516.00, which represents a 28% increase to the agreed amount.

b) Purchase and Supply Management

When the Project started, it provided for Technical Assistance support for this particular area. With Technical Assistance support, we designed and implemented the Purchase and Supply Procedure Manual and the General Warehousing Manual. It is important to stress that thanks to the implementation of these two procedures, SDA obtained a valuable benefit, such as ordering all activities, higher efficiency in the effective use of Project resources, and the fast and timely activity operations on purchase and supply procedures and warehousing operations. It also laid the grounds that will allow that future activities be carried out with the same transparent and efficient use of resources.

c) Maintenance and General Services

In this area, we have experienced major changes that have benefited the efficient control, warehousing and utilization of goods purchased with Project funds. Such is the case with the implementation of a Computerized Vehicle Control System, which allowed us to keep an effective preventive and corrective maintenance system for our vehicle fleet.

We also provided maintenance to all our office furniture and equipment to ensure their good working order. The same kind of maintenance was given to our office physical infrastructure, specifically in the clinic areas.

IV EVALUATIONS AND AUDITS

A. Evaluations

1. Family Health Services Delivery

a) Rural Services Program

The different reports presented by the Technical Assistance team for the monitoring of the Family Health Delivery Program, and the recommendations given in the intermediate evaluation carried out in May 1994, were used as the basis to reorient our strategies. By doing this, we improved the quality of our services and increased their accessibility; this strengthened the Project's efforts to achieve major improvement in the quality of our services.

During the last quarter of 1994, the Association conducted the "User's Satisfaction Indicators for services being provided by the Pro-Familia Health Promoter Study". The results of this study allowed us to design strategies to increase the prevalence in the use of contraceptives, strengthening the PSP's training and supervision, and to carry out the necessary inter-institutional coordination effort.

In the same way, we implemented a monitoring and continuous evaluation system, through Promoter visits and meetings, field visits to evaluate personnel performance, continuous Promoter and personnel training and analysis of statistic information. This allowed us to provide a close follow-up to the different program activities and to a timely decision making effort.

b) SDA's Clinic Services Program

Since the start of the Project, necessary actions and steps were taken to conduct continued evaluations of Project's activities. Cambridge Consulting Corporation (CCC) was contracted to provide Technical Assistance to the Project and also monitored the different project activities. Their suggestions and recommendations were included into our clinic activities. This Technical Assistance ended in 1995. As from that date, only short term Technical Assistance was considered as we believed it to be most effective than long term Technical Assistance, and at a much lower cost.

Internally, SDA increased the supervision activities through continuous medical supervision visits that were created under the Project. This supervision provided follow-up to different clinic and medical referral activities, which provided a higher quality degree of services.

Monthly advanced reports helped to carry out monitoring activities and have supported different evaluations during the life of the Project.

By adopting the Clinic Administrative System (CMS/SAC), in 5 of our 9 SDA clinics, we have improved the control and follow-up of activities, which has also allowed timely decision making at the local level.

c) Improvement to the I.E.C System

The Project was permanently evaluated in accordance with Project goal compliance. However, two major evaluations were made that provided the following specific recommendations:

- The 1991 Evaluation of Training Services delivered to PSP's of the Rural Extension Program, carried out under the responsibility of the SDA's Evaluation and Research Department.

The study investigated the quality of physical infrastructure, training places, participants, contents and other aspects that affect, in these cases, the Teaching-Training Process of the PSP's.

After a complete and detailed evaluation of 8 groups, it was recommended that necessary quality adjustments be made in all above mentioned areas.

- The intermediate evaluation contracted by USAID with Development Associates Inc., in 1994.

The main recommendations of this evaluation were guided to the recruitment process of persons to be trained, the adequate use of audiovisual equipment, increase of training support material, and the decentralization of the training centers. These recommendations were implemented with support of short term Technical Assistance, which also provided support on the needed printed materials and on the adequate handling of audiovisual equipment. We also decentralized the training centers to the regional level, which has facilitated the recruitment process.

