



EL SALVADOR FINAL REPORT

June 1998–August 2005

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

USAID
FROM THE AMERICAN PEOPLE



Final Report
for the
Implementing AIDS Prevention
and Care (IMPACT) Project in
El Salvador



June 1998 to August 2005



El Salvador Final Report

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TABLE OF CONTENTS

GLOSSARY OF ACRONYMS	2
EXECUTIVE SUMMARY	3
PROGRAM STRATEGIES, IMPLEMENTATION AND RESULTS	4
Introduction	4
Country Context	4
Program Strategies and Activities	4
Implementation and Management	6
El Salvador Program Timeline	7
Program Results	8
LESSONS LEARNED AND RECOMMENDATIONS	9
IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS	10
ATTACHMENTS	11
A. Country Program Financial Summary	11
B. Technical Assistance Roster	12
C. Bibliography of Resources Published with FHI Support	13

GLOSSARY OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
CONASIDA	Comisión Nacional de SIDA México
FHI	Family Health International
FY	Fiscal year
HIV	Human immunodeficiency virus
IMPACT	Implementing AIDS Prevention and Care Project
M&E	Monitoring and evaluation
MOH	Ministry of Health
NACP	National AIDS Control Program
NGO	Nongovernmental organization
PASCA	El Proyecto Acción SIDA de Centroamérica
SALSA	Salvadoreños Saludables
STI	Sexually transmitted infection
TA	Technical assistance
VCT	Voluntary counseling and testing
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

The Implementing AIDS Prevention and Care (IMPACT) Project in El Salvador focused on two crucial elements of HIV prevention and care: voluntary counseling and testing (VCT), and sexually transmitted infection (STI) services. These two activities achieved IMPACT's direct and intensive assistance to the El Salvador Ministry of Health (MOH), for activities in these two areas accomplished the project's stated goal: "to enhance and strengthen VCT programs throughout the country and strengthen the STI program in the MOH/National AIDS Control Program (NACP)." The program was a success, in spite of delays caused by the devastation from Hurricane Mitch in 1998, a dengue fever outbreak in 2000, and a catastrophic earthquake in 2001.

The MOH/NACP made implementing VCT a priority, emphasizing the importance of training health professionals in counseling and testing. Consequently, IMPACT supported a VCT specialist to

- train facilitators and trainers in counseling and testing
- conduct evaluation and follow-up visits to the trained facilitators and trainers
- draft a manual for training facilitators in counseling and testing

The first edition of the facilitators' training manual was printed and distributed in 1999. Its success led to publication of a second edition the following year. IMPACT continued to support implementation of the national VCT program through the development of monitoring and evaluation (M&E) tools for VCT as well as workshops and refresher courses for staff of governmental and nongovernmental organizations (NGOs).

VCT activities in El Salvador were further strengthened through FHI-sponsorship of study tours for three government representatives to the Comisión Nacional de SIDA México (CONASIDA) program in 2000. FHI also sponsored three participants to attend CONASIDA's hotline operations training in Mexico in 2001, and FHI staff attended and presented at El Salvador's first and second national congresses on STI/HIV/AIDS.

To achieve the goal of creating STI services, an IMPACT-supported STI specialist provided technical assistance on the STI component of NACP's workplan. Part of this work included co-facilitation of a five-day, stakeholders' workshop to develop guidelines for STI treatment in El Salvador. With the new guidelines, the consultant outlined recommendations and next steps for the NACP/MOH. With IMPACT's support, the MOH completed and disseminated the new national guidelines for treatment of STIs. At the request of the NACP, FHI supported the participation of the STI consultant at El Salvador's First Congress on STI/HIV/AIDS.

PROGRAM STRATEGIES, IMPLEMENTATION AND RESULTS

Introduction

IMPACT received \$340,000 in field support funds from the El Salvador Mission of the U.S. Agency for International Development (USAID) to enhance and strengthen VCT and STI programs throughout the country. IMPACT activities focused on providing VCT training and strengthening the STI program in the MOH and NACP.

