



**USAID** | **EL SALVADOR**  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

**Annual Report**  
**Period: October, 2007 - September, 2008**  
**Task Order “B”**

For:  
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By:  
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## ACRONYMS

<b>ACCEDA</b>	Assist, Talk, Communicate, Choose, Describe, and Agree on an Appointment.
<b>AIEPI</b>	Integrated Healthcare for Prevailing Infant Diseases.
<b>AIN</b>	Integrated Healthcare in Nutrition.
<b>BASICS</b>	Basic Support Project for Institutionalizing Infant Survival
<b>CAP</b>	Knowledge, Skills and Practices.
<b>CCC</b>	Communication for a Change of Behavior.
<b>CD's</b>	Compact disks
<b>CLAP</b>	Latin American Perinatal Assistance Center
<b>CNC</b>	National Quality Committee
<b>CONE</b>	Essential Newborn and Obstetrics Care.
<b>CPC</b>	Knowledge, practices and coverage
<b>CRSN</b>	Rural Centers for Health and Nutrition
<b>CTOs</b>	USAID technical Officials for Task Order "B"
<b>CVN</b>	Volunteer Nutrition Collaborators.
<b>EPS</b>	Health Suppliers Survey
<b>ESC</b>	Community Health Care Team.
<b>FOSALUD</b>	Solidary Health Fund
<b>GAT</b>	Technical Advisor Group.
<b>GOES</b>	El Salvador Government
<b>HCP</b>	Perinatal Clinical History
<b>HIO</b>	Perinatal Clinical History USAID
<b>IEC</b>	Information, Education and Communication.
<b>ISSS</b>	Salvadoran Social Security Institute
<b>ITU</b>	Urinary tract infection.
<b>IVU</b>	Urinary System infection.
<b>JDG</b>	Chief of Party
<b>JICA</b>	Japanese Agency for International Cooperation.
<b>LM</b>	Breastfeeding.
<b>MADLAC</b>	Monitoring and Direct support to Breastfeeding.
<b>MCC</b>	Continuous Quality Improvement.
<b>MOH</b>	Ministry of Public Health and Social Welfare.
<b>NRP</b>	Neonatal Resuscitation Program
<b>OL</b>	Local Office.
<b>NGO</b>	Non-Government Organization.
<b>FP</b>	FP.
<b>PI</b>	Infection Prevention.
<b>QAP</b>	Quality Assurance Program
<b>RHESSA</b>	Hospital Reconstruction and Extension of Health Care Services
<b>RI</b>	Intermediate Outcomes
<b>RO</b>	Oral rehydration
<b>SIBASI</b>	Basic Integral Health Care System.
<b>SIP</b>	Perinatal Information System.
<b>SISVIN</b>	Nutritional Surveillance System.
<b>STABLE</b>	Critical Newborn Stabilization and Transportation Program
<b>THE</b>	Hypertension during pregnancy Disorders
<b>UIME</b>	Monitoring and Evaluation Information Unit
<b>UME</b>	Monitoring and Evaluation Unit
<b>URC</b>	University Research Co., LLC
<b>US</b>	Health Care Units.
<b>USAID</b>	United States Agency for International Development.
<b>USANYM</b>	Mother Child-friendly Health Care Units.
<b>VMM</b>	Maternal Mortality Surveillance.

## **1. EXECUTIVE SUMMARY**

This Annual Report shows the activities carried out with implementation of the Task Order “B” of activity 519-0463 - Health Strengthening - during the period October 1, 2007 to September 30, 2008 and at the same time, we are reporting the last quarter of the fiscal year.

The work plan for the period October 2007 to December 2008 was drafted with the active participation of the counterparts from the MOH working at the General Directorate and Quality Assurance, Regulation Directorate, Directorate of Epidemiology and the Central, Paracentral and Eastern Regional Directorate Offices which includes 72 municipalities covered by the project. About 100 officials from the MOH were involved in drafting, reviewing, analyzing, and accepting said plans. The work plan was approved by USAID in February 2008.

This fiscal year has been characterized by the execution of a large number of activities in all Components, but the one that stands out in this period is the work made at hospitals providing renewed work along with hospital prevention committees and constitution of Regional Teams of Infection Prevention. On the other hand, progress made in quality improvement component has been very significant since progress in twelve hospitals may be observed; they have carried out their first measuring of seventeen standards and improvement plans have been drafted. The arduous work to define and validate community techniques from IEC graphic material is completed and ready for printing. The Nutritional Surveillance System –SISVIN- was completed and executed in La Libertad and it is ready to be extended to the rest of the country. As a consequence of permanent training work made on infant-maternal mortality, there has been a drop in the rate along with asphyxia as a neonatal cause of death. Medical equipment and other acquired supplies were delivered to MOH and distributed to different units, only a few purchases are left to complete some equipment.

### **Summary of Main achievements by Component in this fiscal year.**

#### **Family Planning (FP)**

A leading physician or nurse was appointed at hospital level; he or she will be in charge of coordinating the FP Program, to guarantee a free and informed election and the undersigning of an informed consent by users of a permanent family plan method.

We trained 30 physicians and nurses as primary facilitators to reply the upgrade of contraceptive technology and at 5 regions, we updated 503 attendees.

We provided an upgrade on contraceptive technology to a total of 30 physicians including, endocrinologists, and cardiologists with the purpose of raising awareness on timely detection of reproductive risk and refer such cases to the FP Program at the corresponding hospital.

We completed the preparation of the FP Technical Guide for Health promoters and the FP Technical Guide for Personnel working with Midwives.

We trained a total of 1885 teenagers nationwide on the Education for Life Manual, contributing for their drafting life projects and improving their expectations.

Education for 125 regional facilitators on FP counseling aimed at promoters was provided; they have also trained 1,919 promoters nationwide. This allowed the guidance of FP service users at community level, contributing to free and informed choice.

A monitoring of the Tiahrt Law compliance was carried out in SIBASI beneficiaries of this project; we found no violation in FP legal framework.

We held out a meeting with MOH General Directorate, in coordination with CTO USAID, to introduce legal aspects and commitments of the country related with the compliance of free and informed election. We performed an awareness session addressed to technical personnel from the Western Region and hospital directors, to emphasize the importance of a free and informed decision concerning FP methods and monitoring compliance results.

### **Maternal Health Care**

During this fiscal year, we encouraged the use of more recent clinical evidence. We also strengthened suppliers' ability to implement rules, protocols, guides and the use of standards to especially evaluate preconception, prenatal, and partum assistance; newborn immediate assistance and puerperium using the Perinatal Information System (SIP), implementation of the Epidemiological Surveillance System and implementation of the Continuous Improvement Model proposed by the project and adapted by MOH. These are the achievements:

The work was directed according to guidelines provided in the 2008 Action Plan: i.) New prenatal assistance approach, ii.) Prenatal consultancy, specially aimed at teenagers. iii.) Updated SIP in all hospitals. iv.) Maternal Mortality Surveillance System. v.) Regional Development Center of Obstetric Skills emphasizing the use of a partogram, preeclampsia assistance, MATEP, Hospital Infections and FP vi.) Continuous Quality Improvement Program applied to different levels of CONE – PF services.

We made efforts to coordinate and integrate actions and outcomes inside URC and MOH, since different MOH operation units are involved in the execution of the aforementioned guidelines. This is clearly evidenced in the joint drafting of instructions, manuals, and guides related to topics discussed in priority guidelines. During this year, we have coordinated the work at Higher Level along with the following Units: Integral Care for Women Unit, including the FP Program; Integral Child Care Unit, particularly, the Neonate Program; Teenage Assistance Unit, National Nursing Unit, Epidemiological Surveillance and Control Unit and the following Higher Level Directorates: General Health, Control, Administrative and Planning, the latter specially related with the Quality Component.

We carried out an integrated assessment on maternal and neonatal program in 5 regions and 28 maternity wards, using the SIP for January-May 2008. We also used 20 indicators on the application of interventions governed to assist these groups; this assessment was focused on perinatal outcomes.

We continued the efforts to decentralize the Perinatal Information System (SIP) follow-up in 5 Regions. Each region has its own team with different disciplines, these follow-up on the use of the System and the application of same at hospital levels. We have trained 85 physicians and 35 hospital and regional data entry clerks to update the System. Likewise, the Second Edition of the Technical Guide for SIP Use has been drafted.

During this period, we completed implementation of a new prenatal assistance approach in 16 municipalities and 3 hospitals of the project influence area. These municipalities belong to one

SIBASI in each of the three Health Regions benefited by the project. This approach focuses in the new standard that every pregnancy is a risk. The highest achievement has been the detection of complications and its timely reference using effective cost interventions.

We provided a Regional Skill Training Center to each of the five Health Regions. Each region has appointed a working team formed by a physician; a nurse and a representative of the Human Resources Unit to manage the center and each Regional Director signed a commitment letter before the General Directorate of Health guaranteeing a good performance of the center. Before this effort, personnel were poorly trained on technical and practical aspects, based on the content of the standard and not on skill to apply such knowledge in corresponding assistance process.

Throughout this period, we have continued supporting MOH to systematically study all institutional-maternal deaths, that up to date amount to 48: 37 direct, 5 indirect and 6 not related deaths. Therefore, we have made efforts to study each death and based on such analysis work to improve interventions. This has been made through three types of committee, located in three MOH levels: local (28), regional (5) and national (1) committee. We have also continued supporting local committees from Maternal Mortality Surveillance in 8 SIBASI's covered by the project that have monthly met to analyze maternal death causes according to procedures defined by MOH and with the support of the project, to follow-up implementation plans and perinatal deaths. In this year, we started the institutionalization for monthly work of these committees. The project has only financed bimonthly and quarterly meetings.

During this period, we have trained 35 professionals as Regional Facilitators in 32 obstetric and neonatal skills, FP and Hospital Infection Prevention and newborn immediate assistance. The highest achievement has been the integration in a joint effort of counterparts from Women and Child-Care Units, specifically Neonates, Nursing and Epidemiology Unit, progressively increasing 11 skills to 32. We also drafted a Guide to evaluate skills using check lists, evaluation methodology, and a dossier with updated evidence for such 32 skills and management guidelines for its implementation in obstetric centers. To date, 20 maternity wards have at least two trained professionals with these skills.

### **Infant Health Care**

During the period January – September of this year, neonatal deaths have dropped from 478 in 2007 to 375 in 2008. Besides, asphyxia, as a cause of death, dropped from the eighth place to the ninth during the same period. However, the first cause of death is still premature birth. (Data according to SISMOB MOH Information Unit).

We executed recertification of three STABLE national coordinators who trained 16 national leaders-instructors. We developed 21 training courses on STABLE for 591 professionals from Western and Metropolitan Health Regions.

We have developed 22 NRP courses, training 493 professionals from the Western and Metropolitan Health Regions.

We promoted implementation of the Neonatal Screening, carrying out 16 training courses on sampling; training was provided to 666 nurses from the first level of assistance. To this date, we have taken 12,500 samples, with 4 positive cases. They are already being treated at the Hospital Nacional de Niños "Benjamín Bloom".

We concluded the guide and cards to follow up on premature babies under 2,000 grams.

We trained 166 facilitators on skills to apply the Assistance Guide for children under 5 years.

We trained 50 teachers from the universities with the medical faculties for undergraduate instructions on skills to apply the Assistance Guide for children under 5 years.

We carried out 6 courses of formation in skills for assistance provided to children under 5 years in three USAID priority regions.

We supported the scientific update of 96 physicians and nurses nationwide with their participation in The National Congress of Pediatrics. Likewise, we supported the participation of 4 physicians in Ibero-American Congress of Neonatology.

We were able to consolidate and assess monitoring of the efficiency conditions by Regional Teams and SIBASI's to be used as an every-day working tool. These teams made use of this while carrying out approximately 537 monitoring visits nationwide (January – August 08); they were able to help a large number of Health Care Units to score as efficient.”

The Child Program team of the higher level, (with the support of the project,) carried out 18 monitoring sessions at Health Care Units and hospitals in order to measure the efficiency conditions for child care; these are to be used as verification of Regional monitoring.

We strengthened the quality of neonatal assistance in 29 hospitals nationwide which provide neonatology services. They were supported with the purchase of medical equipment and supplies. Likewise, of the 96 Priority Health Care Units of the project, 30 were provided with pediatric tables, 70 with pediatric stethoscope, and 91 with pediatric blood pressure meters.

## **Nutrition**

We trained 120 nurses from the Health Care Units of the Central Health Region, where we started implementation of the Nutritional Surveillance System (SISVIN).

We concluded and printed out new growth graphics for children under 5 years, being able to include three indicators of nutritional evaluation of children under five nationwide: weight/age, size/age, and weight/size.

We carried out the launching of outcomes of the Third National Census on Size of School Children in First Grade in the country; a highlight of this was that chronic malnutrition in Salvador has been reduced in four percentage points from 19% to 15%.

We developed the Consultancy on topics related to breastfeeding, carried out by the international consultant Lic. Ninoska Cruz. Being able to obtain the following main products: training of the second group of external evaluators, review, and consultancy on evaluation of hospitals and Health Care Units with the IHAN and USANYM initiatives, consultancy work of the nutrition unit on Breastfeeding component in general.

We carried out the second national workshop for external evaluators of the strategy Child Friendly Hospital (IHAN) and Mother Child-friendly Health Care Units (USANYM), providing training to 26 evaluators including general physicians, pediatricians, obstetricians, nurses, and nutritionists.

We were able to reactivate the National Breastfeeding Committee (CONALAMI) whose duties will include the most relevant the review and correction of the Draft project of the Breastfeeding law.

We were able to get the accreditation as IHAN and USANYM of 21 Health establishments.

We concluded the nutrition guide for the Salvadoran Family.

We strengthened nationwide with the purchase and allocation of furniture, kitchen ware and stationary to 52 Rural Health and Nutrition Centers nationwide.

We carried out the update of 4 attendees from the MOH at INCAP of Guatemala, on topics related to knowledge and techniques for sampling and how to carry out a vitamin A survey among children under five.

### **Community Health**

We provided technical support to write their mid-term strategic plan, which highlighted the work in Family Health Care and the Facilitating Supervision as strategic lines relevant for the development of Health promoters work.

We provided 560 Health promoters who work in rural communities of municipalities supported by the Project, with backpacks, blood pressure meters, stethoscopes, Salter scales, flashlights, oral thermometers, and measuring tapes.

We carried out 24 Regional monitoring and evaluation sessions for the Community Health Program Activities, involving about 180 Community Health officials and 30 officials from Regional Health Directorates.

We completed the consultancy on an Evaluation Model of health-related actions to promote community development outlining the necessary steps to make community diagnosis, prioritize problems, prepare community plans of health care interventions, and evaluate the development of the plan at a community level.

We carried out a consultancy to update the initial formation plan for health promoters. the end product consisted in two documents: one that contains the curricula of the Technical education plan of the health care promoter which is to be authorized by the Directorate of Middle and Higher education of the Ministry of Education, and another one that will be useful to develop the Basic Course for health care promoter, which only needs to be authorized by the Regulation Directorate from the MOH.

During the fiscal year, we carried out two Evaluation and Strengthening events for the Family Health Care Model. We supported MOH with the printing of 40,000 Family dossiers and approximately 80,000 issues of Family file cards, to support the process of implementation of the Family Health Care Model in municipalities supported by USAID.

### **Hospital Infection Prevention and Control.**

A total of 752 officials from hospitals were trained in prevention and control of Maternal and neonate hospital infections. There were over 30 replications made by local Infection Committees on contents

of the trainings in Hospital Infection Prevention standards by the trained personnel with an average of 20 attendees by session (which represents a grand total of 1407 persons trained so far).

Se disseminated outcomes of the baseline concerning performance of Hospital Infection Committees in 28 MOH's maternity wards and they were encouraged to reactivate their Hospital Infection Committees, preparing their corresponding action plans.

We finished a baseline survey on flora and bacteria resistance among newborns at 20 MOH hospitals; we are expecting approval from the MOH for their dissemination.

Technical support to write a guide for the National System of Epidemiological surveillance of Hospital Infections.

We purchased and delivered reference and bibliographic material on Hospital Infection Prevention to all regional committees and committees at all hospitals involved in Hospital Infections and management levels.

### **IEC/CCC**

We carried out work sessions at the five Health Regions to disseminate guidelines to make the IEC/CCC educational strategy, operative and update IEC plans pursuant to the epidemiological profile of every Health Care Unit.

To make the National IEC/CCC strategy operative we were able to appoint the Health Promoting Referring personnel at 100% of Health Care Units and Hospitals.

We carried out an international consultancy to support the preparation of the Monitoring and Evaluation Guide of the National IEC/CCC strategy, through a workshop with 29 MOH technicians. Said guide includes a monitoring instrument of the activities of local IEC/CCC referring personnel.

In order to strengthen the Health Promotion Management, we developed 9 training sessions on Promotion of the Health and Educational Technology in Health Regions. For the process of technical validation of the educational material of five Components, in this period, we carried out the following meetings: 6 focal groups with 78 technicians from the MOH for technical validation and for community validation, we also developed 33 focal groups for Community validation, with 14 groups of rural communities and 19 groups of urban and semi-urban areas.

The validated material included of 71 pieces of graphic material, 20 radio spots, 4 TV spots, and 2 educational videos that are ready for their approval and future dissemination.

### **Quality improvement**

In this period, we concluded the Technical Guide for Continuous Quality Improvement (MCC), describing the methodology to be applied in all processes and levels of assistance. The MOH has prioritized the initial application of the guide for Obstetrical care, Essential neonatal care and FP and we selected 12 out of the 28 maternity wards to implement it, appointing for such purpose a quality control hospital committee.

The first phase of application of the MCC methodology was the interactive definition of 17 assistance standards, evaluation criteria thereof and measuring instruments. The MOH promoted self evaluation, which was carried out through the Screening of medical records of users who have

consulted during the last three months of 2007, in requesting FP, prenatal, delivery and puerperium services and newborn assistance. This measuring constituted the first evaluation of the 12 maternity wards and has been consolidated in a “Baseline Executive Report on Quality Standards.”

Baseline outcomes show that no hospital complies with 100% of the 17 standards, which reveals an unsuitable compliance with the current regulation. The process with the least level of compliance was FP, partly because of the absence of hospital structure for this Program.

Concerning a product of the baseline we have drafted 35 MCC projects in participating hospitals, currently in execution. the key improvement topics of these projects are: i.) FP: assistance for enrollment and control of subsequent visits at a hospital level; ii.) Prenatal: assistance during the work of delivery using the partogram; iii.) Postpartum: immediate post-delivery control; iv.) Complications: handling Hemorrhage; v.) Newborn: from control to release.

This process of implementation has been developed under coordination of the General Health Directorate, with the participation of the Maternal, FP and Children Units at MOH's Higher level; representatives from Regional Offices and local quality committees. Also training was provided to 100 physicians and nurses from the 5 Regions in 2 Learning sessions, the first of them was focused on the knowledge and skills required to build the baseline; the second session was carried out to write a of the plans of improvement, from outcomes of the self evaluation..

### **Support to Health Regions and SIBASI'S'**

Concerning the work at the Health Regions; especially the Central, Paracentral and Eastern Regions and their SIBASI's, this fiscal year we carried out 766 training activities which involved 10.247 attendees, most of them MOH's officials as well as volunteers, members of the community, etc. regarding the visits to carry out the monitoring and evaluation of the Health Care Units at said levels. During this fiscal year, we carried out a total of 419. One detail of the actions related above is found in the corresponding section of this Report.

## **2. INTRODUCTION**

On June 11, 2005, El Salvador Government and the United States of America Government executed the 519-0463 agreement; through which the United States Agency for International Development (USAID) provides the Ministry of Public Health and Social Welfare (MOH) with support to achieve a common objective: to strengthen Basic Health Care.

The focus of technical support on health provided through this agreement is to provide support to the MOH to reach intermediate Outcomes 3.3. “Improvement in the Integral Management of Child and Reproductive Health” and 3.4 “HIV/AIDS and other illnesses controlled and impact mitigated”

This is a report for the period between October 2007 to September 2008. It presents the activities that have been implemented and outcomes achieved. It also includes challenges found in every main Technical Components of technical assistance provided.

### **3. DEVELOPMENT OF ACTIVITIES FOR TASK ORDER “B”**

#### **Work Coordination of the Technical assistance team**

Throughout the 2008 fiscal year 2008, the second year of the project, efforts were made to consolidate the work of the URC Technical assistance team; we executed actions with the purpose of carrying out an integrated and coordinated work by all Components. This was useful to delimit the life span as key element and merging points of the various components were established. This new approach enabled us to achieve an improved integration of actions and to provide support for the MOH to carry out a coordinated work, especially between the women and children units.

#### **Coordination of the Technical Assistance Team and MOH Work**

All advisors in charge of coordinating the Project's Components have scheduled and carried out periodical meetings with various MOH'S counterparts, some of them have included participation of USAID CTO's. The purpose for these meetings was to analyze the progress of the work plan, and any constraints found and solutions provided.

During the period covered by this Report; we held a meeting with the Minister and Vice Minister for USAID presentation of the new Chief of Party; Dr. Francisco Vallejo who replaced Dr. Reinaldo Guesso. The Minister and Vice Minister have been involved in several activities supported by the project. Including events of delivery of medical equipment donated by USAID, the opening of Regional Obstetric and Neonatal Skills Development Center, administration of oath of Hospital Infection Prevention committees at in different regions. They took the opportunity to comment on the progress of the project.

This year we have continued the coordinated work with the General Health Directorate, Directorate of Health Surveillance, Planning Directorate, Regulation Directorate. It is noteworthy that the work with the directorate of Health Surveillance has been promoted because such agency has been coordinating its work with Hospital Infection Prevention committees. On the other hand, we have carried out several work sessions with Regional Office Directors and SIBASI's heads. The new JDG ha carried out several work visits to various counterparts of the project in MOH's central level to be used as a Health Regions aiming at strengthening the role of project's local facilitators.

#### **Coordination of the Technical Assistance Team Work with USAID**

Bimonthly meetings have still been held during this fiscal year, involving the Chief of Party with USAID CTO's, and Licentiate Patricia Portillo de Reyes from MOH. These meetings were held to review achievements of every Component, to identify constraints, and to find the corresponding solutions; also, activities for the following period are analyzed and approved. These meetings have been useful to facilitate coordination of the project's activities with the MOH's higher level.

Additionally, the CTOs and JDG keep constant communication to clarify issues concerning the execution of the work plan.

### **4. REVIEW AND ANALYSIS OF OUTCOMES.**

#### **INTERMEDIATE OUTCOME 3.3.IMPROVEMENT IN INTEGRATED MANAGEMENT OF INFANT HEALTH AND REPRODUCTIVE HEALTH**

#### **4.1. COMPONENT: FP**

##### **4.1.1 Progress achieved:**

##### **Progress by Intermediate Outcomes**

**Outcome 3.3.1.1 Physicians and nurses from the Health Care Units and promoters of 69 municipalities of USAID providing consultancy and FP services according to MOH standards**

**Outcome 3.3.1.2. FP consultancy on prenatal and post partum provided as a standardized service at the 28 maternity wards and Health Care Units in up to 69 municipalities supported by USAID.**

This Outcome has been achieved in 80%. We organized and consolidated a Regional structure and the 28 maternity wards, by creating a hospital and regional referrals, with the purpose of improving FP services. This structure is strengthening all hospital activities related to FP, concerning the provision of services, logistics, and Information System areas needed by the FP Program to be strengthened.

During this year, we developed a design for methodology and content of the Course for Management to support local referring personnel, thus strengthening the capacity to manage the FP Program.

Concerning the Quality Component, we have carried out supervision and monitoring visits to 12 hospitals to verify compliance with the 5 Quality Standards associated with the FP Program; evidencing constraints in achieving 100% compliance, especially concerning assistance to users from inscription and subsequent services provided hospital users, also the corresponding registration sheets are not filled out properly. We have carried out coordination actions with management levels to help implement improvement plans proposed by hospitals.

We provided the stationary and helping tools (medical eligibility criteria tables, checklists, inscription, and subsequent sheets) to provide FP services pursuant to MOH standards

We prepared and validated the FP Assistance Guides for personnel working with midwives and for health promoters; with the purpose of helping improve the services these attendees provide to the community and they will be able to have updated tools to increase access to and quality of FP methods. It is noteworthy that so far, documents have already been approved by MOH authorities and they are pending approval by USAID El Salvador. We expect that printing will be carried out in the next quarter.



Cover page of the FP guides for Midwives and Promoters

**Outcome 3.3.1.3.: Physicians and nurses from the Health Care Units in up to 69 municipalities supported by USAID, updated annually in contraceptive technology**

This Outcome was completed in 100%, training to total of 30 primary facilitators, who through 25 workshops, in 3 Regions supported by the project, provide training to total of 503 health workers, including physicians and nurses, during this year.

Likewise, training was provided to 30 physicians including, endocrinologists, and cardiologist from various local maternity wards. Thus arising awareness among them and provide them with key tools for their referral of case to the FP Program and for them to contribute to reduce reproductive risks.

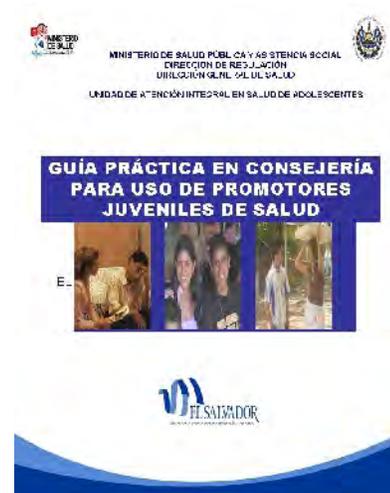
**Outcome 3.3.1.4.: Community- based programs addressed to teenagers with developed and implemented messages pursuant to MOH standards in up to 69 municipalities supported by USAID**

This Outcome has been covered in 80% since we were able to get approval for the Practical Peer Consultancy Manual for FP Topics, thus helping young promoters improve the consultancy and orientation associated with different FP methods provided by MOH to this peer group. In the next quarter we will carry out field validation of the document, workshops for formation of primary facilitators, and the corresponding replications to be able to have young promoters trained on said guide.

We printed and delivered 100% of the stationary and instruments required to provide teenagers with assistance in reproductive health care pursuant to the Work Plan.



Health Personnel working with teenagers being trained on Education for Life Manual



Cover of the Consultancy Guide for Young Promoters

We trained a total of 1885 teenagers on the content of the Education for Life Manual, thus promoting improvement of their drafting of life plans.

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## **TIAHRT LAW**

### **1. Create the Minimum Structure Within the MOH to Promote This Plan**

This outcome was complied in 90% through the creation of hospital and regional referrals creating a fundamental structure for training and application of free and informed choice principles to use different methods.

During the last quarter, we held a meeting in the Western Region with the participation of 25 health workers, including hospital directors, referring personnel and regional offices, to disclose outcomes from monitoring the Tiahrt Law.



Meeting with referring personnel to disseminate elements of the Tiahrt Law

### **2. A training plan, that includes continuous training for new personal, on legal requirements and principles of a free and informed choice, developed and implemented for URC personnel and the MOH**

This outcome was complied in 100%; we were able to provide training to more Health Personnel than scheduled, responding to MOH's demand in FP consultancy areas.

During this year, we formed 30 primary facilitators from different hospitals nationwide on FP counseling, and we carried out replications of same, being able to provide training to 503 health workers including physicians and nurses.



Personnel from health care centers being trained on FP counseling

We trained a total of 1919 health promoters nationwide, on topics related to FP consultancy exceeding the forecast, thus strengthening community services improving access and quality to those services.

### **3. Health care centers in areas supported by USAID have evidence of compliance with the legal framework and its principles**

This Outcome has been complied in 80%, carrying out the monitoring of Tiahr Law compliance nationwide in different health care centers (Hospitals and Health Care Units).