2. Policy Development and Research

a) Demographic and Health Survey FESAL-98

The intermediate project evaluation recommended a specific Epidemiology training for our Evaluation and Research personnel, and to ensure mechanisms that would implement the recommendations presented by the different studies. We had the support of the Technical Assistance of CDC for both the FESAL-93 and FESAL-98, and also for the patient flow analysis. On the Service Cost Study we were supported with Technical Assistance from FHI.

B. Audits

During the life of the Project, we had 9 audits, which were conducted by different audit firms authorized by USAID. These audits were made in accordance with the generally accepted audit norms and the Governmental Audit Norms issued by the Inspector General's Office of the United States of America, fulfilling the following objectives:

- Express an independent opinion of the Project's accounting system, considering at the end of each audit period, all important aspects, such as advances received, expenses and incurred costs.
- Submit a report on the internal control structure of the Salvadoran Demographic Association, evaluating control risks and identifying reportable conditions, including important internal control deficiencies.
- Submit a report on the Salvadoran Demographic Association compliance with all important applicable terms of the Agreement, laws and regulations, relating to the Project, identifying important cases of non-compliance, as well as other illegal acts.
- Review the cost sharing documentation to determine if the Salvadoran Demographic Association has fulfilled them in accordance with the Agreement.

Chronology of the audits during the life of the Project:

<u>Period</u>	<u>No. of Years</u>	<u>Audit Firms</u>
July 31, 1990-December 31, 1992	2	Price Waterhouse
Jan.1, 1993-Deceer 31, 1996	4	Castellanos Campos y Cia.
Jan. 1, 1997-Decem. 31, 1998	2	Arias Arias y Cia.
January 1-June 30, 1999	6 mont.	Arias Arias y Cia.

These audits were financed with Project 519-0363 funds, and up to this date the SDA does not have any questionable cost pending to be liquidated, nor any recommendations pending to be implemented.

In addition, is convenient to mention that since the start of the Project and up to 1995, we had a constant programmatic and administrative monitoring that was carried out by the Technical Assistance provided by Cambridge Consulting Corporation (CCC). As a result of this monitoring process, CCC presented quarterly reports of all findings to USAID and to the SDA, which were analyzed jointly to identify pertinent recommendations and to define mechanisms for its implementation in the following quarter.

V. LESSONS LEARNED

1. Family Health Services Delivery

a) Rural Services Program

- It has been demonstrated that when you have a wide range of temporary contraceptive methods, they have a positive influence in the decision of using at least one of them.

- The IUD method, due to diverse circumstances, does not have a positive acceptance in the country.
- Community services were very effective when real coordination efforts were made at the local level, between Governmental Organizations and Non Governmental Organizations.
- The education-training and referral efforts are offset when the required technical competence is not available in health facilities.
- When you include other reproductive health services into the Family Planning services, the image and acceptance of the Promoter in rural areas is improved.
- When you provide comprehensive training to Promoters you improve their resolution capability and you also improve access to services.
- The provision of an incentive plan makes a positive influence on the volunteer work, however, the inconsistency or changes to the incentive plan causes negative effects on it.
- A total self-sufficiency of the program is impossible to be obtained due to the target population's peculiarity.

b) Reproductive Health Social Marketing Program

Positive results in the financial sustainability area were obtained when a marketing strategic plan was implemented and did not risk the programmatic coverage of the program.

- The implementation of a promotion and advertising plan, assures that different segments of the market will be reached and you will fulfill your sales objectives.
- The regular review of costs, prices and financial analysis assures Program sustainability.
- The design and implementation of an effective distribution plan assures access to all Family Planning method users, nationwide.
- The diversification of product with emphasis on own brands, assures program's continuity and sustainability.
- If you have administrative tools, such as a management information system that provides timely data, it will greatly contribute in making timely market decisions.
- An effective Technical Assistance will contribute to provide important support to the development and implementation of program strategies.

c) SDA's Clinic Services Program

- Financial support for different institutional programs is very important for service continuity.
- Short-term search for institutional sustainability is necessary for program continuity and must utilize the institution's competitive advantages.
- The internal and inter-institutional coordination is necessary and feasible through common objectives and strong support from the authorities of the different institutions.
- The administrative decentralization is functional and necessary for timely decision making and personnel participation for institutional growth.
- An adequate resource administration favors, and is an advantage, to gain international support for the institutions.
- Integration of health care delivery services improves their delivery, rather than when offered separately.
- The continuous supervision and activity monitoring of Project development are essential to reach target goals and objectives, and also to maintain health care service quality standards.

