



**Evaluation
Report 2005-2007**

**Supporting
Maternal Health,
Child Survival
And Healthy
Lifestyles
In Young People**

FCH-SIDA

**Family and Community Health
Area
PAHO/WHO
March 2007**

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I. Supporting Maternal Health, Child Survival and Healthy Lifestyles in Young People 2005-2007. PAHO/SIDA Initiative Narrative Evaluation Report 2005-2006

A. Introduction

The PAHO/SIDA initiative “Family and Community Health Initiative: Supporting Maternal Health, Child Survival and Healthy Lifestyles in Young People” 2005-2007, has succeeded in meeting technical cooperation needs in Honduras, Nicaragua, Guatemala, El Salvador through a regional approach. A regional approach comprehends the implementation of strategies and activities that make it possible to address common problems, share knowledge and experiences, and obtain results beyond national borders to achieve economy of scale.

This initiative is guided by five main principals –the Millennium Development Goals (MDG) 3, 4, 5, and 6, human rights and equality, gender, participation, and harmonization with Country Cooperation Strategies (CCS) with priorities of other agencies, and with a sector-wide approach and poverty reduction strategies.



New developments. This initiative has been innovative in its inter-programmatic design, which entails collaboration between gender, sexual and reproductive health, HIV/Aids, child and adolescent health, and nutrition thematic areas. These thematic areas are covered by four PAHO units and programs which are part of the Family and Community Health (FCH) Area: FCH/Child and Adolescent Health (CA), including Nutrition; FCH/HIV (AI); and FCH/Center for Perinatology and Human Development (CLAP). Reasons supporting such an approach are: a) the commitment to promote the UN Millennium Development Goals and provide Universal Access to HIV/AIDS prevention, treatment, and care; and b) the increasing demand for sexual and reproductive health services, including HIV/AIDS/STI, by youth and

health professionals; and c) Interagency and inter-unit collaboration.

The inter-programmatic nature of the initiative at regional, subregional and country levels has been potentiated through the use of PAHO management tools for planning. Expected results and indicators are linked to the biennium planning budget (BPB), at the regional, subregional and national levels. This success of the initiative has convinced the PAHO counterparts to adopt the inter-programmatic approach with collaboration and joint planning occurring between relevant technical units in the Ministries of Health in participating countries.

Emphasis has also been placed on increasing the country focus and it was agreed that at least 50 percent of financial resources must be transferred to the country level for implementation of the initiative at this level. The use of results-based management, which includes common clear expected results and indicators built with the consensus of the technical units and countries involved, allows for timely monitoring of progress and space for adjustments where needed.

The strategic focus of the PAHO/SIDA initiative is:

- a) Support priority and high-impact countries to attain the Millennium Development Goals (MDG) regarding Infant and Maternal Mortality and the transmission of HIV/AIDS, and support the implementation of the World Health Organization (WHO) initiative for universal access to prevention, treatment, and care.
- b) Prioritize and target actions in Sexual and Reproductive Health (SRH) to vulnerable and high-risk populations (mother-child, youth, poor and indigenous populations)
- c) Provide the FCH Area's technical cooperation in a comprehensive and integrated manner, with the participation of relevant FCH units and other PAHO units, in relevant settings and levels (health services, family and community) with a life-cycle, gender and participatory approach.

These lines of actions are elaborated below.

a. Support of the MDGs. FCH/CA-ADH/AI have committed to MDGs 3, 4, 5 and 6 by ensuring that countries invest in adolescent sexual and reproductive health. Under MDG 3, the FCH Unit works together with the Gender, Ethnicity and Health Unit (GE) in the promotion of gender equality and the empowerment of adolescent girls.

Under MDG 4, FCH/CA-ADH is committed to the reduction of child mortality under age 5 by working in adolescent pregnancy prevention and focusing on adolescent child care, using a risk approach with adolescent mothers. This is crucial because adolescent mothers have two times higher risk of having low birth weight babies, three times more risk of having a premature birth and their offspring are more likely to get sick, be malnourish, and experience abuse.

FCH/CA-ADH, along with the CLAP & Women and Maternal Health Unit, supports our member states in the achievements of MDG 5. Improving maternal health in the Americas is relevant given that young women represent 10-35 percent of maternal mortality cases, reaching 50 percent in El Salvador in 2006. Adolescent mothers are 2 times more likely than their adult counterparts to die from pregnancy-related causes (specially those mothers under the age of fifteen). In the region, 20 percent of births are to adolescent mothers, and 35 – 50 percent of these births are unplanned. Poor adolescents are three times more likely to give birth. Further, unmet needs to space births are 2.3 times higher among



adolescents than adults, and 40 percent of unsafe abortions are performed on women 15 to 24 years old.

In terms of achieving MDG 6, FCH/CA-ADH/AI is supporting countries in the implementation of evidence-based, cost-effective interventions for the prevention of HIV/AIDS in young people, who are among the most affected by the epidemic.

Investing in youth HIV prevention is crucial. According to the UNAIDS 2006 Report on the global AIDS epidemic, it is estimated that 700,000 youth in the Americas live with HIV/AIDS. Most of the cases are affecting women and are registered in low income households. In the Caribbean, 1.6 percent of women between 15 to 25 years old lived with HIV/AIDS in 2004. In Latin America the numbers for this age group were 0.3 percent among women and 0.5 percent among men. Additionally, condom use remains low: Among sexually active males 15-24 years old, 22 percent in Bolivia, 12 percent in Nicaragua, 9 percent in Mexico, 39 percent in the Dominican Republic and 25 percent in Haiti report the use of condoms.

b. Demand for sexual and reproductive health (SRH) services, including HIV. Fundamental reasons to expand and provide quality SRH services include a lack of family planning among adolescents, 40 percent of pregnancies are unplanned; the unmet needs for contraception use, for 2006 the numbers were 48 percent in Honduras, 38 percent in Guatemala and 36 percent in Nicaragua, that reflect the lack of access to adequate services. Moreover, the larger demand overlaps with an increase in awareness from country officials about the need to invest in youth sexual and reproductive health.

Another issue impacting ASRH, especially that of young women, is the prevailing inequality that exists in relationships between women and men. The entrenched *machista* culture found at all levels of society throughout Latin America, implies expectations of women's monogamy and sexual submissiveness that puts them at



greater risk of gender-based violence, intimidation and coercive sex. Although women may have access to information on health promotion and STI/HIV prevention, their capacity to make decisions and access resources based on this knowledge may be limited. The situation is often exacerbated for marginalized women, namely poor and indigenous women and those who live in rural areas. These social disadvantages manifest as serious health consequences in terms of early maternity, birth complications, and exposure to sexual transmitted infections, which is noted in the increasing feminization of the HIV/Aids epidemic. The importance of empowering young women, thus goes hand in hand with sensitizing young men, to

ensure that both men and women are able to make informed decisions on when, with whom and under what conditions they engage in sexual activity.

c. Interagency and Inter-unit collaboration. International agreements (MDGs, universal access to HIV/AIDS, and UNGASS Declaration) and the scarcity of new external resources coming into the Americas has served as a synergetic force for multilateral organizations, and as a way to prioritize effective approaches to health and development. On one hand, in order of avoid replication of efforts, multilaterals have come together and created a joint plan of action. The interagency collaboration in Honduras, to which the SIDA initiative provides support, serves as an example of harmonization among UN agencies, international NGO's and bilateral agencies. On the other hand, the debatable priorities and unclear lines of accountability on the allocation of funds by international agencies continue to be a concern for the proper approach to health and development. In the case of the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, most of the \$0.88 billion approved funding for Latin America and the Caribbean is focalized on treatment of the 3 diseases giving lesser emphasis on innovative prevention approaches in general and on youth in particular.

The UNAIDS focus shift from the concentration of financial and human resources on the 3 by 5 treatment initiative, to a more integrated approach of universal access to build treatment capacity and strengthen AIDS prevention deserves particular attention given the strong interagency collaboration with PAHO. Finally, the management changes in the United Nations, including the new secretary general and the ongoing programmatic and managerial reform requires a harmonization of efforts and technical cooperation among all UN agencies to improve efficiency, transparency and accountability.

B. Organizational structure

The following section describes the organizational structure of the 2006-2007 PAHO/SIDA project: "Supporting Maternal Health, Child Survival And Healthy Lifestyles in young People." During the first project meeting, the project managers assigned responsibilities to each of the parts, identified the core principles of the project, distributed a basic information kit about the project, and put together the organizational chart of the initiative. Below is a description of all the tasks:

1. Responsibilities

- Project Director- responsible of the inter-programmatic products, the achievements of the expected results, and the financial execution of the Project. Chief of the Family and Community Health Area.
- Project Administrator- responsible of the Project administration at the Regional and Subregional levels.
- Subregional Project Coordinator- responsible of planning, implementing, monitoring, and evaluating the expected results' activities and achievements in each country in sound coordination with the respective Focal Points and the Regional Coordinator.
- National Focal Points– each of the four focal points is responsible of planning, implementing, and evaluating the Project at the local level according to the respective country BPB.
- Regional Manager- Both of these focal points are responsible of the Project's operational management and of the sound Subregional and Regional inter-coordination.

- Technical Advisors— these focal points are responsible for the technical decisions at the Regional level, and for promoting the implementation of evidence-based interventions at the local level.
- Unit Chiefs – responsible for the supervision, monitoring and alignment of the initiative in the AOW, Biannual Planning Budget (BPB), and Quarterly Working Plan (PTS).
- Regional Coordinator- responsible for coordinating the team activities at the Regional level and Subregional level, and supporting the Family and Community activities.

2. The following Core Principles of the Initiative were agreed:

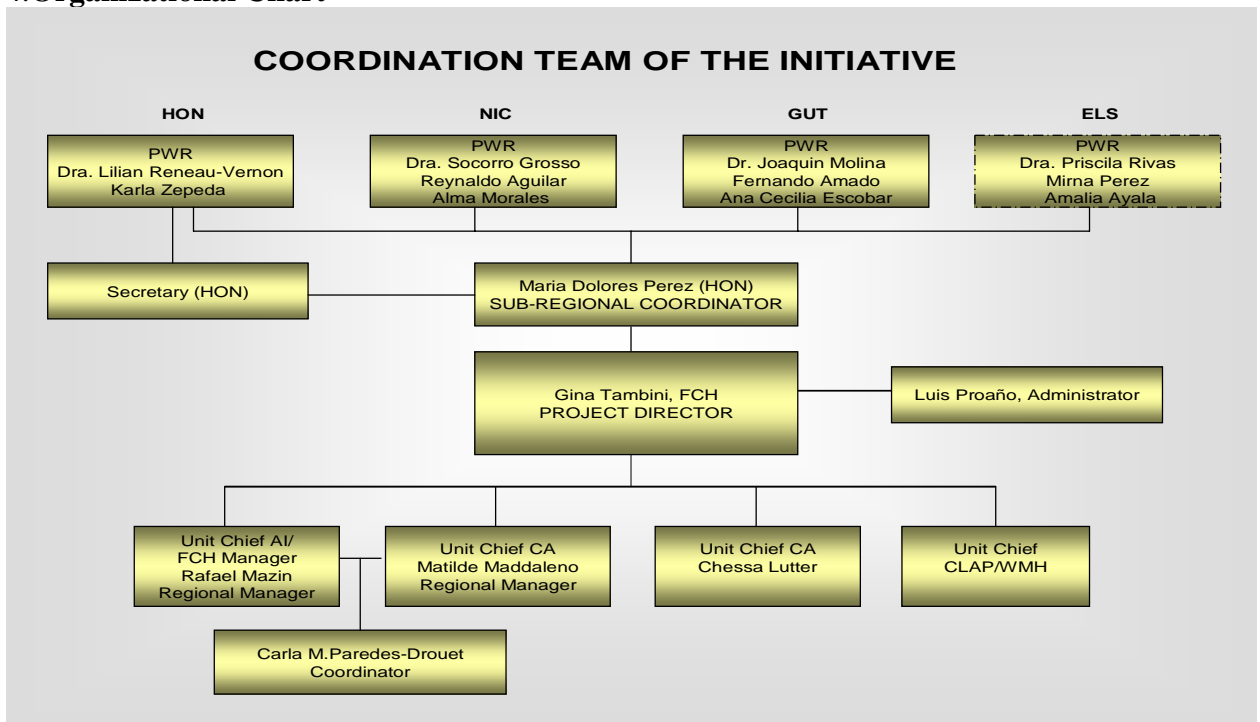
- Emphasis in the Prevention and Promotion of Youths and Adolescents Health, particularly Sexual and Reproductive Health
- Integrated approach within the FCH Units, with other PAHO areas, with the bilateral and multilateral agencies, and with other SIDA projects in the region. Integration within each PAHO country representation and between the Ministry of Health of each country.
- Gender approach
- Country Focus- at least 50% of the financial resources will be assigned to the country activities.
- Results-based Management- using AURA (similar to the logical framework but including the attribution gap) Countries will receive a matrix with the expected results and indicators to use as a base for the work plan at the National and Regional level.
- Youth Participation
- Administrative flexibility: transfer of funds and allotments to facilitate operations.

3. Project Information Kit for the initiative share in Regional, Subregional, and country level.

- Approved SIDA Initiative- 2005 “Supporting Maternal Health, Child Survival and Healthy Lifestyles in Young People”
- FCH and Areas of Work, Biannual Program Budget (Situational Analysis and Cooperation Strategy)
- USAID report on Reproductive Health, Maternal and Child Health in Central America 2006
- Management Matrix based on results and Matrix example from PAHO-GTZ (AURA Initiative).
- Document: Quality Health Services for Adolescents and Youth in Latin America and the Caribbean” developed by ASDI-NORAD 2005
- Document: “Guidelines and Standard for monitoring and evaluating HIV/AIDS prevention programs for Young people”, developed by ONUSIDA and applied in Nicaragua and Honduras
- Manual: Recommendations for the comprehensive care of adolescents, with special emphasis in Sexual and Reproductive Health
- Manual: Youth-Centered Counseling for HIV/STI Prevention and Promotion of Sexual and Reproductive Health

- Regional HIV/AIDS plan
- Other

4. Organizational Chart



C. 2006 Context Analysis

a. External Context

Political Climate

Currently much of Latin America has recently held, is undergoing, or preparing for upcoming elections. In 2006, Nicaragua held presidential elections and in September 2007 Guatemala will hold presidential and parliamentary elections. Election processes themselves often result in delays and difficulties in the timely implementation of programmed activities during campaign times and the initial years during which new authorities are placed. Additionally, changes in Ministries of Health, Health authorities and several health care providers strikes has delayed implementations.