#### **4.1.2 Challenges found and solutions proposed:**

##### **Challenges:**

We still have the problem of coordinating agendas with the counterparts. The coordinator of the FP Component is also in charge of coordinating other projects.

##### **Solutions:**

Integrate contents and activities pursuant to availability of the counterparts.  
Share initiatives with other agencies invited by MOH.

#### **Activities Scheduled for the next quarter:**

- Development of Modules I and II of the Course on Program Management for FP referring personnel nationwide.
- Printing the FP guides for promoters and midwives.
- Workshop to share successful FP experiences.
- Annual evaluation of the FP Program nationwide.
- Outline and Validation of the FP Counseling Guide for young promoters.
- Training Workshops for young promoters primary facilitators on FP counseling
- Printing of FP Counseling Guide for young promoters.

## **4.2. MOTHER-CHILD HEALTH COMPONENT**

### **4.2.1. Progress Achieved, Maternal Health Care:**

#### **Progress by outcomes**

##### **Outcome 3.3.0.2. Perinatal Information System Developed Nationwide.**

The activities under this Outcome have been accomplished in 60%, as of the date of this Report.

The Technical Guide for the SIP use and analysis has been completed, which content has been prepared along with the Integral Health Care unit for women and children. We took advantage of this opportunity to update the new version that CLAP has launched in the third quarter of 2008, which offers more advantages than the previous one, for both data-entry clerks at the hospital and in the information analysis process.

The maternal component supported the children component training to 35 pediatricians and/or neonatologist in PIS usage skills and analysis and the joint work has been intensified in hospital and during the regional evaluation of those Programs.

This year, the evaluation methodology changed, and the maternal program was analyzed based on perinatal outcomes, particularly RCIU detection, death certificates, neonatal Resuscitation, and the like.

Among the effects produced by this outcome is having more joint effort by obstetricians and pediatricians and/or neonatologist at hospital level; hospitals are using SIP to analyze the offer and application of the maternal program standard and newborn assistance. As examples of improved situations with the use of SIP since April 2007, upon the first annual evaluation the use of oxytocin increase in almost all hospitals, as part of MATEP, steroids for APP and counseling in post obstetric event. On the other hand, trends to evaluate the effect prenatal approach have been made using SIP data from all hospitals involved in the pilot plan. Likewise, the period to introduce the Perinatal Control Sheets in the database has dropped from three months to three weeks delay and all hospitals have their databases analyzed by obstetricians, for quality control.

**Outcome 3.3.0.3. National Surveillance System of Maternal Mortality operating according to MOH guidelines.**

There has been 80% achievement in this Outcome with financing from this project. We have trained 85 attendees in the use of the critical link technique. We have been supported city hall personnel for a proper filling out of the death certificate sheet, origin of the basic cause of death, training 62 attendees. The quarterly evaluation meetings had financing from other cooperation agencies that is why not all of them were reported in this project.

The strategy applied this year, in implementing the outcome, was the institutionalization of the committee performance by the regions, so we supported quarterly meetings, for an exchange with other hospitals and the extended committees operating in the regions.

We have contributed with this Outcome as follows: i.) the surveillance committees, in the three MOH organization levels, are systematically using the Technical Guide for Surveillance instructions and ii.) each maternal death in any of the 5 Health Regions is analyzed with the instruments of such guide. The other Component of the guide, the survey of deaths of 10–54 year old women, because Epidemiology –the one responsible for it– has not completed the national database consolidation.

**Outcome 3.3.0.4. Maternal Perinatal Committees monitor at a national level implementing quality assurance programs and ensuring the liaison between Hospitals and Healthcare Units**

This Outcome is integrated with Outcome 3.3.0.3 and 3.3.0.6, because committee members take part in the Maternal Mortality Surveillance System and the quality committees.

**Outcome 3.3.0.6. A quality assurance program operating in up to 69 municipalities supported by USAID.**

This Outcome has attained a 90% progress. National Quality Forum was held –the forth since this type of updating on quality- related topics and sharing of experiences was established; we supported talks by two international consultants and two simultaneous workshops on patient safety and the importance of quality Standards.

To promote the process of Continuous Quality Improvement (MCC), the MOH defined a structure based on Regional and Hospital Quality Committees, in support to the National Quality Committee (CNC). The latter coordinated the work of the committees and the Integral Assistance Units for Women and Children Health, defining the methodology based on standards and criteria to evaluate them. This methodology was incorporated in the Technical Guide prepared to regulate the application of MCC throughout the process of assistance and we introduced a chapter describing Rapid Cycles and planning of actions based on three fundamental questions, and another chapter for the application of these cycles in process of assistance which comprise this project's components, namely, FP, prenatal, delivery, puerperium, handling complications, and newborn. These are part of the Essential Obstetrics and Neonate Care System besides FP (SI-CONE-FP).

The elements of the guide were submitted to the General Health Directorate (DGS) and regional directors, who endorsed it and selected 12 of the 28 maternity wards to apply them, adding 9 hospitals to the number initially proposed. Each region selected at least 2 of its hospitals and 3 hospitals that are under reconstruction were included (Hospital Nacional de Maternity wards, Hospital Nacional de San Juan de Dios from San Miguel, Hospital Nacional de Usulután and Hospital Nacional de Santa Tecla). The latter do not have, to this date, any plan in operation, which would likely limit the scope of this outcome. We held 4 exchange meetings with higher levels, Regions, and personnel from selected hospitals; we were able to validate criteria and instruments to evaluate 17 standards.

We carried out two training modules for regional personnel and hospitals, on the use of standard evaluation instruments and drafting improvement projects. One hundred officers attended.

We carried out a self evaluation to develop a baseline of 17 standards, through screening of medical records of users who have consulted in the last three months of 2007. The results of this baseline has been Systematized in the document "Baseline Executive Report of Quality Standards in SI-CONE-FP". The most relevant aspects the baseline showed were the following: compliance with standards did not reach 100% in all hospitals, an evidence that the MOH standard is not applied; the standard with lowest compliance is FP; only one hospital scored in the use of partogram and none proved that decisions were based on proper analysis and interpretation of progress in delivery labor; a sub-registry was found in the case of obstetric Hemorrhages, according to analysis of obstetricians they were due to wrongly defined cases; standard criteria for newborn assistance were not fully applied, particularly at the time of release from the hospital.

We carried out monitoring visits to 12 hospitals during the development of the baseline and drafting of improvement projects, by the Regional quality committee of and CNC coordinator. The rest of members of this Committee did not participate in this stage because they were busy in other activities.

There were two activities that were not developed, training with Module III which will be executed in early November 2008, and international consultancy. The latter was declined by MOH since they believed such activities may be carried out in coordination with CNC.

This Outcome resulted in the better use of self evaluation favoring local committees to appropriate outcomes, they also achieved a better understanding of MCC's objectives, specially its seeking feasible improvements, at a short and mid- terms. Additionally, the implementation process enabled them to see the importance of monitoring daily activities. This function had not been developed by service heads or residents in charge of a shift. There were 32 improvement projects in execution and 38 immediate corrective improvement measures in all hospitals. Some outstanding standards in this improvement are: subsequent FP control, use of the partogram, handling Hemorrhages and

evaluation of newborn release. The higher level stresses that quality issues determine the operation of a hospital and they have allowed DGS officials to interact at three levels of provision and with those in charge of a program, improving coordination at such level.

### **Outcome 3.3.2.1. Quality Standards for Prenatal, Obstetric, Neonatal and Puerperium Care**

It is explained in the previous outcome

### **Outcome 3.3.2.2 Delivery of prenatal assistance according to quality Standards.**

This Outcome is associated with outcomes 3.3.0.6 and 3.3.2.3.

### **Outcome 3.3.2.3. Five prenatal controls completed in prenatal wards in up to 69 municipalities**

This Outcome has been complied in 80%. Since the last quarter of 2007 until June 2008 we implemented (as a field test) the Technical Guide for Prenatal Approach, this guide has not been subject to review by regulating authorities yet, we are expecting the results from testing. There were 16 participating municipalities, located in 3 of the 8 SIBASI's that belong to the project. This approach promotes a basic prenatal, for those users that, even though they might have complications, may be handled by the general physician but the special prenatal to be handled by specialists. The type of prenatal is established by the results from the screening sheet in all consultations. This is useful to detect the presence complications or risk factors that may affect the health of the mothers or the perinatal. This approach promotes educational aspects in 5 consultations established on specific weeks of pregnancy. Since some of the perinatal death cases occur to products that have good weight between the week 38–41 of pregnancy, they have promoted the user's visit to the hospital for basic prenatal to be scheduled for the 38 week in order to detect any perinatal risk.

We carried out monitoring visits and evaluation meetings with all 3 SIBASI's involved in this experience.

We carried out four follow up meetings at 12 hospitals, including maternity wards at the Hospital Nacional de Maternidad to follow up referrals and returns.

There are two activities to be carried: dissemination meeting of the nationwide experience, printing of a prenatal guide whose adjustment depends on the conclusions from the national meeting. We partially complied with the follow-up meetings for referrals and returns; it is noteworthy that at a Regional Level we have restarted said meetings.

For the first time, MOH has an operation guide to assist prenatal. All centers had all the necessary supplies to assist pregnant women, such as reactive strips to detect symptomatic bacteriurias, hemoglucotest testing, pregnancy tests, stationary to fill out medical records, including the referral and returns sheet and the maternal carnet. The final evaluation of impact has been moved to the last quarter of 2008. Comments from suppliers of this approach highlight the fact that more emphasis is given to seek social and psychological risks which may have promoted pregnant teenagers attending consultation, suicidal potentials have been detected, this was not the case in the past. Those SIBASI's with a strict follow up of the 38 weeks did not have any case of perinatal mortality. There are eight skills to be developed by MOH's personnel in prenatal assistance.

There are two constraints for this approach, one is the time dedicated by nurses and doctors for the user, which is increased to 45 minutes. This time includes filling out the instrument, preparation of

the user; all information System s and evaluation of performance from the MOH is based on a 15-minute assistance. The second constraint refers to the weight of cultural factors of women regarding pregnancy and the approach is limited by the education and accountability of the patients. To solve this, it is necessary to increase participation of the Community and the adjustment to culture in this type of initiatives.

#### **Outcome 3.3.2.4: Assistance of delivery by qualified personnel**

The activities of this Outcome support two initiatives: the Strengthening skills of providers and the Delivery Plan strategy. Concerning strengthening of skills the activities were complied in 90%. Activities supporting the Delivery Plan were complied in 50%.

Every region has a Training Center, to develop skills workshops; they are located at all regional headquarters, excepting the Central Region which is annexed to the hospital. The premises have been remodeled in the Western, Metropolitan and Eastern Regions with support from the project, upon request by the regional directorates. The Minister of Health attended the opening of the Western Region center.

We have trained 35 regional facilitators, an average of 2 professionals from 14 of the 28 hospitals. With the participation of 18 higher level teachers, URC, Zacatecoluca, Nueva Concepción and Sonsonate hospitals. Has been drafted the Obstetric Centers Operation Guide and having the dossier of technical materials and the evidences updated, according to the skills. Regional replications are to be carried out in the following quarter. Additional mannequins for every center are pending delivery, but their purchase has already been processed abroad.

The effects produced by Regional Training Centers include mainly the close coordination among women-children assistance units, the nursing unit and technicians from Mother-children component and particularly from hospital borne infections. This integration expanded the skills from the 11 originally opened to a total of 32. This training strategy is novel and allows regions to access hospitals and also participants have homologated procedures for every skill.

Concerning strengthening of the Delivery Plan, evaluation of the strategy was extended, starting September the meetings coordinated by the Regulation Directorate to update the Technical Guide to implement Delivery Plan, in which we intend to emphasize community focus rather than the institutional focus as it is currently done. Validation of the guide is carried out with an ad-hoc group of 8-10 persons. Conclusion of the first draft has been scheduled for the following quarter; therefore, dissemination activities for the guide have been re-scheduled to be carried out in the first quarter of 2009.

#### **Outcome 3.3.2.5 Postpartum Care**

This Outcome is related to 3.3.0.1 which has incorporated activities related with the promoter and with Outcome 3.3.0.6. and 3.3.2.3. A first draft of a Postnatal Guide has been written, it has been reviewed by the Integral Women Care Unit, pending analysis by the ad-hoc group which also updated the Assistance Guides.

#### **4.2.2 Challenges found and solutions proposed:**

##### **Challenges:**

We still have the problem of coordinating agendas with the counterparts. It is noteworthy that also the Women Unit of this project coordinates actions in intra-family violence, detection and management of Cervical Uterine Cancer, and menopause assistance. In this period, we followed up on Individual, Family and Community Strategy and support from other cooperation agencies which also follow up the topic is provided. This situation has prevented activities to be carried out as scheduled in the in Work Plan.

**Solutions:**

- Integrate contents and activities pursuant to counterpart's availability.
- Share initiatives with other agencies invited by MOH.

**Activities for the following quarter:**

- One session per region (5) of SIP biannual evaluation.
- two monitoring visits to regional hospitals supporting Maternal Programs and Health Regions.
- Five two-day meetings to write clinical research protocols using medicine based on evidence.
- Three meetings on Perinatal Maternal Health Care with the national surveillance commission
- One quarterly evaluation meeting of the perinatal maternal mortality prevention Program, regional coordinators and national coordinator.
- Printing of 1000 MCC generic guide.
- 1 nationwide sessions and 1 session per region (5) to provide training on MCC module III
- Three planning sessions for the 2009 forum
- Six meetings to make adjustments based on experience the application guide for the new prenatal, delivery and puerperium approach
- Four meetings for preparation and Systematization to implement the new prenatal assistance model.
- One technical meeting with those in charge of hospital gynecology and neonatology of reference and returns.
- Printing 700 guides and 300 dossiers on obstetric skills
- Six meetings to update and validate the new Delivery Plan Manual
- Reception and distribution of dummies for Regional Centers of skills.

**4.2.3. Progress Achieved, Child Care:**

**Progress by outcomes**

**Outcome 3.3.1.2. A Perinatal Information System developed nationwide to consolidate the information gathered from the 28 maternity units, for its analysis and decision-making techniques**

Strengthen the suitable use of the Perinatal Information System (SIP) as a tool to improve decision-making techniques in Maternal -perinatal Health Care

In order to strengthen participation of pediatricians from 28 maternity wards in SIP handling and use of their information for decision-making, we carried out 2 SIP training sessions with 30 pediatricians from various parts of the country. These we carried out in coordination with the Maternal component. Likewise, se took part in the review and update of the SIP manual; this included the use of the new sheet, the review of indicators and the evaluation methodology.

After that, we carried out two dissemination sessions for gynecologists and pediatricians for the new SIP manual, and training in the use of the new sheet.

We also carried out two joint evaluations of the Maternal Program and the Neonatal Health Component of the Children Program through the SIP, a total of 6 work sessions to evaluate 28 maternity wards and the Children hospital Benjamín Bloom. The most relevant data of these reflected that there is doubt on the definitions and concepts to register SIP data, most children dead at birth are full time deliveries, these children had good weight and mothers received the complete prenatal control; premature birth and the BPN have a high incidence and it is still associated with a lack of prenatal control. Also, in some hospitals the second cause of cesarean is fetal suffering and deaths are associated to extreme premature birth and congenital malformations. It is noteworthy that in the second joint evaluation they observed a definite improvement concerning filling out data and an improved involvement of pediatricians from different hospitals. It is also evident that most hospitals are using Steroid Shots for Fetal Lung Maturity and are applying MATEP.

**Outcome 3.3.2.1. Established quality standards, for prenatal obstetric, neonatal and post delivery assistance, emphasizing a friendly service especially for teenage users.**

Strengthening of skills for Neonatal Resuscitation

We held 3 meetings with the Resuscitation and Neonatal transportation Committee, which has allowed for a follow up commitments with these two strategies. We disclosed new guidelines for NRP and STABLE courses, delivered in the USA. We also reviewed the progress of training courses nationwide, the need to prepare new tests for the courses, and development of a design for the new training outline for STABLE.

We also developed a total of 22 training courses on NRP with hospitals from the Metropolitan and Western Health Regions (a total of 9 hospitals), training to total of 493 physicians and nurses. However, and despite the absolute number of asphyxia cases has been reduced, asphyxia lethality rate has increased. A joint activity with the Maternal Program for the analysis of nationwide data on asphyxia and decision –making that may lead to improve this situation has been scheduled for October.

We supported the international formation course of NRP instructors, providing training to 12 instructors from 4 Central American countries.

Strengthening personnel conditions and skills for stabilization and transportation of the critical newborn (STABLE)

We carried out the update and recertification of STABLE instructors by AAP in Florida, USA. Three national STABLE coordinators were recertified. As a result, El Salvador was designated the only country in Latin America certified to form STABLE instructors, therefore, any country wishing to form such instructors must do so in out country or hire one of our employees to provide such training in their corresponding countries. The most important achievement has been having been able to install and institutionalize this capacity in the Salvadoran MOH.

After such recertification, 25 STABLE instructor manuals were negotiated, purchased and distributed. We developed a course for leading instructors, following the new STABLE training outline, 25 leading instructors will be formed 50 supporting instructors were strengthened.

After this activity, we begin courses at hospital level and some at the regions. We have developed 21 courses and trained 591 professional physicians and nurses. There is an important percentage of failure in the nursing area; therefore, supporting instructors must strengthen the skills of such personnel concerning follow up activities at the hospital.

Improving the Quality of Care for High Risk Newborns (premature)

Because premature birth remains the first of cause of neonatal and children death in El Salvador, MOH decided to implement an intervention to follow up a premature babies released from neonatal care units from national hospitals. In this period we have been able to complete, approve and officialized the technical guide: "Technical Guidelines to Follow-up Premature Babies under 2,000 grams at birth." We drafted the different instruments that will support implementation of said intervention. The reproduction, distribution and launching of the guide is pending for the next term.

Also with the team support that USAID provided to Zacatecoluca hospital, in the Paracentral Health Region, said hospital was enabled to admit premature babies.

We carried out a training workshop delivered by specialists addressed to pediatricians who will implement the Follow up Guide for Premature babies at the 28 maternity wards. The topics covered were concerning ophthalmologic, neurological, audiological and early stimulation follow up. We also worked in the coordination process to expedite referrals and returns. Training was provided to 40 physicians and nurses from regional, SIBASI and hospitals levels.

**Outcome 3.3.2.2. Delivery of prenatal, obstetrics, neonatal and post delivery care, pursuant to the quality standards in the 28 maternity wards and up to 69 municipalities supported by USAID.**

Strengthening and standardizing newborn care

The Neonatal Resuscitation Committee decided to review and update the “Clinical Guidelines to Newborn Care with Pathology” to improve quality of assistance for newborn babies, these were drafted in 2002. We also organized a review committee formed by representatives from different MOH hospitals, as well as from the Neonatology Association and ISSS. This Committee also decided to include the same document the Technical Guide for healthy child assistance that starts from birth. Therefore, the update will be entitled “Clinical Guide to Newborn Care” at this time, we have reviewed 50% of the document.

We identified the need to have instruments that will standardize and facilitate activities to monitor the quality of assistance for the newborn in this same Outcome. So the we prepared the following one-sheet instruments: neonatal clinical records at birth, evaluation of the quality assistance for newborn at birth, evaluation newborn release, evaluation of newborn transportation conditions, control file card of the child with a background of premature birth and updated the one used for surveillance of perinatal, neonatal, infant and children mortality. AT this time they are being printed.

We supported MOH in implementing the Newborn Screening Program financing in this term 16 training workshops, training 666 nurses from the Health Care Units nationwide. At this time, we have taken 12,500 samples; out of which 4 have resulted positive. Newborns are tested within the first 28 days from birth.

During this period and through monitoring we found the need to remodel the area destined for neonatal assistance, because it did not meet the necessary minimum conditions for quality assistance because there was free access. Consequently, no one wore hospital gown, there were no sinks for suitable cleaning before physical examination of newborns, there was no tile on the floor, which prevented proper cleaning and the area was too hot. During this visit we held a meeting with the Hospital Director and their neonatologist, and we provided all the necessary recommendations. We were pleased to visit the hospital in October 2007 to accompany the opening of the fully remodeled and fitted area for Newborn Care. This is operating well and they are expecting conclusion of the new hospital.

We carried out 10 monitoring visits to equal number of hospitals in order to measure efficiency conditions of newborn care and review application of the Clinical Guide to Newborn with Pathology, providing the corresponding recommendations for some cases. But, in general personnel is willing to abide by the recommendations provided by MOH’s Higher level.

**Outcome 3.3.3.3. All children under 2 years of age, breastfeeding women –specially teenage mothers–from the 69 municipalities supported by USAID are being monitored once a month regarding their nutrition and growth status, with the suitable equipment, and with the AIEPI-AIN strategy.**

#### Strengthening Health Personnel skills to provide assistance to children under 5

As a result from the participation in Neonatology Congress held in Guatemala in the first quarter of the fiscal year, we saw the need to validate the material of the neonatal topic in the Assistance Guide For Children Under 5 and the corresponding table of skills, because the national content was more advanced than the one submitted by PAHO in the Congress, (for example, to calculate the gestational age whenever necessary, the Congress proposed the use of the Capurro method and in El Salvador we have included Ballard Method). Attendees in the validation workshop decided to keep the progress proposed in the local materials.

We formed local facilitators in skills tables of the Assistance Guide for children under 5; we developed 4 courses to form 166 local facilitators to provide training to local levels in the Guide of Integral Care for Children. After that, we have been developing well organized and planned training courses with local levels, which will be specified in the corresponding Regional Reports of facilitators.

We carried out six workshops of the National AIEPI Committee with Health Regions to plan and organize several extension training courses on the Guide of Integral Care for Children Under 5; these provided facilitation techniques for each of the six skills tables comprised in the training.

We developed a course on formation of facilitators with 6 universities which have a Medical Schools in the country, providing training to 50 teachers who will deliver the course to medicine students in their internship during their rotation of Public Health.

We also developed 6 sessions on feedback of outcomes to monitor efficiency conditions in USAID priority SIBASI's. Making use of the instrument to monitor efficiency conditions of child care, it measures certification of human resources and the application of the regulation, existence of basic input for assistance, management of the head offices, operation of premises destined for oral rehydration and respiratory therapy and it reviews clinical medical records, and everything related to assistance provided to children under 5 and rates health care centers, pursuant to the number of positive indicators as: efficient, mildly efficient and inefficient. We also held a meeting with regional coordinators of the Children Program who presented the consolidated results on regional monitoring activities. The Paracentral and Eastern Regions are the ones with the highest monitoring rates. The Western Region has monitored only in half of the Health Care Units and in the Metropolitan region 60% of its Health Care Units. The outcomes showed that at least two monitoring visits have been made to 96 Health Care Units supported by the project. At this time, and according to the last evaluation there are 29 units rated as efficient, 57 mildly efficient and 10 rated inefficient. Recommendations to improve the rating in the following monitoring sessions are provided in every monitoring visit.

#### Improving the quality of child assistance

We carried out an evaluation session on infant mortality with the participation of 29 local hospitals, regional directors, from MOH and URC Infant Health Care Units. It was held in the Hospital Nacional Benjamin Bloom with 40 physicians. At that stage of the evaluation, as of June 30, the most relevant data showed a drop in the absolute number of neonatal deaths from 312 deaths in 2007 to 216 in 2008. Besides, asphyxia remained the sixth cause of death. However, premature birth remains the first cause of infant death, 87% of deaths occur in the first 7 days from birth. (Data according to MOH

SISMOB Information Unit). They committed to strengthen child assistance in their corresponding health centers.

We held a breakfast meeting to promote the initiative of draft a joint plan to reduce perinatal, neonatal, infant and child mortality from the outcomes of the next FESAL, for which we will provide follow up in the next quarter.

### **Infant Health Care Activities Related with Other Components**

We carried out the review and technical validation of all materials from the Infant Health Care Component comprised in IEC/CCC educational strategy. This was made along with MOH, making all the required technical remarks.

We took part in reviewing and determining indicators and standards that will be included in MCC process defining two for the neonatal health topic.

The worked along with the Maternal Health Care component on the new MATEP handling strategy, making the corresponding recommendations for the delayed umbilical cord clamping

We worked on the content related to newborn assistance at the time of the delivery, as well as the support reading material and the checklists to be included in the guide and dossier of the neonatal-obstetric and FP centers. We also supported training for national evaluators in newborn skills tables for neonatal-obstetric centers.

We worked with the Monitoring and Evaluation Component to review indicator information from establishments supported by the project.

We supported organization officially deliver the equipment and surgical medical supplies to MOH.

We supported Infection Prevention Component and MOH counterparts to promote execution of activities related to Neonatal Health Care: Baseline survey on neonatal mortality associated with hospital sepsis in 29 hospitals and Promotion and surveillance of clinical hand-washing in Neonatology Units personnel to prevent Hospital Infections. We applied the implementation mechanism of this last activity and delivered all the necessary material to start it. We have also participated in following up the survey on neonatal sepsis mortality.

We carried out two work meetings with local URC facilitators to disseminate the FODA of the Priority regions for the project, as well as findings of the visits carried out to different SIBASI's by JDG. Also we developed other points associated with Maternal Health Care Components, Monitoring of indicators, IEC, MCC and other general topics associated with performance of facilitators in their workplace.

We carried out meeting to present representatives from the Alliances Program concerning work procedures and the support provided by URC to MOH in Maternal Health Care – Neonatal Components. Concerning Alliances the following institutions were present: Glasswings, Ingenio el Ángel and Barra de Santiago Foundation. We took the opportunity to get to know a little of the work they carry out. Likewise, they coordinated with the Barra de Santiago Foundation to provide them with support in reviewing of the educational material they reproduced to provide support to breastfeeding promotion activities. Likewise, we made the presentation of the project to representatives from Save the Children. They also presented main actions that are carried out addressed to mothers and newborns. We also held a reviewing meeting of the educational material to be promoted by the Mc Donald's Foundation. Concerning coordination, we have held work meetings to follow up implementation of the initiative of public private alliances in some priority municipalities of the project.

We supported the participation of MOH personnel for the different medical activities to update: 6 participants in the Central American Neonatology Congress, held in Guatemala; 96 attendees to the National Physicians and Nurses Pediatric Congress held in El Salvador, 4 pediatricians in Ibero-American Congress of Neonatology, carried out in Argentina.

#### **4.2.4 Challenges found and solutions proposed:**

##### **Challenges:**

In general, very good progress was attained in complying with activities of the action plan. Likewise, we strengthened the actions of coordination with the rest of the Project's Components; however, some challenges found were the following:

- It was difficult to continue NRP and STABLE training because participants have carried out actions of fraud (cheating) in evaluations carried out during the courses.
- The guide of the non-prevailing illnesses of infants has not been implemented because it has not been approved by MOH's Regulation Directorate.
- Actions of incipient coordination between the different priority Programs and Components of the project (Child, maternal, Nutrition).

##### **Solutions:**

- We implemented the measures proposed by Local Coordinators Instructors of the strategies, as the training of one group of 18 STABLE leading instructors, who will be the only ones with access to the tests for the course. Also both strategies have been designed with different types of tests to make use of the various keys in the training courses. We also organized centralized courses (region wide) in order to have more control over the evaluation material.
- Follow up will be provided to incorporation of the recommendations provided by the Regulation Directorate in relation to program documents, specifically the guide of non-prevailing infant diseases, so that, when they are returned by the directorate with observations, they may be applied immediately.
- Continuously strengthen the continuous coordination actions, which we have started with various MOH agencies and their counterparts in the project.