Short term Technical Assistance produces higher results for the institutions or programs, rather than the long term Technical Assistance.

d) Improvement of the I.E.C System

Utilization of specific support material for each subject or topic of a training event allows to design effectively the pedagogic/training documents, thus optimizing the training process.

By decentralizing the training centers, for them to be closer to the residence areas of the trainees, the recruitment process is much faster and guarantees that all participants will be satisfied with them.

When you include an evaluation process into the different training program phases, it allows an important and timely feedback mechanism for each activity.

2. Institutional Development and Sustainability

a) Personnel Strengthening

The different training events that took place during the life of the Project have produced the expected results and are very positive. We consider that the resources invested in

training are minimal considering the multiple qualitative and quantitative benefits achieved through constant training up dates, and personnel experiences.

The following are some of the benefits and/or actions in which training has greatly contributed to reach a specific Association goal:

- Information systems up dates: Use of software, statistics packages, program design, etc., this has allowed us a timely response for existing information demands from the different Association levels and to improve the quality of the information.
- In order to improve all preventive maintenance programs and decrease repair costs, we strengthen the technical maintenance knowledge in office furniture, equipment and office infrastructure.
- Update knowledge on medical subjects such as Sexual Transmitted Diseases, reproductive health updates, Family Planning counseling, etc., that would allow us to be at the vanguard and be able to answer satisfactorily all questions from our clients.
- We strengthened the institutional vision of service delivery centered on the client; this facilitated the promotion and diversification of programs and services, thus increasing the number of both male and female clients at the urban, urban-marginal and rural levels.
- We greatly increased the administrative skills of our personnel by training mid-level managers in different managerial subjects, such as teamwork, leadership, supervision skills, etc., in such a way that our personnel became fit to fulfill a managerial position.
- We supported and strengthened our administrative capability and abilities by designing a Participated Administration by Objectives plan for the whole institution. We have designed strategic planning and sustainability projects that have allowed the development of different plans and projects, which has made our constant increase sustainability percentage possible.
- All the above mentioned achievements have proven that investments made in human resources has greatly increased the way in which the Association operates internally, such as a continuous labor performance improvement, devotion, service team spirit, quality, institutional identification, etc. In the same way, all these elements contributed to the implementation of several control and procedure mechanisms that have guaranteed the adequate and reasonable use of project resources. This has allowed that our last audits have not had any findings nor any pending questionable costs to be liquidated, or any pending recommendation to be fulfill.

3. Policy Development and Research

a) Demographic and Family Health Survey

When you reach an increased and active participation from the different national and international institutions to carrying out different national level health researches, these become more credible and trustworthy, consequently you can guarantee they will be used in any planning or program evaluation process.

The contracting of private companies to provide transportation services, minimizes the administrative efforts while conducting nationwide surveys. However, this does not apply when the same services are being provided for field and data entry personnel.

b) SDA's Program Design and Effectiveness

By determining in advance all necessary standard and evaluation indicators for education and service care programs, you will allow a greater effectiveness in reaching the objectives and goals of the study or research. At the same time, they will provide a timely feedback mechanism.