During the past four years a number of countries in Central America have implemented Health Sector Reforms, which aim to introduce structural and functional changes in health systems. The reforms, in many cases, have included the implementation of a more decentralized system. This decentralization process can create serious management challenges by shifting, dividing and redefining responsibilities and roles. A number of countries are currently in the process of implementing these new roles and responsibilities within new systems, which may have resulted in slowed advancement and/or completion of the initiative's expected results.

Thematic Climate

Despite increased demand for Adolescent Sexual and Reproductive Health (ASRH) services, including attention to HIV and increasing access to family planning for adolescents, the political environment in Latin America and the Caribbean (LAC) has been unfavorable to the support led by religious groups at the national level of such initiatives. In the past several years, increased dialogue regarding emergency contraception open the door to other related sensitive and politically-charged issues, resulting in a backlash and retreat from actions promising progressive SRH policies and programming.



Further impeding progressive action in SRH are United States policies and conditionalities placed on funding from the U.S. government impact the how ASRH and HIV prevention are approached in the LAC region. Current United States policy on sexual and reproductive health has increased the barriers to access of scientific, evidence-based information and training in related topics. These policies emphasize abstinence until marriage before condom use or partner reduction.

In response to this moral and political environment, FCH has prioritized work in service delivery, policy and advocacy. The PAHO/ASDI initiative has played an integral role in introducing ASRH into the political agendas of the countries involved, maintaining an independent discourse based on technical and evidence-based considerations and epidemiological trends.

b. Internal Context

World Health Organization (WHO)

Crucial institutional and organizational changes have taken place at WHO, including the appointment of a new Director-General. In November 2006, Dr. Margaret Chan was appointed as WHO's new Director-General after the death of Dr. Lee Jong-wook, whose term was expected to conclude in 2008. New priorities under Dr. Chan focus on development for health, health security, health systems capacity, information and knowledge, and partnership and performance of the Organization as a whole. In response to these new priorities, innovative planning strategies have been implemented that emphasize cross-cutting work between programs and clusters.

In addition, WHO's new global agenda for the Term Strategic Planning of the 2008-2013 period will require a strong alignment of PAHO with WHO's expected results. These new strategic objectives already defined will require a new alignment of the initiative.

Pan American Health Organization (PAHO)

PAHO/WHO has undertaken an institutional transformation from a project-based focus to an inter-programmatic focus. Plans and activities have been harmonized at the institutional, regional, local and governmental levels with the goal to strengthen collaboration and resource sharing between the various technical units and areas and avoid duplication of efforts.

Family and Community Health (FCH)

The interprogrammatic focus requires that activity planning be conducted in line with PAHO/WHO expected results in the biennial plan and budget (BPB) under which the each participating Unit and Area falls. For the SIDA initiative this means that plans must be defined and maintained in line with the expected results in the biennial plan and budget (BPB) for the Child and Adolescent Health (CA) and HIV/AIDS (AI) Units and the Latin American Center for Perinatology and Human Development (CLAP), which comprise part of the FCH technical area, as well as those pertaining to the organization as a whole.

In 2006, two changes within FCH impacted the initiative: the Woman and Maternal Health (WM) Unit and the Latin American Center for Perinatology and Human Development (CLAP) in Uruguay were merged; and the Unit Chief of the HIV/AIDS, Dr. Carol Vlassoff, retired in August 2006 and Dr. Patricio Rojas was named as the acting Chief of the Unit. Both of these changes have required shifts in human resources and other adjustments.

In terms of harmonizing work at the regional level and better responding to country needs, the focal point work areas have been redefined. Change in the Honduras country office representative and Area focal points in Guatemala and Nicaragua have required increased efforts in bringing new staff up to date on the initiative and ensuring that plans of action are implemented according to schedule. A strong emphasis has been placed on active networking among countries and strengthening the Country Support Unit to increase communication and support between country offices and the regional level.

II. Highlights main achievements

A.- Highlights from the Regional Level

The regional activities highlighted for 2005-2006 are related with the decentralization of resources to the country level:

FINANCIAL RESOURCES 2006

AREA/UNIT	Regional	Country
FCH	100%	0%
NU	25%	75%
WH	0%	100%
AI	25%	75%
CA	40%	60%

1. Main achievements Family and Community Health Area (FCH) (See BPB section)

Conceptual Framework

The family and Community Health Area (FCH) worked in collaboration with officials from the Brazilian Ministry of Health to define the methodology for the consolidation of the Family and Community Health approach, and the systematization of experiences/lessons learned by the countries in family health and community participation. It is expected to generate evidence by documenting the impact of family and community health based approach in the actual health outcomes (indicators related to the MDGs. FCH participated in several events in order to gather and share country experiences and the main recommendations that came out of these meetings are related to the importance of ensuring that the family and community health approach is not used as a pretext to dichotomize care as care for "rich" and for "poor" (specialists for rich, cross-disciplinary teams for poor).

At these meetings it was also pointed out that human resources development would be a critical area for the implementation of the strategy of family and community health and this requires, among other things, the conversion of general practitioners to family physicians. Participants also insisted on recommending that the FCH reference should place a special emphasis on the local level with a clear definition of roles and responsibilities of the members of the cross-disciplinary teams, including the representative and leader role. They proposed to make explicit reference to the role of the health teams in actions of prevention and research with the participation of the local level. At the level of the operation of the strategy they recommended submitting proposals concerning how to cope with the eventual resistances of the medical sector to the paradigm shift. In addition, PAHO has also partnered with the Department of Prevention and Community Health of the School of Public Health of the George Washington University (GWU) for purposes of developing the reference document on

Family and Community Health for review and adjustment at the regional consultation to be held in 2007.

- **Coordination of the New SIDA Initiative**

A coordination team to support the countries in establishing and strengthening national programs for the prevention of infant and maternal mortality and the spread of HIV/AIDS/STDs, within the framework of sexual and reproductive health, was instituted under the Swedish International Development Agency's Initiative . The regional level has been acting as a technical focal point responsible for the technical decisions and for the implementation of interventions on the basis of evidence at the local level. A PAHO Subregional Advisor located in Honduras was designated as Subregional Coordinator for this Initiative and is responsible for planning, implementation, monitoring and evaluation of the activities and the achievements of the expected results in every country in coordination with the Managerial Focal Points and the Regional Coordinator.

National Focal Points have been placed in Guatemala, Honduras and Nicaragua. Due to the expected subregional impact, it was decided to also include El Salvador. The national focal points are responsible for the planning, implementation, monitoring and evaluation of the Initiative at the local level according to the Biennial Program Budget (BPB) of the country.

This structure has made possible an integrated approach within the Family and Community Health Units and other technical areas of PAHO, with the bilateral and multilateral agents, and with other SIDA projects in the Region. Integration within each PAHO representation and among the different ministries of health of each country has been critical for implementation purposes.

- **Interprogrammatic Social Protection Forum**

Pan American Health Organization/World Health Organization (PAHO/WHO), in collaboration with the United States Agency for International Development (USAID), the Swedish International Development Cooperation Agency (SIDA) and the Spanish Agency for International Cooperation (AECI), sponsored a two-and-a-half day Health Systems Strengthening Regional Forum entitled, "Social Protection in Health for Women, Newborn, and Child Populations in Latin America and the Caribbean: Lessons Learned to Prompt the Way Forward. The Forum, which was held in Tegucigalpa, Honduras from November 8-10, 2006, brought together over 130 participants from Latin America and the Caribbean (LAC) to discuss the prevalent social protection in health schemes for women, infants, and children in LAC, and to draw lessons from such experiences. The details of this event can be found at: http://www.lachealthsys.org/index.php?option=com_content&task=view&id=185&Itemid=1

- **Lessons Learned**

The development of a conceptual framework of Family and Community requires building consensus within house and with our counterparts. This framework must be harmonized with health systems and health services and especially with primary health care strategy.

- Women resources are a major issue
- El Salvador is restructuring their health policies and programs to “Salud Familiar” and will require technical assistance in 2007.

2. Main achievements Family and Community Health Area (FCH): Nutrition (NU) (See BPB section)

Over 75% of the resources were allocated to the country level. The main achievements are the following:

- **Global Strategy for Infant Feeding- HIV:**

Countries, including Bolivia, Honduras, Guatemala, and Nicaragua are continuing to adapt the WHO/UNICEF Global Strategy for Infant and Young Child Feeding to their own national context. Both Honduras and Bolivia have adopted laws for national codes of marketing of breast-milk substitutes and are in the process of developing the regulations to go with the laws. Peru and Bolivia have major new initiatives to eradicate child malnutrition and WFP is leading efforts at the sub Regional levels of Central America and the Andes with technical support from PAHO. With funding from SIDA, the Integrated Counseling Course for Infant Feeding that addresses breastfeeding, complementary feeding and feeding in the context of HIV/AIDS is being translated into Spanish and will be introduced in 2007 in support of the Global Strategy. The course is one-week long and a trainer of trainer’s program is scheduled to be conducted in Honduras for all four countries under the grant, October 1-5, 2007. Subsequently, national courses will be held in the respective countries with funding from the SIDA grant.

- **New Tools**

New materials in support of the BFHI initiative have been developed and will be translated into Spanish and used in 2007 to support implementation of the Global Strategy.

- **Human Milks Banks Training**



To support the dissemination and implementation of appropriate infant and young child feeding practices, funds from SIDA are also supporting the participation of physicians and nurses from Guatemala, Honduras, and Nicaragua a week-long training in the implementation and operations of human milk banks to be held in Ecuador, March 5-9 (see attached press release). Adolescent mothers are at particular risk for

delivering a preterm infant and/or to have HIV/AIDS and, therefore, stand to benefit from the availability of donated breast milk. Breastmilk banks collect donated milk

from lactating women, screening donors and processing donated milk to ensure purity and safety. Much of the milk is used to feed premature and low-birth-weight babies, who typically suffer from other health problems. The banks also play an important role in encouraging and facilitating exclusive breastfeeding for the first six months and continued breastfeeding for two years or more as recommended by the World Health Organization (WHO)/PAHO. They also serve as a reference point for breastfeeding problems, which are more likely to be experienced by adolescent mothers.

- **Anemia**

Development of anemia prevention materials targeted at adolescent girls in the countries of the initiatives. Nationally representative data from the countries, supported by SIDA, have been obtained and are being analyzed to determine the prevalence of anemia among adolescent girls. This analysis will serve as the basis for the development of anemia prevention materials to be developed during this calendar year.

With funding from NSD/HQ, national workshops to introduce the new WHO growth standards and develop implementation plans were held in Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Honduras (SIDA), Panama, and Uruguay. In addition, presentations were given in pediatric meetings in Honduras and Peru and at the annual meeting of ALAPE. A group of pediatricians met with the Ministry of Health in Argentina and Brazil and also agreed to implement the new WHO growth standards. The training course for the new growth standards was pilot tested in Barbados with the participation of all Caribbean countries and the Caribbean Program is designing a new child health card that can be used in all Caribbean countries, including Haiti and Guyana. Chile is likely to be the first country to actually use the new standards as they are planning to launch the new materials January 1, 2007. All the other countries are in different stages of planning for implementation, but all will have implemented by the end of 2007 with SIDA's support in Nicaragua, El Salvador, and Guatemala. During 2007, national workshops will be planned in the rest of the countries and technical support for implementation will continue with the translation of the training course into Spanish and sub-Regional training courses held.

Commitment from the pediatric societies, Ministries of Health, NGO's and sister UN agencies is critical for the budgetary and technical support needed to introduce the new growth standards as this involves redesigning the health card, training, modernizing equipment, and rethinking the nutritional surveillance systems. Funding for training, equipment, and supervision is a challenge in many countries. However, the introduction of the new WHO growth standards provides an ideal platform for reinvigorating activities in the Code, BFHI, growth assessment, nutritional surveillance, and breastfeeding and complementary feeding. Collaboration with other UNICEF, WFP, Bilaterals, The World Bank, and NGO's is critical for positive action in the area of child nutrition. Local capacity must be developed and local resources identified to sustain action in infant and young child feeding and implementation of the Global Strategy

3. FCH: Child and adolescent health (CA) - HIV/AIDS (AI)

FCH/CA Allocated 60% of the resources to the integrated plans of action at the country level and FCH/AI allocated 75% of them. The main achievements are the following:

The activities of this initiative are based on the main achievements and tools developed in from the “Building in Lessons Learned” SIDA Project 2002-2004.

To support the countries to achieve indicator 01. Policies, Plans and Networks

By the end of 2007, all four countries will have incorporated a youth component in their National HIV/AIDS Plan and will have operational plans for implementation of the health related recommendations in the reporting process of the `Convention on the Rights of the Child` (CRC), with an emphasis on adolescents and Sexual and Reproductive Health (SRH), in collaboration with national, subregional and regional networks of health professionals that work with young people and SRH. The following activities were developed:



- **Rights Approach-** As part of the 2006-2007 commitment to provide technical and policy support for the health related articles of the Convention on the Rights of the Child (CRC), the Family Health Area has participated in the sub-regional meetings of the High Commissioner of United Nations Human Rights (HCUNHR), and supported the participation of Guyana, El Salvador Honduras, and Nicaragua in the follow up to the recommendations of the CRC. With the support of SIDA, Honduras, Guatemala, El Salvador and Nicaragua have incorporated the recommendations of the CRC in their national adolescent policies plans and programs. In the last HCUNHR meeting held in Costa Rica, El Salvador was presented as a model of the recommendation of the committee of the Rights of the Child (CRC) were integrated into the National plans and policies. There has been wide dissemination of the recommendations of the Committee of the Rights of the Child in all countries of the region, and with the collaboration of the International Institute for Child Rights and Development and their Child Rights Education for Professionals, CRED/PRO, WHO/PAHO has developed a training program in child and adolescent rights and mechanisms for their protection for health care providers, which is to be implemented in workshops during 2007.
- **Network Alliances-** With SIDA’s support, it has been possible to keep advocacy effort and networks up to date. The “Alianza para la Niñez y Jóvenes” (Alliance for Children and Youth) comprised of UNICEF, UNFPA, SIDA/NORAD PAHO, GTZ and CIDA is strategic collaboration formed in Honduras that is committed to advocating for youth development, violence, pregnancy, and HIV/AIDS/STI prevention. The alliance has played an integral role in providing technical assistance in the establishment of the Secretary of Youth and is currently providing technical assistance in the development of the National Youth Program, and was an instrumental part of a campaign aimed at

influencing key mayoral and presidential candidates to adopt the project supported platform for violence prevention.