##### **Activities Scheduled for the next quarter**

En general, the activities for the quarter October – December 2008 will be addressed to:

- Complete recertification courses on Neonatal Resuscitation with medical and nursing personnel still pending receiving it in the various hospitals nationwide.
- Continue with STABLE courses with medical and nursing personnel that are still pending in different hospitals nationwide.
- Continue the process of reviewing and updating of the Neonate Assistance Guide.

- Launch the initiative to follow up Premature babies and implement the same nationwide.
- Complete training courses on new Assistance Guide for children under 5.
- Follow up on approval of the Assistance Guide of non-prevailing infant diseases for their printing and distribution.
- Continue with monitoring and supervision activities of the actions addressed to child assistance for children under 5 in the first, second community level.
- Develop the workshop to evaluate neonate, infant and child mortality with SIBASI and local levels I.
- Follow up on the initiative to work on a joint plan to reduce perinatal, neonatal, infant and child mortality.
- Support completion of printing materials for child care and distribute it.
- Carry out the drafting of the 2009 action plan.

#### **4.2.5. Progress Achieved, Community Health:**

##### **Intermediate outcome 3.3.(0).1. The Community Health Program is fully implemented in 72 municipalities:**

As of September 2008 coverage in municipalities supported with the Health Strengthening Project with Health promoters was 97% the only municipalities out of the 72 supported that remain without a Health Supporters are Suchitoto, Department (SIBASI) of Cuscatlán with a population of 24,786 inhabitants, with a rural population of 17,132 inhabitants, representing 69% of the total of the population; and San Francisco Lempa, jurisdiction of the department (SIBASI) of Chalatenango, with 862 inhibitors of which 264 live in rural area. Both estimates are according to the VI census population and housing 2007.

On the other hand, the imminent risk that some SIBASI municipalities from Chalatenango are left again without a health promoter still remains because the coverage extension project financing the hiring of the NGO to support MOH in that area will end in 2009. Among the municipalities supported by USAID that may be affected are: San Ignacio, La Palma, Citalá, Dulce Nombre de María, San Rafael, Santa Rita and La Reina.

Early in 2008, the community Health care Unit was provided technical support to draft the mid-term strategic plan, where family health care work and facilitating Supervision as key strategic lines for the development of Health Promoters work.



**Community Health Care Unit officers in Brainstorming during preparation of the Strategic plan for the community Health Program**

An important fact supporting the efforts of Family and Community Health program is that most of the 560 Health Promoters working in the rural communities from the municipalities supported by the project have been provided with backpacks tension meters, stethoscope, Salter scales, flashlights. Oral thermometers, and metric tapes, all of which will be very useful for their integral home visits to families under the responsibility. Such equipment is part of the supply amounting to 1.5 million dollars which includes vital equipment to provide quality Health Care at Health Care Units and Public Hospitals of the MOH network.

According to the plan along the fiscal year there were 24 regional sessions to monitor and evaluate the Community Health Program Action, 6 in each quarter, with an average participation of 180 community Health Officers and about 30 Regional Health Care Directorate Officers. In some Health Regions there was strong support for Health Promoters work by regional authorities than in others, coordination between Community Health Officers, Health and epidemiology provision services improved greatly at Regional and Local level which in turn made integrated analysis of information submitted during Community Health Evaluation easier and led to focus Health promoters action more effective. In one of the evaluation sessions JICA officers were present. They commended attendees because of the high level integral analysis of information and consequent measures to take and the corresponding measures to take as they were determined to improve aspects identified as insufficient or with poor performance.



**Promoter José Luis Rivera, on his way to Caserío Puertas Chachas, Cantón Tierra Blanca, Jiquilisco, Usulután; who received the equipment donated by USAID. Inside his backpack he carries a tension meter, stethoscope and other important utensils to make an integral home visit.**



**Specific Supervisor David de Jesús Jiménez, presenting the sector situation concerning the indicator of Puerperae and Newborns assisted in the first 24 hours after delivery.**



**Dr. Rómulo Vides, San Miguel SIBASI Coordinator actively supporting an evaluation of supporting Community health actions.**

Sessions to exchange experiences on the new supervision monitoring an evaluation model that have been scheduled were not carried out, although we did carry out field visits at Health Regions, with the purpose of helping and strengthening the technical and generic capacity in the frame of the new model of Facilitating Supervision. Compliance of the Community Health Program and the support Health promoters received by specific supervisors and physician directors from the Health Care Units was monitored in the field through these visits. The six (6) visits made during the period under evaluation, although limited, helped the MOH Central Level Team to identify opportunities to improve municipalities supported by the health strengthening projects in the departments of Usulután, San Miguel and Chalatenango. Among the opportunities to improve that have been identified are the lack of social workers and psychologists to provide support for family intervention plans required for this type of intervention. Also most of the Health promoters visited had worked outside the community, at least half of the labor days of the month, supporting mainly canine vaccination in the urban area as directed by Local Directors. The latter was more evident in the Eastern region where early this year a child under 10 died from rabies.



**Health Promoter Julio César Hernández, Cantón Lagunetas, Citalá, Chalatenango; in an integral home visit.**



**Health Promoter María Estebana Ramírez, Cantón la Labor, Ilobasco, Cabañas; during an integral home visit. She is a Former CAPS scholar.**

The greatest challenge is still convincing Health promoters to spend more time in promoting health in the rural communities assigned.

As part of the cooperation efforts to strengthen technical and operation aspects of Health promoters, there were two important consultancies this year. The first was intended to develop an evaluation model of health actions to favor community development. It lasted about labor days and its final product was a document that describes the necessary steps to make community diagnosis prioritized problems, prepare community intervention plans on health and evaluate the development of community health at community level.



**Health Promoter Miguel Antonio Ascencio, Cantón the Cerrito, Nahuizalco, Sonsonate; is preparing a presentation to return the community diagnosis.**



**Town meeting in Cantón el Cerrito, Nahuizalco, Sonsonate; to match the return of the community diagnosis by the Health Promoter and the Health Committee.**

The purpose of the second consultancy was to update the initial formation plan of health promoters and it was completed in 70 business days. The final product consisted in two documents one containing the curriculum of the promoter's Technical formation Plan on Health that must be endorsed by the Middle and Higher Education Directorates of the ministry education and the other will be to develop the health promoter basic course which must be endorsed by the MOH Directorate regulation. During the process of consultancy there was a small situation diagnosis through focal groups in the communities assisted by Health promoters and in field visits. There were also Community Health personal consultation workshops and validation workshops of Health promoter formation plans. Both consultancies started with a 3 and 4 month delay, respectively, which delayed all those regional and central level activities that depended on having the materials produced in both consultation processes. The consultation practice to update the Health promoter management System started in the last quarter of the period. The process has been conducted by one of the technicians from the community Health care unit who has a degree in Health administration and management accompanied by the technical personnel appointed by the regulation directorate and the corresponding URC and technical advisor.



**Community Consultancy during the updating of the technical formation plan for the health promoter.**

By the end of September 2008, the progress of the consultation progress is almost 70% which has included testing data collecting instruments for the community diagnosis, and other record-keeping instruments related with Health Promoters tasks.



**Health Promoters, Specific and Region Department and Community Health, reviewing and analyzing the Health promoters and Management System.**

In the present fiscal year, the Facilitating Supervision Manual for Health care promoters was revised and updated, and new Specific Supervisors ended their training in model of Facilitating Supervision. With this new contingent of Community Health Supervisors, with a total that ascends to 170, has gotten to an average of 15 Health Promoters per supervisor. The only problem is that no one has been able to solve the labor situation they are in, because they have not been able to be re-classified therefore, most of them still have a Health Promoter acting as Specific Supervisor. This brings instability to the structure, since they do not have the salary adjustment with the reclassification (necessary transportation, and food which is required for the new function) Health care employees express their wish to go back to working as Health promoters. For all the specific supervisors and the SIBASI and Regional Health Directors of the Central MOH level, the acquisition of identification vests process has started.

Every Specific Supervisor was provided with folders so they may maintain the copies of all the supervisions made. As a complement, each health care promoter received a folder to keep notes of their supervision sites.



**Specific Supervisor Santiago Alfaro, Health Unit del Cantón Sitio del Niño, la Libertad; receiving information and applying data quality control.**



**Health Promoter, Reyna Berfalia Sibrián, Cantón Cangrejera Norte; in a closely supervised Home visit.**

On the other hand, by the end of September 2008, Human Resources from the MOH received a validation for the Health Care promoter job profile, after almost 6 months of discussions with them to consider their opinion concerning the matter. They proposed, modifying the name of the document to: Manual of Technical Functions of the Health Promoter.

The monthly sessions were carried out with the Regional Supervisors to monitor and evaluate the national Community Health plan, programmed for the period evaluated which were conducted and supported by the higher level. There was a permanent assistance of about 14 people per month, amongst Community Health Supervisors and Community Health and Officers from MOH is community health care at Central level.

In the framework of strengthening the capacity of promoters to evaluate, classify and know-how to handle the cases contemplated in the community AIEPI procedures chart, 500 DVDs with AEPI educational material were printed out, that are now being distributed. This is intended for them to be useful as support material during the training sessions at the health establishments.

#### **4.2.6 Challenges found and Solutions proposed:**

##### **Challenges:**

In general, the Work Plan of task Order “B” for 2008 started its execution with almost a two month delay. Most activities scheduled in January and February were postponed and started to be carried out from March and April 2008. Practically almost all the activities had to be pushed until two months later.

The central level has produced a strong competition between the Family Health Care and Community Health concerning the time that some of the people involved from the Community Health Unit must spend in said “Program”. This means less man hour to dedicate to execute the Community Health Work Plan.

Some Support Units have taken too long to return their observations on the documents we have been working on jointly. This has been so in the case of the Health care promoter’s job profile, which is pending printing since the middle of 2007.

Convincing health promoters to spend more time in rural communities dedicated to health promotion.

Scheduling activities which depend on other acts to be carried out in the central level, which have not been carried out or that takes too long to accomplish, produces a domino effect on the rest of activities, resulting in an apparent inefficiency in other levels of operation (Regional Directorates).

The final phase of drafting a “regulating” document is in the hands of the delegate from the Regulation Directorate, who does not make a thorough review of the whole document, this leads to MOH’s approval of some documents that contain spelling errors, lack of coherence between objectives and contents, errors in the design and outline (none of the technicians from the Regulation Directorate is skillful in this field), and there are other errors. Once they are signed (approved) by the Minister they are “uploaded” to the MOH Web page and there is no possibility to correct them. One particular case is the Methodological Guide to draft integral intervention Health plans with Community Participation, we requested allocation of a delegate from the Regulation Directorate but he was never in the process. We were unable to print the document.

##### **Solutions**

To have a the activity plan ready for approval in December 2008, in order to make a smooth start in January, and prevent any delays that might be caused by the elections period (president elections are scheduled for January 2009) (Municipal January 18th 2009 and Presidential March 15th 2009).

Since there are 4 technicians and the Unit Head in the Community Health Unit, but their work is not distributed equally, the Head of the team decided, after a collective analysis of the situation (and taking advantage of one of the employee’s 3-month absence because he was outside the country) she re-distributed the workload. With this, they expect to improve working as a team and to attain better outcomes. It is also important to use the information they get from the interactive evaluation carried out by URC Chief of Party, to take note of the scarcity of resources suffered by the Family Health Care employees. This generates serious operation constraints to the plans and Programs.

We will keep on advocating rational use of community personnel at a central and regional level, especially through the results from the quarterly evaluations of the Community Health evaluations activities.

Almost 80% of the material drafted for the Document Guide to draft integral intervention plans with Community Participation was retaken to be incorporated in the Management System Manual for Health Care Promoters, for them to be able to use “sanitation micro-management” within the scope of their community, whose actions fully fit what was stated above.

**Key Activities for the following quarter (October-December 2008):**

- One motivation session and delivery of incentives to encourage health promoters and specific Community Health supervisors with the best performance during 2008.
- Printing the new job profile of the health care promoter, for which an authorization from Human Resources Unit and the Regulation Directorate was required, but this was informed until the end of September.
- One dissemination session in central level of the new health care promoter’s job profile.
- Printing the official document of the basic technical formation for Health promoters.
- Printing monitoring and evaluation instruments for the Community Health Program.
- sessions to exchange experiences on the new supervision, monitoring and evaluation model.

**Progress of Family Health Care.**

Main actions and activities carried out in this period according to the proposed 2008 Annual Plan, achievements (outcomes and impact).

**Outcome 3.3.0.1.7 Strengthen the regulation function at a higher level in relation with the Family Health Care Model.**

During the fiscal year, we carried out two Evaluation and Strengthening events for the Family Health Care Model. The first one, at the beginning of the year, was centralized with a limited participation of 45 attendees from various decision-making levels, including personnel from the local level. The second event, carried out at the end of September 2008, was decentralized, which generated better participation of technicians from all of decision-making and operative levels. One of the highlight elements was the lack of employees to implement the model, including materials as files and family fiches, as well as human resources.

We supported MOH carrying out a first printing of 40,000 Family dossiers and approximately 80,000 issues of family fiches, to support the process of implementing the Family Health Care Model in municipalities supported by USAID.

At the end of February 2008 we started a new negotiation to print another amount of dossiers and family fiches, based on the experience acquired during the pilot phase of implementation. The process of negotiation was interrupted and we started to review and update the material. This took six months. By August 2008, we finally had the proposal approved by the Chief of Party of the Family

Health Care. However, many opportunities for improvement were found after a thorough review, prior to re-starting the printing of materials— this interrupted the process once more.

We Immediately proceeded to remedy the details identified. After that all the printing process was normal again. This ended in the fourth quarter 2008. We carried out field visits to investigate how they handled and filed the family dossiers and medical documents associated with the activities carried out under Family Health Care Model.

We supported a technician from the MOH Information, Monitoring and Evaluation Unit, in drafting of a proposal practical for handling documents in local level. This proposal would be included afterwards in the Operation Guide of the Family Health Care Model.

We carried out all the sessions planned to shape the final document of the Family Health Care Model (Family Health Care Standards and Operation Guide), with the participation of personnel from various MOH levels, as well as other institutions involved in rendering health services, such as ISSS, Military Health Care and the Universities with the Faculty of Medicine.

After that, we carried out two sessions to validate Family Health Care Standards and the Operation Guide of the Family Health Care Model. In the particular case of the Operation Guide we made many observations to the document, several of which were undertaken.



Rosa de Quevedo, Technical Collaborator from the Information, monitoring and evaluation Unit of the MOH. During research on the flow and management of family dossiers, in a field visit to the Candelaria, Cuscatlán Health Unit.



Health care personnel from different disciplines, operational levels and MOH health regions, providing observations during a validation session for the Operational Guide of the Family Health Model.

Consultancy to support conclusion of official documents of the Family Health Care Model which was scheduled first and then later it was considered unnecessary, since the Ministry of Health had the required personnel to do this activity.

**Key Activities for the following quarter (October-December 2008):**

- Sessions to follow up experiences on the new Family Health Care Model.
- Printing of sets of official documents of the Family Health Care Model.
- Sessions of dissemination of Official Documents addressed to Directors, Program Heads and Support Units, Regional Office Directors and key personnel from Institutions and cooperation organizations.

**Challenges found and solutions proposed, Family Health Care:**

- Lack of budget to implement Family Health Care Model. No negotiations were made within the GOES to introduce the needs in the budget 2009Health, and conductors of the process are just expecting external cooperation.
- The lack of follow-up to family intervention plans of the local level, mainly from those that need support from specialist in social, emotional, and psychological support (social workers and psychologists).
- Advocate before the highest MOH levels, inclusion in the MOH – GOES budget of support needed by the model to be effectively implanted
- Advocate before the highest MOH levels, inclusion of support for the Family Health Care Model, at operational level, and the necessary personnel to cover psycho social pathologies which usually determines the family's level of functionality.

**Activities carried out in coordination with other Components and activities of coordination with other actors of the health sector.**

We established a limited level of coordination with UNICEF around the development and Printing the family dossiers and family fiches, since said Agency is supporting implementation of the model in 32 municipalities with extreme severe poverty, according to the poverty map of the government.

**Progress Achieved, Support to Monitoring and Evaluation activities.**

**Main actions and activities carried out in the period according to proposal for the 2008 Annual Plan, achievements (outcomes and impact).**

During the fiscal year, we carried out five training workshops for the effective and timely use of the interactive database from the MOH for decision-making at local level, addressed to key personnel from Integral Health Programs and Support Units from the central level, Regional Directorates and SIBASI from MOH, involving approximately 100 Health technicians. Some workshops were attended by the Planning Director from the MOH.

From these activities, at a Regional and SIBASI levels carried out an intense quality control work of the information, and according to the authorities of the Planning Directorate, this resulted in a

reduced amount of errors and more accountability and speed to incorporate the information in the Web page from the MOH in the following months.



**Health personnel, including Directors and Statistics Technicians from the operative levels and health regions from the MOH, actively using the information from the MOH webpage to structure charts y graphics of the outcomes from several health indicators during a workshop on the use of information for decision –making**

These outcomes were ratified during five follow up workshops to use Web page data and health information analysis. These events had the participation of Dra. Ena García, Planning Director, delegates from various Directorates (General, Planning and Regulation Directorates) of the MOH's Higher level; Regional Office Directors or their delegates; coordinators and personnel from the Monitoring and Evaluation Unit of SIBASI, as well as technical personnel from some health care centers and directors and technicians from all hospitals of the national network.

It is noteworthy that since the first workshop carried out in October 2007 to this date, there has been an improvement in the gathering and processing of data: directors from establishments have been more involved in reviewing the information and they have been consulting the MOH webpage more frequently to compare data. This has led to the opportune detection of some processing constraints. The information in the MOH Webpage now matches that from the establishment's databases.

However, several officials from the MOH pointed out—as one constraint for the use of information—the lack of computers and access to Internet in the Health Care Units; this is where most of the data is generated. This resulted in the Planning Directorate's commitment to carry out proceedings to procure said equipment.

Also, during the period evaluated and as commitments included in the contract with USAID, we held a meeting with the purpose of validating the quality and relevance of indicators of the PMP of USAID, associated with the MOH Health Strengthening project. Technicians from the Planning Directorate and MOH are General Directorate, and in particular, staff from the women assistance and children assistance Units took part in this activity. One added value of this activity is that since that activity,

technicians from the Planning Directorate prepared the realization of a similar activity to review all performance indicators from the MOH, also coordinating the support from the Task Order “A”.

Internally, URC Technical Assistance Group carried out an exercise of outcome evaluation for 72 municipalities originally included in the project, using indicators unique from the M&E plan approved by USAID. Data collection was carried out by Local URC facilitators. Upon reviewing the information, there are findings that call the attention from the group of technical advisors from URC: the larger number of curative assistances in against preventive ones and failures in handling the Information System. Therefore, it was agreed that outcomes be saved along with those from local authorities through local facilitators. The latter were asked to work more closely with health care centers and the community and that the information produced from local levels be reviewed and analyzed, and that final decision -making be base upon it.

The quarterly evaluation Session on Management Commitments and Prioritized Indicators was carried out in April 2008. It was attended by Directors from every Health Region and their technicians, who left evidence of their corresponding management commitments updated as of the evaluation date and they were committed to improve in those on which standards were not reached, searching for causes and carrying out the actions required in order to improve the indicators.

We started the process to carry out a survey on perception MOH workers have concerning the Health Information System, mainly concerning their use for decision-making. The protocol for the MOH’s Information, Monitoring and Evaluation Unit Head was presented for its corresponding approval at the end of September. However, drafting of the terms of reference started at the end of March. They were reviewed in the following months, and finally in June, after approval from all the parties involved, they open the process of bidding, and it was granted by the end of August.

Concerning Consultancy to write the monitoring and evaluation model for Provision of Health Services, with their corresponding instruments, this activity and all the succeeding ones will not be carried out anymore. The General Health Directorate has not shown interest in changing the current outcome evaluation model, even though when the current Work Plan was being conceived a more practical and simple model to be Systematized and structured, was considered relevant.

### **Key Activities for the following quarter.**

Sessions for evaluation and review of health information at a local to follow up the commitments acquired in the workshops held on June 2008.

### **Activities not Scheduled in the Task Order “B” 2008 Work Plan:**

Technical meetings to write a proposal of System follow up and evaluation of the health goals of El Salvador. (this activity is being supported upon request from the MOH Planning Directorate and in coordination with Dr. Alvaro López from ABT-Task Order “A” of the Health Strengthening Project )

### **Challenges found and solutions proposed, monitoring and evaluation:**

Making DGS technical personnel (related with the management commitments follow up) to take possession of the compromise to execute the activities Scheduled in the activity plan.

Getting an enhanced participation of URC technical advisors, heads of Programs of assistance to personas from the MOH (Components counterparts), Local URC facilitators and Directors from

Health centers, in follow up of indicators of management commitments (listing of indicators of the Project).

Advocate before the highest MOH levels, inclusion in MOH – GOES budget of the corresponding support that the model requires to be effectively implanted.

Support to Program heads a heads of assistance to persona and a director of locales Health establishments and their teams, to analyze results which may be collected quarterly from the Health Information System from the MOH for decision making before the evidence presented

### **4.3. NUTRITION COMPONENT**

#### **4.3.1 Progress achieved:**

##### **Progress by outcomes**

##### **Realizations and progress**

**Outcome 3.3.3.3. All children under 2 years of age, breastfeeding mothers, especially teenagers from the 69 municipalities supported by USAID, are being monitored once a month for their nutritional and growth status, with the use of the appropriate equipment, with the AIEPI-AIN strategy.**

##### **Strengthening of the strategy of Integral Care in Nutrition (AIN- C)**

We carried out 13 monitoring visits supporting the strategy, with the purpose of providing technical assistance to:

- 5 visits to train volunteer advisors from La Libertad SIBASI from the Municipalities of: San Pablo Tacachico, San Matías, SIBASI Chalatenango: municipality of Nueva Concepción, San Rafael and Dulce Nombre de María, Usulután SIBASI Ciudad El Triunfo;
- 2 visits to continuous educational meetings to AIN volunteer advisors in Health Care Unit from Jicalapa, La Libertad SIBASI, and Health Care Unit of San Pedro Chirilagua;
- 1 visit to one of AIN's monthly session, carried out in Canton Arenera, Municipality of Ilobasco;
- 3 monitoring visits to AIN strategy evaluation workshops with facilitators from different establishments of the following SIBASI's: Usulután, San Vicente, La Paz; Cuscatlán, and Cabañas and
- 2 support visits to Verapaz Health Care Unit to verify and collect AIN baseline information at Canton Jiboa.

We started the process of reviewing and updating the CVN manual, carrying out 5 meetings with the participation of 10 nutritionists. The purpose is to make it easier to focus on techniques on weighting, identification of the growth of children under 2 and consultancy to mothers on suitable nutrition practices. Likewise, we started and concluded the review and correction of the lists of young boys and girls and pregnant women which are used in the AIN strategy. These will be printed shortly.

We accompanied the AIN strategy quarterly evaluation meeting in Usulután SIBASI. This was attended by promoters and nurses from 14 Municipalities supported by USAID. We were able to identify some weaknesses of the strategy and guidelines were provided. Among the weaknesses found we could see that some materials were not available, therefore, we offered to expedite the process of their reproduction. However, children are attending the monthly meetings and there is good coordination among health promoters and their CVN.

We carried out two support meetings to review baseline data on AIN, specifically, we supported La Libertad SIBASI and San Vicente SIBASI.

##### **Other activities**

We carried out 21 evaluation meetings with nutritionists from the SIBASI's, Regions and hospitals nationwide with 61 attendees, progress of compliance with the plan was assessed and we also helped scheduling execution activities.

We supported and took part in the validation of instruments and statistical programs for the Nutrition Component.

We worked in 1 meeting with the 9 regional nutritionists to review the monitoring instruments from various activities of the Nutrition Component.

**Outcome 3.3.3.4.: less than 50% of women gain suitable weight during their pregnancy, according to MOH standards, in up to 69 municipalities supported by USAID.**

#### Review and Update the Salvadoran Family Nutrition Guide

We carried out 6 workshops for the review, validation and incorporation of observations for the Salvadoran Family Nutrition Guide. It was presented before the Regulation Directorate for their approval and officialization. It had been already reviewed by said directorate and returned to the Nutrition Unit with observations. We have also carried out 2 meetings to review and incorporate the observations made by the Regulation Directorate, 27 attendees, and nutritionists from the regional, SIBASI and Hospitals levels have participated in these activities.

The Nutrition Guide for Teenagers is already under printing.

#### Delivery of CRSN equipment

We carried out 4 update sessions with the CRSN nutrition promoters from all over the country, we had the participation of 150 ladies.

Nationwide strengthening with the purchase and allocation of furniture, kitchenware and stationary to 52 Rural Health and Nutrition Centers nationwide.

**Outcome 3.3.3.5. About 30% of children are breastfed exclusively until they are six months old, in up to 69 municipalities supported by USAID.**

We developed three workshops to review and update the questionnaire of the Monitoring System for Direct Breastfeeding Support (MADLAC), which were reduced from 65 to 43 questions. Then, we carried out validation of the questionnaire MADLAC in Hospital National Cojutepeque, with the participation of the Breastfeeding Committee of the Hospital.

Then, we supported the preparation of MADLAC database in the Epi Info 2000 Program. This was carried out jointly with the MOH's Epidemiology Unit. Afterwards, we carried out one meeting to review and incorporate the observations resulting from the validation of the MADLAC database made in Epi Info 2000. Therefore, to date the questionnaire has been finished, the database in new Epi Info 2000 Program has been drafted and the instructions to use the database in the new Program are being drafted. After this, we will print the questionnaire and training materials for attendees coming from all hospitals to disclose the new questionnaire and the use of the new database.

We completed 12 review sessions and consolidation of outcomes from the external evaluation visits to Health Care Units and Hospitals within the certification process of the USANYM strategy and recertification of hospitals as "Children Friendly". The total number of external evaluations carried out, including the ones from the previous quarter, 21 establishments: 3 hospitals and 18 Health Care

Units were certified in both initiatives; this was disclosed in the event to start the World Breastfeeding Week next July 28.

We accompanied 6 monitoring visits to implement USANYM at the Health Care Units: San Fernando, Tejutla and Concepción Quezaltepeque in Chalatenango; Jicalapa, Tamanique and Nuevo Cuscatlán in La Libertad, where the monitoring instrument is applied and the percentage of approval and verification is verified, as well as identification of weak points which must be strengthened and overcome to be ready for external evaluation.

We supported a meeting with physician directors from Health Care Units in the Central Region who were about to carry out external evaluation to be accredited as USANYM. They are to present self-evaluations carried out by each local breastfeeding and infant nutrition committee (35 attendees).

We developed a meeting to present outcomes from the IHAN self evaluation from Hospital of Ciudad Barrios, San Miguel SIBASI, prior to external evaluation to be recertified.

We developed two dissemination workshops of "USANYM Document Module III", concerning recommendations of mother-child nutrition, addressed to first level personnel.

Consultancy to support the Breastfeeding component, provided by the international consultant Licda. Ninoska Cruz, who provided support by training the second group of external evaluators, review and consultancy on evaluation of hospitals and Health Care Units with the IHAN and USANYM initiatives, review and update of external evaluation instruments used, both in hospitals and Health Care Units and general consultancy work for the Breastfeeding Component nutrition unit.

We carried out the second national workshop of external evaluators for a Child-friendly Hospital strategy (IHAN) and Mother Child-friendly Health Care Units (USANYM), where we trained 29 evaluators including general doctors, pediatricians, obstetricians, nurses, and nutritionists. This workshop was carried out as an international consultancy with which the project supported the MOH Nutrition unit.