VI. RECOMMENDATIONS

1. Family Health Services Delivery

a) Rural Services Program

- Maintain and keep product diversification in community programs and include reproductive health care services within the Family Planning Services to facilitate access and decrease cultural and social barriers associated with Family Planning.
- Before creating and adding new strategies into existing programs, a prior feasibility study should be made to ensure the effectiveness of such changes. These studies should include the participation of institutional decision levels personnel, potential service providers and clients to counteract the factors that could negatively affect the expected results.
- Strengthen and systemize the different levels of inter-institutional coordination to achieve greater program effectiveness.
- Include in the information and educational reproductive health activities, such as quality care services, the involvement of institutional decision making level personnel, service providers, and clients.
- Design an incentive plan applicable throughout the life of the Project that will guarantee the permanence and productivity of voluntary workers.
- The community base programs, given their orientation towards poor population, must keep a low cost structure to guarantee their continuity and social projection.

b) Reproductive Health Social Marketing Program

- Given the accessibility that the contraceptive Social Marketing Program offers, we recommend the donor Agency continues to provide contraceptive supplies.
- Given that these kind of programs have proven to be self-sufficient, we recommend USAID create and strengthen them in order to support other NGO's sustainability.
- Continue to increase the availability of Family Planning methods, emphasizing and strengthening own brands with support of a promotion and advertising plan.
- Considering that SDA has been authorized to operate as a Drugstore, we recommend putting into effect the above mentioned project as soon as possible.
- Support a network of pharmacies that distribute own and other drugstore pharmaceuticals and products at reasonable prices to make them accessible to different clients and to contribute to institutional sustainability.
- Provide the necessary resources to continue supporting short term Technical Assistance.

c) SDA's Clinic Services Program

- Financial support is very important to strengthen the institution while it reaches complete self-sufficiency in order to guarantee program continuity.
- Continue to offer integrated health services as they provide the means to achieve support for health activities, sustainability mechanisms, and service continuity.
- Continue with all efforts to improve inter-institutional coordination to increase coverage and facilitate access to health services and avoid effort duplication.
- Maintain a health delivery service improvement plan, as these services are very important to a large population sector.

d) Improvement of the I.E.C System

Maintain a continued education/training process with health promoters and supervisory personnel, making any necessary changes that will contribute to the smooth operation of the Rural Services Program.

Include in the health Promoter and supervisory personnel training contents, new Family Planning and reproductive health norms and procedures that the Ministry of Public Health and Social Assistance may officialize.

2. Policy and Research Development

a) Demographic and Family Health Survey

Encourage the participation of local institution and international organizations in national health surveys.

Make necessary efforts that will secure the financial participation of these institutions and organizations in nationwide studies and researches.

b) SDA's Program Design and Effectiveness

Set up mechanisms that will permit that recommended actions, of different studies and/or research conducted or coordinated by the SDA, be implemented.

VII. SUBSEQUENT PROJECT MONITORING AND ACTIONS

Technical Assistance and financial support are necessary to maximize SDA's sustainability and to keep programmatic and financial presence with current efficiency, efficacy and effectiveness standards; all of this will allow the optimum implementation conditions of its social programs, specially the Rural Services Program

ANNEXES

1. Detail of Reimbursements and Advance of Funds Received during the life of the Project.
2. Rural Services Program Activities carried out during the life of the Project
3. Social Marketing Program Activities carried out during the life of the Project
4. SDA's Clinic Services Activities carried out during the life of the Project
5. IEC System Improvement Activities carried out during the life of the Project
6. Adolescent Program Activities carried out during the life of the Project
7. Resource Development Activities carried out during the life of the Project
8. Rural Services Program Anecdotal Illustrations

SALVADORAN DEMOGRAPHIC ASSOCIATION
Administrative Financial Division

DETAIL OF REIMBURSEMENTS AND ADVANCES OF FUNDS
RECEIVED DURING THE LIFE OF AGREEMENT AID No. 519-0363
THAT INITIATED ON JULY 31,1990 AND ENDED ON JUNE 30, 1999
(In Salvadoran Colones)

