

## Data Sheet

<b>USAID Mission:</b>	El Salvador
<b>Program Title:</b>	Health of Women and Children
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	519-003
<b>Proposed FY 2004 Obligation:</b>	\$6,234,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2005 Obligation:</b>	\$0
<b>Year of Initial Obligation:</b>	FY 1997
<b>Year of Final Obligation:</b>	FY 2004

**Summary:** USAID's health program is improving child survival through activities that provide water supply and sanitation services to rural communities that reduce diarrheal disease; prevention and control of sexually transmitted diseases including HIV/AIDS, support for Ministry of Health (MOH) efforts to decentralize the planning and management of health services at the local levels, and support to the MOH and nongovernmental organizations' (NGOs') efforts to improve quality of and access to reproductive health services and practices--especially for rural women and adolescents.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Ministry of health decentralization (\$300,000 CSH). USAID-financed technical assistance to the MOH will help make community-level health services more efficient. Assistance to the MOH will support a legal framework for the SIBASI (basic integrated health system) structure. USAID will continue to provide technical assistance targeted to strengthen administration of human resources, supply management, program monitoring, maintenance and budgeting at both the central and the SIBASI levels. The principal contractor is: Abt Associates, Inc.

Maternal and reproductive health (\$3,600,000 CSH). USAID will fund MOH monitoring, training and technical assistance in: a) prenatal, delivery and postpartum care, including training 325 nurses, to improve emergency obstetrical care in the seven USAID supported SIBASIs; b) family planning counseling and services for mothers and families, including training 500 health promoters, 118 nurses and 336 doctors; c) community education to increase knowledge of family planning and reproductive health care; d) prevention of pregnancies and sexually transmitted diseases among adolescents; and e) contraceptive logistics system improvements. In addition, USAID support to the Salvadoran Demographic Association (SDA) will enable it to generate income to cover 85% of operating costs while providing family planning services to 38,250 rural women and extending family planning services to approximately 10,100 new users. SDA will also provide maternal health care services to 118,600 women and health care services to 14,000 children. The final results of the 2003 National Family Health Survey (FESAL) will be disseminated. Family planning agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy. Principal contractors and grantees are: the Salvadoran Demographic Association, the U.S. Centers for Disease Control and Prevention (CDC), the University of North Carolina, and John Snow, Inc.

Child survival (\$1,834,000 CSH). USAID will provide technical assistance, monitoring, training, and select commodities to the MOH to help: a) improve referrals between rural health promoters and health facilities; b) continue support for the Integrated Management of Childhood Illnesses (IMCI) strategy, emphasizing five danger signs and five basic practices related to newborn care; c) monitor births in 28 maternity hospitals and increase the number of health units under this program from 50 to 300 nationwide; d) expand nutrition interventions to 300 high-risk rural communities to prevent malnutrition in young children and pregnant women; and e) expand breastfeeding counseling at the local level in 100 health facilities. The expected impact is a decrease in infant morbidity and mortality due to timelier, higher quality care

received by newborns. Four rural water systems will be constructed for at least 15,000 rural beneficiaries along with the provision of latrines and intensive community health education. The expected impact is a 26% decrease in diarrhea-incidence in young children at project sites. USAID will continue to address and control dengue fever with community-based interventions that include municipal offices, schools, and other nonhealth personnel. The expected impact of these interventions is an increase in behaviors related to mosquito vector control and a subsequent decrease in larval infestation and dengue cases. Principal contractors and grantees are CARE, Management Sciences for Health (BASICS II), and the Academy for Educational Development (CHANGE).

HIV/AIDS (\$500,000 CSH). USAID will continue to play a lead role as a member of El Salvador's country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria coordinating committee. USAID-financed technical assistance to the MOH will expand voluntary HIV counseling and testing (VCT) to target members of specific high-prevalence groups, as well as pregnant women. In addition, technical assistance to NGOs will help prevent and control HIV/AIDS among these high-risk groups. Principal contractors are Population Services International (PASMO) and the Academy for Educational Development (CHANGE).

**FY 2005 Program:**

Activities implemented under this SO will be completed by June 2005. This SO will be followed by a new SO titled "Investing in People: Healthier, Better Educated People" (519-023).

**Performance and Results:** The National Family Health Survey (FESAL), carried out by the Salvadoran Demographic Association with substantial USAID-financed technical assistance was completed in late 2003. Close coordination and support was provided by public institutions and other donors such as the Pan American Health Organization, UNICEF and the U.N. Population Fund. Results, released to the public in October 2003, showed impressive improvements in El Salvador during 1998-2003, the period of the current USAID health strategy. FESAL results show an increase in the contraceptive prevalence rate from 60% in 1998 to 67% in 2003; a drop in the infant mortality rate from 35 in 1998 to 25 in 2003; an increase in the percentage of births attended by trained personnel from 58% in 1998 to 69% in 2003; and an increase in the percentage of respondents with access to potable water from 57% in 1998 to 63% in 2003.

With USAID support, the MOH initiated decentralization in four specific administrative areas: supply management, human resources, maintenance and financing. USAID technical assistance assisted the MOH by detecting deficiencies in the decentralization process and providing tools to correct them.

USAID has strengthened the MOH contraceptive logistics system by training 1,919 personnel. Also as a result of USAID's intervention, MOH rural health promoters have increased community-based contraceptive distribution by 29%. SDA clinics provided 100,185 maternal health care consultations and 12,673 child health care consultations. SDA's network of over 700 rural promoters referred 43,876 women for family planning, prenatal, and delivery services.

USAID funded training of 780 volunteer nutrition counselors in Integrated Nutrition Care to serve approximately 5,845 young children and 766 pregnant women living in rural areas. A total of 373 doctors and nurses were trained in the IMCI strategy, and 360 registered and auxiliary nurses were trained at the hospital level on Monitoring and Direct Support for Breastfeeding. Over 1,588 health promoters, 250 nutritional volunteers, and 1,218 nurses were trained nationwide in the prevention of anemia while 645 doctors were trained in neonatal resuscitation.

It is expected that by June 2005, the decentralization of health services in rural areas will have improved the efficiency and quality of service delivery in the seven local health districts assisted by USAID. Improved health services will reduce malnutrition among rural children; increase the quality of newborn care; increase access to contraceptives; increase the quality and use of antenatal, delivery and postpartum care; decrease diarrhea among young children; and increase knowledge and practices related to HIV/AIDS prevention.

## US Financing in Thousands of Dollars

El Salvador

519-003 Health of Women and Children	CSH	DA	ESF
<b>Through September 30, 2002</b>			
Obligations	39,882	148,922	36,610
Expenditures	30,313	147,851	36,610
Unliquidated	9,569	1,071	0
<b>Fiscal Year 2003</b>			
Obligations	9,800	0	0
Expenditures	7,113	242	0
<b>Through September 30, 2003</b>			
Obligations	49,682	148,922	36,610
Expenditures	37,426	148,093	36,610
Unliquidated	12,256	829	0
<b>Prior Year Unobligated Funds</b>			
Obligations	0	0	0
<b>Planned Fiscal Year 2004 NOA</b>			
Obligations	7,150	0	0
<b>Total Planned Fiscal Year 2004</b>			
Obligations	7,150	0	0
<b>Proposed Fiscal Year 2005 NOA</b>			
Obligations	0	0	0
Future Obligations	0	0	0
Est. Total Cost	56,832	148,922	36,610