- **Evidence-based strategies-** Evidence-based documents in HIV and pregnancy prevention have been elaborated and disseminated in the Region.

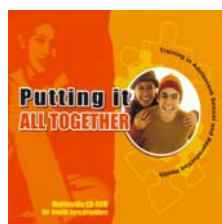
“Preventing HIV/AIDS in Young People: a Systematic Review of the Evidence from developing countries. Steady, Ready, Go” developed by WHO was adapted and translated to Spanish.

The document “Adolescent Pregnancy Prevention: Evidence of Successful Programs and Lessons learned in LAC” was developed and advocacy “Call for Action Plan” was elaborated and disseminated in the region.

To support the indicator 2 of Human Resources Development: By the end of 2007, each of the four countries will have 100 health professionals integrating knowledge (acquired by Distance Learning and other methodologies) for implementation of selected interventions that have been proven effective. The following has been conducted:

- **Human Resources Development-** Most of the regional activities to support human resources development is based in training courses and tools developed in previous SIDA projects. The support of SIDA has allowed the participation of 10 to 15 Health Care Providers in the Distance Education Initiative. The Distance Education Initiative has expanded. The Adolescent Health Certificate course (Diplomado en Salud de Adolescentes) offered through the Catholic University in Chile currently has 60 students from priority and high impact countries supported by SIDA.

In order to promote comprehensive health services for youth that attract and retain both adolescent males and females, PAHO has concentrated its efforts in building the capacity of health care providers in the region. *The Adolescent Sexual and Reproductive Health Course* developed in 2004 has been disseminated in the region along with an interactive, auto-instructive CD-ROM, *Putting it all Together*, designed to train health care providers and peer educators in adolescent sexual and reproductive health in partnership with Johns Hopkins University. This CD-ROM is also part of the Certified Course offered in Chile.



A new updated integrated curricula SRHA with a strong component in sexual health is being adapted and translated to Spanish. This curricula was developed by the “Society of Adolescent Health” (SAM) and is a powerful evidence based reference document that will be disseminated in 2007 for training of human resources through the Pediatrics Association in LAC, OBGN Association, and Nurses and the Midwives Association also.

The IMAN training module for primary health care providers in prevention and treatment of prevalent diseases including SRHA, ITS, HIV prevention,

treatment, and care, is being disseminated and implemented in Nicaragua and Honduras to support country efforts.

To support indicator 3 Data: By the end of 2007, all four countries will have executed a baseline with indicators defined by age group (10-14, 15-19, 20-24), gender and place of residence for monitoring and evaluating the initial and final implementation of programs of Comprehensive HIV/STI Prevention/Care and Adolescent Pregnancy Prevention. Reference Example: UNAIDS Guide: *A Guide to Indicators for Monitoring and Evaluating HIV/AIDS Prevention Programs for Young People*, the following events have been done:

- **Data collection and dissemination Allan Guttmacher Institute Partnership.** In 2006 we joined the Alan Guttmacher Institute through a Memorandum of Understanding to identify and concisely describe the key sexual and reproductive health needs of adolescents and young people in Guatemala, Nicaragua, and Honduras. This project consisted of three phases –data collection, data dissemination, and capacity to influence country programs to address Adolescent Sexual needs. PAHO is responsible for advocacy efforts. AGI formalized the reports “Early Maternity” in each country. PAHO/SIDA/NORAD invited AGI to participate in the Regional Meeting of Pregnancy Prevention and presented the main results to the National Director of Sexual and Reproductive Health, the National Director of Adolescent Programs and the focal points of PAHO country offices. PAHO/SIDA have disseminated these materials in the Region. The most important activity was done at the country level with advocacy events at the highest political level, to disseminate the results and develop plans of action. Honduras and Nicaragua are examples of this joint activities supporting AGI to identify the resources facilitating access to Ministry of Health officials and supporting the dissemination of the results.
- **New Database** With the support of SIDA a new database on adolescent health and development is in the pipeline at the regional and national level using new technologies and user-friendly software.



- **Epidemiological Data**

An epidemiological study is being conducted to identify who is getting infected and how in these countries.

Most of the activities for data gathering and information systems improvement have been done mainly at the country level generating important information of: infant mortality by the mother’s age, maternal mortality in adolescents and youths, and PMTCT and ages of the mother. These publications will be published disseminated in 2007.

To support countries with Indicator 4 Services: By the end of 2007, all four countries will have applied quality standards of “youth friendly” health services (including access to family planning services, obstetric and prenatal treatment, anemia prevention,

Voluntary Counseling and Testing (VCT) with Antiretroviral Therapy (ART), prevention of HIV/STI (4SSS), adolescent pregnancy prevention, and sexual violence prevention among youth using the IMAN Strategy). Reference: *Servicios de Salud de Calidad para Adolescentes y Jóvenes de América Latina y El Caribe*.

Health Services provision and community interventions are important components of this initiative. Most countries are developing different models of care and health services in different settings. The regional level developed several tools with the providers' project that are being implemented in this new phase:



- Youth-Centered counseling workshop
- ELS-NIC-HON have implemented this training in several municipalities and have integrated the concepts and main components into their training manuals
- New tools. Mapping health services. Tools and questionnaires have been developed for the *Service*

Availability Mapping (SAM) -and its prevention component *Prevention (P-SAM)* and are being implemented in Honduras with the support of Sida/NORAD. The initiative will map all health services located in the country, including those targeting the needs of adolescents and youth. Within this mapping HIV services for adolescents will be highlighted. These tools will be applied in the other countries in 2007.

- Coverage of Health Services WHO/PAHO/SIDA developed the tools to measure coverage of health services for adolescents. The survey was translated and adapted and will be applied in NIC and HON in 2007.
- Clinical Forms. CLAP has provided technical support for the implementation of the Sistema Informático Perinatal (SIP) (Perinatal Information System), this is a clinical form precodified to be used in primary care and hospitals to prenatal – delivery and postnatal care. We are updating and computerizing the SIA (Sistema Informático del Adolescente-Adolescent Information System). This clinical form developed by CLAP is being updated as well.

Regional Meetings

- **Pregnancy prevention:** In December 2006, FCH/CA and CLAP hosted a regional meeting in Uruguay. PAHO focal points and MINSA officials from priority and high impact countries joined experts in Adolescent Sexual and Reproductive health to discuss evidence in adolescent pregnancy prevention. WHO, NORAD, SIDA, and AGI joined this effort. This regional meeting provided the opportunity to share knowledge and lessons learned, identify sub-regional country needs and develop a strategic plan of action. A document with evidence-based interventions and one advocacy document was prepared, which will be published and disseminated in the Region.

- **Outreach Activities:**

- **Family Interventions**

The evidence-based project “Strengthening Families with Adolescents 10-14”- Love and Limits” developed in the previous project was packaged in CD ROMS and is widely distributed in the region. This project is going to scale in Honduras, Nicaragua, El Salvador, with several partners at the local level (UNICEF, Caritas, and World Vision).



- **Gender-Based Interventions**

Gender is a horizontal issue and we have been supporting the countries in two main activities:

- In collaboration with Program H (Hombres) Alliance and Institute Promundo from Brazil, we provide technical assistance to Nicaragua to go to scale with a package of interventions for adolescent boys. Consultants are supporting the planning and impact evaluation activities.
- In collaboration with GE, we are conducting an impact evaluation of the Project PIEMA (Proyecto Interagencial de Empoderamiento de Mujeres Adolescentes = Interagency Project of Empowerment of Adolescent girls). This experience and other lessons learned are going to be incorporated in the document “Empowerment of Adolescent Girls in LAC”. This document is developed with SIDA’s support.
- Youth Participation
- The Youth-Adult Partnership training module is being disseminated and replicated in Nicaragua, Honduras, and El Salvador. We encourage youth participation and have succeeded in some advocacy activities at the country level.
- Youth-Adult Partnership training module has been developed with **Youth Net** (FHI and USAID) and has been replicated in 6 countries in the region for improving youth and adult partnership and youth participation

Lessons Learned

- This initiative has an increased country focus and has encouraged strengthening evaluation. We need to improve competencies of our staff and country level counterpart in monitoring impact and evaluation.

- This initiative articulates needs of Ministries of Health (country plans) with subregional and regional levels harmonizing planning and evaluation tools.
- This initiative in incorporated a Human Rights perspective we have joined. TSH area and the Regional Human Rights to the advisor to implement the new training course for healthcare providers and key stakeholders. WHO has also joined our effort with human and financial resources.
- The partnership with Allan Guttmacher Institute (SIDA partner) has been successful and can be improved and could respond to other SRH issues.
- Sexual and Reproductive health rights of Adolescents needs strong advocacy and evaluation efforts at the country level with different entry points that will be explored with new authorities in Nicaragua and new alliances in Honduras.
- Youth participation is still weak and more support and emphasis should be given in 2007.
- National Adolescent Health programs are strong in Nicaragua and El Salvador and are still weak in Honduras and Guatemala. Efforts in these two countries will be strengthened in 2007.
- Working with NGOs at the country level is promising and a systematization of the experiences and lessons learned will be conducted.
- This initiative is focusing on vulnerable youth (GLTB, incarcerated and gangs) and lessons learned should be transferred to other countries.

B. Highlights from the Subregional level

The interprogrammatic FCH-PAHO/SIDA initiative “Supporting Maternal Health, Child Survival and Healthy Lifestyles in Young People” has been in implementation in four countries in the Central American Subregion (Honduras Guatemala, Nicaragua and El Salvador).

This interprogrammatic initiative aims to strengthen response in areas of healthy lifestyle promotion, pregnancy prevention, HIV prevention in adolescents and youth, and care for those living with HIV/AIDS, among others. A significant effort was made to design intersectoral and interprogrammatic plans in the countries, as well to coordinate various efforts between national programs in the Ministry Health addressing HIV/AIDS (PNS), adolescents (PAIA), sexual and reproductive health (SRH), and

nutrition, as well as with the Ministry of Youth, the National Women's Institute, Social Assistance, etc. (depending on the country being referenced).

Progress

Program Execution:

The progress report below is a joint summary of program execution throughout the four countries in the subregion, or in some cases in at least in two of the four countries, as opposed to a separate report for each, since this was done separately by the countries.

General Progress:

1. Strengthening of interprogrammatic and intersectoral work, as much within Ministry of Health programs or units, as with other sectors. It took a significant amount of time to bring together different entities for the conception and initial implementation of this plan, with a completely interprogrammatic focus. This represents great progress in respect to strengthening the interprogrammatic process within the Ministry of Health and intersectorally with other entities. This initiative has ensured that the different programs truly work "Jointly" within the 4 countries.
2. National workplans were aligned within PAHO country offices in a completely interprogrammatic fashion, with the 2006-7 BPB and with the country CCDs.



Progress with respect to the matrix indicators described in the national plans:

1. Policies, Plans and Networks
Progress includes strengthening of interprogrammatic work in PAIA (harmonization of political and legal frameworks, elaboration and/or definition of national adolescent indicators, strategic plan review, adolescent network documents updates, support and complementarity with other interagency projects like UNICEF, UNFPA and intersectorally, with other Ministries, especially Youth).
2. Human Resources
Countries identified the training needs of health professionals at the institutional and community levels, including baseline studies, distance learning through the Adolescent Certificate Course, HIV prevention training for youth in Universities, comprehensive health training, and strong families strategy training. This occurs at the level of community services as well as in the Ministry of Health, and also through NGOs that work directly with the

community (CARITAS in NIC, Christian Children Fund (CCF) in HON). Educational work was done directly with city halls, municipalities, and community organizations.

In all of the countries, a good number of health professionals are being trained for the distance education certificate course in comprehensive adolescent health and development.

3. Data:

Progress includes epidemiological research and social profile of HIV-positive adolescents, baseline of maternal mortality in adolescents, monitoring and evaluation indicators for prevention of HIV in adolescents (in Honduras, this is in the process of being incorporated into the National Strategic Plan for HIV 2008-12) .

It would be interesting to include the definition of indicators at the subregional level for activities in 2007, now that all the countries have undertaken this activity (with the exception of GUT).

4. Services

All 4 countries emphasize the development of spaces for comprehensive adolescent care services, including prevention, procurement of tests to strengthen prevention activities within specialized services for adolescents and initiatives between the state, civil society and cooperations in order to strengthen demand for specialized services. More specifically this includes HIV test counseling and pregnancy prevention (HON), strengthening the guarantee of quality services (NIC and ELS), promotion material for friendly services, review and validation of standards of care for adolescents including the HIV/AIDS component (ELS), and nutritional guides for adolescents (ELS and NIC).

Financial:

SIDA initiative Execution of funds		
Countries	Funds received	%Obligated
ELS	124,000	99%
GUT	156,500	38%
HON	166,500	73%
NIC	162,000	76%

Barriers:

- Interprogrammatic and intersectoral planning required more time than was initially expected, a factor which delayed plans for review and appraisal at the regional level as well as for the decentralization of funds for plan implementation.
- Implementation of the plan's interprogrammatic and/or intersectoral activities was an arduous task that required more time than foreseen in the majority of countries.
- Slowness in the administrative processes at the PAHO local office level sometimes caused delays in liberating funds for activities and/or contracting consultants. This meant an execution lag in certain plan activities based on the dates in which they were originally programmed.
- Country political contexts did not favor implementation: GUT had a change in Minister and GUT and HON changed Ministerial authorities; there was a health workers strike in GUT y NIC, and the election process in NIC).
- Communications channels were not sufficiently clarified among the different levels: regional, subregional, and local
- Coordination between different levels was not sufficient clear.
- Execution level was low in the country that did not have a professional dedicated to HIV and/or adolescents (GUT).



Challenges:

- Plan as soon as possible for the year 2007 and decentralize funds to the countries ASAP.
- Carry out the activities and remaining funds from the 2006 Plan in a time-frame of no more than two months (ie. by March).
- Clarify communications and coordination channels among the different levels.
- Maintain the professionals contracted locally for the full execution of the initiative.
- To ensure excellence in the 2007 execution process, planning should take into account potential foreseeable national situations, like CONCASIDA in NIC (November 2007) and national elections in GUT (September 2007)

C. Highlights from the Country Level

The country reports, including a narrative and matrix version provide detailed information about the developed activities. Because these reports were written in Spanish (See Annexes), below, we have included an English translation of the executive summary from each country's report, along with the corresponding 2006 plan evaluation.

Country report executive summary El Salvador

By the end of 2004, four of the ten main causes of death in El Salvador were directly associated with violence, drug consumption, and sexual and reproductive health. Furthermore, the incidence of morbidity due to sexually transmitted infections (STIs) and unwanted pregnancies continued to increase. In 2004, HIV/AIDS mortality was the seventh cause of death in hospitals and the first cause of death in the 20 to 59 age group.