Date Received	Concept	Total Amount Received Monthly	Annual Amount Received
01/30/91	Reimbursement October-November/90	¢ 620,467.53	
04/03/91	Reimbursement December/90	401,849.65	
01/30/91	1o. Advance January/91	1,603,200.00	
30/01/91	2o. Advance February/91	1,388,240.00	
03/07/91	3o. Advance March/91	1,564,900.00	
06/13/91	4o. Advance June/91	500,000.00	
07/05/91	5o. Advance July/91	1,485,000.00	
07/26/91	6o. Advance August/91	400,000.00	
08/12/91	7o. Advance September/91	318,100.00	
10/02/91	8o. Advance October/91	1,000,000.00	
10/31/91	9o. Advance November/91	1,100,000.00	
11/27/91	10o. Advance December/91	2,507,000.00	¢ 12,888,757.18
01/07/92	11o. Advance January/92	850,000.00	
02/07/92	12o. Advance February/92	2,659,500.00	
02/07/92	13o. Advance March/92	2,725,100.00	
04/10/92	14o. Advance April/92	0.00	
05/08/92	15o. Advance June/92	1,132,000.00	
06/09/92	16o. Advance July/92	1,100,000.00	
07/08/92	17o. Advance August/92	2,580,300.00	
09/10/92	18o. Advance September/92	2,110,500.00	
07/31/92	19o. Advance October/92	1,689,900.00	
09/10/92	20o. Advance November/92	1,116,300.00	
10/05/92	21o. Advance December/92	2,700,000.00	18,663,600.00
12/18/92	22o. Advance January/February/93	5,750,000.00	
02/10/93	23o. Advance March/93	2,902,400.00	
03/10/93	24o. Advance May/93	2,764,100.00	
05/24/93	25o. Advance June/93	0.00	
05/18/93	26o. Advance July/93	2,740,000.00	
06/10/93	27o. Advance August/93	0.00	
07/09/93	28o. Advance September/93	3,000,000.00	
08/10/93	29o. Advance October/93	4,000,000.00	
09/13/93	30o. Advance November/93	822,800.00	
10/08/93	31o. Advance December/93	3,000,000.00	
11/10/93	32o. Complementary Advance Dec./93	1,389,500.00	26,368,800.00
	SUB TOTAL		¢ 57,921,157.18

SALVADORAN DEMOGRAPHIC ASSOCIATION
Administrative Financial Division

DETAIL OF REIMBURSEMENTS AND ADVANCES OF FUNDS
RECEIVED DURING THE LIFE OF THE AGREEMENT AID No. 519-0363
THAT INITIATED ON JULY 31, 1990 AND ENDED ON JUNE 30, 1999
(In Salvadoran Colones)

Date Received	Concept	Total Amount Received Monthly	Annual Amount Received
	Brought Forward.....		¢ 57,921,157.18
12/27/93	33o. Advance January-March/94	¢ 7,969,000.00	
05/09/94	34o. Advance July/94	2,594,900.00	
06/09/94	35o. Advance August/94	1,500,000.00	
07/08/94	36o. Advance September/94	2,822,300.00	
08/10/94	37o. Advance October/94	1,378,800.00	
09/09/94	38o. Advance November/94	1,434,400.00	
10/10/94	39o. Advance December/94	2,459,500.00	
11/10/94	40o. Advance 1o. Complementary Dec./94	2,176,900.00	
12/05/94	41o. Advance 2o. Complementary Dec./94	1,409,500.00	23,745,300.00
01/19/95	42o. Advance January-March/95	7,000,000.00	
03/10/95	43o. Advance April-May/95	2,900,000.00	
05/09/95	44o. Advance July/95	950,000.00	
05/31/95	45o. Advance complementary August/95	800,000.00	
07/07/95	46o. Advance August/95	3,176,000.00	
08/09/95	47o. Advance September/95	2,421,000.00	
09/08/95	48o. Advance October/95	1,220,000.00	
11/28/95	49o. Advance November/95	788,100.00	
12/14/95	50o. Advance December/95	1,958,900.00	21,214,000.00
02/22/96	51o. Advance January-March/96	4,598,000.00	
04/18/96	52o. Advance May/96	1,410,000.00	
06/07/96	53o. Advance June/96	613,900.00	
06/27/96	54o. Advance July/96	280,500.00	
07/29/96	55o. Advance August/96	1,200,600.00	
08/23/96	56o. Advance September/96	1,005,200.00	
09/23/96	57o. Advance October/96	1,044,300.00	
10/22/96	58o. Advance November/96	1,364,000.00	
11/29/96	59o. Advance December/96	3,000,000.00	14,516,500.00
02/18/97	60o. Advance January-February/97	2,113,000.00	
03/17/97	61o. Advance March/97	2,329,500.00	
06/04/97	62o. Advance May-June-July/97	4,816,700.00	
08/13/97	63o. Advance August/97	1,611,600.00	
09/09/97	64o. Advance September/97	1,750,000.00	
10/09/97	65o. Advance October/97	1,938,900.00	
11/20/97	66o. Advance December/97	2,761,000.00	17,320,700.00
	SUB TOTAL		¢ 134,717,657.18