We carried out the validation of external evaluation of the Child-friendly Hospital initiative (IHAN) in hospital Nueva Guadalupe, San Miguel. This was presided by consultant Lic. Ninoska Cruz, who had the opportunity to observe the evaluation carried out by external evaluators from the MOH, she also interviewed breastfeeding Committees and made observations to improve the methodology of evaluation and evaluators skills.

We carried out the reactivation of the National Breastfeeding Committee and Child Nutrition, CONALAMI, representatives from ISSS, CALMA, PAHO, Universidad Evangélica, USAID, MOH's Infant Health Care Units and Nutrition Unit and URC attended this event. MOH presented achievements reached as of that date in the breastfeeding component. Likewise, institutions in attendance made a brief summary of their achievements on the topic. A positive discussion on the topic of Law protection for breastfeeding. After that, as an outcome of this committee, in a CONALAMI follow up meeting, the Regulation Director presented observations provided in the Government's Cabinet Social Committee draft project for the Breastfeeding law, afterwards, they agreed to organize a group for the review and response to said observations. Afterwards there have been four meetings of said committee.

We supported celebration of the World Breastfeeding Week attended by 150 persons. This was used to disclose progress achieved in the field, carrying out the accreditation of 21 health care centers that reached the necessary rating from the external evaluation made by IHAN and USANYM.

We supported breastfeeding forums at the Metropolitan Health Regions, specifically at the breastfeeding forum, which had 60 attendees, including representatives from the San Salvador City Hall, UES, UEES and ISSS and a representative from the Western region with a total of 50 attendees.

**Outcome 3.3.3.6. Reduce Global Malnutrition Rate for Children Under 5, from 10.3% to 9%, in up to 69 Municipalities Supported by USAID.**

Implementing a Nutritional Surveillance System (SISVIN)

We were able to implement SISVIN by executing its first stage at SIBASI La Libertad. In order to reach this Outcome, technical assistance was provided to carry out the following activities throughout the year:

- Hold several meetings with MOH personnel from various levels in order to review, correct and validate the technical SISVIN.
- Review the SISVIN manual along with the Epidemiology Unit and carry out the recommendation from said Unit. Work on data collection instruments and determine the size of the sample to be taken at each municipality of two SIBASI's that would start implementing the System (La Libertad and Chalatenango). Support was also provided to standardize said SIBASI's.
- Hold several work meetings to disseminate and review the SISVIN to personnel from the Central Region and SIBASI in La Libertad and Chalatenango who will implement the System. This involved 50 technicians, and later it was disseminated to the other regions.
- Hold meetings to review the Nutritional Surveillance System (SISVIN) database built in the Web platform. It was designed by consultants hired by PMA.
- Monitor 15 SISVIN sessions on September 16 - 30 2008. Support monitoring of 9 Health Care Units, Health Care Centers, and 6 communities, finding that before next year's expansion they must strengthen personnel's skills for weighting and measuring, and check that the measuring equipment is in good working conditions.

Standardization of techniques to take anthropometric measurements

We supported standardization of the 25 nutritionists nationwide.

We concluded training 120 nurses from the Health Care Units in the Central Health Region where they will start implementing the Nutritional Surveillance System (SISVIN).

We supported the process of standardizing personnel who will take part in FESAL's survey.

Also, we trained a group of MOH's Epidemiology Unit physicians and supported 6 workshops on standardization to take the anthropometric measurements addressed to nurses from Health Care Units in the Metropolitan Health Region.

Update of Growth graphics for boys and girls under five (P/E)

We were able to incorporate new growth graphics in the country; these were prepared on the basis of new PAHO/WHO reference populations and incorporating two extra indicators, weight/size and size/age.

Training was provided to 35 facilitators in five workshops for nutritional status assessment using the new growth graphics.

We concluded, worked on, and printed the art work of the new growth graphics for young boys and girls under five. They are designed by age groups: 0 to 24 months old boys and girls, and 2 boys and girls under 5; issuing 400,000 copies of the graphics, these are to be used nationwide.

### Third Census of School Children Sizes

We printed the Final Report, trifold leaflets, posters with summarized information, promotional dossiers, and summary CD of the Third National Census on Size of School Children in First Grade in the country. The most relevant issue to highlight is that all this information shows that chronic malnutrition ration in El Salvador has been reduced in four basis points from 19% to 15%. It was also found that, approximately 23% of the 62 municipalities around the country show retardation in size belong to SIBASI's supported by URC. Therefore, interventions will be strengthened in those areas.

### Guide for Hospital Management of the Severely Malnourished Child

We developed 6 training workshops on the use of the guide to provide hospital assistance to boys and girls with severe malnutrition in the following centers: Saldaña, San Bartolo, Nueva Guadalupe, Santa Rosa de Lima, Nueva Concepción, and La Unión. Training was provided to 75 professional physicians and nurses from the pediatric service.

Training was provided to 30 facilitators concerning handling the Assistance Guide for boys and girls with severe malnutrition at the 9 hospitals of the Eastern Region.

### Update of micronutrient standards

We supported the update of 4 MOH employees concerning know-how and techniques for sampling and development of survey on vitamin A among children under five, carried out at INCAP, Guatemala. This will allow trained attendees to lead and provide support implementation of the survey on vitamin "A" among children under five, which was developed at El Salvador.

We carried out the workshop on feedback to all nutritionists and laboratory heads in the Regions and SIBASI on topics related to the development of the survey on vitamin "A" among children under five which was carried out in El Salvador. This survey covers the whole country it was developed after FESAL 2008.

We have been supporting the hiring of an international consultant to review and update the national standard on provision of micronutrients. However, up to this date the two professionals that have been invited to join the team have declined the invitation because they lack the time to provide said consultancy.

### **Activities related to Nutrition with other Components**

We held meetings with the MOH for technical review and validation of all Nutrition Component materials comprised in IEC/CCC educational strategy.

We supported 5 monitoring visits of the Child Care Program: Hospital de La Unión, Health Care Units from Estanzuelas, San Alejo, Santa Rosa de Lima, Nueva Granada.

Se took part in 2 meetings with the Child Assistance Unit to coordinate activities and evaluation of progress in activities and indicators of the Child Program.

Concerning Nutrition, 3 workshops were held at the Regional Offices of the strategy AIEPI as facilitators.

We supported monitoring and support for the workshop on the Children Assistance Guide that was delivered by Health Personnel promoted by the Paracentral region from the various establishments in such region.

#### **4.3.2 Challenges found and solutions proposed:**

##### **Challenges found**

Lack of stability in the period human resources from the MOH Nutrition Unit remain in office, makes it difficult to distribute duties from several strategies supported, it makes working with specific counterparts difficult, preventing progress of the activities.

##### **Solutions proposed**

Make efforts to extend our scope of work with Regional levels and/or of SIBASI to promote, mainly AIN strategy, continuity of application of the guide for hospital management of the Severely Malnourished Child, promote CRSN monitoring without neglecting the strategies being implemented at that time

##### **Activities Scheduled for the next quarter**

- Consolidate outcomes of the first stage of SISVIN.
- Define and try to carry out the consultancy to update the standard of micronutrients.
- Continue external evaluation of establishments with the IHAN and USANYM initiatives.
- Carry out the workshop on evaluation of the Nutrition Program and measure all outcomes of the year.
- Provide support to finish printing educational materials on nutrition, as well as the distribution of said materials.
- Follow up on the conclusion of the Nutrition guide of the Salvadoran Family.
- Complete printing the Nutrition guide for the teenagers.
- Complete and print the new MADLAC questionnaire.
- Continue with the expansion of the AIN strategy.

- Continue the review and update of the CVN manual and other instruments.
- Carry out the purchase of input of support for various interventions of the Nutrition Component.
- Carry out the drafting of the 2009 action plan.

#### **4.4 IEC/CCC COMMUNICATION FOR BEHAVIORAL CHANGE.**

##### **4.4.1 Progress achieved:**

##### **Progress by outcomes**

##### **Outcome 3.3.0.7. Communication strategy promoting code messages in Reproductive health care and child, created and implemented.**

At the beginning of the fiscal year of this report, a work session to disseminate guidelines to make the IEC/CCC educational strategy in the three Health Regions was developed; simultaneously, IEC plans to the epidemiological profile of every Health Care Unit were updated, there were 96 participants in said sessions.

There were 3 technical consultancy meetings by URC, with educators from the Metropolitan and Western Region. This resulted in 6 sessions to disseminate guidelines to make the National IEC/CCC strategy operative with emphasis on the Component of Hospital Infection Prevention and at the same time prepare IEC plans according with the epidemiological profile at nine hospitals with maternity wards (4 Metropolitan Regions and 5 Western Regions).

We must highlight that in order to make the National IEC/CCC Strategy operational, we appointed Promotion Health Referral personnel at 100% of the Health Units and Hospitals.

Also, in order to keep record ongoing educational interventions at the five components, we have prepared three statistical instruments; these keep track of activities in daily tabulators, monthly registries, and regional consolidation.

The information collected in these instruments will be useful as input to prepare the reports collected through IEMA.

Support was provided for the regional teams in planning and executing the Official recognition Session of Prevention Committees and Hospital Infection Control and updating the operation plan 2008 of the Western Regional Hospitals, and Health in the Paracentral Region. Also the Health Promotion function and figure in the hospital committees was made official in the activity.



We held a follow up meeting for the implementation of the national strategy of the IEC/CCC, with the Director of Health in the Metropolitan Region and the Coordinator of the Health Promotion Unit from the MOH. Bringing up the need to make an evaluation session to find out the level of improvement in the IEC/Hospital plans.

An evaluation session has been developed with the five health regions through which the application advancement was known of the National Strategy of the IEC. The Paracentral Health Region has developed their biannual evaluation, highlighting that the Family Health Model is in a favorable space for the application itself. Also the empowerment and support of the health promoters and the key conduct promotions is vital to cover more population.

We have carried out two follow up meetings with the educator for the health of the five regions, to check the level of progress in the execution of the plans of the regional and local IEC/CCC (Hospitals and Health Units) As a result of these events the need of concluding the Monitoring Guide was identified and the evaluation which will allow us to verify the compliance of the educational interventions and use the recollected information to redirect the activities.

### **MONITORING and EVALUATION in IEC/CCC**

For the central monitoring and evaluation axis the international consultancy was counted by Licda. Elena Hurtado from the URC/Guatemala project, to draft the Monitoring and Evaluation Guide of the National Strategy of IEC/CCC, through a workshop with 29 MOH technicians, having as the product the first draft of the guide. Continue preparing this document, two workshops will take place with more than 30 technicians from the different MOH levels.



This guide includes a monitoring instrument of the activities of the referring IEC/CCC local personnel, of the process and the implementation, guides for monitoring proper use and storage of educational material and implementing the educational interventions listed in local plans.

### **STRENGTHENING OF THE HEALTH PROMOTION MANAGEMENT**

We have developed 9 training sessions on Promoting Health and Educational Technology, to reinforce the technical capacity and ability for the development of educational activities according to local plans in the Eastern, Central, Paracentral, and Western regions with the participation of 260 Health Service Providers.

### **GRAPHIC EDUCATIONAL MATERIAL**

With the technical validation process of the educational material of five components, in this period we carried out the following meetings:

### **Technical validation**

1. 16 focal groups with 78 technicians from the MOH, with an average of seven attendees by group, this personnel corresponds to MOH's central, regional and SIBASI level.

### **Community validation**

2. We developed meetings with 33 focal groups for Community validation, with 14 rural communities groups and 19 urban premises and semi-urban areas groups.

The validated material included 71 graphic material pieces, 20 radio spots, 4 TV spots and 2 educational videos.

To know and analyze the conclusions of the general outcomes of the Community validation and technical, we held 9 meetings with the validation coordinator of MULTICOM/CELDAS. We also carried out 12 meetings with designers of the same company so they could explain the incorporation of changes of each of the graphic material, radio and television according to the technical and community validation. We also carried out 6 visits to monitor and verify the progress of the design of the educational material.

Later, the time invested by the two advisors from the IEC to review on the computer screen the incorporation of the changes on each graphic material of the five components to print the final art work, the time was spent as follows: FP Component 2 days, Maternal 3-day, Children 4 days, Nutrition 7 days and Hospital Infection Prevention 3 days.

In the design process of the materials 7 meetings were held with the coordinators of each component for the review and verification of the technical specifications of each of them (size, type of paper, colors, quantity, among others). Finally and before the final printing meetings were held again with the coordinators of each component, to request authorization signature of the final art for printing. At this time, we already have the terms of reference useful to contract a company to print five components of graphic material, which includes a chronogram to comply with the delivery of material which will be printed in order of priority.

**GRAPHIC EDUCATIONAL MATERIAL**

COMPONENT	TYPE OF MATERIAL						Total
	Flipchart	Reminder Sheet	Poster	Brochure	Leaflet	Set of Illustrations for counseling	
FP	1		6	9			16
Maternal	1	5	4	4		1	15
Child	1	7	5	4	1		18
Nutrition	2		6	4			12
Hospital Infection Prevention	2	1	4				7
<b>Total</b>	<b>7</b>	<b>13</b>	<b>25</b>	<b>21</b>	<b>1</b>	<b>1</b>	<b>68</b>

Two samples of art are listed at the end of educational material for every component.

**RADIO AND TELEVISION****“You and I Decide Responsibly”**

We prepared the Broadcast Program of key messages for radio and television; it is an important part of IEC/CCC planned interventions that compose the National Strategy. These key messages have two forms, and they encourage a change in the behavior of priority audiences. During the launch of Education Campaign **“You and I Decide Responsibly”** we have reference terms to hire the media.

We have 20 radio spots and 4 TV spots for the Educational Campaign. They will be advertised according to problem priority and topics of the component.

**FP Component**

**6 radio spots and 4 TV spots** addressed to primary audience “Men and Women during Reproductive Years”, specially teenagers.

1. **Radio Spot: 1** “Intergenic interval I”  
Audience: men and women during reproductive years
2. **Radio Spot: 2** “Intergenic interval II”  
Audience: teenagers
3. **Radio Spot: 3** “Postpartum abstinence”  
Audience: men
4. **Radio Spot: 4** “Intergenic interval”  
Audience: men
5. **Radio Spot: 5** “Delay Intercourse”  
Audience: teenagers.
6. **Radio Spot: 6** “Delay Intercourse”  
Audience: teenagers

### **TV spots**

1. **TV Spot** Delay Intercourse “Think Well”  
Audience: teenagers
2. **TV Spot** Teenage Pregnancy and their Consequences: “It is your decision...”  
Audience: teenagers
3. **TV Spot** Intergenic interval: Space and Harmony  
Audience: Population in Reproductive Years
4. **TV Spot** Responsible Paternity “Let’s Get Informed NOW...”  
Audience: teenagers

### **Maternal component**

**7 radio spots** addressed to primary Audience “Men and women during reproductive years, pregnant women, delivery and postpartum”, specially teenagers.

1. **Radio Spot:** “Attend prenatal control during all 38 weeks”  
Audience: pregnant women
2. **Radio Spot:** “Prenatal control benefits”  
Audience: Men.
3. **Radio Spot:** “Vaccination of pregnant woman”  
Audience: Pregnant women and their partners
4. **Radio Spot:** “Pregnant women complications”.  
Audience: Pregnant women and their partners
5. **Radio Spot:** “Postpartum complications”  
Audience: Postpartum women and their couple
6. **Radio Spot:** “Personal hygiene practices in pregnant woman”  
Audience: Pregnant women
7. **Radio Spot:** “Accompaniment of the partners or close family member to her prenatal control ”  
Audience: Pregnant women and their partners

### **Children Component**

**7 Radio spots** addressed to primary Audience “Parents and carers of children under five. Pregnant women who are breastfeeding, specially teenagers”.

1. **Radio Spot 1** “Early registration”  
Audience: Parents.
2. **Radio Spot 2.** “Newborn warning signs and search for timely assistance”.  
Audience: Parents.
3. **Radio Spot 3** “Prevailing illness warning signs: Pneumonia and search for timely assistance”  
Audience: Parents and carers of children under five.
4. **Radio Spot: 4** “Newborn basic care”  
Audience: Parents
5. **Radio Spot: 5** “Fluid and oral rehydration solution intake in children with diarrhea”  
Audience: Parents and carers of children under five
6. **Radio Spot: 6** “Hand-washing techniques”  
Audience: Parents and carers of children under five.
7. **Jingle radial: 7** “Household hygiene is a family responsibility”  
Audience: the family

## **Hospital Infection Prevention Component**

We created two educational videos for this component focused on hospital infection prevention and control. We will use them to train secondary audience: direct assistance personnel, support personnel and management personnel.

1. **Educational Video** “Use of suitable clothes in the operating room”
2. **Educational Video** “Cleaning and terminal disinfecting techniques in the surgical area”

### **Coordination activities with other Institutions:**

We coordinated and provided technical assistance to Asociación Barra de Santiago to review the educational material on breastfeeding with the support of the Children Coordinator and Nutrition Facilitator.

Coordination with Basic Technical Assistance, Children Management and URC to disseminate educational material of Hospital Infection Prevention Component, and define contents to draft a poster and acrylic signs with messages of neonatal sepsis prevention. We also visited Hospital San Rafael and Hospital Benjamín Bloom to identify suitable places to locate materials that will be designed.

An informative and awareness meeting on IEC/CCC national strategy was held in coordination with the Health Promotion Unit. It was addressed to Teachers from the Health Education Career in Universidad El Salvador. Teachers identified, within the National Strategy, a neatness and Systematized process of educational intervention that students (who are in their senior year in the school of medicine) may provide support to implement during their social service in the Ministry of Public Health and Social Welfare; they informed that IEC component is already part of the curriculum given to health education students. The strategy was identified as a way to make theory received during the academic process, operational.

### **Activities carried out in coordination with other Components**

We coordinated activities with Dr. Alelí del Cid to incorporate a management commitment in order to create a health promoter whose responsibility is drafting and implementing a promotion plan in coordination with local and hospital levels.

Coordination meetings were held with central level teams from the Ministry of Health of five Components and with URC total advisors of all Components for a technical review, validation and consultancy on technical doubts of different educational materials.

Strengthening and Official Recognition activities were executed in Hospital Infection Committees at the Western, Eastern and Paracentral Health Region through the signature of commitment contract from such committees. We also have the participation of the Health Promoter who is responsible of coordinating and supporting IEC/CCC interventions in Hospitals. During these official events, we worked with technical teams in charge of hospitals assigned by the regions, central level teams and URC Hospital Infection Prevention advisors.

We designed an institutional informative brochure along with the Directorate and teams from the five components, including the monitoring and evaluation team. This brochure explains URC Office performance as responsible of the Strengthening Health Project technical operation that the Ministry of Public Health and Social Welfare executes. We also designed two institutional banners.

These materials have been revised and authorized by USAID Office and they are now being printed.

#### **4.4.2 Challenges found and solutions proposed**

The main challenge this year was late delivery of graphic material from the five components in order to execute a technical validation. There was no incorporation in its entirety of community validation changes; therefore, they have to return the material to the company several times for their finishing it; consequently, technical validation process was postponed.

The number of meetings has increased to a large extent due to the quantity of educational material (70), thorough review, and quantity of defined changes within the technical validation; all this has extended the process.

With the purpose of reducing time in the incorporation of changes to graphic material, we technically supported designers to incorporate changes in many cases and to review the final art on screen before printing. It all has demanded more time with a total of 19 days. This work strategy enabled the end of final art which has been authorized by the Ministry of Public Health and Social Welfare component coordinators.

#### **Activities Scheduled for the next quarter**

- Hiring a printing shop to print graphic educational material for the five Components.
- Follow up and monitoring printing of educational materials.
- Official launching and delivery of educational materials.
- Distribution of graphic educational material of five Components.
- Delivery of didactic briefcases to referring personnel to support Health of Units and Hospitals.
- Follow up and accompaniment visits at a regional, SIBASI and local level to put into operation the National IEC/CCC strategy on the use and allocation of graphic educational material and didactic briefcases.
- Monitoring the use and location of filming equipment for the production and edition of audiovisual and radio educational material, to Health Promotion Unit.
- Define activities from the Component for the 2009 operation plan.
- Printing the Monitoring and Evaluation Guide of the National IEC/CCC strategy.
- Printing the Health promotion Standard.
- Biannual Evaluation Session of the National IEC/CCC strategy with the five Health Regions.

### **5. REVIEW AND ANALYSIS OF OUTCOMES. INTERMEDIATE OUTCOME 3.4. HIV/AIDS AND OTHER ILLNESSES CONTROLLED AND IMPACT MITIGATED**

#### **5.1. HOSPITAL INFECTION PREVENTION AND CONTROL COMPONENT**

##### **5.1.1 Progress achieved:**

- We have carried out theoretical-practical training sessions for operative Regional and local levels in prevention and control of maternal and neonate hospital infections. There were 752 attendees trained.

- Over 30 replications were carried out by local Infection Committees on contents related to trainings on Hospital Infection Prevention standards by trained personnel with an average of 20 attendees per session (representing so far a total of 1407 persons trained).
- Negotiation and provision of minimum input required for the maternal and neonatology units to improve their compliance with Hospital Infection Prevention measures consisting of antiseptic soap, 2,100 liter containers to store potable water, sterile gloves, masks, surgical brushes and iron brush holder and containers for cold sterilization, for about \$63,000.
- Dissemination of baseline concerning performance of Hospital Infection Committees in 28 MOH maternity wards.
- Preparation, delivery and dissemination of the baseline survey on flora and bacteria resistance in newborns in 20 MOH hospitals.
- Development of baseline on flora and antibiotic resistance in urine culture of fertile women from 20 MOH hospitals.
- Organization and officialization of 14 Hospital Infection Committees in the Western and Eastern Regions, over 140 members of the operational personnel officialized by MOH.
- Organization of Regional Committees for Hospital Infection prevention and control (epidemiology physicians, supervising nurses, and clinical laboratory staff).
- The first draft of the basic guide for the National System of Epidemiological Surveillance of Hospital Infections has been finished. This was prepared with the participation of: General Health Directorate, unit of epidemiology, Regulation Directorate, nursing unit, environment assistance unit, central laboratory and Hospital Nacional Rosales and children's hospital "Benjamín Bloom".
- Generation of quarterly reports on maternal- newborn Hospital Infections in 28 maternity wards from the MOH (infection in the surgical area of cesareans, omphalitis, post delivery endometritis and neonatal sepsis).
- Prepare of 3 drafts of information for the infections component bulletin concerning prioritized interventions based on baseline findings concerning performance of Infection Committees, officialization of Regional and Local Hospital Infection Committees and changes in the rates of the most frequent mother-child Hospital Infections.
- Purchase of bibliography-reference material on Hospital Infection Prevention for all Regional and Local Hospital Infection Committees and for the higher level.
- Consultancy to GAIN on the preparation of the final draft Guide for the prevention and treatment of neonatal sepsis.
- Cooperation with the Women Management and epidemiology unit in the drafting of guides of prevention of maternal infection (infection in the surgical area of cesareans and urinary tract infections related to foley catheter) and also of the monitoring and survey sheet of cases pending validation.

**Activities Integrated:**

**Maternal component:**

- Drafting educational material on asepsis and antisepsis for workshops addressed to facilitators of obstetric skills development centers.

**IEC /CCC Component**

- Joint work with the nursing, promotion and education unit, and epidemiology unit to review and validate educational material on Hospital Infection prevention and control.
- Officialization of referring personnel from the IEC/CCC strategy selected among members of Infection Committees.
- Technical support for suitable photographic material to write visual reminders on recommendations to be followed before entering neonatology units and steps for hand-washing techniques before entering the same.

**Child Component**

- Technical contribution to monitoring sheet for hand-washing techniques of neonatal hospital sepsis prevention project for 7 MOH hospitals.
- Support trainings delivered by the BASICS project personnel to neonatology units of 5 hospitals on hand hygiene and other measures of prevention of neonatal sepsis.
- Drafting of an educational video of 3 types of hand-washing techniques for the trainings of neonatology units delivered by GAIN and BASICS.
- Support 2 advocacy Sessions addressed to hospital directors and Regional Offices to present the project of hand-washing techniques in neonatology units for 7 MOH hospitals on prevention of neonatal hospital sepsis.
- Technical consultancy integrated with GAIN and epidemiology unit to the consultant in order to develop a baseline of neonatal mortality associated with hospital sepsis. This survey is in the phase of preliminary draft.

**Quality Component:**

- Joint drafting of training material addressed to members of Hospital Infection Committees to lead the Continuous Quality Improvement strategy of the local level.

**ADDITIONAL ACTIVITIES:**

- We completed the draft of the Guide for antibiotic prophylaxis in surgery.
- An EXCEL Program was made to keep a hospital monitoring of antibiotics.
- Financing for 100% of members of the Hospital Infections Committee coordinator level for the VII Infectology congress.

- Financing for the registration of 2 nurses from the National Hospital “Benjamín Bloom” for the Latin-American Congress of Hospital Infections in Santiago de Chile.
- Consultancy for the technical group drafting the National Standard of Biosafety Measures.

### **5.1.2 Challenges found and solutions proposed:**

#### **Challenges:**

- Incompatibility of agendas with the counterparts and local Committees.
- Irregular availability of our counterparts which has delayed compliance with of the goals Scheduled.
- The number of activities Scheduled exceeded the capacity of execution.
- Resignation or lack of training of trained personnel in some hospitals.
- We were not able to comply with the goals within the time provided to write the guide of the National Epidemiological System for Hospital Infection Surveillance because of incompatibility of agendas and failure to comply with the tasks assigned to some members.
- Multiplicity of our counterpart’s duties.
- Emergencies of epidemiological Task Order requiring the direct intervention of our counterparts.
- Lack of an entity at a higher level in charge of the national coordination of the surveillance, Hospital Infection prevention, and control.

#### **Solutions:**

- Drafting an agreed upon agenda that would lead to a better organization of the performance of the Scheduled tasks, which is to be respected by the immediate heads of our counterparts.
- Program quarterly information meetings among technical advisors and our counterparts and the corresponding headquarters to evaluate the plan’s progress.
- Interactive definition of priority activities for this component and guidance provide to programmers of the Work Plan to plan practicable activities.
- Increase the target group for training on Infection Prevention in order to have an increased number of attendees available.
- Prepare a regulation of the work for various groups which may include duties, punctuality and commitments, as well as deliver advanced drafts on topics relevant to members of these groups, whenever possible.
- Integration with the Monitoring and Evaluation Component of technical seniority to evaluate progress of the activities.

- Little may be done in cases of epidemiological emergencies because of their nature; therefore it is suggested to request, as far as possible, that the responsibility of our counterpart be shared so that it may participate to a larger extent in the joint activities of our Component.
- The national coordination of Hospital Infection prevention, surveillance, and control, being a sensible indicator of the quality of health care assistance must be considered in management commitments.

**Activities Scheduled for the next quarter**

- Consolidate Hospital Infection Prevention Committees in 28 hospitals with maternity wards.