Despite the work that still needs to be done, important policies, partnerships, and networks took place during this past year and progress is being made. During 2006 El Salvador was able to coordinate and implement a joint work plan between the National Program on HIV/AIDS and the National Adolescent Health program. A National Forum was held and different sectors that work with children and adolescents participated in the event. The purpose of the forum was to discuss advances being made with regards to



the recommendations of Convention on the Rights of the Child (CRC). Three workshops on child and adolescent rights took place in this last year and one additional workshop on HIV/AIDS monitoring indicators for the adolescent population was conducted with active youth participation. Additionally, the Ministry of Public Health and Social Assistance (MSPAS) has updated and validated a document on networks of adolescents and HIV prevention.

In the area of human resources development, the focus was the improvement and expansion of services including HIV/AIDS/STI, family planning, addiction, violence and nutrition and the development of initiatives that improve family communication and knowledge in these areas. The training and development of healthcare professionals in these areas was also a key area of focus. A consultant was hired to develop six workshops for Human Resources training on HIV counseling and VCT, and three workshops with adolescents to identify current needs. Additionally, 70% of human resources were trained on the "Guide for Adolescents on Food and Nutritional Security for Adolescents and people living with HIV/AIDS". Another workshop trained 40 healthcare professionals on family communication, prevention of HIV, unwanted pregnancies, and violence, addictions and family planning.

It is worthwhile mentioning that these trainings were expanded to vulnerable groups including adolescents in gangs and incarcerated youth. Additionally, a campaign on HIV prevention, gender, and human rights was launched, and 2 mobile educational units were implemented. These mobile units targeted over 2000 university students. Other 10,000 adolescents were reached through information and training sessions on HIV. Another communications initiative was the campaign for HIV prevention, gender and human rights for adolescents in which 200 adolescents participated as facilitators to the campaign. Certificate trainings to health professionals on adolescent health and development are well under way and scholarships were granted to 10 health professionals that were enrolled in a distance learning certificate program on comprehensive development of adolescents through the Universidad Católica de Chile.

With regards to data collection and management, among the top priorities were to formulate a guide of indicators for monitoring and evaluation of the HIV/AIDS prevention processes, and to train healthcare workers on these data monitoring guides. For this, a national guide for the monitoring of HIV/AIDS indicators was developed and five training workshops were conducted. A National Information System on HIV has been developed to collect and process data at the national level. Additionally, a virtual forum was launched with the purpose of strengthening the participation of a group of young adolescents in the design and validation processes of the national monitoring plan for HIV/AIDS.

For the health services strengthening area, the emphasis was adolescents, HIV prevention and care as well as pregnancy care. Three work meetings on the expansion of the counseling guide for adolescents to include STI/HIV prevention were held. Finally, during this past year, an analysis of ways in which voluntary counseling and testing (VCT) methods could be applied to 20% of the health services was made. This analysis focused on finding ways of strengthening the weaknesses of the current model. In the area of finding evidence on the needs of adolescents with an emphasis on sexual and reproductive health (SRH), HIV, and sexual abuse, the following was accomplished: 10,000 flyers on HIV prevention were reproduced and distributed in 6 meetings where over 2,350 adolescents were present, and data collection on the design of a strategy for the reduction of unwanted pregnancies in the Region of Sonsonate is currently underway. Finally, two country representatives participated in the regional meeting “Adolescent Pregnancy Prevention Evidence and Lessons Learned”.



Some of the activities that are currently in progress and will be completed in 2007 are: a study on the response to the needs of the child and adolescent with an emphasis on HIV/AIDS and sexual abuse, and 5 training workshops (1 in each region) on the application of monitoring and evaluation guides of the processes for the prevention of HIV/AIDS in adolescents.

Lessons Learned:

- The limited coordination between the Ministry of Public Health and Social Protection (MSPAS) National HIV and Adolescence Programs has been a significant challenge, however, important efforts on the part of this initiative have allowed for the initiation of an integrated process for actions from both HIV and Adolescence Programs.
- At the national level, the outdated epidemiological information system, in addition to the lack of a national information network, has presented difficulties for the HIV/Aids information system.
- There is not an established culture of monitoring and evaluation of National Programs, which makes the early and opportune detection of needs and decision making difficult.
- Support authorities to establish more congruency and articulation between programs and sectors.
- Design multisectoral integrated intervention strategies that ensure impact on the health problems affecting the population, involving negotiation, commitment, planning, and organization among service network members.
- Create different levels within the network of services and support training and development of the health units equipped with lower technological complexity.
- Provide training to the service network members in the epidemiological and social approach of the health problems, information and instruments regarding the health management, and data collection and analysis, so that they have the tools to identify intervention strategies and evaluate the results.
- Facilitate active social participation and intersectoral action in solving predominant health problems by using consensus-building mechanisms and commitments to departmental and local governments, civil society and other relevant actors.

Country report executive summary Guatemala

In Guatemala, adolescents and youth ages 10 to 24, represent 33.2% of the population. While exact numbers of indigenous adolescent and youth are not available, it is known that they represent a significant percentage of the population. The annual population growth rate is 2.6% and the fertility rate, 4.4 children per woman, is one of the highest in Latin America. According to the National Reproductive Health Program, 18.15% of deliveries are to adolescent mothers and overall only 50% of births are attended by professional health care providers. In the National Survey on Maternal Health, 84.9% of women report having knowledge of some contraceptive method; however, 93.7% of women between the ages of 15 and 17 did not use any contraceptive method during their first sexual experience.

Epidemiological surveillance of Aids started in 1984, and from then through December 2005 a total of 9,199 cases have been reported, and it is estimated that 44,473 people between 15 and 44 are currently living with HIV (representing a prevalence of 0.86%), 20% of which correspond to persons between the ages of 25 and 29, indicating that HIV infection occurred during adolescence. More than 70% of the total Aids cases correspond to men between the ages of 20 and 49. While the epidemic remains concentrated in men ages 20 to 49, there has been an increasing feminization of the epidemic. In 1988, there were 8 men for every woman were living with HIV; shifting dramatically by 2005 to two to four men for every woman living with HIV. Antiretroviral treatment provision for persons living with Aids has expanded exponentially, reaching at total of 5,758 people in 2006.



The PAHO/SIDA initiative participates in three Ministry of Health (MOH) programs: the National Reproductive Health program, the National Food and Nutrition Security Program, and the National Aids Program.

Within the line of action corresponding to plans, policies emphasis was placed on multisectoral and interprogrammatic coordination in the topics of SRH, STIs, and HIV/Aids among adolescents. As a result, collaboration between Ministries of Health and Education, with support from the PAHO/SIDA Initiative, allowed for the development of educational instruments in these topics. Specifically, manuals directed at Educators/Facilitators were developed. To promote the development of local youth organizations and their integration with community organizations that respond to the needs of adolescents, organizations were identified to form part of the Committee for the Central Network of Volunteer Youth Monitors. A training manual to strengthen youth participation in the institutional setting has been chosen and will be implemented in 2007.

For the implementation of the national strategy for adolescent parenthood, which includes the topics of SRH, STI, HIV, Aids and Nutrition), steps have been taken to

develop a plan and guide to address maternity and paternity in adolescents. The guide has been validated and a proposal for a National Plan is being elaborated.

As a means to strengthen the technical competencies of human resources in topics related to adolescent health, the initiative granted 10 educational scholarships: four of the scholarships were designated for the Distance Education Certificate in Adolescent Health offered through the Catholic University of Chile; and six for the Certificate course in HIV/Aids. Unfortunately only two of four students from the University of Chile course continue participating; however, strategies to improve the use of these scholarships have been discussed, including more selective choice of candidates and establishing commitments by the awardee. In another effort to advance human resource development, the Initiative support the completion of the professional refresher course in comprehensive and specialized care for adolescents and young adults, in collaboration with the University of San Carlos of Guatemala.

Initial steps were taken in the development of a monitoring and evaluation system for interventions in SRH, STI/HIV/AIDS, and nutrition. Similarly, the situational analysis was initiated through participation in follow-up meetings for carrying out the 2007 National Maternal and Child Health Survey which is planned for the first semester of 2007.

Regarding the goal of strengthening a specialized model of health care for adolescents with an emphasis on SRH, STI, and HIV/AIDS the initiative signed a Letter of Agreement with the procurement unit of the Ministry of Public Health and Social Assistance to expand the number clinics specializing in adolescent care and select the needed medical team and equipment to be provided at each site.

Joint activities between the Ministry of Health and the PAHO/SIDA Initiative presented some initial challenges, including a delay in approval of the plan of action by the MOH until July 2006 and difficulty in coordination and communication between the MOH programs involved in implementation. While the legal framework for the child and adolescent health programs do exist, budget restrictions to the Child and Adolescent Health component of the National Reproductive Health Program, thus impeding actions in topics relating to adolescent sexual and reproductive health (SRH). In addition, the MOH has suffered an administrative crisis result of a prolonged strike by health care workers and changes in the Ministry authorities.

Mindful of the challenges presented in 2006 and with the intention to prevent further barriers in 2007, coordinators of the Initiative convened a workshop with key actors from the three programs and their directors to conduct a comprehensive review of actions conducted in 2006, and to define operational strategies for 2007. The plan of action for 2007 was agreed upon and the commitment for regular coordination meetings was made to improve the execution of the plan of action. Furthermore, a national consult in the topic of adolescent health was contracted in December 2006 to support the implementation of the initiative.

Lessons Learned:

- The PAHO/ASDU– Guatemala project initiated activities in June 2006 due to several reasons: change in PAHO focal point, new health authorities, health workers strike, and a delay in hiring the National Professional to support the initiative.
- The activities have jump started and have been on track for the past three months with improvement in execution.
- Two events have the potential to disrupt the implementation of the plan of action during this year: presidential elections and a massive vaccination effort in April/May, which will require the attention and participation of significant MOH human resources.

Country report executive summary Honduras

Honduras is a country with an eminently young population. Thirty-two percent of the people in Honduras are in the 10 to 32 age group. According to the 2006 estimates, Honduras has the highest fertility rate in Central America. Moreover, it is estimated that less than one third of HIV infections occur in the population ages 15 to 24.



In order to tackle these public health concerns, the PAHO country office in Honduras has placed a strong emphasis on strengthening inter-programmatic work in the areas of HIV, gender, violence, and adolescents. In the past year this effort has been exceptional, particularly with regards to the health and nutrition promotion program and the health systems analysis program. Advocacy, political incidence and social communication are other key areas. Several

municipalities have conducted workshops in these areas and community participation has been strongly encouraged. Monitoring and evaluation was carried out for *the Pledge for the Children, Adolescents and Youth (Pacto por la Infancia, Adolescencia y Juventud)* which was signed by the President of Honduras as part of the framework for his government during the 2006-2010 period.

Honduras received recommendations from Committee of the CRC in January 2007. In response the Ministry of Social Affairs has requested that PAHO/SIDA support them in the development of a plan to implement the recommendations and in the training of human resources in the subject matter. These activities will be carried out in 2007. A National meeting was held with youth participation to “know your rights”.

In the area of human resources, one main focus was to identify and attend to the training and development needs of healthcare workers that serve adolescents. For this, a pre-survey was distributed among those professionals that would receive training on adolescent health topics. This survey provided base-line data which will be used for evaluation purposes. Subsequently, a training seminar on strategic planning, monitoring and evaluation was given to health professionals. Another key priority was to promote distance learning in the areas of sexual and reproductive health and in gender equity. This distance education program is designed for public and private sector health professionals who work with young people. Several scholarships to enroll in different Universities throughout the region were made available. Fifteen professionals became certified during this past year through the Certificate program in Adolescent Health and Development offered by the Catholic University of Chile. Another 10 students are currently completing this program.

One of the priorities in the area of data collection and management was to improve the data on sexual and reproductive health (including pregnancy prevention and STD/HIV/AIDS prevention), particularly to obtain disaggregate data by age group and by place of residence. An activity related to this goal is a base-line study of disaggregate

data in partnership with the Allan Guttmacher Institute. This study is being executed in conjunction with the National Statistics Institute. Another related activity was the inclusion of women under age 20 in the national Program for the Prevention of Mother to Child Transmission of HIV. Technical support was given to the National Forum on AIDS for the reproduction of educational material on HIV prevention. Efforts were made to improve the monitoring and evaluation mechanisms in place for STDs/HIV/AIDS in adolescents. The HIV indicators for adolescents for the National Strategic Plan on HIV/AIDS (PENSIDA) were revised and these indicators will be included in the next PENSIDA publication. Additionally, efforts have been made to implement the National Plan to Eliminate Congenital Syphilis. One of the activities related to this goal was to include the adolescent population in the National Prevention Program on Mother to Child Transmission of VIH and Syphilis. This activity was completed successfully.



Greater emphasis is being placed on health services strengthening for adolescents at the Ministry of Health and in the creation of alliances with other sectors with the aim of improving integral health services for adolescents. For example, the Christian Children's Fund (CCF) has executed the "Familias Fuertes" (strong families) project in the Santa Barbara province where an analysis of the situation of the region was made in order to identify the most pressing needs and priorities and where a training of educators was conducted. In order to strengthen the "Know Your Status" initiative, eight health centers have been endowed with rapid testing equipment and specialized HIV/AIDS services for adolescents have been implemented. Focus groups are validating

the national campaign to know your HIV status. Another related activity was the signing of an MOU with the National Institute for Women (INAM) to implement a project that supports networks of women in the community in the strengthening of health services for adolescents, gender equality, counseling, HIV testing and STD, and pregnancy prevention.

Another successful task was the development and implementation of a comprehensive community health care model for adolescents. The model was developed in coordination with the Postgraduate Psychiatry Program of the Universidad Autónoma de Honduras. The activities described above have allowed for an inter-programmatic work within the Ministry of Health which is perhaps one of the biggest accomplishments of this year.

A new initiative was developed with the NGO *Arcoris* to work with vulnerable youth of diverse sexual orientations (LGBT) for the prevention of HIV transmission.

Some of the activities that are currently in progress and will be completed in 2007 are: the identification of strategies for the implementation and follow-up of the children born to adolescent mothers that are part of the health services network of the Ministry of Health; a follow-up survey for participants of the training course on health of adolescents to evaluate the integration of newly acquired knowledge in their day-to-day

activities with youth; technical support for municipal programs on “*Communication and Life*”(Comunicación y Vida) on the implementation of monitoring and evaluation processes of the strategic inter-sectoral plan; workshop on adolescence, youth and communications with a special emphasis on ethics and rights; data analysis of a sample of 1600 adolescents that completed a survey on mental health issues including depression, impulsivity, and anxiety. The results of this survey will provide with a clearer profile the mental health of adolescents in the country.