SALVADORAN DEMOGRAPHIC ASSOCIATION
Administrative Financial Division

**DETAIL OF REIMBURSEMENTS AND ADVANCES OF FUNDS
RECEIVED DURING THE LIFE OF AGREEMENT AID No. 519-0363
THAT INITIATED ON JULY 31, 1990 AND ENDED ON JUNE 30, 1999
(In Salvadoran Colones)**

Date Received	Concept	Total Amount Received Monthly	Annual Amount Received
	Brought Forward.....		¢ 134,717,657.18
01/29/98	66o. Advance January/98	¢ 1,849,900.00	
02/24/98	67o. Advance February/98	6,240,000.00	
04/28/98	68o. Advance May/98	1,681,900.00	
05/26/98	69o. Advance June/98	1,487,400.00	
06/26/98	70o. Advance July/98	2,306,000.00	
07/20/99	Special fund for purchase computer equip.	424,486.00	
07/24/98	71o. Advance August/98	2,466,000.00	
08/26/98	72o. Advance September/98	4,403,000.00	
09/28/98	73o. Advance October/98	2,450,500.00	
10/29/98	74o. Advance November/98	2,618,000.00	
11/27/98	75o. Advance December/98	3,367,000.00	
01/07/99	76o. Advance January/99	1,308,300.00	29,294,186.00
01/25/99	Special funds for IEC Material	875,243.00	
01/25/99	77o. Advance February/99	1,049,800.00	
03/11/99	78o. Advance March/99	1,322,131.35	
04/06/99	79o. Advance April/99	1,362,500.00	
04/28/99	80o. Advance May/99	1,705,200.00	
05/31/99	81o. Advance June/99	2,731,121.58	10,354,295.93
	TOTAL.....		¢ 174,366,139.11

ACTIVITIES CARRIED OUT DURING THE LIFE OF PROJECT
"FAMILY HEALTH SERVICES" No. 0519-0363
Reorganization and Expansion of Rural Services

ACTIVITIES	COMPLETED BY DECEMBER 1995	COMPLETED BY JUNE 1999
CYP's GIVEN	109,695	200,499
NEW USERS	115,467	199,180
F.P. & REPRODUCTIVE HEALTH MEETINGS	62,870	97,729
COUNSELING PARTICIPANTS	782,234	1,215,706
No. OF F.P. & REPRODUCTIVE HEALTH BROCHURES DISTRIBUTED	1,772,615	2,771,347
F.P. & MATERNAL CHILD HEALTH REFERRALS	1,171,112	1,384,996
HOME VISITS	3,832,332	4,545,945
PRENATAL VITAMINS DISTRIBUTED (Treatments)	169,569	172,242
INFANT VITAMINS DISTRIBUTED (Treatments)	452,232	452,232
VITAMIN A DISTRIBUTED (Soft Gels)	205,285	239,175
ANTI-PARASITE MEDICINE DISTRIBUTED (Treatments)	429,926	475,785
ORAL REHYDRATION SALTS DISTRIBUTED (Packages)	999,308	999,308
INCOME GENERATED	3,099,066	7,829,738
No. OF PROMOTERS WORKING	1,395	882