**6. REVIEW AND ANALYSIS OF OUTCOMES. MONITORING AND EVALUATION COMPONENT.****6.1 Support to Health Regions and SIBASI'S'**

Local URC facilitators duties include support to monitoring activities of the regional and/or SIBASI level, this work has been developed effectively, as shown by the number of monitoring visits made. Jointly with technicians from these levels we carried out supervisions to health care centers with the purpose of determining application of the regulation of different MOH Programs supported by the project, also providing technical assistance to strengthen some weaknesses identified during the same. In such a way that, during the current year, a total of 419 visits were carried out. They were distributed as follows:

**Summary chart of the monitoring visits carried out by local URC facilitators to MOH's health care centers**

<b>SIBASI</b>	<b>No. of Supervisions</b>
Chalatenango SIBASI	70
La Libertad SIBASI	89
Cuscatlán SIBASI	82
San Vicente SIBASI	58
San Miguel SIBASI	63
Usulután SIBASI	57
<b>TOTAL</b>	<b>419</b>

Source: URC facilitators' Monthly and quarterly report

On the other hand, URC facilitators also supported a total of 767 training, planning and evaluation activities, involving 10,247 MOH officials. These activities correspond to various Projects' Components and are included in an action plan approved for 2008. The number of activities by SIBASI and the number of attendees are listed below:

**Summary chart of the trainings carried out and number of attendees by USAID priority SIBASI's with support from local URC facilitators**

<b>SIBASI</b>	<b>No. of training events</b>	<b>No. of Attendees</b>
Chalatenango SIBASI	135	3,496
La Libertad SIBASI	166	4,112
Cuscatlán SIBASI	93	796
San Vicente SIBASI	122	525
Usulután SIBASI	68	403
San Miguel SIBASI	183	915
<b>TOTAL</b>	<b>767</b>	<b>10,247</b>

Source: URC facilitators' Monthly and quarterly report

Detailed report by SIBASI of the main achievements of the period reported

## **CENTRAL HEALTH REGION**

### **SIBASI CHALATENANGO**

#### **MONITORING ACTIVITIES AT HEALTH CARE CENTERS**

We have performed the following monitoring visits during the year:

##### **Health Care Unit Arracaos (2 visits)**

They have the purpose to support FP consultancy activities and review Health Care Unit indicators.

##### **Health Care Unit El Paraíso (3 visits)**

The objective was to support continuous education sessions addressed to volunteer advisors on topics related to nutrition, FP consultancy activities, and review of Health Care Unit indicators.

##### **Health Care Unit Azacualpa (3 visits)**

They were carried out to support SIBASI team to review the health service production and monitoring (twice) efficiency conditions in child care. This health care unit was able to increase its efficiency percentage from 80% to 94.2%.

##### **Health Care Unit San Francisco Lempa (4 visits)**

They supported FP activities, monitored efficiency conditions, participated in one motivation session for breastfeeding, and reviewed Health Care Unit indicators.

##### **Health Care Unit Las Pilas (3 visits)**

They supported SIBASI team reviewing the health service production and monitoring (twice) efficiency conditions in child care.

##### **Health Care Unit of Nueva Concepción (4 visits)**

It supported the session of cytology, and the process of verbal autopsy in the case of one stillborn baby, to support SIBASI team in the review of the health service production, and monitoring efficiency conditions for child care.

##### **Hospital Nacional de Nueva Concepción (1 visit)**

The visit was carried out with FP advisor from URC to make a survey on FP informed consent. All reports have the informed consent sheet.

##### **Health Care Unit Potrero Sula (4 visits)**

They were carried out to support SIBASI team in the review of the health service production, monitoring efficiency conditions (twice) for child care and to support FP activities.

##### **Health Care Unit Citala (5 visits)**

They were carried out to support FP activities, to verify implementation of the new prenatal control approach, and monitor efficiency conditions (two visits) for child care and review indicators of the center.

**Health Care Unit Santa Rita (4 visits)**

Two 2 monitoring sessions of efficiency conditions concerning the treatment provided to children with Diarrhea and Pneumonia were carried out. We participated in continuous education sessions with volunteer nutrition advisors and reviewed indicators of the center.

**Health Care Unit Santa Rita (2 visits)**

We reviewed indicators of the center and monitored quality efficiency conditions, 95% reached the rate of “Efficient Health Care Unit”.

**Health Care Unit La Palma (4 visits)**

They were carried out to support the new prenatal control approach in two opportunities, in order to support FP consultancy activities, review indicators of the center, and participate in continuous education sessions with volunteer nutrition advisors.

**Health Care Unit Tejuela (6 visits)**

We carried out 2 monitoring sessions of the efficiency conditions in treatment provided to children with Diarrhea and Pneumonia, we accompanied and participated in continuous education sessions with volunteer nutrition advisors, we reviewed indicators of the center, and monitored health promoters' work, and we supported FP consultancy activities.

**Health Care Unit Concepción Quezaltepeque (4 visits)**

They were carried out to support SIBASI team in the review of the health service production, monitor efficiency conditions (twice) for child care and support FP activities

**Health Care Unit San Luis del Carmen (2 visits)**

The visit supported the IEC/CCC plans drafting of the health center and supported FP consultancy activities

**Health Care Unit La Reina (3 visits)**

We carried out 2 monitoring sessions of efficiency conditions in treatment provided to children with Diarrhea and Pneumonia, increasing their score from 89% to 91.4%. We also supported FP consultancy activities.

**Health Care Unit Agua Caliente (3 visits)**

We carried out 2 monitoring sessions of efficiency conditions in treatment provided to children with Diarrhea and Pneumonia, reaching a score of 97.3%. We also supported FP consultancy activities.

**Health Care Unit of San Rafael (3 visits)**

We carried out 2 monitoring sessions of efficiency conditions in treatment provided to children with Diarrhea and Pneumonia, reaching a score of 91.7%. WE also provided advice on established rules to draft and update the situation hall and evaluate compliance of the AIN strategy implementation.

**Health Care Unit Dulce Nombre de María (2 visits)**

They were carried out to support review and/or drafting of management commitments and indicators from the project “Health strengthening, we evaluated AIN strategy progress and provided consultancy on “situation hall”. Monitoring of efficiency conditions for child care achieved a score of 91.89%.

### **Health Care Unit San Ignacio (2 visits)**

The following findings were evidenced along with SIBASI Chalatenango Coordinator and Nursing personnel: Instrument to monitor efficiency -quality conditions: 97% "Efficient" Health Care Unit. We also provided advice on FP consultancy process.

### **Health Care Unit Chalatenango (1 visit)**

We monitored efficiency-quality conditions of assistance provided to children. The score was 86.4%.

### **Health Clinic El Astillero (Nueva Concepción)**

We visited El Astillero community with the health department promoter supervisor. The day of the visit it was evident that they had scheduled an AIN activity. It was suspended because the vaccination program for senior citizens was programmed for the same date. We found no evidence of the number of persons vaccinated that day.

### **Health Clinic El Astillero, Nueva Concepción municipality**

We visited the health promoter to follow-up the commitments acquired in January 2008. We found that the health promoter had not worked in the community for the last two days. The work route for the previous week reported (i) AIN session in Chicuma sector (there was no CVN) (ii) Dog vaccination, reported by those interviewed to have been executed the week before. There is no risk map, and the list of children, pregnant women and MEF are outdated.

### **Health Clinic El Puente (La Palma)**

We visited the health promoter of Community El Puente. There, we evaluated an unsuitable performance due to deficiencies in technical-management and health education aspects.

### **Health House Llano Grande (Concepción Quezaltepeque)**

We visited two FP user homes. They had registered in the FP component the day before. We coordinated with the pediatrician-surgeon of national hospital from Chalatenango evaluation of a 6-month child with Inguinal Hernia. Findings concerning the health promoter of the sector: risk map outdated, failed to attend scheduled home visits (reason: sickness), outdated lists. The one in charge of community health within the department programmed a follow-up visit.

### **Health House El Tigre**

The nurse in charge of the center has had an excellent work performance: clean, neat, appropriate educational material, updated list and reports. Moreover, there was social participation within the sector. She considered volunteer, free and informed election principles making use of the protocols established in such component.

## **TRAINING SESSIONS ACCORDING TO IMPLEMENTATION PLAN**

### **MATERNAL / FP**

1 Training session on updated prenatal assistance guides

Activity developed with 26 attendees from the Health Care Units from priority municipalities of the project.

5 Monthly evaluation sessions of the Maternal Perinatal Health Care Surveillance Committee (CVSMP). Activity carried out in Hospital Nacional de Nueva Concepción and Chalatenango, with 89 physicians and nurses.

1 Hospital Apprenticeship: it was carried out in Hospital Nacional de Chalatenango, with 14 pregnant teenagers within the geographic areas supported by the project.

1 Training session on counseling and informed consent in FP: we trained 31 physicians and nurses from local health levels.

1 Training session on new prenatal control approach: addressed to 26 Health Promoters from Tejutla and La Reina Municipalities.

1 Education session on the management of obstetric emergencies at the hospital: Activity developed at the Chalatenango SIBASI premises with 20 attendees from the hospital (physicians and nurses) that work in Hospital Nacional de Chalatenango and Physician Coordinators of “Net Leaders” from SIBASI.

1 Evaluation meeting of the Perinatal Information System (SIP) and Maternal Program Session carried out with 15 attendees from Hospital Nacional de Chalatenango and Central Health Region.

6 Training sessions on morbidity assistance related to maternal and neonatal sepsis: held at Health Care Unit Dulce Nombre de María, with 128 attendees from the health establishment.

2 Quarterly evaluations of the maternal neonatal program: Activity carried out with the participation of members from the Maternal Perinatal Health Committees of Hospitals of Chalatenango, Nueva Concepción, and San Rafael.

1 Training on basic cause of death and CIE-10: Session carried out in Hospital Nacional de Chalatenango Auditorium with 30 attendees.

1 FP consultancy and Tiahrt Law Session addressed to Hospital Health Personnel with 32 attendees from local hospitals of Nueva Concepción and Chalatenango.

3 Updating sessions on contraceptive technology: attended by 85 attendees from local health levels from Chalatenango SIBASI.

3 FP workshops addressed to health promoters: with 141 health promoters from local health establishments of priority municipalities within the project.

## **CHILDREN / NUTRITION**

5 Training workshops on neonatal resuscitation addressed to personnel assisting newborns during delivery: this event was held with 65 attendees

4 Training workshops in neonatal transportation addressed to hospital personnel: Sessions carried out with 54 attendees from Local hospitals from Chalatenango and Nueva Concepción.

1 Training workshop for AIN-AIEPI facilitators: it was carried out in SIBASI Chalatenango Auditorium training 18 new facilitators.

2 Continuous education sessions addressed to AIN-AIEPI strategy facilitators: with 44 strategy facilitator from priority municipalities within the Health Strengthening Project.

1 Evaluation Session for IHAN recertification: This event was carried out with personnel from Hospital Nacional de Nueva Concepción, 24 attendees.

4 Training workshops for volunteer nutrition advisors: we trained 88 new advisors from priority municipalities within the project.

1 Training workshop on anthropometric standardization addressed to facilitators: it was developed at Rural Nutrition Centers “Cruces y Santa Bárbara” with 36 nurses from local health levels.

3 Workshops on anthropometric measurement standardization, addressed to nurses: We trained 116 attendees from local health centers from municipalities supported by the “Health Strengthening Project”

5 Workshops of anthropometric measurement standardization, addressed to Health Promoters: We trained 117 Community Health attendees.

2 Dissemination sessions of the Surveillance Nutrition System: Activity with 79 attendees from local health levels.

18 Continuous education sessions with volunteer nutrition advisors: they were held in 13 Health Care Units with the participation of 294 CVN.

1 Motivation session in the breastfeeding week: Events in 19 Health Care Units from municipalities benefited with the Health Strengthening Project and two local hospitals from SIBASI Chalatenango with 525 attendees.

7 Motivation gatherings with volunteer nutrition advisors: Activity with 135 volunteer nutrition advisors from priority municipalities of the “Health Strengthening Project”

## **COMMUNITY HEALTH/ M&E**

1 Training session addressed to facilitators on the Family Health Care Model: Activity developed at SIBASI Chalatenango Auditorium with 44 attendees from Health Care Units that will start the implementation of the program.

3 Evaluation and monitoring sessions from SIBASI with the local health level: Activity with 131 attendees; we reviewed advance in compliance with the plan, management commitments and assistance coverage.

1 Session to update community diagnosis: with 22 attendees from USAID priority communities.

4 Dissemination sessions of the administration manual for health promoters: it was addressed to local health centers and Health Promoters, with 186 attendees.

1 Evaluation Session of efficiency conditions: with 45 attendees: Directors from 38 Health Care Units, Directors from Hospitals Chalatenango and Nueva Concepción, personnel of SIBASI Monitoring Units, personnel from the Central Health Region, personnel from MOH Children Unit, URC Children component advisor and URC Chalatenango facilitator.

1 Technical strengthening session addressed to environmental sanitation inspectors: with 38 attendees from the environmental sanitation area.

1 Training session on household hygiene practices: This event was carried out with 21 health care attendees and community leaders.

4 Session on household hygiene practices: with 83 attendees (Community leaders, environmental sanitation inspectors, and health promoters)

19 Continuous education sessions addressed to leaders on VECO community organization importance. We approached the following topics: delivery plan, oral rehydration solution used to prevent mortality caused by Diarrhea and Pneumonia Warning Signs. There were community leaders from 19 USAID Priority Health Care Units and 325 attendees.

### **IEC/ CCC**

1 Training session for youth facilitators on Education for Life: with 34 attendees.

3 Training workshops for new young promoters in guide for life: Attended by 37 teenagers from priority municipalities within the project.

2 Semestral evaluation sessions of IEC/CCC local strategy: This event was carried out with referring personnel of IEC Component of Local Health Levels from SIBASI Chalatenango; 91 attendees.

1 Session on guidelines to make IEC/CCC plans operational: Activity developed with IECC strategy referring personnel at local level, SIBASI Educators, Regional Educator and personnel from MOH Unit of Promotion.

2 Dissemination sessions on IEC national strategy addressed to hospital personnel: Activity developed with 26 attendees from Nueva Concepción and Chalatenango Hospitals.

### **HOSPITAL INFECTIONS**

1 Training control standards for Hospital Infections: This event was carried out with Hospital Nacional de Chalatenango Central Offices, Hospital Infection Advisors and URC Chalatenango Facilitator, 20 attendees.

2 Training sessions addressed to hospital personnel on Hospital Infections: Activity carried out with 36 attendees from Hospital Nacional de Nueva Concepción and Chalatenango CIN, Central Health Region Technicians, Advisors and URC Local facilitators.

2 Official recognition session of Hospital Infection Committee: Activity developed at the premises of Chalatenango and Nueva Concepción Hospitals.

Training sessions to prevent hospital neonatal infections: This event was carried out with 25 attendees and Hospital Infections Committee from Hospital Nacional de Chalatenango.

Training sessions on hand-washing techniques, garbage disposal, biosafety measures addressed to cleaning personnel: they were coordinated and supported by the Hospital Infections Committee of Hospital de Chalatenango and addressed to 30 attendees.

Training sessions on cleaning technique, frequency, and elements that will be used in critical areas: Activity developed at Hospital Nacional de Chalatenango premises with 30 attendees.

2 Training sessions on the use and management of a transurethral catheter: Activity developed by the Hospital Infections Committee from Chalatenango SIBASI hospitals, with 40 attendees.

## OTHER ACTIVITIES

We participated in the following workshops and/or trainings:

- Training sessions to learn how to fill out new documents of Register and Integral Assistance Follow-up of children under 5.
- Training sessions on counseling and compliance with of Tiahrt Law.
- Session to evaluate progress of IEC/CCC local plans.
- Session to evaluate implementation advances of the new prenatal control approach.
- Workshop on maternal and FP.
- Workshop on neonatal transportation.
- Monthly meeting of the Maternal Perinatal Health Care Surveillance System.
- Meeting to collect information in order to monitor the progress of outcomes expected from the project.
- Dissemination session to present results from Strengthening Health Project indicators.
- Dissemination session on FP Counseling Guide addressed to hospital personnel.
- Program drafting to consolidate activities reported on IEC/CCC Component from municipalities supported by the project of SIBASI Chalatenango.
- Participation in evaluation session to present health promoter activities, corresponding to the first quarter of 2008, at the Central Health Region.
- Workshop to validate the integral development intervention planning guide with the participation of the community.
- Evaluation session to present new prenatal control approach.
- Information System Analysis of service production.
- Consolidation and analysis of IEC activities information as to the second quarter of 2008.
- Participation in continuous education process addressed to URC Facilitators "Introduction to Quality".
- Monthly activity planning with SIBASI monitoring teams.
- Participation in continuous education process with SIBASI monitoring teams.
- Participation in technical meeting of URC team on component integration.
- Participation in technical meeting of URC team on Private-Public Initiative.
- Participation in XX National Pediatric Congress.

## La Libertad SIBASI

### MONITORING ACTIVITIES AT HEALTH CENTERS

We made the following monitoring visits during the year:

#### **Health Care Unit Mizata (4 visits)**

We carried out 2 visits to monitor efficiency conditions for child care. We also established an activity program addressed to FP groups; this activity will be developed at Small Village El Rion de Mizata and we supported training of teenagers in topics of education for life.



Teenage group in “Education for Life” training, at Mizata Health Care Unit

#### **Hospital Nacional de San Rafael (4 visits)**

We reviewed the case bibliography of two maternal deaths and activities done during the first year in the Infection Prevention Committee. We monitored reference conditions that are sent to health care units assisting hospital neonates.

#### **Health Care Unit Díaz del Pinal de Santa Tecla (3 visits)**

This visit was made at the request of the regional directorate. A general valuation of the management capability and human resources in this center was performed. They support SIBASI central office. We also made a visit to the pharmacy area, medicine supply, and records and a second visit was performed to coordinate “health market” activities.

#### **Health Care Unit Huizúcar (3 visits)**

We monitored this health center at the request of the Regional Director, to solve a situation with the environmental sanitation person and also to perform a monitoring of other support areas within the establishment. Two follow-up/monitoring sessions were made on efficiency conditions to assist children within the center.

#### **Health Care Unit Lourdes, Colon (5 visits)**

We reviewed MOH main programs in the SIBASI, with the participation of Health Care Units directors. We found risks and weaknesses in daily work. We monitored diarrheas and respiratory infection assistance and we also evaluated this Unit with an average of 56 % (in August 2007 it was evaluated with 34 %). An integral visit to the health care unit was made prioritizing the vaccination area and we used the IRAS and diarrhea monitoring instrument in the second measurement. We supported the region monitoring the advance for the National HIV Testing Day.

#### **Health Care Unit Sitios de Talnique (5 visits)**

We carried out a monitoring visit on efficiency conditions to assist diarrheas and respiratory infections; we evaluated this Health Care Unit with an average of 62%. We made two visits

prioritizing vaccination area, maternal and Perinatal assistance, FP, and direct assistance to individuals. We carried out verbal autopsy investigation of one maternal death (23 years old) with septic abortion history.

#### **Health Care Unit Ciudad Arce (5 visits)**

We carried out monitoring visits to the dentistry area concerning efficiency conditions to assist diarrheas and respiratory infections. We introduced the new Health Care Unit Director and reviewed achievements from the previous management as well as goals set by the new one. We carried out an integral visit to the Health Care Unit, prioritizing the vaccination area, perinatal maternal assistance, and establishments that process food and we monitored community activities. We investigated and followed-up a telephone claim related to the assistance provided in the Unit.

#### **Health Care Unit Jicalapa (6 visits)**

We carried out a monitoring visit in this Health Care Unit, using monitoring instrument to assist diarrheas and respiratory infections, we evaluated this Health Care Unit with an average of 35 %. We carried out an integral visit to the Health Care Unit, prioritizing vaccination area, perinatal maternal assistance, and establishments that process food; we also monitored community activities. We carried out a second and a third visits to follow up recommendations given in the first visit, which were being followed. We monitored this Health Care Unit, where the main topic was suitable implementation of the Family Health Care Program and also the Nutrition Component specifically in the evaluation children and women-friendly unit. Family Health Care was also verified as to the progress in registered families and other aspects. We supported the region to monitor progress for the National HIV Testing Day.



**Health Care Unit community team from Jicalapa registering families in the Family Health Care Program**

#### **Health Care Unit Teotepeque (2 visits)**

We carried out a monitoring visit in this Health Care Unit, using a monitoring instrument to assist diarrheas and respiratory infections; we evaluated this Health Care Unit with an average of 84 %. During a new monitoring visit we emphasized the vaccination program, and followed-up pregnant women that do not attend their prenatal control.

#### **Health Care Unit Sitio del Niño (5 visits)**

We carried out a monitoring visit in this Health Care Unit, using a monitoring instrument to assist diarrheas and respiratory infections; we evaluated this Unit with an average of 47 %. We monitored

the beginning of each home-to-home visit, such team includes a physician, nurse, health care promoter, and sanitation inspector, and this is to follow-up the Family Health Care strategy implementation in the area Sitio del Niño, San Juan Opico Municipality. We monitored the anthropometric standardization activity of nurses. We followed-up activities in which they assist individuals from Canton Sitio del Niño.

#### **Health Care Unit Chiltiupan (2 visits)**

We carried out a monitoring visit in this Health Care Unit, using a monitoring instrument to assist diarrheas and respiratory infections; we evaluated this Health Care Unit with an average of 77 %. We followed-up efficiency conditions to assist children within the establishments.

#### **Health Care Unit San Matías (3 visits)**

We introduced the New Health Care Unit Director, reviewed achievements from the former management and challenges of the new one. We also monitored the AIN volunteers' gathering at the Health Care Unit. We carried out an integral visit prioritizing the vaccination area and using IRAS and diarrhea monitoring instrument. We performed the second measuring of the last 41% and we reached 50%, finding several weaknesses. We carried out a visit prioritizing the vaccination area and using IRAS and diarrhea monitoring instrument. The advance in different programs and their coverage was also explored.

#### **Health Care Unit Quezaltepeque (4 visits)**

We introduced the new Health Care Unit Director; we reviewed achievements from the former management and challenges of the new one. We visited the establishment Director to verify a theft case related with the thermonebulization equipment of the center. We followed up the case and generally monitored the Health Care Unit operation. We also monitored FP Components, dentistry and food suppliers. We supported the region to monitor progress for the National HIV Testing Day.

#### **Health Care Unit Comasagua (4 visits)**

The purpose was to introduce the new Health Care Unit Director; we reviewed achievements of the former management and challenges of the new one and monitored the development of this activity: a Household hygiene session was developed with community leaders. We carried out an integral visit to Health Care Unit prioritizing the FP area monitoring this component. We also measured efficiency conditions to assist children under 5, concerning their prevailing illnesses. A last visit was made because there was one delivery at a private home. The child was taken to Hospital San Rafael without cutting the umbilical cord, and besides to make a research because quick HIV test is reactive in the mother but not in the newborn.

#### **Health Care Unit Tepecoyo (3 visits)**

The purpose was to introduce the new Health Care Unit Director; we reviewed achievements of the former management and challenges of the new one. We carried out a visit prioritizing the vaccination area, perinatal maternal assistance, and establishments that process food; we also carried out monitoring of community activities. The process of training teenagers on Education for Life was monitored. They are training 10 youth facilitators and they are in their fourth day of instruction. More teenagers are being trained in order to disseminate the corresponding information on the topic.

#### **Health Care Unit Puerto de la Libertad (5 visits)**

We carried out an integral visit to the Health Care Unit prioritizing vaccination area, perinatal maternal assistance, and establishments that process food. We monitored the progress of the execution of the Beach Plan in the Department and the vaccination campaign and others. We made 3 visits, one coordination visit for the coming operation of "healthy wharf", and the second visit to follow-up efficiency conditions for child care. The third visit was made with the Central level.

**Health Care Unit Zaragoza (4 visits)**

We supported those field practices nursing personnel would develop concerning anthropometric standardization. They have been receiving with the support from the project. We made an integral visit to Health Care Unit, prioritizing follow up for a claim against an employee from the establishment. A second visit was made to the, medicine supply and records. This visit was intended to support the establishment because the Ministry of Health has decided to unveil a certification plaque as USANYM in this Health Care Unit.

**Health Care Unit Jayaque (1 visit)**

We carried out a visit prioritizing the vaccination area and using IRAS and diarrhea monitoring instrument.

**Health Care Unit Tamanique (3 visits)**

We monitored the progress of the execution of the Beach Plan in the Department, vaccination campaign, and Community Brigade organized by the Health Care Unit and the Social Involvement Committee. This was made because of the low coverage in some programs especially in the maternal area. We revised record books, medical assistance records and we negotiated strategies to recover patients who have missed their appointments. We determined the time for execution.

**Health Care Unit San Juan Opico (3 visits)**

We carried out a visit prioritizing the vaccination area and using IRAS and diarrhea monitoring instrument. We also accompanied anthropometric standardization activity of nurses. We supported field practices that nursing personnel develops concerning anthropometric standardization. We supported the region to monitor progress for the National HIV Testing Day.

**Health Care Unit Antiguo Cuscatlán (3 visit)**

We carried out a visit to monitor activity performed by the Health Care Unit within road safety encouragement. We made a second monitoring to supervise the vaccination program, environmental sanitation program and efficiency to assist children under 5 years. We supported the region to monitor progress for the National HIV Testing Day.

**Health Care Unit San José Villanueva (3 visits)**

We coordinated Health Care Unit development and participation in the disaster simulation. We carried out an integral visit to this establishment, and found no coverage at community level concerning vaccination, mother and child health care, strategies were agreed upon and goals were defined. We supported the region to monitor progress for the National HIV Testing Day.

**Health Care Unit San Pablo Tacachico (2 visits)**

We carried out two visits, prioritizing the vaccination area, maternal perinatal assistance, FP and the efficiency conditions for child care.

**Health Care Unit Nuevo Cuscatlán (3 visits)**

We followed-up efficiency conditions for child care within the establishments and we carried out a second visit addressed to the pharmacy area, medicine supply, and records. We supported the region to monitor progress for the National HIV Testing Day.

**Health House Llano Grande (Concepción Quezaltepeque)**

We visited the promoter from this sector: risk map was outdated, scheduled home visits were not performed (due to sickness), and lists were also outdated. The person responsible for community health in the department scheduled a follow-up visit.

### **Health House El Tigre**

There is evidence of excellent labor performance of the nurse in charge of the establishment: cleanliness, orderliness, and proper display of educational material; lists and medical records are updated. There is also evidence of social participation in the sector. We checked the application of free and informed choice principles and found that the nurse used the protocols set for such Component.

### **Canton La Perla, Settlement La Cruz Arriba de Jicalapa**

We audited a case of maternal death, exploring in this visit at community level the operation processes of delivery plan, health promoters' visits, and community organization and evaluate if the case was because of a delay 1.

### **Canton San Rafael, Settlement Village San Cristóbal, Puerto de la Libertad**

We audited a case of maternal death, exploring in this visit at community level the operation processes of delivery plan, health promoters' visits, and community organization and evaluate if the case was because of a delay 1.

## TRAINING SESSIONS ACCORDING TO IMPLEMENTATION PLAN

### **MATERNAL / FP**

2 Meetings of the Maternal-Perinatal Health Surveillance Committee from Hospital San Rafael: cases on maternal death in this department are discussed in these meetings. Where Hospital San Rafael also had some contact with those patients, the basic cause and its preventive potential is defined. Besides, some regulations its directorate must undertake as a hospital are defined.

2 Evaluation workshops on mother-infant programs developed by assistance networks from La Libertad SIBASI: mother-infant programs were evaluated with this activity. A presentation by indicator, revising in that moment the information sources of the Health Care Units, among them daily tabulators, IEMA, and record keeping books, for the information presented in future evaluations to be made homologated.

4 Meetings of the Maternal-Perinatal, regional extended, Surveillance Committee: with 80 attendees, The activity is developed with the discussion of the case of two maternal deaths in the departments of La Libertad and Chalatenango, having the participation of representatives from institutions such as ISSS, Legal Medicine, Universities, etc.

2 Hospital apprenticeships with groups of pregnant women: 32 attendees, pregnant teenagers from the health care units that took part in the project participated in the apprenticeships. We made a visit to explore and then personnel from Hospital San Rafael gave informative talks.

2 Updating sessions on contraceptive technology: 60 attendees.

1 Four-month evaluation session to present FP: it was held on July 24, 2008. Different FP indicators were discussed.

1 Evaluation and follow up session on prenatal approach: 30 attendees. This activity was developed with the purpose of homologating criteria on prenatal approach and also discusses the main indicators.