Activities were on hold for the first half of FY 2001 due to a national dengue emergency and an ensuing series of earthquakes. These events led to a reallocation of USAID funding that temporarily reduced support for HIV/AIDS activities. IMPACT activities resumed in April 2001.

Country Context

El Salvador, situated on the Pacific coast of Central America, has a population of about 6.6 million. Almost 90 percent are of mixed Indian and Spanish descent, and virtually all speak Spanish. About 1.7 million people live in the capital city of San Salvador and an estimated 42 percent of the country's population live in rural areas.

There is limited HIV prevalence data for El Salvador. Passive surveillance is used to report cases of HIV infection and AIDS, which often results in underreporting. An estimated 0.6 percent of El Salvador's adult population was living with HIV/AIDS at the end of 1999, and there were 2,344 cumulative AIDS cases as of 1998. However, the few prevalence surveys available indicate that a low-level epidemic is concentrated in population groups that practice high-risk sexual behaviors. The MOH reported that HIV prevalence in 2003 was 16 percent among street-based sex workers, and a 2004 UNAIDS report stated that the number of HIV infections was rising in El Salvador.

Program Strategies and Activities

FHI collaboration with the MOH/NACP resulted in a workplan responsive to national program needs and complementary to activities undertaken by Proyecto Acción SIDA de Centroamérica (PASCA). IMPACT activities in El Salvador concentrated on three areas: VCT, STI services, and capacity strengthening.

STRATEGY 1: Enhance and strengthen the capacity of the MOH, NACP and local organizations to provide high-quality VCT services.

One of IMPACT's major contributions to El Salvador's NACP was technical assistance in VCT, including the following activities:

- IMPACT developed and field-tested a draft manual that addressed the needs of health workers and educators in El Salvador.
- After two peer review consultants provided extensive feedback on the draft in January 1999, *Facilitation Skills Manual on HIV/AIDS Counseling and Testing Training and Education* was produced, printed, and disseminated.
- After receiving feedback and recommendations, the second edition of the manual was printed in August 2002.
- Between 1998 and 2001, 180 healthcare personnel were trained in four five-day training-of-trainers sessions.
- An FHI VCT specialist-consultant monitored and supported the 180 new trainers during subsequent training sessions in 1999 and 2000.

- The VCT specialist-consultant also worked with hospitals, health departments, and health units to monitor their implementation of VCT and provide support and assistance, when necessary.
- The VCT specialist-consultant worked with the NACP to develop M&E indicators and tools for VCT. Among other things, these tools measured the infrastructure and management of counseling and testing centers, the percent of population covered, the availability and training of counselors, and the availability of counseling materials.

In addition to the training and support assistance outlined, FHI/IMPACT also helped expand the concept of counseling by facilitating the training of MOH staff in implementing a telephone hotline. Three participants traveled to Mexico for a three-week training course on the HIV hotline operations of TelSIDA, which was inaugurated by the Comisión Nacional de SIDA México (CONASIDA). The three participants represented the MOH as well as the NGO Asociación Alacatl, and they developed a plan with their TelSIDA mentors to outline the implementation of a hotline for El Salvador. As FY 2001 ended, the MOH had appointed a hotline coordinator and procured equipment for the office.

Continuing its support for El Salvador's VCT services, IMPACT participated in a USAID-sponsored HIV/AIDS coordination meeting of stakeholders and collaborating agencies in February 2003. Following that meeting, IMPACT provided technical assistance to the NACP to develop and publish a practical guide for VCT for health professionals, which included a VCT referral protocol algorithm. This guide was developed with the participation of the MOH, USAID, the Medical Entomology Research Training Unit of the US Centers for Disease Control and Prevention, and other stakeholders. After its completion in March 2003, IMPACT supported printing 5,000 copies and implemented a national training and distribution program, in conjunction with UNICEF and the MOH. Nationally, 1,000 participants received this training.

STRATEGY 2: Develop, promote, and implement norms and strategies to improve the quality of STI services.