Lessons Learned:

- Interprogrammatic work has been strengthened within the PAHO country office, including coordination of HIV, SRH, adolescents, violence and services.
- Change of the Ministry of Health officials and internal restructuring has delayed the implementation of activities.
- The National Adolescent Health Program has new authorities and has weaknesses related to human resources and financial resolution. Elaborating interprogrammatic activities within the Ministry is the main challenge.
- Working with NGOs and municipalities has been successful and can be expanded.
- The Interagency Program for Youth Development has been chosen as a model for the UNDAF (UN Reform Report cited as example of best practice) and is an excellent opportunity for synergistic interventions.

Country report executive summary Nicaragua

Adolescents and youth, ages 10 to 24, represent 24% of the population in Nicaragua. The fertility rate in adolescents, 119 births per 1000 women, is one of the highest in all of Latin America. Of all sexually active women in urban and rural areas, ages 15 to 19, 36% have an unmet need for family planning. One fourth of all births are by women between the ages of 15-19, of these 2.7% are born to girls under the age of 14.

In Nicaragua there are an estimated 1,443 people living with HIV, of which an estimated 28% are between the ages of 10 and 24. In recent years there has been an accelerated trend towards the feminization of the epidemic, especially among younger women. For young people between the ages of 15 and 19, there are 1.14 men living with HIV for every woman. There is increased risk of mother to child transmission of HIV among young mothers who have a less access to preventive measures. Through June 2005, the Nicaraguan Ministry of Health had registered 62 pregnancies to HIV positive mothers, of which 53.2% were to mothers between the ages of 15 and 24, and 22.5% between the ages of 15 and 19.



Through the PAHO/SIDA initiative, important developments have taken place in terms of policies, plans and networks in Nicaragua. In 2005, the Nicaraguan Ministry of Health initiated a consultation and consensus building process to elaborate a National Sexual and Reproductive Health Strategy targeting specific ages groups according to the life cycle (0-9, 10-19, 20-60 and 60+), using the rights, gender, generational, social participation, multiculturalism, and multiethnicity perspectives as cross-cutting strategies. The strategy emphasizes the decentralization of activities and it has established a basic package of services that includes promotion, prevention, and care. As part of this process, the PAHO/Sida initiative has been involved in building consensus with the Ministry of Health and other strategic partners on the incorporation of a focus specifically targeting adolescent pregnancy prevention and STI/HIV/AIDS

The inter-programmatic work of the initiative has also supported the monitoring of the National Strategic Plan (NSP), in particular through the elaboration of baseline studies and indicators pertinent to adolescents, which have been integrated into the NSP.

A strategic entry point for the initiative has been through the local health systems, known as SILAIS (Sistemas Local de Atención Integral de Salud). The PAHO/SIDA initiative has provided the SILAIS with technical and financial support to implement their operational plans, to ensure that HIV and sexual and reproductive health (SRH) are linked into prevention services for adolescents and SRH service delivery is improved.

Furthermore, technical support was provided in the elaboration of an informed consent form for adolescent HIV testing.

As the majority of interventions responding to the HIV epidemic in Nicaragua are carried out by the international cooperation (Global Fund, United Nations Agencies and other bi/multilateral agencies), the PAHO/SIDA initiative identified the need to harmonize activities between these agencies. Current efforts have focused on building collaboration between agencies pertaining to the UN system (PAHO/WHO, UNICEF, and UNFPA) so as to increase impact at the country level without duplication of efforts. Further efforts in strengthening networks have been carried out with youth and youth serving organizations.

The Initiative has also prioritized human resources development. Trainings and workshops were conducted in Adolescent SRH, prevention of adolescent pregnancy, STI/HIV/aids and prenatal and obstetric care for adolescent mothers. A basic package of specific standards of care in pregnancy, childbirth and postpartum, family planning services for adolescents and the HIV test in health care services for adolescents has been developed for capacity building purposes.

The family was identified as a priority area of intervention in Nicaragua; therefore, concerted effort has been placed in implementing the Strengthening Families: Love and Limits initiative, in collaboration with the Caritas, Nicaragua health network. Strengthening Families educational and informative materials were distributed and training workshops were held in all the SILAS in the country. Work with adolescent and young men to contribute to their own health and empowerment as well as that of young women was also identified as a key area of intervention. Workshops were conducted with adolescent and young men to sensitize them in subjects of SRH, HIV/AIDS, Gender, and Masculinity.



The need for relevant data led to the elaboration of a baseline, prepared in coordination with the Maternal Mortality Surveillance System. Data analysis was carried out ensuring desegregation by gender, ethnic group, nutritional status, and age of the adolescent mother. Another baseline is in the process of being implemented to know the state of anemia in pregnant adolescents and its characterization in accordance with socioeconomic and

nutritional status in nine municipalities.

In 2007, activities to strengthen and scale up are planned. Specifically, the Initiative plans to increase actions in the promotion and prevention of health in the family and communities through continued work with Strengthening Families, training peer educators, and strengthening health services to meet the SRH needs of adolescents and youth, including increasing access to HIV, STI and pregnancy testing. The intersectoral collaboration will continue for interventions in health, as will emphasis in building capacity for planning, monitoring and evaluation, and establishing information systems.

Lessons Learned:

- In Nicaragua, this initiative has been implemented successfully despite the election process and the long health worker strike, by adopting a decentralized approach that offered support directly to the SILAIS. Articulation within PAHO and coordination of different programs within the Ministry of Health also helped facilitated the implementation of initiative activities.
- Data on early maternity, maternal mortality by age and infant mortality by age of the mother (from the Alan Guttmacher Institute) have been used for advocacy activities and to put pregnancy prevention on the political agenda.

A. Family and Community Health BPB

Objectives	Indicators	Means of verification	Assumptions
<p>Purpose Assist target countries to organize and launch a comprehensive response to the MDGs 4, 5, and 6; and the 3 x 5 Initiative by including a Family and Community Health approach in their national strategies in the context of Primary Health Care and National Health Development.</p>	<p>. 01 At least 5 key a/o high impact countries with national action plans incorporating Family and Community Health approaches.</p>	<p>Country reports showing 5 country inter-programmatic action plans formulated a/o under implementation.</p>	<p>Political will and capacity at the national, sector, and local level to mobilize and respond to this initiative. Timely availability of a Family and Community Health approach in support of relevant MDGs and the 3 x 5 Initiative, suitable for scaling-up a/o adaptation to country needs. Absence of national and man-made disasters. Supportive Health Systems including Health Information Systems. Commitment and coordination from partners. Resources are available (financial and human).</p>

Progress Report :

Summary:

Several countries in the region, including Nicaragua, Peru and Bolivia, are working towards the attainment of the MDGs using a comprehensive family and community based approach in the context of Primary Health Care and National Health Development. Additionally, the interprogrammatic work is evident in in plans of action in Honduras, Guatemala, Ecuador, El Salvador, Guyana, Colombia, Paraguay and others.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 1 01 Dissemination of the Family and Community Health technical cooperation strategy with the countries, relevant UN agencies and other partners and mobilization of external resources in support of its implementation.</p>	<p>01 Technical document disseminated to countries by 2006. 02 Inter-agency agreement signed by 2006; including financial contributions.</p>	<p>Signed technical document and inter-agency agreement.</p>	<p>Timely availability of a technical document presenting the Family and Community Health approach and strategy. Agreement with the countries on the proposed approach. Agreement with the relevant UN agencies, including the commitment of financial resources.</p>

Summary: Achievement Level: Partially achieved

The family and Community Health Area (FCH) worked in collaboration with officials from the Brazilian Ministry of Health to define the methodology for the consolidation of the Family and Community Health approach, and the sistematization of experiences/lessons learned by the countries in family health and community participation. It is expected to generate evidence by documenting the impact of family and community health based approach in the actual health outcomes (indicators related to the MDGs). FCH participated in the following events in order to gather and share country experiences: The Ninth International Seminar on Primary Health Care in Havana, Cuba on 6-9 March 2006, which was coordinated by the Minister of Public Health in Cuba and the PAHO Representation in Cuba. FCH attended the First Regional Congress of WONCA -CIMF Iberomeric Region; Fifth Congress of the Argentinian Federation of Family and General Medicine, XIV Congress of the Argentinian Association of Family Medicine held in Buenos Aires on 10-13 October 2006. Some of the noteworthy recommendations that came out of these meetings are related to the importance of ensuring that the family and community health approach is not used as a pretext to dichotomize care as care for "rich" and for "poor" (specialists for rich, cross-disciplinary teams for poor).

At these meetings it was also pointed out that human resources development would be a critical area for the implementation of the strategy of family and community health and this requires, among other things, the conversion of general practitioners to family physicians. Participants also insisted on recommending that the FCH reference should place a special emphasis on the local level with a clear definition of roles and responsibilities of the members of the cross-disciplinary teams, including the representative and leader role. They proposed to make explicit reference to the role of the health teams in actions of prevention and research with the participation of the local level. At the level of the operationalization of the strategy they recommended submitting proposals concerning how to cope with the eventual resistances of the medical sector to the paradigm shift. In addition, PAHO has also partnered with the Department of Prevention and Community Health of the School of Public Health of the George Washington University (GWU) for purposes of developing the reference document on Family and Community Health for review and adjustment at the regional consultation to be held in 2007.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 2 02 Development and implementation of projects in a representative sample country for each of PAHO's sub-regions using the Family and Community Health approach, based on countries subnational situation analysis.</p>	<p>01 Projects developed and fully funded by 2006. 02 Five projects (1 per each PAHO sub-region and focusing on key a/o high-impact countries) under implementation by 2007.</p>	<p>Proposal documents approved by PAHO and agreed with the countries and funding agencies. Country progress implementation reports. subnational situation analysis.</p>	<p>Agreement on participating countries within PAHO, with other agencies, and with the countries. Timely availability and adequate funding for implementation.</p>

Summary: Achievement Level: Partially achieved

FCH recruited a consultant for the preparation of an exercise to conduct a situation analysis of existing family and community health approaches; to prepare questionnaires and perform interviews with the countries of the Region; to prepare the working document to be used in the next consultation meeting scheduled for 2007. Most of the activities under this expected result will be carried out during 2007. An internal consultation is taking place within PAHO to ascertain the relevance of the family and community health approach to advance the renewal of the Primary Health Care agenda. The inputs from various units and areas are being collated and will be incorporated in the document under preparation by GWU. The main focus of the consultation is to identify existing experiences in the countries and to define potential sites for development of projects.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 3 03 Ongoing participatory monitoring and evaluation of the projects; including documentation and dissemination of country experiences, stakeholder analysis, and identification and dissemination of lessons learned and best practices suitable for scaling up. RO: G. Tambini</p>	<p>01 Participatory M & E mechanism designed by 2006. 02 M & E mechanism under implementation in all projects by 2007.</p>	<p>Technical document with M&E design. Country progress implementation reports.</p>	<p>Agreement within PAHO, with other agencies, and with the countries on proposed M & E mechanism. Timely and adequate availability of national technical expertise and funding.</p>

Summary: Achievement Level: Partially achieved

A coordination team to support the countries in establishing and strengthening national programs for the prevention of infant and maternal mortality and the spread of HIV/AIDS/STDs, within the framework of sexual and reproductive health, was instituted under the Swedish International Development Agency's Initiative . The regional level has been acting as a technical focal point responsible for the technical decisions and for the implementation of interventions on the basis of evidence at the local level. A PAHO Subregional Advisor located in Honduras was designated as Subregional Coordinator for this Initiative and is responsible for planning, implementation, monitoring and evaluation of the activities and the achievements of the expected results in every country in coordination with the Managerial Focal Points and the Regional Coordinator.

National Focal Points have been placed in Guatemala, Honduras and Nicaragua. Due to the expected subregional impact, it was decided to also include El Salvador. The national focal points are responsible for the planning, implementation, monitoring and evaluation of the Initiative at the local level according to the Biennial Program Budget (BPB) of the country.

This structure has made possible an integrated approach within the Family and Community Health Units and other technical areas of PAHO, with the bilateral and multilateral agents, and with other SIDA projects in the Region. Integration within each PAHO representation and among the different ministries of health of each country has been critical for implementation purposes.

Lessons Learned:

The SIDA Initiative has permitted to focalize efforts in priority countries and topics.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 4 04 Support and Strengthen the Implementation of Regional Interagency network activities for maternal and neonatal mortality reduction in collaboration with global and country</p>	<p>01 Interagency workplan, including shared funding, developed among partners 02 Regional Interagency Task Force meeting to monitor the Interagency Strategic Consensus for maternal mortality reduction carried out by the end of 2007</p>		

Summary: Achievement Level: Fully achieved

Pan American Health Organization/World Health Organization (PAHO/WHO), in collaboration with the United States Agency for International Development (USAID), the Swedish International Development Cooperation Agency (SIDA) and the Spanish Agency for International Cooperation (AECI), sponsored a two-and-a-half day Health Systems Strengthening Regional Forum entitled, "Social Protection in Health for Women, Newborn, and Child Populations in Latin America and the Caribbean: Lessons Learned to Prompt the Way Forward. The Forum, which was held in Tegucigalpa, Honduras from November 8-10, 2006, brought together over 130 participants from Latin America and the Caribbean (LAC) to discuss the prevalent social protection in health schemes for women, infants, and children in LAC, and to draw lessons from such experiences. The details of this event can be found at: http://www.lachealthsys.org/index.php?option=com_content&task=view&id=185&Itemid=1

B. Child and Adolescent Health & Nutrition BPB

Objectives	Indicators	Means of verification	Assumptions
<p>Goal</p> <p>To support countries to reduce by two thirds the rate of infant mortality by the year 2015 from the 1990 rate; to reduce by 25% HIV prevalence among young people aged 15 to 24 years old by the year 2010 and to reduce maternal mortality by three quarters among adolescents</p>			
<p>Purpose</p> <p>By the end of 2007 five PAHO's priority countries and 50% of other countries will be implementing evidence-based strategies to reduce health risks, morbidity and mortality along the life course, promote the health and development of newborn infants, children and adolescents, and create mechanisms to measure the impact of these strategies at the health services and community levels.</p>	<p>01. 12 countries, including 5 PAHO priority countries and 7 high-impact countries (Brazil, Peru, Ecuador, Guatemala, Colombia, Dominican Republic, and Paraguay) implementing PAHO/WHO recommended policies and programs on neonatal and child health and development.</p> <p>02. 13 countries, including 5 PAHO priority countries and 7 high impact-countries (Brazil, Peru, Ecuador, Guatemala, Colombia, Dominican Republic, and Paraguay) and Mexico, implementing PAHO/WHO recommended policies and programs on adolescent health and development.</p>		<p>National commitment to develop plans and implementing evidence-based strategies to improve children and adolescents' health.</p> <p>Sustainable international financial support to develop, promote and implement strategies and interventions to improve children and adolescents' health and for monitoring and evaluate results and impact.</p>

Progress Report :

Summary: Achievement Level: Fully achieved

Indicator 01 Achievement level -Fully achieved

All priority and high impact countries have plans and national programs of health for the achievement of the MDG 4 in support of child and neonatal health activities. With support from UNF, technical and financial cooperation was provided to MINSA and other social sectors to expand national IMCI and neonatal activities in Bolivia, Colombia, Guyana, Paraguay, Honduras, Nicaragua and Peru. With support from CIDA, IMCI activities are being expanded in Paraguay, Ecuador and Peru. All country activities are being coordinated through national coordinating committees to maximize available funds, follow a common strategic plan, and ensure monitoring and reporting of results. Bolivia, Ecuador, Paraguay and Peru are expanding collaboration with indigenous population groups.