1 Training workshop for FP and Tihart Law advisors; it lasted four days with 28 attendees. This activity had the participation of at least one resource per Health Care Unit; we reviewed methodology for FP consultancy and discussed the Tihart Law the country must comply with.

1 Training workshop on critical link technique for hospital and SIBASI facilitators: 30 technicians participated in this workshop.

3 Training workshops on Education for Life addressed to youth facilitators: Five-day training session addressed to teenagers from health care units within the project. We had 30 attendees including teenagers, with the technical coordination of the promoting health area of the Central Region.

### CHILD / NUTRITION

1 Event to form new AIN strategy facilitators with 25 attendees. This activity extends facilitators trained in AIN-AIEPI strategy, afterward; they bear the commitment to increase the number of volunteer advisors at the health care units, specially in the corresponding *cantones* and small villages.

7 Certification and recertification sessions of attendees in neonatal resuscitation: a total of 104 attendees; hospital and first level personnel performed this activity in which they were trained in neonatal resuscitation.

10 Sessions to form AIN advisors from new and former municipalities, developed at health care units within the project: with this activity, 117 new volunteer advisors were trained. This covers small villages from Health Care Units that had already the AIN strategy. This strategy also starts in San Matías, Taquillo and Jicalapa, which did not have this strategy and belong to the project.



Training of new nutrition volunteer advisors at the Health Care Unit Jicalapa

3 Sessions on household hygiene and water purification, with the participation of community leaders, health promoters and environmental sanitation inspectors: 90 attendees, among the topics covered that day, there were: importance of water for life and development of man, the characteristics water for human consumption must comply with, why it is necessary to treat water for human consumption,

types of water treatment for human consumption, hygiene methods used at home to guarantee human health.

1 Continuous education session for volunteer and community leaders on different health topics: with 18 attendees. The topics were: warning signs in the newborn and pregnant woman, community reference and return System, delivery plan and VECO.

2 Continuous education sessions for AIN facilitators: a continuous education session was held with AIN facilitators to keep their knowledge updated and to be able to share it with AIN strategy advisors from the community. There were twenty attendees.

2 Evaluation sessions of the Initiative of Child-friendly Hospitals IHAN: 52 attendees. This activity evaluates compliance with actions and strategies a hospital must carry out to be considered Child-friendly, among the topics covered in this activity there were: Ministry Commitments on Breastfeeding and Child-friendly Hospitals Initiative, presentation of a work plan for the Breastfeeding Committee, IHAN self-evaluation, presentation of IHAN internal monitoring outcomes.

4 Strengthening workshops for health promoters on warning signs and newborn basic cares in the community: 120 attendees. The following topics were developed: warning signs and basic cares of the newborn as reinforcement for all health promoters from La Libertad SIBASI.

3 Sessions to evaluate maternal-infant and teenage programs: indicators were presented and analyzed to get a better scope of how the different programs would complete their corresponding coverage in both SIBASI's.

1 Workshop on educational methodology for Health Care Unit and hospital providers with 28 attendees. This activity was carried out with personnel from the local levels involved in direct assistance and in the supervision area to impact on the type of information and the way this is transmitted to the population.

7 Workshops to train personnel on neonatal transportation: 108 attendees from hospitals with employees to assist newborn and that at some time are involved in their transportation. There will be one more course this year and the rest will be held next year.

2 Sessions to disseminate breastfeeding component for personnel not directly related with mother and child assistance: 70 attendees. This session was held to provide this information to personnel directly related with assistance in order to guarantee encouraging breastfeeding.

4 Anthropometric standardization workshops for promoters: 180 health promoters attended this workshop.

1 Motivation gathering with AIN advisors: it was held with 16 Health Care Units bearing the AIN strategy. There were 185 attendees.

1 Workshop on standardization of anthropometric measuring techniques addressed to nurses: it covered theory and practice, it was held at Kinder Nacional de Zaragoza, with 28 head nurses who will be facilitators in each Health Care Unit, replicating this activity.

1 Updating workshop of growth, development and nutrition component for those in charge of CRSN: 30 attendees. People in charge of the six Nutrition and Health Rural Centers and active, from La Libertad SIBASI, attended this workshop.

2 Evaluation sessions of the AIN-AIEPI strategy: with 50 attendees. Nutritional situation in El Salvador, integration of AIN-AIEPI strategy, the presentation of evaluation by SIBASI and presentation of work plans were revised.

9 Anthropometric standardization sessions for nurses from the local level: with 156 attendees. Held at the Health Care Units of Lourdes Colon, Colon, Dr. Alberto Aguilar Rivas, Puerto de La Libertad, San Juan Opico, Ciudad Arce, Sitio del Niño and Dr. Carlos Díaz del Pinal. Nurses and assistant nurses from the Health Care Units within the Strengthening Project of Basic Health from La Libertad SIBASI attended this meeting.

2 Dissemination sessions of the Nutritional Surveillance System: with a total of 70 attendees. Nursing and medical personnel from the Health Centers within the Strengthening Project of Basic Health from La Libertad SIBASI attended this meeting.

2 Technical strengthening sessions for environmental sanitation inspectors promoting the use of safe water: 45 attendees including Regional and SIBASI Technicians and Sanitation Inspectors from the Health Care Units of the Project. The different plans of action and training on safe water were discussed in this activity.

2 Quarterly meetings of continuous education for AIN advisors of each health center: It was carried at ten Health Care Units within the project, with the attendance of 280 AIN advisors.

2 Workshops for creating an AIN baseline: 36 attendees. It was held with the technical coordination from the Central Nutrition Area in order to provide guidelines to create the AIN baseline.

2 Continuous education sessions for Health Care Unit personnel on the guide to assist children under 5 years: 124 attendees.

2 Quarterly evaluation sessions on neonatal, infant and child mortality at regional level: 50 attendees. Main indicators of this component were discussed and reviewed; risks were also identified in order to find work strategies.

2 Sessions to evaluate the initiative of Child-friendly Health Care Units (USANYM): with 36 attendees.

1 Consolidation workshop of AIN baseline data: it was held in FEPADE on August 28, 2008 with a total of 35 attendees. Data was reviewed in this workshop and AIN data indicators were built considering health care units within the project and those that have the AIN component.

9 Sessions of household hygiene in 9 Health Care Units within the project: 245 attendees including community leaders.

2 Evaluation and training sessions on efficiency conditions for child assistance: 120 attendees. We discussed the evaluation of each center and efficiency conditions specially directed to IRAS assistance area, procedure of nebulizations and the use of volume spacers. We also provided training on indication and compliance of nebulization or spraying in volume spacers.

30 Continuous education meetings for AIN advisors in health centers: with a total of 675 attendees. This quarterly meeting was held in Health Care Units with 225 attendees per meeting. AIN volunteer

advisors from Health Care Units within the Strengthening Project of Basic Health from La Libertad SIBASI also attended this meeting.

## **COMMUNITY HEALTH/ M&E/FAMILY HEALTH CARE**

3 Sessions to evaluate commitments of hospital management: 75 attendees. We submitted and analyzed indicators that measure management commitments of Hospital from the Central Region.

1 Session to execute PAO of the Community Health Program for 2008: with 60 attendees including promoters from Health Care Units within the Strengthening Project of Basic Health from La Libertad SIBASI.

1 Session to disseminate Family Health Care Model at local level at several municipalities of the project: 40 attendees including physicians, nurses and health promoters of the Health Care Units within the Basic Health Strengthening Project from La Libertad SIBASI that implemented the strategy.

2 Quarterly one-day sessions to evaluate and monitor SIBASI at local level: 70 attendees. Progress of each health care unit concerning management commitment and efficiency conditions measuring were discussed.

4 Sessions to disseminate the Health Promoters Administration Manual addressed to Promoters: 164 attendees from Health Care Units from San Juan Opico, Colon, Puerto de La Libertad and the Central Region.

4 Sessions to evaluate management commitments at first level, monitoring component: with a total of 120 attendees. Evidences and outcomes were reviewed and presented and a rescue plan for deficient indicators was proposed.

## **IEC/ CCC**

2 Semestrial sessions to evaluate the IEC/CCC local strategy. This activity evaluated the impact that the IEC strategy has in each center of the project, its use and distribution of materials. Health Care Units within the project in La Libertad SIBASI attended this session.

1 Meeting to make guidelines from IEC/CCC strategy operational: with 16 attendees. Referring personnel from the Health Care Units within the project and technical personnel from La Libertad SIBASI attended the meeting.

3 Meetings to make guidelines from IEC/CCC strategy operational: Carried out with 20 attendees, referring personnel from IEC and recent Health center physician directors attended this meeting.

1 Meetings to make guidelines from IEC strategy operational basing on epidemiological moment: 20 attendees.

1 Semestrial evaluation of the IEC strategy.

## **HOSPITAL INFECTIONS**

2 Training sessions on assistance standards in Hospital Infections: 40 attendees. With this activity, it started the support to the Hospital Infections Committee of the Hospital San Rafael, to reduce the Morbimortality caused by Hospital Infections.

1 Session of training per hospital on the use of antiseptics addressed to hospital: with a total of 25 attendees.

1 Training Workshop on technical regulations of Integral Care to people, addressed to personnel supervisor: 25 employees were involved.

2 Quarterly sessions of evaluation and presentation of outcomes of the follow up and monitoring at hospital level on compliance of: hand-washing techniques, skin preparation, handling of sterilized material, use of antiseptics, cleaning, disinfection and sterilization, as prevention of HI with the 3 hospitals and Health Care Units with 50 attendees. In these, Hospital Infection Committees presented their main accomplishments in the implementation of regulations and other activities in Hospital Infection Prevention.

### **OTHER ACTIVITIES**

- On three occasions the regional technical team was accompanied in the assistance and response to an emergency by the fall of a bridge in Canton Melara jurisdiction of La Libertad Port, the people were attended at shelter because their houses were damaged.
- Certification as Technical in Guide for Assistance to Children under 5 years, course held at a Regional Level on July 17 and 18.
- Activity to deliver the certification plates to the Health Care Unit, they were delivered to four Health Care Units among them are two within the project they are health care unit Ingeniero Orlando Recinos (Taquillo) and Health Care Unit Teotepeque.
- Participation in course for regional facilitators in obstetric, perinatal skills and infection prevention, held in a hotel in Chalatenango.
- Workshop to draft the activity plan for January – December 2008, with Regional and SIBASI teams financed by the Health strengthening project developed by URC/USAID.
- Work Session at Hotel Mirador Plaza evaluating regional FODA and IEC/CCC strategy.
- Meeting concerning training on continuous quality improvement.
- Workshop on skills for assistance to children under 5 (AIEPI).

**PARACENTRAL HEALTH CARE REGION**  
**SIBASI CUSCATLÁN**

**MONITORING ACTIVITIES OF HEALTH CARE CENTERS**

The following visits were made throughout the year:

**Health Care Unit of San Francisco del Monte (8 visits)**

We monitored efficiency conditions of the unit, the FP program and tuberculosis. It is outstanding that in spite of the many limitations they have, upon applying the instrument of efficiency conditions they scored 82%. We monitored the implementation of the new prenatal model. At this time they have registered four pregnant women with the new approach and have referred only one to the Hospital in Ilobasco. Several monitoring visits were made to follow up the new prenatal model. We applied the FP instrument. Besides, we verified the progress of the vaccination campaign and verified that the unit has improved against the previous monitoring. We also removed an excessive amount of obsolete educational material. The rehydration and respiratory areas have a complete stock of supplies. The situation hall is updated. The tabulator of daily activities is reviewed regularly and it is updated

**Health Care Unit of San Rafael Cedros (8 visits)**

The main objective was to monitor volunteer advisors training and provide support in the development of the issues. We applied the FP instrument. We found that the personnel has been trained and has acquired counseling skills. They need a little more practice but they are open to suggestions or recommendations. They do have the basic methods and documentation such as standards and guides in the areas where they provide counseling. That very day we examined their own progress concerning USANYM implementation to see if they are ready to request their external evaluation. They need to strengthen the initiative with personnel, mostly in the administration area. We applied the instrument to evaluate efficiency conditions for infant assistance and the score was 74%, in the last monitoring they scored 75%. The most important weakness, which remains, is concerning review of dossiers. We applied the monitoring instrument for USANYM concerning this initiative and found that they are not keeping suitable counseling records, the committee has not been active. They have not had any meeting since last year; the Breastfeeding standards are not visibly shown. The visit to the unit was with the purpose of verifying if they are holding AIN sessions and to learn about the IEC strategy. Concerning AIN we found that in Cerro Colorado they are not holding the sessions there is only one advisor out of three because the other two are working. In the small village Jiboa the promoter is holding the meetings he never neglects inviting mothers. Concerning the family health model, the affiliation book in Canton Copino is not updated, the evaluation as of June showed a score of 74% progress, however they do not have the files to continue affiliations.

**Health Care Unit of Rosario Cuscatlán (7 visits)**

This monitoring the progress of the family health model was carried out along with the SIBASI team. They only have 24 families affiliated. We applied the efficiency conditions instrument and the result was 82%. One of the main deficiencies is cleanliness. We applied the USANYM instrument. Interviews with the personnel show that they are aware of it, but they only need to reinforce that concerning milk expression and complementary diet; another recommendation is to place the breastfeeding standards visibly and to disclose them to new personnel. In general, they are implementing the initiative in 79%. We applied the FP instrument and coordinated AIN meetings that are being held in the municipality of Rosario de Cuscatlán. The main objective was to apply the instrument in order to learn about the quality of the nursing areas. According to the findings we

recommended the nurse to strengthen, improve, or change; finding orderliness and cleanliness in the areas, correct filling out tabulators. The nurse thanked our explaining patiently. We took advantage of the visit to see how the IEC/CCC strategy was. The director said they are not using the daily tabulators because they do not work for them.

#### **Health Care Unit of Tenancingo (5 visits)**

We made this monitoring with the purpose of providing follow up for the family health model, besides we made a visit to apply the instrument for efficiency conditions in child assistance. We highly praised personnel because, despite their limitations, they scored 90%. However, there is no evidence of improvement regarding USANYM implementation. FP monitoring showed that they have all the contraception methods. We also accompanied the SIBASI technical team with the purpose of learning about the implementation process of the new Family Health Model.

#### **Health Care Unit of Candelaria (6 visits)**

The visits were made along with the SIBASI. We applied the verification instrument of efficiency conditions and they scored 82%. We revised the action plan for the vaccination campaign. Afterwards, with the support of another technician, we applied the FP monitoring instrument. We applied the efficiency instrument for the child component, the FP and Tiaht monitoring instrument. Concerning USANYM there is 60% compliance, documentation of the action plan is not updated, minutes of the committee meetings, strengthen the milk expression technique, breastfeeding technique they were recommended to review the USANYM document and disseminate it with the newly hired personnel and to train the remaining personnel with the twelve-hour course.

#### **Hospital of Suchitoto (4 visits)**

We applied the MADLAC and IHAN monitoring instrument because we intend to learn how they are for their external evaluation and provide strengthening. There was a meeting with the breastfeeding committee to learn how they are concerning compliance with IHAN, and to determine whether they are ready for their external evaluation. We held a meeting with the educator concerning IEC strategy. There was an apprenticeship with teenagers. We verified the improvement in some IHAN steps in other visits.

#### **Hospital of Sensuntepeque (5 visits)**

We supported a meeting of the STABLE program and infection prevention. We accompanied the region personnel in an evaluation meeting of the child morbimortality committee. We applied the Tiaht instrument. We provided follow up to the HAN hospital friendly initiative.

#### **Health Care Unit of Ilobasco (10 visits)**

We made monitoring visits to provide follow up for the prenatal model, the delivery plan, the Tiaht Law instrument, and the USANYM monitoring instrument to coordinate nutrition activities, to verify whether they have the necessary supplies in the oral rehydration room and in the nebulization area. We applied the monitoring instrument for the efficiency conditions in child assistance. We monitored the activity on training AIN volunteer advisors in posters containing basic care for newborns.

#### **Health Care Unit of Santa Lucía (6 visits)**

The Tiaht law instrument was applied, one of the questions in the form asks what happens if one user decides not to use any of the methods, the answer that they asked the promoter to visit them. The monitoring USANYM instrument was applied, it may be said in general that the unit must foster the initiative once again. The monitoring System of efficiency conditions for the infant assistance was applied. The progress of the vaccination campaign was verified, we also verified that the unit has updated the situation hall, and it was verified through the personnel meeting books that the director of the center informs his personnel about the epidemiological situation of his area of influence, which

was one of the previous recommendations. In the pharmaceutical area some of the medicaments are about to expire, others do not have the updated expiration date on the Kardex. Concerning the performance commitments in the early enrollment of pregnant women, 7 women have not had follow up.

#### **Health Care Unit of Oratorio (4 visits)**

The efficiency conditions monitoring instrument was applied. The existence of medicine in the pharmacy has improved, filling-out of the AEPI sheets in the clinical dossier by physicians and nurses also show improvements. USANYM and PF monitoring instruments were applied and at the same time the vaccine components were checked, which was at 100 at that moment. AIN activity strategies were coordinated. Verification of compliance with the action plan for the HIV screening test was supported.

#### **Health Care Unit of San Ramón (3 visits)**

We carried out a field visit with the Family Health Care traveling team, observing that the team was executing the proper model actions. In another visit the monitoring instrument for FP and informed consent was applied.

#### **Health Care Unit of San José Guayabal (4 visits)**

AIN community was visited. They are working very well; the nurse supports the promoters and volunteers very much. Only one adviser was present that day. The session takes place in an advisor's home, the city hall which supports the community a lot. The AIN strategy is moving on. Sessions are held in both villages, in Llano Grande the monthly session is given in two sessions, to prevent mothers or pregnant women from walking long distances. The nutritionist was part of the meeting for continuous education advisors, in which counseling aspects such as supplementary feeding were reinforced. An FP monitoring instrument was applied.

#### **Hospital of Cojutepeque (4 visits)**

The purpose of this visit is to apply the IHAN and MADLAC instrument. The manager in charge of the area, said that there are a lot of new personnel in their social year and have not been trained. An FP instrument was applied, the progress of the instrument quality base line was verified, we found that they were already in the typing process and the matrix provided by the central level.

#### **Peripheral Health Care Unit of Cojutepeque (2 visits)**

It was carried out with the objective of monitoring the following aspects: flow of providing assistance to patients who come for a consultation, an evaluation of the efficiency conditions in the quality of child assistance, monitoring the filing area, and the environmental sanitation. A visit of the unit to apply the USANYM monitoring instrument was made by the referring regional agent's request to learn implementation initiative is progressing.

#### **Canton Tacanagua, Village Bethel**

We supported an AIN session carried out by the Health promoter and three volunteer advisors.

#### **Canton Palacios, Village San Antonio**

We supported one AIN session. This is one of the last ones to be trained in the strategy. It was interesting to see the promoter, nurse and two advisors developing the session in the right way.

#### **Canton Corral Viejo**

We supported an AIN session. Consultancy and the way to fill out record sheets needs to be reinforced in this village.

### **Village Carrizal Cabañas**

We monitored one AIN session. It was carried out by the promoter with the support of the Volunteer Advisors, who only help him weight the children because they claim they cannot read or write, therefore, they do not provide consultancy nor do they fill out the lists.

### **Canton Huertas village Arenera Cabañas**

We held an AIN monitoring session. The Salter scale is broken (even though it was calibrated, each time it gave a different reading).

### **Community Palmeras**

We accompanied the specific promoter supervisor from Cojutepeque, in order to supervise and fill-in the diagnosis instrument of the promoter's activities.

## **TRAINING SESSIONS ACCORDING TO IMPLEMENTATION PLAN.**

### **CHILDREN AND NUTRITION**

6 Workshops to form new volunteer advisors: they we held in new communities, with 52 attendees.

2 Evaluation Sessions of AIN volunteer advisors: they were held in both SIBASI'S with 60 attendees in both sessions.

11 Training sessions for Volunteer Advisors, on the illustrations for newborn care: they were developed at every beneficiary center. A total of 130 attendees were trained.

1 Workshop on Basic care and Warning signs of the newborn: It was held with the participation of 40 newly hired promoters from the Cuscatlán and Ilobasco SIBASI's.

2 Gatherings for Volunteer Advisors: We held two in each SIBASI with 150 attendees, among volunteer and promoters.

5 Courses on neonatal resuscitation: these courses were developed at four hospitals, with 85 attendees including in this total the two facilitators for each course.

2 Workshop on Neonatal transportation: they were held in two hospitals, with the participation of 18 attendees in each, including three facilitators in each for a total 36 attendees.

4 Scientific sessions to update on breastfeeding and infant nutrition at a hospital level: They were held in four hospitals with the participation of 40 attendees in each, making a total of 160.

12 Scientific sessions to update on breastfeeding and infant nutrition at Beneficiary Health Care Units level: each Unit presented a plan to the SIBASI with a schedule of activities such as: parades, drawing contests, mural contest, improvement of areas; there were 168 attendees.

### **MATERNAL AND FP**

11 Apprenticeships for pregnant teenagers: They were held in 4 hospitals, involving 12 pregnant teenagers in each, making 132 attendees.

5 Workshops on young promoters training: it was held with the participation of youths from beneficiary municipalities, with 100 young promoters.

1 Evaluation Session of the Prenatal Model: this session included personnel from the SIBASI Cabañas Health Care Units, where the new model is being executed with the participation of 30 attendees.

## **MONITORING AND EVALUATION**

2 Evaluation Workshops and bimonthly review of information System s: there were 40 attendees in each, including physician directors, nurses and statistics clerks from the SIBASI; a total of 80 attendees.

7 Revision sessions of the quality of information on Health at local level: they were held with the participation of physician directors and nurses from each Health Care Unit. Six of them had 36 attendees and the rest had 40 attendees making a total of 256 attendees.

## **COMMUNITY HEALTH**

Training sessions addressed to community leaders on health topics with emphasis on VECO: this activity is held in each beneficiary Health Care Unit with the participation of members from the water boards. 110 attendees.

1 Session of to disseminate the Health Promoter's Administration Manual. This session was held with the participation of Cuscatlán and Ilobasco SIBASI promoters and the coordinators and directors of the Health Care Units, with 50 attendees.

## **FAMILY HEALTH CARE**

Workshop on Family Health Care: the Workshop was held with the participation of Cuscatlán and Ilobasco SIBASI'S' personnel, with 40 attendees

Two 3-day AIN/AIEPI workshops: They were developed with new promoters with a total of 35 attendees.

## **IEC**

1 Annual evaluation of the IEC Component: It was held with Health personnel from the beneficiary units of Cuscatlán and Cabañas, with 50 attendees.

1 Training course on drafting local plans: It was held with the participation of personnel from both SIBASI'S, with a total of 50 attendees.

2 Sessions to present IEC/CCC progress: they were held in each SIBASI, attended by physicians and nurses who presented the progress, there were 25 attendees.

1 Regional Dissemination Session of the IEC strategy and drafting the annual plan with Hospital committees: It was held with the participation of personnel from six regional hospitals, with 35 attendees.

## **HOSPITAL INFECTION PREVENTION**

3 Session on education for Hospital carers and users: they were held in the hospitals of Cojutepeque, Ilobasco and Sensuntepeque, with 60 attendees.

4 Hospital training sessions on the use of antiseptics and disinfectants: they were held in 4 hospitals with the participation of 20 attendees each, a total of 80 attendees.

1 Training meeting of the Hospital component: attendees were personnel from the Cojutepeque hospital, with 30 attendees.

2 Sessions on standards of intervention Hospital: We carried out in hospitals of Ilobasco and Cojutepeque, with 30 attendees in every session; a total of 60 attendees.

1 Hospital session on theoretical-practical contents on hand-washing techniques: it was held at hospital de Suchitoto with the participation of 30 attendees.

## **OTHER ACTIVITIES**

- Accompaniment to Central Level Personnel for external evaluation of Health Care Unit of Potrero Sula.
- Support to the central level in USANYM External evaluation of the Health Care Unit El Paraíso Chalatenango.
- Support in IVVA Session, to SIBASI Cuscatán and Cabañas and Ilobasco hospital.
- Workshop on Family Health Care skills for Regional Facilitator's training.
- Support in coordination and organization to film a video.
- Support the Region in appointing new personnel.
- Support in validation of MADLAC instrument.
- Support to regional activity on quality.
- Workshop to validate integral interventions planning guide.
- Evaluation Session of new Prenatal Model.
- Workshop on FP consultancy for promoters.
- Meeting of skills for the Family Health Care model.
- Training on FP technical guide consultancy to promoters. Cabañas.
- Workshop on FP consultancy and Tiarht Law for Zacatecoluca and Sensuntepeque hospitals.
- Workshop on obstetric skills.
- Prenatal Model Evaluation Meeting.

**SAN VICENTE SIBASI**

**Monitoring Activities in Health Care Establishments**

Throughout the year, we carried out the following monitoring visits:

**Health Care Unit of San Nicolás Lempa (4 visits)**

We applied the monitoring IEC instrument, and monitored for compliance with the FP regulatory framework, monitoring guide for prenatal control at the health care establishments of the Paracentral region and monitoring instrument of the efficiency conditions for the quality of assistance of sick children with diarrhea and pneumonia at health care units. Besides, we applied a quick guide for the observation of the USANYM strategy and AIN strategy monitoring and dentistry component, we reviewed the nursing assistance protocols and biosafety measures that all health personnel must comply with.

**Health Care Unit of Verapaz (4 visits)**

We made a monitoring visit of the health care unit in Verapaz in the company of San Vicente SIBASI technical team in order to review the efficiency conditions of integral assistance for children under 5. We applied the IEC monitoring instrument and monitored for compliance with the regulatory framework in FP.

**Health Care Unit of San Sebastián (3 visits)**

We applied the monitoring instrument of the efficiency conditions for assistance quality of sick children with diarrhea and pneumonia at the health care unit and the score was 65%; they committed to improve those situations that still scored low in the evaluation. Besides, we applied the quick observation guide of the USANYM strategy and the monitoring of the AIN strategy and dentistry component. We reviewed the protocol of nursing assistance and biosafety measures that all health personnel must comply with.

**Health Care Unit of San Lorenzo (3 visits)**

We made a visit accompanying the regional technical team in order to monitor the family Health Model the correct filling out of family dossier. We applied the monitoring instrument for the efficiency conditions for the quality of assistance to sick children with diarrhea and pneumonia at the health care units; the result was 60% We applied an IEC monitoring instrument and monitored for compliance for the regulatory framework.

**Health Care Unit of Apastepeque (3 visits)**

We made a visit with a regional technical team to monitor and supervise the medication store house and pharmacy and also verified the operation of the nebulization and oral rehydration areas. We also applied the IEC monitoring instrument and monitored for compliance for the FP regulatory framework.

**Peripheral Health Care Unit of San Vicente (4 visits)**

We made a visit in the company of the regional technical team to monitor and supervise the medications store house and Pharmacy, besides we verified the operation of the nebulization and oral rehydration areas. We applied the monitoring instrument of the efficiency conditions for the quality of assistance for sick children with diarrhea and pneumonia at the health care units. The score was 53.8%. We applied the IEC monitoring instrument and monitored for compliance with the regulatory framework on family planning.

### **Health Care Unit of Santo Domingo (3 visits)**

We made a monitoring visit to the Health Care Unit in Santo Domingo and applied the monitoring instrument of the efficiency conditions for the quality of assistance to sick children with diarrhea and pneumonia at the Health Care unit. We made some recommendations to overcome the weaknesses found. We applied the IEC monitoring instrument and monitoring for compliance with FP regulatory framework, monitoring guide of prenatal control at health care establishments of the Paracentral region. Besides, we applied the quick guide of observation for the USANYM strategy and monitored the AIN strategy and dentistry component. We revised the protocols of nursing assistance and biosafety measures that all health personnel must comply with.