An FHI-supported STI consultant provided technical assistance on the STI component of NACP's workplan. The consultant laid out plans for a situational analysis on STIs, a gonococcal validation study, and an algorithm validation study for vaginal discharge.

Together with the MOH, the consultant co-facilitated a five-day stakeholders' workshop to develop guidelines for STI care and treatment in El Salvador. Participants' feedback contributed to draft guidelines. With IMPACT support, the MOH completed new national guidelines and published them in September 2000.

STRATEGY 3: Enhance and strengthen the capacity of the MOH/ NACP and local organizations.

During the first half of FY 2004, IMPACT supported attendance of eight governmental and nongovernmental representatives at the CONASIDA regional conference in Panama.

Remaining IMPACT funds were used to contract a consultant, who traveled from Mexico to El Salvador to provide intensive training and technical assistance for representatives from Entre Amigos, an NGO that works with men who have sex with men, and Flor De Piedra, an NGO that works with sex workers. The training was in proposal development, including assistance on the techniques and strategies of writing successful proposals. The deliverable was a draft proposal from Flor de Piedra and Entre Amigos to the Global Fund for a capacity-building project for NGOs.

Implementation and Management

During IMPACT activities in El Salvador, FHI did not maintain a permanent presence in the country. A VCT consultant and STI consultant provided much of the technical support, while FHI/Arlington provided ongoing technical and programmatic support.

Though the initial workplan included the hiring of a local STI coordinator, support for this position was not consistent because of the rapid turnover of NACP directors. In June 1999, the new NACP head cancelled the MOH request to FHI to support hiring for this position, and activities continued with the help of consultants.

Program Results

The three strategies resulted in significant program outputs, both in materials and capacity development.

Materials

- Two editions of a VCT training manual were published.
- STI guidelines were developed.
- A VCT toolkit was translated and published.
- *VCT Practical Guide* was published and 5,000 copies disseminated.

Capacity Development:

- Four training-of-trainers courses were held for 180 participants.
- Representatives of 14 NGOs received VCT training.
- Nationally, 1,000 people were trained to use the published guide for VCT services.
- The VCT consultant observed, monitored, and supported trainings in 13 regions of the country.
- Three persons received HIV/AIDS hotline training in Mexico.
- Eight national staff attended an HIV/AIDS conference in Panama.
- Two NGOs were strengthened.

Service outputs are also evident. As a direct result of IMPACT's VCT training program with MOH staff, VCT is being implemented in 50 health establishments in El Salvador.

LESSONS LEARNED AND RECOMMENDATIONS

Several unanticipated occurrences—both man-made and natural—lent the El Salvador program its most valuable lesson: the ability to be flexible is a key to effective programming. The challenges that reinforced this lesson are listed below.

National emergencies

Several natural disasters caused delays in IMPACT program activities. Hurricane Mitch hit El Salvador in October 1998, forcing postponement of training sessions in some regions. The VCT consultant could not observe all 13 training sessions throughout the country during October and November 1998, as planned. A national dengue emergency from October to December 2000 also led to a delay in activities. Earthquakes then affected El Salvador in January 2001, followed by continued tremors in February. Activities were postponed for several months, and USAID funding was reallocated for these disasters, temporarily reducing funds for HIV/AIDS activities.

Turnovers and changing priorities within government agencies

Frequent turnover within El Salvador's government resulted in shifting priorities for the MOH. IMPACT worked with three NACP directors, each of whom had different ideas about the scope of work for HIV/AIDS activities. These changing priorities required that IMPACT periodically review and revise its workplans. For example, 1998 and 1999 workplans had proposed hiring a local STI coordinator, but the NACP director who took over in June 1999 no longer supported this idea. FHI thus continued to provide technical assistance through an STI consultant.

Funding shortfalls

A funding shortfall occurred midway through FY 1998 because of the high burn-rate associated with start-up, combined with annual fund disbursement. IMPACT had difficulty securing advance USAID funding, which caused breaks in programming while awaiting new FY funds. This led to a lack of continuity for program activities, frustration among stakeholders, and dependence on consultants, rather than on long-term staff.

IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

No subagreements were awarded under IMPACT/El Salvador.

ATTACHMENTS

A. Country Program Financial Summary

Since June 1998, USAID/El Salvador has committed \$340,000 in program support funds to IMPACT; there were no subproject allocations. No funds were allocated between FY 02 and FY 05. Since FY 02, activities have used funds from the remaining pipeline.

As of August 2005, life of project expenses totaled \$337,904.

B. Technical Assistance Roster

Date	Purpose	Person weeks
June 1998	To develop a technical assistance plan for IMPACT to the NACP, responsive to the needs identified by the MOH and USAID; to orient the VCT consultant providing technical assistance and training to the MOH; to develop a workplan for production of an HIV counseling and testing training methodology, curriculum, and manual, as well as training for trainers.	3
August 1998	To validate the draft VCT manual with health professionals with experience in HIV/AIDS; to facilitate a five-day training-of-trainers workshop in counseling and testing and methodologies in HIV/AIDS education and prevention, using the manual.	2
September 1998	To assist with planning and facilitation of PASCA's operational planning workshop; to develop a workplan and budget for technical assistance.	3
November 1998	To supervise all participants in facilitation training as they perform their duties as trainers, providing feedback and technical assistance, as necessary.	4
December 1998	To support the MOH/NACP director in the development of the SALSA workplan; to determine what technical assistance was needed to support the MOH/NACP; and to discuss and develop the scope of work of a local STI consultant.	1
January 1999	To thoroughly review details of the VCT manual and prepare a final version for publishing	2
March 1999	To make recommendations on the MOH/SALSA workplan; to develop a workplan for technical assistance from IMPACT to the SALSA project; to develop a detailed scope of work for the consultant in STIs; and to review the terms of reference of the local STI coordinator.	1
September 1999	To obtain feedback on the implementation of VCT and on support groups for people living with HIV/AIDS, relatives, and health workers; to co-facilitate training with the MOH for selected health workers in HIV/AIDS-prevention education and VCT; to ensure VCT guidelines were consistent throughout all sectors; and to train NGOs working in VCT.	3
October 1999	To assist the MOH in the final preparations and facilitation of a workshop on STIs for stakeholders.	1
August 2000	To participate and present at the First Congress on STI/HIV/AIDS in El Salvador.	1
September 2000	To provide technical assistance to the NACP and MOH in implementing high-quality VCT for organizations working with people living with HIV/AIDS and with high-risk populations; to supervise organizations already offering VCT services; to validate M&E instruments for VCT services; to initiate a pilot project for M&E of counseling services in the Santa Ana region.	4
September 2000	To draft the FY 01 IMPACT technical assistance workplan and budget; to conduct a programmatic visit for IMPACT's activities.	1
September 2001	To accompany the VCT consultant and the technical officer in their work with the MOH in establishing a pilot monitoring and evaluation site in the SILBASI of Santa Ana; to participate in the Second National Congress on STI/HIV/AIDS; to develop the FY 02 workplan and budget for IMPACT's work.	2
February 2003	To participate in a stakeholders' VCT and surveillance working-group meeting, hosted by USAID/El Salvador; to share information about FY 03 activities of cooperating agencies and coordinate efforts.	1
September 2004	To support the NGOs Entre Amigos and Flor de Piedra, through rapid training and specific technical support, to develop a project proposal for the Global Fund.	1


C. Bibliography of Resources Published with FHI Support

El Salvador Ministry of Health/FHI. 1999. *Manual de consejeria sobre el VIH/SIDA para personal de salud*. VCT training manual.

El Salvador Ministry of Health/FHI. 2000. *Guidelines for the Treatment of STIs*.

El Salvador Ministry of Health/FHI. 2003. *The Practical Guide for Voluntary Testing and Counseling, with a Referral Protocol Algorithm for Health Professionals*. VCT practical guide.

El Salvador Ministry of Health/FHI. 1999. *Facilitation Skills Manual on HIV/AIDS Counseling and Testing Training and Education*.



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