The Unit is coordinating efforts with the Government of Bolivia to reach the National Zero Malnutrition Initiative. In 2006, the Unit continued to strengthen the integration and coordination of planning and execution of activities with other FCH units, and areas of the Organization; for example: FCH/AI, FCH/IM, FCH/NUT, FCH/WM, SDE/HS, THS/OS, HRT/EV, and DPC/CD. Guatemala has not expressed interest working on child health issues with PAHO/HQ. Regarding the Neonatal Component, DOR, GUT URU, ECU, HON, NIC and PER, have continued the implementation of Clinic and Community IMCI and health personnel was capacitated through 25 workshops and courses.

Indicator 02 Achievement Level: Fully achieved

Four priority countries (BOL, HON, NIC, GUY) and all high impact countries have National Adolescent Health Plans and Programs. VEN has also progressed significantly in the development of a National Adolescent Health Program. PAR approved the National Health Policy for adolescent and young people this semester. With support from NORAD/SIDA, technical and financial cooperation was provided to support the National Adolescent Health Programs and other sectors for a better integrated response to adolescent needs, including sexual and reproductive health, HIV/Aids and violence prevention using an ecological approach.

In collaboration with GTZ and with support from BMZ, advocacy efforts to integrate a youth development and violence prevention response into current policy in Honduras and Peru led to official commitments signed by high level decision makers - including the President of Honduras and 5 mayors from surrounding municipalities to Lima, Peru. Nicaragua and Colombia continue their advocacy efforts to integrate a youth development and violence prevention perspective into their national and local policies. In Honduras, Nicaragua, Peru, Guatemala, Paraguay, Colombia, and El Salvador an associated team comprised of professionals from diverse sectors working in topics related to adolescence, youth, and violence prevention have been trained through to take the leadership in advocacy and technical cooperation to government entities and other key players working in adolescent health and violence and HIV/Aids prevention. In Colombia, Peru, and Honduras the associated teams have analyzed, revised and advocated for change in governmental policies and programs. In Honduras, PAHO participates as part of the Interagency group for the Promotion of Youth and Adolescent Development (UNICEF, UNFPA, NORAD, SIDA, CIDA, GTZ, and PAHO). This group has played an integral role in providing technical assistance in the establishment of the Secretary of Youth. Further human resources support to this initiative has been provided through a secondment from GTZ. Partnership with different units (FCH/AI, FCH/IM, FCH/WH, SDE/HS, THS/OS, AD/Gender and ethnic groups, THS/MH) has been strengthened through joint efforts to promote the rights of the child, the elaboration of a new proposal to work with Indigenous youth, and the implementation of the FCH interprogrammatic initiative focusing in Youth in Central America with support from NORAD/SIDA. PAHO has supported selected Central

American countries in mobilizing resources for youth violence prevention through the IADB. NORAD and Cryufft Foundation support ends in December 2006, therefore focus in resource mobilization has turn to Spanish Agency for International Cooperation, the World Bank, IADB, and the Church of Jesus Christ of Latter Day Saints and Brigham Young University.

Lessons Learned

HAI is a country with severe political and civil difficulties which has made it difficult to work, although some inter-programmatic actions have been accomplished especially with the strengthening of the PAHO Haiti Task Force (e.g.: IMCI Short Program Review, breastfeeding courses, etc.). PAHO and WHO efforts to better coordinate and integrate combined activities in PAHO/HQ are time consuming but can have good results. More financial support is required from WHO/CAH in support of FCH/CA Regional and country activities. This time period was characterized by a severe reduction of funds from WHO and PAHO Regular funds which made it challenging to support activities in the countries which were not partnership driven. Guatemala has not expressed interest working on child health issues with PAHO/HQ.

In the Neonatal subject the lessons learned are: · The ministries of health should include neonatal IMCI within its national plans in order to achieve its sustainability. · Involve in the process of preparation, adaptation and dissemination to all the parts, including Universities, Hospitals, professional Associations, etc. in order to guarantees its local adoption. · Strengthening partnerships through a participatory plan will include global, Regional, national and local partnerships with ministries of health, donors, international cooperation agencies, and other key stakeholders including civil society and non-governmental organizations. · Train to the personnel of all the levels of care so that they acquire skills in the essential neonatal management including resuscitation and transportation. This guarantees that the level of reference is trained in order to solve the problems effectively. · The training schools of resources in health are an important element for the sustainability and formation of new professionals.

Working with associated teams (comprised of representatives from governmental and non-governmental entities from diverse sectors addressing issues in adolescence and youth) at the country level has proved to be an effective strategy to advocate and provide technical support so that recommended policies and norms are institutionalized. Providing a capacity building program to these teams has been crucial in supporting their role. Advocacy with political candidates at the national and local levels was also shown to be effective in Honduras where prior to the election all viable presidential candidates supported the Child and Adolescent Alliance and signed the Pledge for the health of children and adolescents. Furthermore, these candidates signed a pact to implement a youth development violence prevention approach rather than a punitive approach - this, however, requires careful follow up to ensure that the elected official carries out his/her promise. Harmonization of UN agencies through interagency groups has allowed for increased visibility and avoidance of duplications in interventions.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 1</p> <p>Adequate technical and policy support provided to all priority and high impact countries (Bolivia, Honduras, Nicaragua, Haiti and Guyana) and to an increased number of other countries to support the health-related articles of the Convention on the Rights of the Child. RO:</p>	<p>Six countries, including 5 PAHO priority countries (Bolivia, Honduras, Nicaragua, Haiti and Guyana) and Argentina implementing child and adolescent health-related strategies and recommendations resulting from PAHO's support to the reporting process of the Convention on the Rights of the Child.</p>	<p>National plans and reports from countries on current situation and advances to improve children and adolescents' health.</p> <p>Travel reports from consultants going to countries.</p>	<p>Countries include children and adolescents' health as a priority in current health policies.</p> <p>Convention on the Rights of the Child making part of key priority policies and included in most programs and plans.</p> <p>Resources available from different sources (governmental, non-governmental, private) to implement children and adolescents' health strategies.</p>

Summary:

Achievement Level: Fully achieved

FCH/CA and TSH/MH, Bolivia, Honduras, Nicaragua, and Argentina participated in the sub-Regional meetings of the High Commissioner of United Nations Human Rights (HCUNHR) for the follow up to the recommendations of the Committee for the Rights of the Child. Honduras, Guatemala, El Salvador and Nicaragua have received financial support from SIDA/NORAD to incorporate the recommendations of the CRC in their national adolescent policies plans and programs. There has been wide dissemination of the recommendations of the Committee of the Rights of the Child in all countries of the Region. WHO/PAHO/CRED/PRO have developed a training program in child and adolescent rights and mechanisms for their protection for health care providers, which is to be implemented in 2007.

Indicator 01 Achievement Level: Fully achieved

Follow up work for the recommendations from the committee on the rights of the child requires more interagency and interprogrammatic efforts to secure their incorporation and implementations into national programs for children and adolescents. Special efforts should take place in Haiti and Guyana and they should be included in the next HCUNHR workshop in Jamaica in 2007-2008. Excellent coordination with the Human Rights Advisor and with WHO has allowed for the development of a joint plan of action 2007.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 2</p> <p>Improved policies, strategies, norms and standards established and implemented for protecting children and adolescents, particularly those living in priority and high impact countries, and in high risk areas, from diseases, behaviors, and conditions that pose a risk to health, through technical and policy support, follow-up and evaluation.</p>	<p>Fourteen countries, including 5 PAHO priority country (Bolivia, Honduras, Nicaragua, Haiti and Guyana) and 7 high impact countries (Brazil, Peru, Ecuador, Guatemala, Colombia, Dominican Republic, and Paraguay) and Jamaica and Argentina, with cost-effective and evidence-based policies, strategies, norms and standards on protecting child and adolescents from major diseases and from behaviors and conditions that pose a risk to health were adopted and are being implemented.</p> <p>02. Fourteen countries, including 5 PAHO priority countries (Bolivia, Honduras, Nicaragua, Haiti and Guyana) and 7 high-impact countries (Brazil, Peru, Ecuador, Guatemala, Colombia, Dominican Republic, and Paraguay), and Jamaica and Argentina, with specific plans for implementing evidence-based policies, strategies, norms and standards for protecting children and adolescents in high priority areas according to epidemiological indicators of childhood mortality and morbidity, and selected indicators of adolescents' health status.</p>	<p>Documents and reports from countries on available norms and strategies being used for taking care of children and adolescents' at health facility and community levels.</p> <p>Travel reports from consultants going to countries.</p> <p>National plans and reports from countries on current situation and advances to improve children and adolescents' health.</p> <p>Documents from countries summarizing information and epidemiological data on children and adolescents' health.</p>	<p>Countries' commitment to adapt and implement key recommendations and strategies and to assign necessary resources for improving children's and adolescents' health. Key institutions and policy-makers involved in diagnosis, planning and implementation of integrated strategies to improve children and adolescents' health. Availability of information at country and Regional level on children and adolescent health including stratified data by provinces, departments and districts.</p>
<p>Summary:</p> <p><u>Indicator 01 Achievement Level: Fully achieved</u></p> <p>PAHO received a one-year extension of the UNF grant up to 31 January 2007. Country plans of action are developed and being implemented in Colombia, Paraguay, Guyana, Honduras, Peru, Bolivia and Nicaragua (4 of the 5 PAHO priority countries). Two community IMCI effectiveness studies will be completed in December 2006 to document evidence on the effectiveness of the community participatory model. Additional extra-budgetary resource mobilization efforts are underway with the Spanish Cooperating Agency, CIDA and the Church of Jesus Christ of Latter-day Saints. In the area of community IMCI extensive documentation and evaluation efforts were completed and Fact Sheets published with results of best practices at the family and community level. A Regional FCH/CA program managers meeting will be held</p>			

in early 2007 to review strategies and norms and make plans with MINSA and PWRs in the future. Guatemala has not expressed interest in working on child health issues with PAHO/HQ. Integrated plans of action were developed at the country level and are being implemented in HON, ELS, NIC, GUA, GUY, PAR, ECU with financial support from NORAD and SIDA.

IMAN tools are being developed; Adolescent Sexual and Reproductive Health Guidelines were published and disseminated in the Region in collaboration with NORAD/SIDA. The IMAN training module for primary health care providers in prevention and treatment of prevalent diseases was developed and will be implemented 2007. Distance Education Initiative has expanded. The Adolescent Health Certificate course (Diplomado en Salud de Adolescentes) offered through the Catholic University in Chile currently has 150 students from priority and high impact countries of the Region and has been expanded to include a youth violence prevention module with SIDA/NORAD's support. Tools and questionnaires have been developed for the Service Availability Mapping (SAM) initiative to be implemented in Honduras in February 2007. The initiative, also supported by SIDA/NORAD, will map all health services located in the country, including those targeting the needs of adolescents and youth.

Indicator 02 Achievement Level: Fully achieved

Extensive support for PAHO key countries and other high-impact countries was achieved in the area of child health. Many countries are using evidence-based data collected from the ARC/UNF Regional Community IMCI project to affect change in policies and national programs. New possible Partnerships with the Spanish AECI Agency and Church of Latter-day Saints will strengthen these efforts with MINSA. Guatemala has not expressed interest in working on child health issues with PAHO/HQ. A friendly Regional interactive data base, with selected adolescent health determinants and health indicators is under development. FCH/CA and SDE /HS have publications with the evidence of effective interventions for youth violence prevention in LAC. This evidence based tools will be disseminated in the Region. A training module for Impact Monitoring and Evaluation of adolescent programs and projects is being developed with support of GTZ. A new interprogrammatic initiative "Health and Development of Indigenous Youth: Prevention of HIV and TB" was developed and a tentative first proposal was presented to the Spanish Agency for International Cooperation.