### **Health Care Unit of San Ildefonso (4 visits)**

We applied the monitoring instrument for the efficiency conditions for the quality of assistance for sick children with diarrhea or pneumonia stressing the search for warning signs in children under five applying the AIP/AIN strategy. They also committed to share the evaluation with the rest of the personnel from the health care unit, in order to follow up recommendations and commitments. We applied the monitoring guide for pre natal control. We applied the IEC monitoring instrument and monitored for compliance of the FP regulatory framework.

### **Health Care Unit of San Carlos Lempa (3 visits)**

We applied the monitoring instrument for the efficiency conditions for the quality of assistance for sick children with diarrhea or pneumonia stressing the search for danger signs in children obtaining a score of 33.3 %, stressing the search for warning signs for children under 5 applying the AIEPI/AIN strategy. We applied the IEC monitoring compliance and FP framework and the monitoring guide of prenatal control at the Health care establishments of the Paracentral region.

### **Health Care Unit of Guadalupe (5 visits)**

We made a monitoring visit to the Health Care Unit of Guadalupe and applied the monitoring instrument for the efficiency conditions for the quality of assistance to sick children with diarrhea or pneumonia at the Health Care Units. The score was 64%, stressing on the search for warning signs in children under 5 applying the AIEPI/AIN strategy and applying the guide for integral assistance for children under 5 and we also applied the quick guide of USANYM observation strategy and monitored the AIN strategy and dentistry components. We revised the protocols of nursing assistance and biosafety measures that all health personnel must comply with. Besides we monitored the maternal program, the areas of nursing, production and distribution of Puriagua.

### **Health Care Unit of Santa Clara (3 visits)**

We made a monitoring visit of the efficiency conditions for the quality of assistance to the sick children with diarrhea and pneumonia at the health care unit. Their score was 51% stressing the search for danger signs in children under 5 applying the AIPI/AIN strategy. It is interesting that this is one of the few health care units that have scored “inefficient” since the very first evaluation. We applied the IEC monitoring instrument monitoring framework, guide of prenatal control at the Health establishments in the Paracentral region for compliance with the regulatory framework in FP, guide of monitoring of the control prenatal in establishments Health of the region Paracentral.

### **Health Care Unit of San Esteban Catarina (4 visits)**

We applied the monitoring instrument for the efficiency conditions for the quality of assistance to sick children with diarrhea and pneumonia at the health care units. The score was 76% stressing on the search for signs of danger in children under 5 applying the AIEPI/AIN strategy. It is interesting to note that this is one of the few health care unit that in its first evaluation has scored “mildly efficient”. We applied the IEC monitoring instrument and monitored for compliance with the FP regulatory

Framework, monitoring guide of prenatal control in the health establishments of the Paracentral region.

#### **Health Care Unit Tepetitán (2 visits)**

We applied the monitoring instrument of the efficiency conditions for the quality of assistance of sick children with diarrhea and pneumonia at Health Care Units, the score was 53%, highlighting the search for warning signs in children under 5 years applying the AIEPI/AIN strategy. There was also a commitment to share the evaluation with the rest of the personnel with the Health Care Unit in order to follow up recommendations and commitments.

#### **Health Care Unit of Tecoluca (3 visits)**

We applied the monitoring instrument of the efficiency conditions for the quality of assistance of sick children with diarrhea and pneumonia at the Health Care Units, highlighting the search for warning signs in children under 5 years applying the AIEPI/AIN strategy. We applied the IEC monitoring instrument and monitored for compliance with the FP regulatory framework, monitoring guide to prenatal control at the health establishment in the Paracentral region. Besides we applied a quick guide for the observation of the USANYM strategy and AIN strategy monitoring and dentistry component, we reviewed the nursing assistance protocols and biosafety measures that health personnel must comply with.

#### **Health Care Unit San Cayetano Istepeque (5 visits)**

We applied the monitoring IEC instrument, and monitored for compliance with the FP regulatory framework, monitoring guide for prenatal control at the health care establishments of the Paracentral region and monitoring instrument of the efficiency conditions for the quality of assistance of sick children with diarrhea and pneumonia at Health Care Units.

#### **Health Care Unit Mercedes La Ceiba (2 visits)**

We applied the quick guide of USANYM strategy compliance, and monitoring of AIN strategy and dentistry component, we revised the nursing assistance protocols and biosafety measures that all health personnel must comply with.

#### **National Hospital of Santa Gertrudis and National Hospital of Santa Teresa**

We applied the monitoring IEC instrument and monitoring to comply with the FP regulatory framework, monitoring guide for prenatal control at health establishments at the Paracentral region and monitoring instrument of the efficiency conditions for the quality in assistance of sick children with diarrhea and pneumonia at Health Care Units. Besides, we applied the quick guide of USANYM strategy compliance, and monitoring of AIN strategy and dentistry component, we reviewed the nursing assistance protocols and biosafety measures that all health personnel must comply with.

#### **Rural Nutrition Center of San Cayetano Istepeque Health Care Unit (2 visits)**

We made a monitoring visit explaining Center promoters the importance of AIN strategy application. We provided guidelines on technical-management activities of the Center, nutritional evaluation of children that use the Center and infrastructure inspection of the Center. We also supported planning, organization and execution of activities on behalf of the development of children in the rural center. Furniture, kitchen ware and educational material were delivered for nutritional assistance of children in the Center.

### **TRAINING SESSIONS ACCORDING TO IMPLEMENTATION PLAN**

## **MATERNAL / FP**

2 training workshops addressed to Youth Promoters: modular workshop to provide training on Sexual and Reproductive Education for 39 leading youths and 7 facilitators at first level of assistance in San Sebastián, Santo Domingo, San Vicente and San Esteban Catarina municipalities.

1 workshop to consolidate maternal mortality surveillance committees and to disclose technical guidelines to CVSMP at different levels of assistance: this activity was developed with the participation of 30 multidisciplinary attendees for 6 hospitals in the Paracentral region and 4 SIBASI'S.

6 workshops to disseminate the Technical Guide for Consultancy on FP services: it was developed for San Vicente and La Paz SIBASI, with a total of 160 attendees including physicians and nurses.

7 hospital apprenticeships for teenagers: this activity had 84 teenagers with the purpose of promoting the importance of in-hospital delivery in pregnant teenagers and women bearing their first child.

1 quarterly meeting with the committee and regional team of maternal mortality surveillance: This activity was executed with 22 attendees and outcomes from maternal and perinatal health care at the Paracentral Health Region were submitted.

1 evaluation session of the new prenatal model pilot plan: a meeting with 25 attendees in which the prenatal assistance model activities implemented in Ilobasco Net were evaluated.

1 training workshop on proper filling out of perinatal card, CLAP sheet at health care units: training workshop on proper filling out of CLAP sheet by health care personnel. We had 20 attendees.

## **INFANT / NUTRITION**

12 one-day feedback workshops addressed to volunteer advisors and health center personnel in which integration of AIN-AIEPI strategy was considered (warning signs in newborn and pregnant women): Activity developed at 12 Health Care Units of San Vicente SIBASI benefited by the project, with 123 attendees that evaluated AIN strategy progress.

5 training workshops for personnel (new) in charge of newborns in neonatal resuscitation after a delivery: activity addressed to 100 hospital attendees including physicians, nurses and anesthetists assisting deliveries, in order to certify their neonatal resuscitation skills.

4 training workshops for personnel in charge of neonatal transportation: certifying workshop of 168 multidisciplinary attendees including physicians, nurses and anesthetists from 6 hospitals at the Paracentral Health Region. The workshop was addressed to skills needed in critical newborn stabilization and transportation.

3 workshops to implement the Integral Assistance Guide of children under 5 years  
These workshops provided training on the Assistance Guide of children under 5 years to health care personnel including physicians and nurses from the Paracentral Health Region that assist children in health care establishments; we trained a total of 183 attendees.

3 training workshops addressed to advisors in new communities of USAID priority municipalities: training of 40 new AIN-C strategy volunteer advisors in new communities of Apastepeque, San Vicente and Tecoluca municipalities.

1 evaluating session of AIN- AIEPI strategy with 36 attendees; we evaluated AIN strategy progress at San Vicente SIBASI.

3 one-day evaluation sessions at SIBASI focused on AIN strategy with volunteer nutrition advisors: evaluating sessions on actions executed in AIN communities by volunteer nutrition advisors in municipalities supported by USAID/AID at San Vicente SIBASI with the participation of 58 attendees.

1 motivation gathering with volunteer nutrition advisors: Motivation meeting for 65 AIN-C strategy volunteer advisors. We evaluated operational actions executed in AIN communities by volunteer advisors in municipalities that have implemented the strategy.

1 training workshop addressed to health care personnel at different levels in the nutritional surveillance System: Activity developed with 35 attendees from Health Care Units at San Vicente SIBASI and the Technical Regional Team.

1 consolidated of AIN baseline: the activity was addressed to 41 health care attendees including physicians, nurses and health promoters to review the baseline of AIN communities at San Vicente SIBASI.

2 scientific sessions to update on breastfeeding and infant nutrition at hospital level: a Meeting with 80 hospital attendees including physicians, nurses and administrators. We updated them on breastfeeding and infant nutrition at hospital level.

13 scientific sessions to update on breastfeeding and infant nutrition at Health Care Unit level benefited by the project: this activity was carried out in 12 Health Care Units of San Vicente SIBASI benefited by the project, with 260 technical, administrative and community attendees.

## **COMMUNITY HEALTH/ MONITORING AND EVALUATION**

A one-day session at a Regional Level to write the annual regional and local Community Health operation plan: Activity developed with 35 Specific supervisors of the Paracentral Health Region for the preparation of the PAHO Community Health area

24 continuous education sessions (in different months) for volunteers of the community, with special attention on: VECO, Delivery plan and warning signs in pregnant women, newborn babies and puerperae, AIEPI-AIN, Community Reference System, Community Distribution of SRO, Puriagua and other preventive measures: Activity developed with the participation of 401 Members of Community Councils, managers of drinking water supply Systems of 12 beneficiary municipalities of the San Vicente SIBASI

1 three-day workshop, at Regional Level, to provide training on community AIEPI-AIN to newly-hired health promoters: A workshops to provide training to 25 Health promoters in assistance to children under 5 years through the Community AIEPI strategy

1 two-day training workshop on the model of orienting supervision to specific supervisors: a workshop in which we trained Specific supervisors of the Para Central Health Region on the Facilitating Supervision model, training to total of 29 attendees

1 three-day training session aimed to Family Health Care teams in new beneficiary municipalities: Activities developed for the expansion of the new model of assistance with key personnel in Health establishments of the San Vicente SIBASI, with the participation of 38 attendees.

3 Dissemination Sessions of the new Family Health Care model in new beneficiary municipalities: Activities developed with the participation of 21 attendees for the expansion of the new model of assistance, in establishments Health of the Health Care Units of the San Vicente SIBASI

2 quarterly sessions for evaluation of the Family Health Care model at Regional Level: Sessions to evaluate and analyze implementation of the Family Health Care model with the participation of 66 attendees from the first level of assistance

1 One-day workshops for the analysis of Community Health Information: Activity developed with the participation of 43 specific Community Health supervisors to Strengthen the Technical Capacity of specific supervisors in analysis of the Information to make decisions

2 Quarterly sessions for analysis and evaluation of management commitments and prioritized indicators: Evaluations developed with a total of 83 Health attendees to analyze commitments and prioritized indicators

One workshop to disclose the administration manual of health promoters and the new healthcare promoter job profile, addressed to the Regional Team, UME technicians, Health Care Units Directors and Specific Community Health Supervisors: Dissemination of the administration manual of health promoters with the participation of 45 specific supervisors and head physicians from Health Care Units at San Vicente SIBASI.

3 monthly sessions to review quality of health information at local level:  
To improve quality of information and encourage information analysis in order to take timely decisions; this activity was developed with 95 attendees.

2 quarterly evaluation sessions of health community activities: the purpose of this activity is to strengthen the work in the Community Health area through the analysis of information at regional level; this activity was developed with the participation of 75 specific supervisors and health community coordinators from 4 SIBASI'S at the Paracentral Health Region.

1 quarterly session of analysis and evaluation of hospital management: this activity was developed with 30 employees and the purpose was the quarterly evaluation of hospital management in 6 hospitals of the Paracentral region.

2 bimonthly evaluations and reviews of SIBASI information System at local level:  
This activity had 65 attendees in which data generated at first level of assistance and SIBASI was evaluated and validated through validation charts from primary sources.

1 workshop on basic care for newborns and warning signs addressed to new promoters: 29 health promoters participated in this activity acquiring skills to identify warning signs and newborn basic care.

## **IEC/ CCC**

One workshop to train IEC reference staff and to strengthen health training: this activity was developed to support the role of the reference local staff promoting health; we had 46 attendees including physicians, nurses and teachers.

1 semestrial evaluation session of the IEC/CCC plan activities: This activity was developed with 36 attendees, in which we shared progress on the application of IEC/CCC strategy at SIBASI level and we analyzed the corresponding outcomes.

1 session at SIBASI level to make IEC/CCC local plans operational: we executed this Activity with the participation of 50 attendees in which implementation progress of IEC/CCC plan were reviewed and the role of IEC reference staff was analyzed at local level.

1 regional meeting to make IEC guidelines operational based on the epidemiological situation/2008: this activity had 48 attendees that learned the guidelines to execute the IEC/CCC National Strategy Plan, 2008.

## **HOSPITAL INFECTIONS**

1 Bimonthly training Session to the committee of Hospital Infections from each hospital on technical guidelines on Infection Prevention: an Activity developed with the participation of 15 physicians, nurses, administrative.

1 Evaluation at a Regional Level on the work comprising both committees: Activity carried out by Hospital Infection Committees at Hospitals from the Health Paracentral Region in which 25 attendees were involved.

2 one-day Sessions at hospital level on theory-practical contents of standard intervention processes: hand washing, preparation of the skin, handling sterilized material, use of antiseptics, cleaning, disinfection and sterilization: an Activity in which 52 hospital attendees were involved, disclosing updated subjects on Hospital Infection Prevention standards.

## **OTHER ACTIVITIES**

- We held 21 managing meetings with the services provision team of the region and SIBASI, on planning of monitoring and supervision of the regional level and SIBASI.
- Support to the technical team of the region and San Vicente SIBASI in organization, planning and monitoring of shelters in municipalities of San Vicente, Tecoluca and La Herradura in La Paz for emergency caused by rains on the 12, 13, 14 and 15 of October in departments of San Vicente and La Paz.
- Support in execution of the *Clinical Assistance Guide for Children with Severe Malnutrition Course* at Hospital level to personnel from the HNSG of San Vicente held on the 9, 11, 23 and 26 of October, 2007.
- 2 Meetings with the Broadened Perinatal Maternal Committee of the San Vicente SIBASI being the objective the evaluation of maternal deaths occurred during 2007 in the department of San Vicente.
- Evaluation of the extension of services Program in San Vicente SIBASI mainly in municipalities of severe extreme poverty from the Red Solidaria Program (Santa Clara and San Esteban Catarina).

- Technical Support to the San Vicente SIBASI Team in evaluation of notification flow of HIV/AIDS cases and Dissemination of new formats for information registry that will be implemented starting in January 2008.
- Participation in Integral Health Care workshop in shelters at a Regional Level.
- Support in induction of the social service personnel, on topics of dengue, growth and development of children under 5.
- Support in monitoring the 5° session of national vaccination against influenza.
- Support in forming of the regional committee of patients with tuberculosis.
- Support in workshop on medicament needs estimation and medical supplies (FP, micronutrients and tuberculosis) to medical and managing personnel from Health Care Units.
- Support in training Physicians and Nurses from the San Vicente SIBASI and Hospital Santa Gertrudis in Guide of the Neonatal Screening of Innate Hypothyroidism.
- Support to the Rural Nutrition Center of San Cayetano Istepeque at the paintings allusive to the family contest.
- Training of the guide for attention to patients with Asthma, Pneumonia and Chronic Obstructive Disease in first level assistance.

## **EASTERN HEALTH REGION**

### **USULUTÁN SIBASI**

#### **MONITORING ACTIVITIES TO HEALTH ESTABLISHMENTS**

Along the year we carried out the following monitoring visits:

We carried out 20 monitoring visits to the Health Care Units of Corral de Mulas, Isla de Méndez, Alegría (2), Berlín, Mercedes Umaña, Estanzuelas, Nueva Granada, El Quebrado, Puerto Parada, Puerto El Triunfo, Santiago of María, Santa Elena, San Dionisio, the Molino, El Cerrito, California, Tecapán, the Espino and National Hospital of Jiquilisco.

#### **The Main findings were:**

- Lack of educational material on FP Component.
- Shortage of IUD in all Health establishments.
- Incomplete display with the basic offer of FP methods.
- Incomplete Obstetric Maps.
- FP Program with percentages lower than 50%.
- There is no graph of active FP users in situation hall.
- Family Health Care: incomplete folders, there are no file cards of intervention.
- Daily Activities Tabulator not updated.
- Monthly Analysis of SIP outcomes and interventions plan are made in Hospital de Usulután and Santiago de Maria.
- Evaluation of the new approach of prenatal assistance and evaluation of outcomes obtained in hospitals and Health Care Units of influence areas.

#### **Concepción Batres Health Care Unit (2 visits)**

There was no application of the AIEPI strategy in a 100% of cases of children under 5 years. Labor Plan is not being complied with 100% of pregnant women. No application of knowledge on basic

cause of death when they fill out correctly the death certificate. Concerning the Tiarht law, no abnormalities to be reported have been found yet, only that they lack educational material and it is not stored nor used properly since it is not available to the public. Obstetric map is not updated. Daily Activities Tabulator is not created; there is no registry from IEC/CCC strategies activities.

**Health Care Unit of Santa Elena (1 visit)**

Incomplete display with the basic offer of FP methods, obstetric maps of community areas are not complete some symbols are missing and also some are outdated, the director was recommended to update the obstetric maps and to follow-up health promoters in their communities.

**Nuevo Amanecer Health Care Unit (2 visits)**

No application of the AIEPI strategy was found in 100% of cases of children under 5 years old. Labor plan is not being complied with 100% of pregnant women.

**Estanzuelas Health Care Unit (1 visit)**

No application of AIEPI strategy in 100% of cases of children under 5 years. Labor Plan is not being complied with 100% of pregnant women. No application of knowledge on basic cause of death when they fill out correctly the death certificate.

**Tierra Blanca Health Care Unit (2 visits)**

Concerning the monitoring activities in assistance Program to children under 5 years, there are the following findings: there are no tallimeter, no hanging scales, filling of Integral Care sheet is not complete, growth and development graphs are not used, the psychomotor development scale was not found in any medical records.

**San Agustín Health Care Unit (1 visit)**

No application of AIEPI strategy in 100% of cases of children under 5 years old. Labor Plan is not being complied with 100% of pregnant women. Concerning the Tiarht law, there are no abnormalities to be reported so far, only that they lack educational material and it is not stored nor used correctly since is not made available to the public. Only some of the centers own an FP method exhibits.

**San Francisco Javier Health Care Unit (1 visit)**

There is no application of knowledge on basic cause of death to fill out the death certificate correctly. Some Health promoters lack the necessary equipment to weight children under 2 years of age and pregnant patients (Salter scales and bathroom scales, tallimeter, blood pressure meters, etc.)

**San José El Quebrado Health Care Unit (1 visit)**

Concerning Tiarht Law we have not found any irregularity to be reported. This health care unit has only one sampler of FP methods.

**National Hospital de Jiquilisco (2 visits)**

We were able to see that, so far, there is no use of the informed consent sheet for surgical sterilization and women are not signing it just before the proceeding, there is medication for a three months period, we were able to see that there is a very illustrative sampler in the area of external surgery and FP consultancy is being provided in area with privacy and confidentiality. Recommendations are oriented to: Make use of informed consent sheet with patients of surgical sterilization, stressing on the five points it includes and sign it prior to surgery.

**National Hospital of Jiquilisco (1 visit)**

Findings: Although they are providing FP counseling they are not using the ACCEDA method. In the area of hospital infections there is empowerment of the topic and the techniques to use to prevent infections in the neonate area and operation room.

**National Hospital of Santiago de Maria (1 visit)**

The promotional materials are being properly used in FP besides using the eligibility criteria chart in each user requiring the services. Not all service providers are making proper use of hand-washing in the hospital area.

**National Hospital of Usulután (1 visit)**

This Hospital is under reconstruction. There is good assistance and offer of FP services for users requesting it; they also have a suitable assortment and amount of methods.

**Healthcare Unit Puerto El Triunfo (1 visit)**

We monitor activities concerning prenatal assistance and found that the CLAP sheet is not being completed in full, number of unidentified pregnant women, the obstetric risk map is not updated, tension meters are not calibrated, uterine height is not measured, the patient is sometimes sent to private laboratories for tests and cabinet (USG), the patient does not receive proper counseling concerning FP methods during pre natal and patients wishing to be sterilized do not have the informed consent sheet filled out in pre natal.

**Health Care Unit El Cerrito (2 visits)**

Monitoring on pregnant women assistants according to the prenatal assistance model was made. We found that assistance to patients is made by an appointment System 7:30 a.m.; 8:30 a.m.; etc. The assistance protocol is applied according to the pre natal model. At the time of monitoring there are basic supplies for assistance. A review of dossiers shows that the CLAP sheet is not being filled out in full. Lab test information is not included in this sheet.

**Health Care Unit Salinas of Sisiguayo (1 visit)**

We found that verbal autopsy is not made for patients under 5 although they have the instruments to do it. We are recommended to make verbal autopsy to all patients under five whether their deaths occur away from, or at the hospital.

**Health Care Unit Ciudad El Triunfo (1 visit)**

We monitored the training for AIN/AIEPI volunteers in Canton the Palmera, the session was held at the health promoter headquarters.

**Health Care Unit Corral de Mulas (1 visit)**

We monitored the work at the health care unit concerning the family Health Care model, we found that the Health care unit has 100% coverage with Family file card prepared.

**Health Care Unit San Jorge (1 visit)**

Situation hall is no updated. Obstetric map is not updated. AIEPI is not applied to 100% of clinical dossiers. CLAP sheet is incomplete. The examination table and pediatric scale have already been delivered.

**Health Care Unit Alegría (1 visit)**

Obstetric map is not updated. Clap sheet is incomplete. AIEPI sheet is not complete and they are not using the new one. Situation hall is complete. We found that in prenatal approach the screening sheet does not have the stamp and signature of the person providing assistance, besides there are no containers to take Combur-Test.

**Health Care Unit Berlín (3visits)**

Situation hall is incomplete urban obstetric map is incomplete and not updated. They are not using the new AIEPI sheet; they are not applying the strategy to 100% of the dossiers. Prenatal approach has the screening sheet without stamp and signature of the person providing assistance besides there is a lack of containers for Combur0-Test. There is sub registration of patients in FP, active users is not updated with patients collected by health promoters.

There is no follow up in the maternal area for the new approach of pre natal assistance because of a lack of employees and supplies to develop the activities. The nutrition area is not holding regular monthly meetings although it has volunteer advisors trained. The IEC/CCC area is sending the monthly reports but there is no evidence of the activities developed daily.

**Health Care Unit Jucuarán (1 visit)**

There is no situation hall. There is no obstetrics map in the urban area. The AIEPE strategy is not applied to 100% of the clinical dossiers. The examination table and pediatric scale have already been delivered. Poor final disposal of bio infectious waste.

**Health Care Unit Mercedes Umaña (1 visit)**

Situation hall is updated. Obstetric map is not updated. Good final disposal of bio infectious waste. Prenatal approach has dossiers with incomplete CLAP sheets. There are no urine sample containers for Combur-Test. The Examination table and pediatric scale have already been delivered.

**Health Care Unit Puerto Parada (1 visit)**

Efficiency conditions, treatment not according to classification, scales of growth and development are no used and there is no reference to the health promoter. Delivery plan and obstetric map are not updated. The census of the pregnant women does not match with those in the obstetric map. Health promoters do not identify pregnant women in risk. IEC educational material is not properly used, stored and distributed to the different disciplines.

**Health Care Unit Ozatlán (1 visit)**

Efficiency conditions: The 48-hour control of patients with diarrhea and pneumonia is not performed and the control is not guaranteed treatment is not according to classification, besides there is no follow up from referrals from health promoters. Concerning AIN, suitable follow-up is provided for pregnant women with monthly weighing and a suitable provision of micro nutrients.

**Health Care Unit Ereaguayquin (1 visit)**

Concerning AIN: Monthly reports of activities for pregnant women are not made. Delivery plan: there is no proper follow up for pregnant women in risk. There are no internal audits of clinical dossiers. Community health: Health promoters do not provide suitable follow up for referral of pregnant women sent to health care units or hospitals, besides there is no timely detection of puerperae and newborns.

**Health Care Unit Santa Elena (1 visit)**

Community Health: there is no timely detection of pregnant women in risk, there is no risk map. Delivery plan no internal audits are made to clinical dossiers of pregnant women, CLPA sheet incomplete, pregnant women census does not match with obstetric map.

**Health Care Unit Isla de Méndez (1 visit)**

We evaluated efficiency conditions and they scored 45%. IEC strategy does not send monthly report of activities report. There is no control concerning deliveries from the health care unit to the promoter and from the promoter to users in the FP area, nor is the eligibility criteria chart used.

**Health House of Moropala.**

There is no obstetric risk map. There are no physician visits scheduled. They are made nearly every six months. Patients needing referral are sent to El Transito health care unit.

**Health promoter's headquarter Canton El Ojusthe.**

We found that the promoter's 7-chart book is not updated. Community follow up sheets of pregnant women, purperae and newborn are not updated; We recommended visits to pregnant women, purperae and newborns at the same time of filling out the sheet because he does so until he returns to the headquarters.

**Health promoter's headquarter of Canton Joya del Tomasico**

Headquarters messy and dirty, there is no community Health Committee and there is no Community risk Map.

**TRAINING SESSIONS ACCORDING TO IMPLEMENTATION PLAN**

**MATERNAL/FP**

Three training sessions on FP counseling manual for health personnel: 84 persons.

Six workshops of adolescent promoters' formation as facilitators with "Education for Life" manual: There were 48 young attendees in 8-hour sessions. The units that participated were: Health Care Unit from San José El Quebrado, El Espino, Corral de Mulas, and Usulután and Jiquilisco hospitals.

Three sessions on contraceptive technology updates for physicians and nurses: 8 hours long with the participation of physicians and nurses from different health care centers from Usulután SIBASI. 75 attendees.

One Counseling Replica on permanent FP methods to Hospital personnel. 45 attendees.

Three monthly CVSMP operation evaluations of one operating in each Hospital: with 45 attendees from different disciplines.

One dissemination and practice session for the use of educational groups guide for pregnant women: Session held with 20 attendees to socialize the educational groups guide.

Two monthly meetings for dissemination of the outcomes in each SIBASI with 1<sup>o</sup> and 2<sup>o</sup> level of attention: Session held with 22 attendees.

One bimonthly meeting for evaluation and follow-up of the new prenatal assistance model: It was done with 25 multidisciplinary personnel attendees with the goal of measuring the impact of the pilot plan of the new prenatal assistance model in the area of Santiago de Maria.

**INFANT/NUTRITION**

One evaluation session of AIN/AIEPI impact strategy: 20 attendees.

One STABLE certification course of: Course with 15 attendees.

Four Resuscitation courses in Neonatal Hospitals: A total of 63 people were involved, and was held in every hospital.

One motivational gathering with volunteer nutrition advisors: It was carried out with 35 attendees.

Three self evaluation sessions in each Hospital to be recertified as IHAN in order to implement an improvement plan based on the outcomes: A total of 60 attendees.