ACTIVITIES CARRIED OUT DURING THE LIFE OF PROJECT
"FAMILY HEALTH SERVICES" No. 0519-0363
Social Marketing Program

ACTIVITY	COMPLETED BY DECEMBER 1995	COMPLETED BY JUNE 1999
<u>Contraceptives Distributed:</u>		
Donated by USAID		
Noriday 1+50	256,800	256,800
Condoms Made in USA	1,440,000	1,440,000
Blue Gold Condoms	258,000	258,000
Condor Condoms (units)	6,803,689	10,274,406
Perla Orals (cycles)	1,596,742	2,931,268
Blue Gold Condoms (units)	439,412	439,412
Norquest Orals (cycles)	34,206	34,206
Copper T (units)	471	471
Panther Condoms (units)	1,210,308	2,090,151
Purchased by SDA		
Prime Color Condoms (units)	1,072,189	1,878,940
Prime Esp. Condoms (units)	583,374	1,249,404
Rough Rider Condoms (units)	529,701	848,718
Minigynon Orals (cycles)	301,112	467,693
Implants	0	90
IUD	0	20
Piel Condoms (units)	0	289,890
Vive Condoms (units)	0	53,784
Purchased with FGL Funds		
Contempo Condoms (units)	0	124,959
APP TOTAL	228,187	385,160
Sales	¢18,546,550	¢38,570,434
Budget	¢10,141,841	¢19,600,696

**ACTIVITIES CARRIED OUT DURING THE LIFE OF PROJECT
"FAMILY HEALTH SERVICES" No. 0519-0363
SDA's CLINIC SERVICES PROGRAM**

ACTIVITY	COMPLETED BY DECEMBER 1995	COMPLETED BY JUNE 1999
TEMPORARY CYP's	67,117	107,288
PERMANENT CYP's	406,364	494,956
TOTAL CYP's	473,481	602,244
SERVICES		
NEW F.P. USERS	57,868	77,961
FEMALE SURGICAL VOLUNTARY CONTRA.	28,035	33,842
MALE SURGICAL VOLUNTARY CONTRACEP.	990	1,511
F.P. CONSULTATIONS	129,468	195,152
GYNECOLOGY CONSULTATIONS	211,384	320,219
PEDIATRIC CONSULTATIONS	40,391	62,012
PRENATAL CONSULTATIONS	27,863	47,841
STD CONSULTATION	16,975	29,660
GENERAL CONSULTATIONS	18,460	32,322
TOTAL CONSULTATIONS	444,541	687,206
CYTOLOGY'S	137,939	212,103
COLPOSCOPIES	2,907	6,381
CRYOTHERAPY	1,685	3,924
CERVIX BIOPSIES	2,500	5,291
ULTRASONOGRAPHY	6,170	13,651
LAB. TESTS	114,433	287,698
LAPAROSCOPY DIAGNOSIS	69	133
HOSPITALIZATIONS	13,997,314	34,951,758

ACTIVITIES CARRIED OUT DURING THE LIFE OF PROJECT
"FAMILY HEALTH SERVICES" No. 0519-0363
I.E.C. System Improved

ACTIVITY	COMPLETED BY DECEMBER 1995	COMPLETED BY JUNE 1999
Production of educational-Informative material	2,823,330	5,033,280
Broadcast of Radio Messages	39,706	44,326
TV Spots	1,274	1,274
Promotional Material	281,900	376,465
Video Production	14	40
Our People Program	12	12
Commercialization Design Plan	1	1
Courtesies to Lecturers	15,526	15,526
Courtesies to Subscribers	414	414
Newspaper Adds	70	70
Posters	9,000	9,000
Educational Video Production	2	10
Institutional Video Production	6	6
Graphic Design and Audiovisual Works	0	933
Production of Reproductive Health Flip Charts	0	250
Calendars	0	160,000
Final Work Report (Memoir)	0	3,000
Production of Informative Letters	0	5,000
Production of F.P. Messages	0	41
Hours used with Loudspeakers	0	349
Copes of Audiovisual material	0	599
Filming of Events	0	19
Photos of Events	0	27
Budget	7,866,760	¢11,461,846