Lessons Learned

The integration of human and financial resources, strengthened actions in the countries, sustained activities, created a local capacity contributing to the MDGs. However, countries NPOs responsible for child and adolescent health activities are overwhelmed with the mandate to cover 7-10 different technical areas. More effort will be needed for the implementation of the community component of IMAN integrating it with community IMCI activities. Inter-programmatic actions with FCH/CA/AI, THS/HS, and PAHO/WHO-HON have successfully allowed for the pooling of financial and human resources available for the health services mapping (SAM) initiative.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 3</p> <p>Guidelines, approaches and tools developed, adapted and implemented for intensified action to improve neonatal health, child survival, children and adolescent's growth and development, and monitoring of progress validated, promoted and implemented.</p>	<p>1 Ten countries including 5 PAHO priority countries and Peru, Dominican Republic, Ecuador, Guatemala and Argentina, implementing integrated management of childhood illness activities, including the peri-neonatal component, and which have expanded geographical coverage to more than 30% of target districts working at health facility and community levels.</p> <p>2 Ten countries including 5 PAHO priority countries and Jamaica, Dominican Republic, Peru, Guatemala, and Ecuador, applying the PAHO/WHO strategic approach of integrated prevention of HIV in adolescents.</p> <p>3 Fourteen countries, including 5 PAHO priority countries and 7 high-impact countries (Brazil, Peru, Ecuador, Guatemala, Colombia, Dominican Republic and Paraguay), promoting the formulation and effective implementation of norms, standards and guidelines for child survival and improving children's and adolescents growth and development with the involvement of community and social networks and other civil society organizations.</p>	<p>Norms and plans from countries with regards to implementation of IMCI and complementary components (in particular peri-neonatal).</p> <p>Documents and reports from countries on children's epidemiological situation.</p> <p>National plans and reports from countries on current situation and advances to improve children and adolescents' health.</p> <p>Documents and reports from countries on current guidelines on HIV and adolescents.</p> <p>Regional and national projects approved and being implemented involving social networks.</p> <p>Documents and reports from countries on plans and projects being implemented at local level with involvement of social networks.</p> <p>Travel reports and other information from consultants and institutions.</p>	<p>Countries' decision to prioritize IMCI and peri-neonatal component to be adapted and further implemented.</p> <p>Countries' commitment to focus implementation of strategies and interventions to vulnerable groups of populations.</p> <p>Resources available to support plans and programs to implement IMCI and peri-neonatal component at health facility and community levels.</p> <p>Countries' commitment to fight against HIV and prevent infection in adolescents.</p> <p>Resources available to support plans and programs to prevent HIV infection with special focus on adolescents and to provide adequate care and treatment for HIV/AIDS in adolescents.</p> <p>Public awareness of HIV/AIDS in adolescence as a priority issue.</p> <p>International interest and resource mobilization to propose Regional and national plans for child survival.</p> <p>Countries commitment and resources to implement norms, standards and guidelines for child survival.</p>

Summary:

Indicator 01 Achievement Level: Fully achieved

Bolivia, Haiti, Honduras, Guyana, and Nicaragua and other countries with infant mortality rates greater than 30/1000 continue to expand coverage using the IMCI strategy in the clinical and community components with support from ministries of health, NGOs, other partners, and national agencies. In Peru, Ecuador, and Paraguay, through a partnership with the Canadian International Development Agency (CIDA/CAN) expansion in high-risk and vulnerable population areas, including indigenous population groups, is being strengthened using the three components of the strategy. PAHO is providing technical assistance to MINSA in Nicaragua

and Honduras to support the Canadian Red Cross community IMCI project and in Nicaragua, El Salvador, Haiti and Dominican Republic with CMMB religious -based organizations. Guatemala has not expressed interest working on child health issues with PAHO/HQ.

Indicator 02 Achievement Level: Fully achieved

HON, NIC, ELS, GUA, DOR, PER, ECU are applying PAHO/WHO 4 S strategy, - Systematic Information Gathering, Services and Supplies, Supportive Environments, Strengthening Other Sectors - and HIV prevention and are integrating them into their national plans. With support from SIDA and NORAD, FCH has elaborated a practical guide for the integration of prevention and comprehensive care services for HIV and adolescents as an additional component within the IMAN framework. Expert recommendations from the Region are being incorporated, with SIDA/NORAD's support, into the HIV Testing and Counseling guidelines, which include specific consideration of child, adolescent, and youth needs. Technical and financial support was given to three workshops in counseling services geared towards adolescents in Bolivia, Peru, and Paraguay. The campaign HAZTE LA PRUEBA will target youth in several countries en LAC

Indicator 03 Achievement Level: Fully achieved

Three new community IMCI training tools (Local Organization, Indigenous Population and CHW courses) were reviewed and will be field-tested December 2006 and early 2007. A new local actor guide for Junior Chamber International (JCI) chapters was also developed. Extensive technical training is underway in the CMMB/PAHO Partnership countries in IMCI, HIV/AIDS and essential drugs. IMCI essential drugs and supplies have purchased and distributed using in-kind CMMB and Bristol-Meyers Squibb (BMS) Company funds. CIDA has provided important financial resources to achieve expected result number 3. In collaboration with GTZ, FCH and SDE have developed and validated a training curriculum, TEACH VIP Youth: Development of Effective Programs in Youth Development and Violence Prevention in two of the five priority countries (Honduras and Nicaragua) and two of the seven high impact countries (Colombia and Peru) as well as Argentina and El Salvador. This course provides capacity building in the design of effective violence prevention programs and impact monitoring and evaluation.

Additionally, the 5 countries have received training in the Youth-Adult partnership developed in collaboration with YouthNet (FHI and USAID project), to evaluate and improve youth participation. Brazil has requested to receive training program for 2007. This course has been added to the Catholic University in Chile's adolescent health distance education certificate and will be made into its own course for January 2007. This course currently has 150 students from throughout the Region enrolled with SIDA/NORAD's support. The design violence prevention programs course will also be adapted into an interactive CD ROM for auto-instruction by February 2007. (SIDA)

The GTZ/PAHO initiative has also put concerted effort into the publication of 6 documents on evidence in violence prevention from different perspectives (polices and legislation, gender and community, school, communication, youth development, and alcohol and other drug policy). Publications will be disseminated in the Region as a package including an interactive CD ROM containing the TEACH VIP Youth course in 2007. Furthermore, a review of current policies and participatory experiences in violence prevention in Honduras, Nicaragua, Colombia, Peru and Salvador have been published as part of this initiative to generate a solid evidence base in the Region. 11 municipalities in Peru, 3 in Argentina, 10 in Nicaragua and 31 in Honduras are developing Local Youth Violence Prevention Policies, plans programs with active youth participation. The evaluation of the Family intervention "Strengthening Families with adolescents 10-14: Love and Limits" in El Salvador has been completed shows positive results. The program has expanded and is being implemented in NIC, ELS, MEX, ECU, PER, CHI, ARG, DOR, BOL, and has finalize the impact evaluation in ELS. The potential collaboration with Faces and Places could expand this work in families and community intervention at the municipal level.

Lessons Learned

A major extra budgetary project was terminated (ARC) in January 2006. UNF continues providing financial support for IMCI activities up to January 31, 2007. The Unit has been assigned limited funding from the Spanish Cooperating Agency. The CMMB/BMSF project terminated in August 2006. A new one-year MOU is being negotiated. Much more effort should be done to improve the data in STI/ HIV/Aids in young people so that it is desegregated by age, gender, and ethnic group. We have requested through NORAD expertise fund support for an epidemiologist to support both units. Coordination with CAREC is crucial to better integrate our efforts and share lessons learned.

The IMAN tools in HIV prevention will need to develop a manual for the training of trainers in order to expand the model to all levels of medical care. Due to the transition in leadership of the HIV unit and the need to wait for new direction and priority areas of this new leadership there have been some delays in the execution of funds. A better integration with mental health and alcohol prevention is necessary to have a better impact in youth violence prevention. In order to meet the increased demand for training in adolescent and youth development and violence prevention program design, effective policy and interventions and monitoring and evaluation have forced FCH/CA and SDE/RA to look towards innovative approaches to building capacity among professionals working in related topic areas. The distance education and interactive CD ROM courses have shown promise in the Region. This initiative was requested to be implemented in São Paulo, Brazil with funding through the ABRINQ Foundation. We are exploring resource mobilization with the private sector through the German Commerce Bureau in Brazil for this initiative. Strengthening Families is in high demand from different agencies and countries and will need to be adjusted to different cultures and parenting models with a better evaluation.

The HIV testing and counseling guidelines was reviewed involving experts from diverse disciplines/sectors which allowed for a more comprehensive public health oriented document. Joint activities with the FCH/AI unit and Communities of practice provide gateways for continued interprogrammatic and interdisciplinary work, in particular to maintain fluid dialogue with Regional experts to promote efforts to scale up HIV testing and counseling services.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 4</p> <p>Contributions made to the attainment of global goals (MDG 4, 5 and 6; and 3 by 5 Initiative), by improving child and adolescent health.</p>	<p>1. Eleven countries, including 5 PAHO priority countries (Bolivia, Honduras, Nicaragua, Haiti and Guyana) and 6 high-impact countries (Brazil, Peru, Ecuador, Guatemala, Dominican Republic and Paraguay), with plans and programs for child survival and children's and adolescents' healthy growth and development focused on the achievement of MDG and 3 x 5 Initiatives and which integrates activities from different areas of the Ministry of Health and other governmental areas.</p> <p>02 Fifteen countries, including 5 PAHO priority countries (Bolivia, Honduras, Nicaragua, Haiti and Guyana) and 8 high-impact countries (Brazil, Peru, Ecuador, Guatemala, Colombia, Dominican Republic, and Paraguay) and Chile, Argentina and Uruguay, with partnership mechanisms established and working to provide support for coordinated action to implement child and adolescent health strategies and interventions in women at reproductive age.</p>	<p>National plans and reports from countries to achieve MDG.</p> <p>Documents and reports from countries on current situation with regards to MDG and its achievement.</p> <p>Travel reports and other information from consultants and institutions.</p> <p>National plans and reports from countries with regards to partnership mechanisms in support of children's and adolescents' health.</p>	<p>Countries include the achievement of MDG with regards to children and adolescents' health as a priority in current health policies.</p> <p>Countries' commitment to translate policies into practical plans for the implementation of specific strategies and norms to achieve MDG.</p> <p>Resources available from different sources (governmental, non-governmental, private) to implement children and adolescents' health strategies.</p> <p>International interest and resource mobilization to implement children and adolescent's health strategies and interventions.</p> <p>Countries commitment and resources to implement norms, standards and guidelines for child survival and for children's and adolescents' health.</p>

Summary:

Indicator 01 Achievement Level: Fully achieved

In the area of community IMCI many country activities were implemented in 12 countries with support from community leaders, community health workers, social networks, NGOs, families, and other local actors and institutions using WHO/UNICEF Key Family Practices for the prevention of common childhood illnesses and as the main intervention to change behaviors at the family and community level. It strengthened the integrated case management of illness (especially diarrhea and pneumonia) to bring children closer to the health system and community resources to improve quality of care. The social actor community model designed and implemented by the ARC/UNF/PAHO Partnership was shown to be low-cost, easily replicable, scaled-up in other institutions, and sustainable using local resources.

Indicator 02 Achievement Level: Fully achieved

In coordination with PAHO/DPC, three country CIDA/IMCI projects are developed, operational and funding disbursed. The Regional component is operational. Three planning and monitoring

visits were held (Ecuador, Peru and Paraguay). A mid-term CIDA evaluation was held in Peru and Paraguay. In February 2006, in collaboration with WHO/CAH, a National Short Program Review of the National IMCI Strategy in Haiti was carried out in May 2006. Results will be used in the new government to strengthen activities. In collaboration with WHO/CAH French funds are available to support research on community care-seeking interventions in Cuba. Additional extra-budgetary resource mobilization efforts are underway with the Spanish Cooperating Agency, CIDA and the Church of Jesus Christ of Latter-day Saints. PAHO and BYU are in the process of establishing a WHO/PAHO Collaborating center for family and community health.

The Empowerment of Adolescent Girls document was finalized and is being published with support of SIDA/NORAD. Technical and financial support provided to PAHO/WHO-ELS for the external evaluation of the Interagency (FAO, PAHO, PNUD, UNFPA, NORAD, SIDA and UNICEF) Adolescent Women's Empowerment Program (PIEMA).

With support from NORAD, SIDA and GTZ, the evaluation plan and tools have been developed. Lesson learned from the process and final recommendations will be presented in the first semester of 2007 to be disseminated in the Region.

With the support of the Norwegian Cooperation, the first Regional Congress on Women, Girls, and Adolescents living with HIV in Latin America and the Caribbean took place in October in Panama with the objective of promoting interaction between women living with HIV, creating a space for dialogue on the topic, and ensuring that the needs and concerns of women living with HIV are included within the political agenda. PAHO/WHO adolescent boys' initiative is being implemented within the new FCH interprogrammatic initiative supported by SIDA. Nicaragua will be going to scale with the package of interventions for adolescent boys and will be conducting an impact evaluation. The Soccer Initiative has been selected by WHO panel on Male Sexual and Reproductive Health as a promising intervention with successful evaluation in Brazil. Mexico is going to national scale with this intervention.

In December 2006, FCA and CLAP, with SIDA/NORAD's support, hosted a Regional meeting in Uruguay PAHO focal points, MINSA officials from priority and high impact countries joined the experts in Adolescent Sexual and Reproductive health to discuss evidence in pregnancy prevention. WHO, NORAD, SIDA, AGI, and UN agencies joined this effort. This Regional meeting provides the opportunity to share knowledge and lessons learned, identify sub Regional country needs and develop a strategic plan of action. A document with evidence-based interventions has been prepared and after the meeting will be published and disseminated. In Ecuador, a participatory evaluation of the Ecoclubes has been conducted and a work plan for efforts in marginal areas has been completed.

Lessons Learned

Extra-budgetary resources and country commitment provided the stimulus to jump-start many initiatives. Although, EB funds are now limited, actions are sustained and local capacity created to continue expansion using local resources. In some countries, political instability and changing personnel and priorities had an impact. In 2007, FCH/CA will request WHO/CAH balance of Regional funds for the child and adolescent health line-item in support of OWERs. In some countries, political instability and changing personnel and priorities had an impact. The community social actor methodology is being implemented and expanded in countries upon request by PWRs and MINSA. The potential collaboration with Faces and Places could expand this work even more.

Pregnancy prevention has to be integrated with SRHA framework and with emphasis on Sexual and Reproductive rights. We will need strong partnerships and much more advocacy to introduce Emergency Contraception in many countries in the Region. Lesson Learned from CHI, MEX, ARG, ECU, PER, ECU should be disseminated in the Region. Impact Evaluation of programs and project addressing SRH of Adolescents needs to improve. The Regional Congress in Panama provided a valuable opportunity to strengthen the inter-programmatic work

(FCH/CA, FCH/AI, External Relations, and Gender) being conducted in the topic of women and girls living with HIV.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 5 Improved child nutrition through integrated strategies to promote optimal infant and young child feeding (IYCF), micronutrient status, & child growth and development</p>	<p>1. Nine countries (four priority) have national plans to implement the Global Strategy on IYCF</p> <p>2. Twelve countries are using the new WHO Child Growth Standards</p> <p>3. Five countries with national food-based dietary guidelines</p>	<p>Global Strategy for Infant and Young Child Feeding (IYCF) and new WHO Growth Reference Standards are being implemented according to documents and reports from countries</p> <p>New child health cards including the new WHO Growth Standards are available.</p> <p>Regional, sub-Regional, and national task forces for the implementation of the Global Strategy for IYCF and the new WHO Growth Standards have been formed and are active according the meeting reports.</p> <p>National plans and reports from countries on current situation and advances to improve infant and young child feeding, micronutrient status, and growth and development.</p> <p>Travel reports and other information from Regional Advisor on Food and Nutrition/consultants.</p>	<p>Improving infant and young child feeding (IYCF), micronutrient status through public programs or commercialization of multi-micronutrient supplementation and/or fortified complementary foods is a priority in health policies.</p> <p>Countries are committed to adapt and implement new child health cards that include the new WHO Growth Standards and to assign necessary resources to revise the health cards.</p> <p>Resources are available to support plans, programs and activities related to IYCF and the implementation of the new WHO Growth Standards.</p> <p>International interest and resources for improving IYCF and the new WHO Growth Standards and are accessible to be mobilized.</p>

Summary:

Indicator 01 Achievement Level: Fully achieved

Countries, including Bolivia, Honduras, Guatemala, and Nicaragua are continuing to adapt the WHO/UNICEF Global Strategy for Infant and Young Child Feeding to their own national context. Both Honduras and Bolivia have adopted laws for national codes of marketing of breast-milk substitutes and are in the process of developing the regulations to go with the laws. Peru and Bolivia have major new initiatives to eradicate child malnutrition and WFP is leading efforts at the sub Regional levels of Central America and the Andes with technical support from PAHO. With funding from SIDA, the Integrated Counseling Course for Infant Feeding that addresses breastfeeding, complementary feeding and feeding in the context of HIV/AIDS is being translated into Spanish and will be introduced in 2007 in support of the Global Strategy. The course is one-week long and a trainer of trainer's program is scheduled to be conducted in Honduras for all four countries under the grant, October 1-5, 2007. Subsequently, national courses will be held in the respective countries with funding from the SIDA grant.