Five training sessions for AIN/AIEPI Volunteer Advisors in the new communities: Training was provided to an average of 25 volunteer advisors in Health Care Units from Tierra Blanca, Jiquilisco's jurisdiction, Ereaguayquin, Ciudad El Triunfo, San Francisco Javier and El Cerrito, Santiago de Maria jurisdiction.

Three sessions to promote breastfeeding, exclusive in equal number of hospitals in the Eastern region: Three sessions were carried out in each hospital with 120 attendees, including users and health care personnel.

Two updating sessions on knowledge concerning safe water management for human consumption, use of dipcell, addressed to environmental sanitation inspectors, health promoters and community leaders: Two sessions were held, one in Alegría and another one in Usulután with 50 attendees among health promoters, environmental sanitation inspectors and community leaders with the objective of updating their knowledge on safe water and use of dipcell, improving the quality of drinking water.

One continuous educational session to volunteer counseling facilitators: It was held with 25 attendees to update the knowledge for AIN volunteer advisors from the whole department.

## **COMMUNITY HEALTH/ MONITORING AND EVALUATION**

1 quarterly session to review the quality of health information at local level: A session held with 35 US physician directors aimed to improve the quality of information and at the same time its flow to SIBASI and Health Care Unit then to the Health Region.

1 Quarterly one-day-session at SIBASI level for evaluation and analysis of services: One session was carried out with 35 attendees in order to analyze the production of services from each health care unit and determine the intervention areas.

8 Training sessions for community leaders on health issues emphasizing on VECO: A session was held In each health care unit: Alegría, Berlín, Mercedes Umaña, Ozatlán, Tierra Blanca, San Jorge, Concepción Batres and El Cerrito, with 160 attendees.

One-day sessions, at SIBASI level, to disseminate the new Management Manual and new healthcare promoter job profile addressed to health promoters: 160 attendees.

## **IEC/CCC**

2 semiannual evaluation sessions of the IEC/CCC local strategy: They were held with 60 attendees.

1 meeting for preparing IEC operative plans at Regional, SIBASI and local level: 8-hour sessions were carried out with 20 attendees who act as IEC/CCC referring personnel from each Usulután SIBASI center.

1 session to create operational guidelines and draft IEC/CCC plan based on epidemiological situation at regional, SIBASI and local levels: 25 attendees.

1 workshop to train IEC/CCC referring personnel on monitoring and evaluation at regional, SIBASI and local levels: Session carried out with regional educators, 15 attendees. It was aimed to train on monitoring and evaluation of IEC/CCC strategy.

4 IEC strategy dissemination sessions delivered by Specific Supervisors for Health Promoters and drafting of IEC community plan: They were held with 157 attendees to disseminate IEC/CCC strategy for specific community health promoters and supervisors and at the same time drafting the community plan.

Two training sessions on basic conceptualization for Health Promoting, its strategies, activities, drafting plans, programs and projects, use of statistics instruments, and also drafting the role and duties of Health Promotion Referring personnel: 40 attendees

## **HOSPITAL INFECTIONS**

1 semiannual dissemination session of the epidemiological surveillance outcomes of hospital infections: A Session with 19 nurses from Hospital Nacional San Pedro of Usulután to disclose results obtained from hospital infection cases.

1 meeting for joint analysis of hospital infection surveillance outcomes, Hospital of Jiquilisco: Session held at National Hospital of Jiquilisco with multidisciplinary personnel, 10 attendees, to analyze the most frequent hospital infections at Jiquilisco hospital and potential measures to overcome such problem.

## **OTHER ACTIVITIES**

- Opening of World Breastfeeding Week.
- Meeting on training for continuous improvement of quality.
- Workshop on skills in assistance of children under 5 (AIEPI).
- Preliminary Meeting with facilitators and peri-natal AIEPI.
- Workshop on obstetric skills.
- Meeting for Public – Private alliances.
- Workshop to form the department committee to eradicate and control Rabies.

## **SAN MIGUEL SIBASI**

### **MONITORING ACTIVITIES TO HEALTH ESTABLISHMENTS**

We made monitoring visits to the following health care establishments:

#### **Health Care Unit Chirilagua (4 visits)**

We monitored the commitment for improvement left in the monitoring of efficiency conditions, where we find that they have been taken into account and implemented, mainly concerning filling out AIEPI

forms, nebulization and oral rehydration therapy. AIN-C volunteers are receiving support on the development of their activities, the person in charge reports that they already made the census.

#### **Health Care Unit San Pedro Chirilagua (4 visits)**

Counseling volunteer activities have been supported and followed up. It is recommended to continue supporting personnel at the center in order to keep up the volunteering spirit. We have made two follow up visits to the efficiency conditions for infant health care.

#### **Health Care Unit El Cuco (3 visits)**

During monitoring with regional and SIBASI technician teams, we have repeatedly found an incomplete situation hall: delayed epidemiologic data, outdated obstetric/risk map. This situation has been partially corrected; obstetrics area data are kept updated. FP users card holder has been updated; the pharmacy is stocked with the basic supply for health services. AIN-C strategy remains active, with volunteers reporting to the health center with the support from health promoters, however we recommend personnel to provide more support for volunteers along with community health personnel.

#### **Health Care Unit Chinameca (3 visits)**

Monitoring efficiency conditions in treatment of children with diarrhea and pneumonia. We are providing support in revision of pharmacy items, URO and nebulization area, and also in revision of dossiers. The health care establishment has shown interest in complying with the regulation to provide health care to children and pregnant women.

#### **Health Care Unit Placitas (4 visits)**

This health care establishment has favorably accepted all the suggestions made at monitoring sessions; they have goods skills in filling out the integral health care sheet for children under five, we have corrected deficiencies in URO and nebulizations areas. No educational activities have been recorded in matrixes, according to what has been written concerning IEC, these actions are to be disseminated regularly, these are not to be exclusively for a small group but must include all personnel. Situation halls are 2 weeks behind schedule. The health care unit is supplied with the basic FP offer, keeping a good record of the cardex of active users. The educational poster of basic offer is not on display.

#### **Health Care Unit Las Marías (2 visits)**

Health care establishment with IEC referring personnel with enthusiastic disposition for work, it records the activities, but it lacks support from the rest of the personnel. Management of medical records in mother-infant areas, with only a few remarks. Areas of management and epidemiological information (situation halls) is updated, the director manages information efficiently; nebulizations and URO areas have all basic equipment.

#### **Health Care Unit Jucuapa (2 visits)**

We monitored medical-clinical records with child care, deficiencies were found in their filling out of the AIEPI sheet. They were reminded that when a finding area is open, the rest of the boxes must be evaluated and marked as required. Nebulization and oral rehydration areas are well kept. All medical records from pregnant women are handled according to regulation; filling out of the basic Perinatal sheet is done properly.

#### **Health Care Unit San Buenaventura (3 visits)**

We congratulated the director of the center because their AIEPI sheets had been properly filled out and for the quality care provided to children by child-care personnel by keeping good infants and morbidity controls. We reviewed the suggestions in monitoring visits concerning efficiency, and they

have made some corrections. We suggested their reviewing dosage assignment pursuant to the medication standards for the area of nebulizations and extend it to the personnel. In maternal area, they are doing a good job in filling out the basic perinatal sheet, delivery plan sheets. The center is making extra efforts (financing transportation) to promote delivery at the hospital, even though they lack personal funds for self recuperation. The obstetric map is updated according to the indications from the MOH.

**Health Care Unit Tongolona (1 visit)**

The FP file card holder is not being kept according to the standards; directions are provided for its use. No activities are being reported concerning IEC. The fact that the preventive area must be prioritized was stated in a general meeting, therefore the educational issue must be the axis for such actions, therefore the activities and record keeping should be a task for everybody.

**Health Care Unit San Rafael Oriente (1 visit)**

There were evident faults in handling mother / infant standards at the health care establishment and this is shown in the dossier the FP area has enough supply of the basic offer, but the card holder is not kept according to standards.

**Hospital San Juan de Dios, San Miguel (3 visits)**

The delivery areas have been monitored concerning follow up on Newborn assistance to apply the knowledge from NRP and STABLE courses by personnel trained, evaluation file cards are being sent they have been providing attention to the Ongoing Quality Improvement Project, from the baseline to the acquired commitment actions in order to follow up.

**Hospital San Francisco Gotera “Héctor Hernández Flores” (5 visits)**

The base perinatal sheet is not being filled put properly, some fields are left blank. No monitoring is being made on assistance, to verify the application of skills learned from NRP courses.

**Hospital Santa Rosa de Lima (6 visits)**

The Delivery areas have been monitored concerning follow up assistance to apply knowledge from NRP and STABLE courses by personnel trained. This hospital is not sending the evaluation file cards. The person in charge says that the hours assigned in the institution do not match with delivery verification. This hospital is rated as mildly efficient concerning efficiency conditions for infant health care, but it is note worthy that in delivery and hospitalization areas are individually “EFFICIENT”. The emergency unit has the worst failures; therefore the corresponding observations are made.

**Hospital La Unión (6 visits)**

Delivery areas have been monitored concerning follow up of RN assistance in the application of knowledge from NRP and STABLE courses by personnel trained. Such assistance has not been verified. It is requested that they be sent monthly to the Eastern Health Region. They have been providing attention to the Ongoing Quality Improvement Project, from the baseline to the acquired commitment actions in order to follow up. There have been no meetings with the same personnel since the activity started. The team has agreed with the hospital director to provide such follow up evaluations on the efficiency conditions for infant health care in all hospital areas, have been developed. Its general rating is “Mildly efficient for infant Health Care” and observations have been made to correct them in the short, mid, and long term.

**Hospital Nueva Guadalupe (5 visits)**

Monitoring is filled out in full in the base perinatal sheet and alert curve. NRP instructors are making monitoring of deliveries for skills. Such personnel play a significant role to support maintenance of this quality tool.

### **Hospital Ciudad Barrios, “Monseñor Oscar Romero” (3 visits)**

Completing Perinatal Base sheets is poor and partogram is incomplete. Informed consent sheet is not being completed for patients in surgical sterilization. It is fairly efficient in the evaluation of efficiency conditions for infant healthcare; however delivery areas and hospitalization are individually rated “EFFICIENT”. The emergency unit has the worst failures. There for the corresponding observations are made so that in future monitoring it may rate as the other areas.

### **Hospital Santiago of María (3 visits)**

Doing monitoring visits to evaluate efficiency conditions in infant health care this hospital rated “EFFICIENT”. Nevertheless, the emergency area must be revised because the high score in delivery and hospitalization disguises the “Mildly Efficient” of emergencies commitments are being made for an ongoing improvement.

### **Hospital San Pedro, Usulután (2 visits)**

It scores “Mildly Efficient” in the evaluation of efficiency conditions for infant health care, reaching an efficiency level only in the delivery area. Here, the perinatal base sheet, and the partogram are filled out correctly. We found that patients taken from there to surgical sterilization bear the informed consent sheet.

### **Health Care Unit Quelepa (1 visit)**

Contraceptives logistic System is properly kept. Card holder is not updated completing sheet for children under five are correct. There are problems in consigning the application of vaccines in some dossiers, including the vaccination book filling out the perinatal base sheet is complete. The obstetric map is updated, however it is recommended to keep confidentiality of patients in the list.

### **Health Care Unit Lolotique (1 visit)**

This establishment is rated as “Mildly efficient for infant health care”. Observations are made to correct some issues and improve the score. Observations are made in the FP area for better handling of the card holder. This establishment carries the basin FP offer. Concerning IEC, there is no optimal use of educational resources.

### **Health Care Unit Pasaquina (1 visit)**

This establishment is rated “Mildly efficient for infant Health Care”. The worst deficiency is in the Head Office and Human Relations Performance. There are problems in Environmental Sanitation area, mainly in the larva infestation indexes in its AGI. The situation hall is outdated so some recommendations are provided to improve in those issues.

## **TRAINING SESSIONS ACCORDING TO THE IMPLEMENTATION PLAN.**

### **COMMUNITY HEALTH/ MONITORING AND EVALUATION**

2 Workshops to provide training on the supervision model addressed to newly hired specific supervisors. This workshop provided training on the facilitating supervision model for specific supervisors for ROS. 60 persons trained.

2 Sessions to strengthen the referral and return System in providing maternal infant and nutrition services. 50 key actors from health establishments participated in this activity to strengthen the referral and return System.

Regional Session to draft the Community Health OAP. An activity with 35 Specific Supervisors to draft Operational Annual Plan at the Community area.

12 Training sessions on the Family Health Care Model. These activities were developed to extend the new health care model for 100% of personnel at health care establishment.

1 Quarterly Session for Analysis and Evaluation of Hospital performance. A session to evaluate and analyze the activities from the hospitals, 20 key hospital employees.

3 quarterly sessions to analyze and evaluate performance commitments and prioritized indicators. Evaluations developed with a total of 75 health employees (25 each) to analyze commitments and prioritized indicators.

2 Sessions to disclose the administration manual addressed to Health Promoters. Dissemination of technical / administration for Health Promoters for 60 specific supervisors.

6 dissemination Sessions of the family Health Model for key personnel from the Health sector. Dissemination of FH model for 120 key employees from the Health sector.

4 Training sessions for health promoters and specific supervisors on the new Family Health Model. Training for Health Promoters and Specific Supervisors on the new FH model.

4 Quarterly sessions at SIBASI level. One day sessions to evaluate and analyze production of services. Sessions to evaluate and analyze production of services was 140 ROS first level personnel

## **MATERNAL / FP**

4 Dissemination Workshops on the Technical Guide for counseling on FP Service provision. Developed for San Miguel and Morazán SIBASI with a total of 120 attendees.

2 Dissemination and implementation Sessions on the forms for the maternal perinatal mortality surveillance System for personnel in the first and second level of Health Care. An activity and participation of 50 multidisciplinary employees to learn about handling the new maternal perinatal mortality surveillance forms.

6 Sessions to provide feedback on Health personnel knowledge of basic cause of death records. An activity with 150 multidisciplinary employees to renew their knowledge on correct healing of forms concerning basic cause of death in death records.

18 monthly sessions to evaluate the functioning on CSMP performance in each hospital. Monthly participation of 207 multidisciplinary employees members of the hospital surveillance committees to evaluate events Morbimortality maternal and perinatal events.

14 Training sessions on contraceptive technology. An activity for personnel for the first and second level of attention to update on the FP area, for a total attendance of 312 persons.

2 Dissemination Sessions of the delivery plan impact in the first and second level of attention. Evaluation of the scope and impact the delivery plan has had in the different levels of attention. 60 attendees.

14 Awareness Sessions on the Delivery Plan at community and first level. An activity was used to permeate the delivery plan strategy for personnel in this level of attention, with 100 attendees.

1 Strengthening session on the use and interpretation of SIP. A meeting to strengthen health personnel in the use and interpretation of the information offered by SIP; with 30 employees among physicians, nurses and statistics personnel.

1 4-month session. An activity to evaluate the information gathered in the SIP from ROS, developed with 25 employees associated with the analysis and collection of data

1 Workshop to form youth promoters. Modular workshop for training on reproductive health for 12 youth leaders in the first level of attention.

1 Session to replicate the teen age content for teenagers with the education for life manual. Session for youth facilitators to replicate with 20 teenagers knowledge on reproductive health.

2 Quarterly sessions on regional committees evaluation, extension of maternal and perinatal health surveillance (SIBASI /hospital): A Meeting of the extended Committees of maternal and perinatal health surveillance to evaluate events in this area with 30 multidisciplinary employees.

1 Workshop to Disseminate and follow up the perinatal, neonatal infant and child mortality surveillance guide. An activity developed with 40 multidisciplinary employees.

1 monthly technical meeting with personnel in charge of gynecology and neonatology from referral and return hospitals. A meeting with 32 key employees to strengthen the referral and return System.

## **INFANT / NUTRITION**

2 training Workshops on “Breastfeeding Counseling” addressed to first and second level personnel training. A modular workshop developed with 40 persons, one for hospital personnel and another for multidisciplinary personnel from the first level of the San Miguel SIBASI.

Standardization Workshop on anthropometric measuring for health promoters. An activity developed for 15 promoters from San Miguel SIBASI unit to homologate the technique for anthropometric measuring of children and pregnant women.

Nine Certification Workshops on neonatal Resuscitation addressed to personnel assisting Newborn at the hospital. An activity addressed to hospital and health care unit personnel assisting deliveries in order to certify their skills on neonatal resuscitation. 135 employees trained.

Twelve STABLE Courses at hospitals from the Eastern Region. A certification workshop concerning skills to stabilize and transport critical Newborn of in hospitals of the Eastern Region. Workshop on certification of the skills for stabilizing and transporting critical Newborn, with the attendance of multidisciplinary employees from nine hospitals of the Eastern Region. 180 employees trained.

Ongoing education sessions for facilitators of volunteer advisors. Session to update facilitators for AIN-C forming strategy volunteers. 25 employees (nurses and health promoters).

1 Meeting to validate with the region the standards in prenatal delivery and puerperium. A session to disclose evaluation instruments of efficiency conditions in infant assistance. Thirty physicians and nurses.

4 Training sessions for AIN/AIEPI volunteer advisors at the new communities. Forming new volunteers AIN-C strategy.

2 Gatherings motivational gathering with nutrition volunteer nutrition advisors: Motivation meeting for 29 AIN-C strategy volunteer advisors from the region.

Training sessions on danger signs of pregnant women and the newborn. Training for 25 AIN-C volunteer facilitators on specific issues.

9 Self evaluation Sessions at hospitals to recertify as HAN, to implement improvement plan from results. Meetings for health personnel members of the Breastfeeding committees and hospital key personnel (a total of 135 persons) to analyze self evaluation and seek areas to improve in order to request recertification as IHAN.

Workshop to form facilitators on AIN strategy. A workshop to for a team of facilitators to train AIN-C volunteers.

9 Exclusive breastfeeding promotion sessions in the same number of hospitals in the Eastern Region.

1 Evaluation Session of AIN/AIEPI strategy at the AIN municipalities. Progress in AIN strategy was evaluated with the participation of 20 employees.

3 Training sessions on danger signs among pregnant women and newborn, addressed to existing volunteer advisors. Training provided to 100 CVN.

3 training workshops on the new clinical AIEPI. Workshops to train health personnel in handling the guide to assist children under five, for 120 employees assisting children in the health establishments.

4 Sessions to update knowledge in handling safe water for human consumption. Updating knowledge on handling safe water for 100 employees from the health sector in the region.

### **IEC/ CCC**

1 IEC/CCC evaluation session with the participation of 25 IEC referrals in the first level of attention.

2 Workshops to draft the IEC/CCC local strategy of health care units and hospitals. Drafting local plans to implement IEC/CCC strategy.

8 Dissemination Sessions of the IEC strategy by specific supervisors to health promoters and drafting the IEC community plan.

3 Training sessions on basic conceptualization of Health promotion. A session developed with IEC referrals for training on health promotion.

1 semestrial evaluation session on IEC strategy on regional level with 16 IEC key referrals at regional level.

### **OTHER ACTIVITIES**

- Evaluation Session of statistic information at Regional Level.
- Meeting on training for ongoing quality improvement.
- Preliminary meeting on AIEPI perinatal.
- Obstetric skills Workshop.
- Meeting of public-private Alliances.

## **6.2 Challenges found and solutions proposed:**

### **Challenges:**

In general the different SIBASI continue facing the same challenges:

- A better integration of the monitoring teams is necessary establishing a common objective displaying team work rather than having each one looking after a separate program.
- Monitoring is suspended before any other activity they are not prioritized.
- Suspension of activities already scheduled.
- Poor coordination with activities of some components such as FP.
- Little regional involvement in hospital activities.
- Lack of technological employees to support all activities

### **Solutions:**

- Always set up a monthly monitoring schedule to develop and do not improvise.
- Make better use of the technicians by trying to make a larger number of monitoring visits to the establishment addressed to the different programs.
- Perform more continuous monitoring by the SIBASI technical team to the local level through a preset monthly schedule.
- Maintain but integrate a larger number of disciplines in scheduling monthly activities in order to dedicate time in their agendas and not make any suspension and not make later suspensions.
- Make monthly scheduling as a team to prevent any conflict with other activities and make a better assignment of the equipment available. Coordinate with hospitals to be able to use their equipment.
- Innovate strategies to favor strategies that favor the closeness of the Regions to their hospitals, for example the Joint Hospital and Regional Programming of hospital level activities such as the ones directed to Infection Prevention; another way may be invite the regions to participate in the hospital committees meetings, etc.

## **7. ADMINISTRATION**

During the fiscal year 2008 the following activities were attained:

### **Financing:**

During the fiscal year: October 2007- September 2008, the following activities were attained through purchase orders in administration support:

**Financial Management:**

1. Refurbishing Original Development Centers for Obstetric, Neonatal and FP skills in each of the Healthcare regions.

Furniture and equipment were purchased for these centers, electronic equipment and tables and chairs for SIBASI auditoriums in San Miguel San Vicente and Cojutepeque. These same centers were opened in the five regions of the country the symbolic act was performed in the Western Region.

2. Purchase of basic items to strengthen rural nutrition centers from the five regions of the country and Milk Expression kits were delivered to 96 healthcare units, and during the world *Breastfeeding Week* celebration 134 banners, 1000 folders and 1000trifold leaflets were prepared.
3. Purchase of basic items to strengthen and prevent mother infant hospital infections for all the hospitals in the country. It was made in three deliveries. Two of the three deliveries were already completed.

Fore the infections component we purchased

- 61 copies of control of transmissible illnesses in men
  - 40 copies of Infection Prevention
  - 40 copies of the Guide for Hospital Infection Control
  - 12 sets of “APIC TEXT of Infection Control Epidemiology” V1, V2 and author index of CD.
4. WE received 6 containers with material, equipment and medical supplies from the United States; we processed the exemption through the American embassy and USAID. An event was prepared to make an official delivery to the Ministry of Health, with the participation of USAID, URC, and Ministry of Health Authorities.
  5. WE received the donation of 5,000 posters from the university “JOHNS HOPKINS” from Miami to strengthen counseling in contraceptive methods for FP. They were delivered to MOH.
  6. During this year, we processed 40 purchase orders to print materials and purchase hospital medical supplies delivered to the Ministry of Health:

Technical Guides for counseling on:

• Providing FP Services	3,500
• Family Dossiers	40,000
• Childhood Assistance File cards	197,700
• Youth Assistance File cards	180,000
• Adult Assistance File cards (a)	205,000
• Family Intervention File cards	140,000
• Risk Classification File cards	100,000
• Sanitary Diagnosis File cards	5,000
• Copies of Community F Report	500 (KPC)
• Growth Graph Sheets	450,000
• Family Planning, Subsequent Sheet	120,000
• Perinatal System I. technical Guide	1.500

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• DVD and CDs. AIEPI Material	1,400
• Partograms	1,300
• Cytology Sheets	40,000
• Perinatal Sheets	1,500
• Maternal Card	90,000
• Cytology card	200,000
• Reproductive Health Forms	32,500
• Screening Sheets	7,000
• P.R Result Records Sheets	140 Blocks
• Eligibility posters	1,050
• Youth Assistance Card	80,000
• Clinical History Sheets	40,000
• Body Mass Evaluation Sheets	80,000
• Check Lists	5,000
• “STABLE” Course Diploma	1,000
• Cline Slides for “PAP” Cases	2,000
• Citobrush	2,000
• Units Adult Manual Resuscitator	56
• Units Neonate Manual Resuscitator	49
• Units Endotraqueal Tubes	560
• Units Umbilical Clamps	30,000
• Units Secretion Aspiration Sucker	153
• Units Combustest Kit	100
• Units Glucometre	20
• Units Clotocotest	100
• Units Baby test	100
• Plastic Containers to Collect Urine Specimen	8,000
• Multicolumn Books	570
• Bakelite Cases for Cover Glass	300
• Units Oral Mercury Thermometers	1,080
• Units Rubber Stamps with Ink Pads	453
• Units Measuring Tapes	540
• Flash Lights with Batteries	560
• Third National Census Report Books	1,000
• Third National Census Posters	4,500
• Third National Census Three Fold Leaflet	9,500
• Third National Census Folder	500
• World Breastfeeding Week Folder	1,000
• World Breastfeeding Week Trifold Leaflet	1,000

7. Financing of Scientific Events

MOH requested financial support for officers to attend scientific congress. USAID endorsed these requested and authorized URC to pay for the registration of the National Events and International trips. For the later negotiation is made through an agreement through USAID. Next the Necessary arrangements are made for such trips. The events are the following:

- Neonate Central American Congress, Guatemala City, with the participation of 5 physicians of MOH and 1 URC physician.
- Updating and recertification of the STABLE program, Miami, Florida, with the attendance of 3 physicians.
- Updating knowledge on techniques for taking samples and study of vitamin A, Guatemala, with the attendance of 4 nutritionists
- Iber-American Congress on Neonatology, Mar de Plata Argentina with the attendance of 4 physicians.
- XXVI Central American Congress on Gynecology and Obstetrics, El Salvador, with the attendance of 27 physicians.
- National Congress of Infectology, with the attendance of 68 physicians and nurses
- XX national Congress of Pediatrics with the attendance of 96 physicians and nurses

#### 8. Recruitment of Consultancies

Management support in recruitment processes in the following consultancies:

- Design of the model to evaluate and draft community diagnosis and plan actions of health in communities served by MOH health promoters.
- Consultancy to conduct the presses of review and redesign the curricula of basic and continuous training of health promoters and specific supervisor of community health.
- International Consultancy to the external evaluation process of initiatives from Child Friendly Hospitals and “Breastfeeding”.
- Consultancy in Neonatal mortality for Hospital Infections Baseline in Hospitals from the National Health Network from El Salvador.
- Consultancy to collect information on the potential use of family remittances for Health services in the municipalities of Chinameca and San Rafael Obrajuelo, in the frame of the Strengthening Health Project.
- National consultancy to make a survey on the use of the health information System in decision making and characterized perception personnel has on the different levels of negotiations on MOH.

#### 9. Bid Process

Purchasing processes were made for:

- Bidding an award of film equipment to produce an edit the audio visual and radio educational material for the MOH health promotion unit.
- Bid for computer equipment included in the 2008 work plan (43 desktop computers, 2 Laptop computers laptop, 45 UPS, 46 Office license, 46 antivirus software and 3 printers). This process is ready for awarding.
- Administration

10. Awarding process for the purchase of medical supply pending from the 2007 plan was completed. Mother infant components were delivered to MOH.

11. We have received all the necessary information for faithful performance of “BRANDING”. In order to better understand and put into practice this information was translated into Spanish.
12. Logistic support for training events:
  - In different places of the country with the logistic support of management took place, 1,657 training events, (requested).
13. General administration performance and physical resources and supplies
  - Preparing and sending monthly financial reports to URC in Bethesda.
  - Preparing and sending VAT reports of the project for the months of June-December and January- April 2008.
  - We sent for translation the quarterly and annual reports and 2008 work plan for translation from Spanish to English.
  - We visited San Miguel, Usulután, San Vicente y Cojutepeque, SIBASI to verify and make an inventory of the equipment we have purchased.
  - Renewal of life, medical hospital insurance policies for staff; we also renewed vehicle fire, theft, electronic equipment, and transportation equipment policies.
  - Prepare and review general inventory.
  - Maintenance painting the office and placing signs in all the departments.
  - Evaluations were made and staff contracts were renewed.
  - We had the visit of Anne Fitzgerald and explained the processes and management operation of our office.
14. Hiring and Resignations
  - The head of URC group, Dr. Reinaldo Grueso left the country; Dr. Francisco Vallejo F. took his place.
  - Mary Drake also left the country and Dra. Emilia Gudelia Hernández was hired to take her place.
  - Andrew Dorin retired in our head office in Bethesda and Anne Fitzgerald took his place