**ACTIVITIES CARRIED OUT DURING THE LIFE OF PROJECT
"FAMILY HEALTH SERVICES" No. 0519-0363
INTEGRATED ADOLESCENT CARE PROGRAM**

ACTIVITIES	COMPLETED BY DECEMBER 1995	COMPLETED BY JUNE 1999
Sexual and Reproductive Health Basic Courses, directed to Adolescent Multipliers	30	65
Number of Adolescent Multipliers Trained	746	1,664
Informative Multiplying Effect Counseling	2,386	7,913
Participants to Multiplying Effect Counseling	62,447	244,670
Hours Worked by Volunteers	45,358	107,018

**ACTIVITIES CARRIED OUT DURING THE LIFE OF PROJECT
"FAMILY HEALTH SERVICES" No. 0519-0363
RESOURCE DEVELOPMENT**

ACTIVITY	COMPLETED BY DECEMBER 1995	COMPLETED BY JUNE 1999
Information Letters	8,000	8,000
Press Conferences	3	3
Partner Meetings	1	1
Motivation Breakfasts	0	0
Event Coordination	6	6
Broadcast of Radio Programs and TV	117	117
Press Advertisements	88	88
Products and Services		
Filming of Events	₱4,390	₱4,390
Video Production	₱81,280	₱81,280
Cards	₱383,396	₱1,021,002
Donor Companies	₱369,725	₱773,525
Other Services (Incomes)	₱144,736	₱220,598
CPAV Services, design and others	₱156,788	₱588,985
Sale of Paintings	₱0	₱74,060
Total Income	₱1,140,315	₱2,763,840
In-kind Donations	₱0	₱2,211,921
Budget	₱1,175,359	₱1,666,962



Mrs. María Gladis Guerra, age twenty seven, not married, with four living children who's ages range between twelve and five years old, resident of Cantón Pañanalapa, Nueva Concepción, Chalatenango, who considers herself a family planning satisfied user, provided the following information:

Before she gave birth to her last child (five years old), she had never used family planning methods, as it was practically impossible for her to have access to contraceptive methods. To get to the nearest town (Nueva Concepción) she had to walk 18 Kilometers.

One day she found out that in her community there was a Pro-Familia (female) Promoter so she though about looking for family planning services.

Because of this, both her and her companion (compañero de vida) agreed that she should use a contraceptive method. They decided she would use the pill and later changed to bimonthly injectables, which she has been using for the last seventeen months.

She has now been using family planning methods for the last five years and the only inconvenience (side effect) she has had since using injectables, is that she has not had menstruation periods. However, with the counseling and explanations that have answered all of her doubts, she is now a very satisfied user.

She also mentioned the fact that "it greatly helps knowing that in the community there is a person who sells these products", and in her case, it helps her "avoid having any more babies, as she has to look after her small children as best as she can. She takes her children to the clinic for different child and infant health controls. She feels much better knowing she is not pregnant and she can take care of her companion and herself".

Finally, she mentioned that "if it not would not have been for the contraceptives, it is highly probable she would have had three more children by now and who knows what her situation would be".

**RURAL SERVICES PROGRAM
ANECDOTAL ILLUSTRATIONS**

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Witman is the name of the little baby who has had his bottle after 2:00 p.m. on the day his mother underwent a sterilization surgery on a Wednesday of any week of the month of May 1999.

His mother, (the lady who lies in a stretcher) took this decision jointly with her husband, after the Pro-Familia Promoter and the consulting medical doctor suggested it to her after being confirmed that she suffered from convulsions.

Witman has a 4 year elder brother and they were spaced thanks to his mother, Ada Esmeralda, who decided to take contraceptives after her first child. Before and after her first deliver she did not present any convulsion signs.

Mrs. María de Jesús Claros, who is now holding the child, is the Pro-Familia health Promoter who, in solidarity with her client, took care of little Witman during all the morning and part of the afternoon on the day the sterilization surgery took place.

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