New materials in support of the BFHI initiative have been developed and will be translated into Spanish and used in 2007 to support implementation of the Global Strategy.

To support the dissemination and implementation of appropriate infant and young child feeding practices, funds from SIDA are also supporting the participation of physicians and nurses from Guatemala, Honduras, and Nicaragua a week-long training in the implementation and operations of human milk banks to be held in Ecuador, March 5-9 (see attached press release). Adolescent mothers are at particular risk for delivering a preterm infant and/or to have HIV/AIDS and, therefore, stand to benefit from the availability of donated breastmilk. Breastmilk banks collect donated milk from lactating women, screening donors and processing donated milk to ensure purity and safety. Much of the milk is used to feed premature and low-birth-weight babies, who typically suffer from other health problems. The banks also play an important role in encouraging and facilitating exclusive breastfeeding for the first six months and continued breastfeeding for two years or more as recommended by the World Health Organization (WHO)/PAHO. They also serve as a reference point for breastfeeding problems, which are more likely to be experienced by adolescent mothers.

Development of anemia prevention materials targeted at adolescent girls in the same countries. Nationally representative data from the countries, supported by SIDA, have been obtained and are being analyzed to determine the prevalence of anemia among adolescent girls. This analysis will serve as the basis for the development of anemia prevention materials to be developed during this calendar year.

The Gates Foundation has invested \$40 million in the Global Alliance for Improved Nutrition (GAIN) for the social marketing of fortified complementary foods, an idea that has been championed by PAHO.

Indicator 02 Achievement Level: Fully achieved

With funding from NSD/HQ, national workshops to introduce the new WHO growth standards and develop implementation plans were held in Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Honduras, Panama, and Uruguay. In addition, presentations were given in pediatric meetings in Honduras and Peru and at the annual meeting of ALAPE. A group of pediatricians met with the Ministry of Health in Argentina and Brazil and also agreed to implement the new WHO growth standards. The training course for the new growth standards was pilot tested in Barbados with the participation of all Caribbean countries and the Caribbean Program is designing a new child health card that can be used in all Caribbean countries, including Haiti and Guyana. Chile is likely to be the first country to actually use the new standards as they are planning to launch the new materials January 1, 2007. **All the other countries are in different stages of planning for implementation, but all will have implemented by the end of 2007 with SIDA support in Nicaragua, El Salvador and Guatemala.** During 2007, national workshops will be planned in the rest of the countries and technical support for implementation will continue with the translation of the training course into Spanish and sub-Regional training courses held.

Indicator 03 Achievement Level: Fully achieved

Extra budgetary resources for this activity were transferred to INCAP for execution.

Lessons Learned

Commitment from the pediatric societies, Ministries of Health, NGO's and sister UN agencies is critical for the budgetary and technical support needed to introduce the new growth standards as this involves redesigning the health card, training, modernizing equipment, and rethinking the nutritional surveillance systems. Funding for training, equipment, and supervision is a challenge in many countries. However, the introduction of the new WHO growth standards provides an ideal platform for reinvigorating activities in the Code, BFHI, growth assessment, nutritional surveillance, and breastfeeding and complementary feeding. Collaboration with other UNICEF,

WFP, The World Bank, and NGO's is critical for positive action in the area of child nutrition. Local capacity must be developed and local resources identified to sustain action in infant and young child feeding and implementation of the Global Strategy.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 6 Improved micronutrient status of populations through supplementation and food fortification</p>	<p>1 Fifteen countries including three PAHO priority countries (Bolivia, Honduras, and Nicaragua) are implementing active regulatory monitoring systems for food fortification.</p> <p>2 Ten countries including two PAHO priority countries (Bolivia and Nicaragua) are implementing household/individual monitoring and evaluation of food fortification, in addition to salt iodization.</p>	<p>Documents and reports from countries on available regulations and norms for supplementation and food fortification.</p> <p>Copies of guidelines and tools on monitoring and evaluation of food fortification used in the countries.</p> <p>Regional and national projects approved and being implemented involving monitoring and evaluation of food fortification programs.</p> <p>National plans and reports from countries on current situation and advances to improve micronutrient status of populations.</p> <p>Travel reports and other information from consultants going to countries.</p>	<p>Improving micronutrient status through supplementation and food fortification is a priority in current health policies.</p> <p>Countries are committed to adapt and implement key recommendations and strategies and to assign necessary resources to strength micronutrient programs.</p> <p>Resources are available to support plans, programs and activities related to micronutrient nutrition.</p> <p>International interest and resources for improving micronutrient status exist and are accessible to be mobilized.</p>

Summary:

Indicator 01 Achievement Level: Fully achieved

More than 10 countries in the Region including Bolivia, Honduras, and Nicaragua have Regulatory Monitoring Systems in place; however they have some technical weaknesses and frequently are threatening by economical and political issues making its sustainability questionable. Advocacy to strengthen the Regulatory Monitoring Systems has been done in Dominican Republic, Bolivia, Peru, Ecuador and Paraguay. Guidelines to implement Regulatory Monitoring Systems were developed. A national workshop to strengthen the Regulatory Monitoring System was performed in Dominican Republic.

Indicator 02 Achievement Level: Fully achieved

During the last five years Nicaragua has implemented an active Household Monitoring and Evaluation System; however government has not adopted the system as a national initiative. Until now an NGO is responsible of their implementation and external founding is required to maintain the system. Chile and Costa Rica also has developed the infrastructure and logistic to measure the impact of wheat flour fortification on neural tube defects. Mexico and other countries have been implemented national surveys to asses the nutritional status, in some cases this information could be used to explore the impact of the food fortification programs. Two workshops were performed to review and agree on concepts and procedures to implement Individual, household and community monitoring and evaluation systems for the food fortification programs. Guidelines will be developed during 2007. Advocacy to move up county interest will be a key issue during 2007.

Lessons Learned

The implementation of Regulatory Monitoring System for Food Fortification programs needs strong political will. Financial resources should be considering in the national budget or as part of the commercial price of fortified food staples. Sustainability of individual, household and community monitoring and evaluation systems demand strong political will and funding

C. HIV/AIDS BPB

Objectives	Indicators	Means of verification	Assumptions
<p>Goal PAHO and its partners will make the greatest possible contribution to reduce morbidity and mortality associated to HIV infection and to improve the quality of life for PLWHA in Latin America and the Caribbean, advancing toward the ultimate the ultimate goal of universal access to antiretroviral treatment for those in need, as a human right and within the context of a comprehensive response to HIV/AIDS and STI, including rekindling and prevention efforts.</p>			
<p>Project Purpose By 2015, to halt and begin to reverse the spread of HIV/AIDS as well as STI in the Region by providing universal access to prevention, care, and treatment.</p>	<p>1. By 2010, there will be a 50% reduction in the estimated number of new HIV infections followed by a further 50% reduction in new infections by the end of 2015.</p> <p>2. By 2010, there will be universal access to comprehensive care including prevention, care, and antiretroviral treatment.</p> <p>3. By 2015, incidence of mother-to-child transmission of HIV will be less than 5% and incidence of congenital syphilis will be less than 0.5 cases per 1,000 live births.</p>		

Progress Report

Important progress toward the strengthening of the health system's response to HIV/AIDS has been achieved. In 2006 PAHO/WHO supported the review of National Plans under the leadership of the Ministries of Health in 11 priority countries (Belize, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Bolivia, Colombia, Ecuador and Peru). These countries have reviewed their national targets in the context of the universal access agenda as defined in the Regional HIV/STI Plan for the Health Sector 2006-2015 and the WHO strategy towards universal access. Several evaluations were conducted which provide important input to inform health sector policies, including three PMTCT evaluations and the first comprehensive evaluation of the Health System's response to HIV/AIDS in the Dominican Republic. In addition, four WHO guidelines were translated into Spanish and adapted to the Region. Four IMAI modules for health care professionals (General Principles, Acute Care, Chronic Care and Palliative Care) have been translated into Spanish and adapted. Two community modules (Flipchart for Patient Education and Caregiver's Booklet) have also been translated and adapted.

Progress was made in creating awareness for the need to expand testing and counseling services as a main entry point for prevention, care and treatment for HIV. A Regional Know your Status campaign was designed by PAHO/WHO and will be implemented in 2007.

In the area of laboratory services Regional guidelines for Implementation of Reliable and Efficient Diagnostic HIV-Testing, were developed, translated to Spanish and disseminated to the countries in order to strengthening the sustainable implementation of rapid testing in voluntary counseling and testing services. There was increased procurement through the Strategic Public Health supplies by participating countries. In 2006, 11 countries purchased through the Strategic Fund representing an increase of 83% relative to 2005. Countries purchased US\$ 14 million of products, equivalent to a 70% increase relative to 2005. Of the products purchased, 82% were HIV/AIDS commodities.

The Consultative Group of ARV Negotiations (GAN/ARV) was created and it started activities. Progress was made in HIVDR surveillance, specifically in the Caribbean. Haiti, The Bahamas and the Dominican Republic finalized HIVDR action plans. In 2006, FCH/AI consolidated the country support strategy and decentralized approximately US\$ 9M to countries and sub-Region. The Regional response was also strengthened and inter-programmatic approaches with other units improved to better respond to country needs. **The important influx of resources to countries to support country driven plans and the financing of key Regional initiatives to complement country efforts was possible through important programmatic contribution of many partners (CIDA, NORAD, SIDA, AECL, DIFID, FTC, USAID, CDC, WB, GF/PANCAP, UBW-UNAIDS, WHO).**

Despite efforts, health services in many countries are inadequate and not expanding rapidly enough to meet the demand for ART, and more importantly, to simultaneously scale up prevention services so that the existing gap can be effectively reduced. The rapid expansion of care and treatment in the Region continues to be highly dependent on external resources and have created, in many instances, parallel structures that, when external resources decrease, will compromise health systems abilities to sustain efforts and achieve the ultimate goal of universal access. In 2007, PAHO/WHO will emphasize its work in this area with member countries, and within the provision of technical support. Inter-programmatic action will be emphasized to address the issues related to health systems and organization of health care delivery (OWERs 2 and 3), which are interrelated. Inter-programmatic action will also be strengthened with TB, Malaria, and Maternal and Child and Adolescent Health.

LAC continues to be given low priority at the global level for financial support, even though it is well established that inequities between and within countries are the highest in the world, making this Region very vulnerable for HIV/AIDS. This is aggravated by the fact that in 2006, there was

an unprecedented number of elections in the Region. In Latin America alone, there were 12 elections in 13 months, while a number of heads of state were replaced in the Caribbean too. It is unclear at this point the degree of commitment of the new administrations with the response to HIV. Major efforts are needed in 2007 to advocate for higher visibility of LAC at the global level, including the need for major investments to protect achievements and continue progressing toward the universal access goal

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 1</p> <p>Strengthening health sector leadership and stewardship and fostering the engagement of civil society</p> <p>Increased political commitment to the highest possible standard of health services for prevention, care, and treatment to address the HIV epidemic as well as STI, combined with an understanding of the costs of inaction and the benefits of action, are fundamental to the success of efforts in the Region.</p>	<p>1. By 2007 a national Strategy with clear targets for the health sector response including prevention, care and treatment will be defined. This will be an integral part of one multi-sectoral national strategic plan within the context of the Millennium Development Goals.</p> <p>2. By 2007, a mechanism for harmonization of resources will be developed that includes options for coordinating the work of all partners, linkages with the national coordinating authority, and monitoring and evaluation.</p>	<p>Legislative documents or published policies.</p> <p>Grant agreements, project reports.</p> <p>Media reports, publications.</p>	<p>Willingness of countries to undertake necessary actions.</p> <p>Donors willing and able to increase support for deserving proposals.</p>

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 2</p> <p>Designing and implementing effective, sustainable HIV/AIDS/STI programs, and building resource capacity</p> <p>National policies to ensure universal access to prevention care, and treatment for HIV should be translated into comprehensive programs and services.</p>	<p>1.1 National Plans for the health sector developed or revised in line with the objectives of the Regional Plan in 10 priority countries by June 2007 with PAHO/WHO technical support. The rest of countries supported by December 2007.</p> <p>2.1 PAHO/WHO's recommendations on a set of public health interventions and services for prevention, care and treatment in the context of universal access disseminated by December 2007</p> <p>3.1 By 2007, PAHO/WHO will provide support to 5 countries for the development of plans and activities for HIV communication, including campaigns.</p> <p>4.1 For 2007, PAHO/WHO will implement Regional interventions promoting sexual health in the context of HIV prevention, including communications campaigns and research.</p> <p>5.1 By 2007, PAHO/WHO recommendations on a set of interventions proven to be effective to prevent transmission in vulnerable groups (in particular men who have sex with men and sex workers) disseminated.</p> <p>6.1 PAHO/WHO recommendations on quality standards for quality assurance/improvement of HIV services disseminated in the Region by December 2007.</p> <p>7.1 Four WHO guidelines for standards of care (ARV treatment for Adults and Adolescents, Pediatric, Testing and Counseling and PMTCT -including congenital syphilis)</p>	<p>Published care and treatment plans.</p> <p>Published guidelines and protocols, trip reports and correspondence.</p> <p>Published plans for elimination of congenital syphilis.</p> <p>Procurement documents. Evaluation Reports.</p>	<p>Cooperation and buy-in of countries.</p> <p>Countries assigned the necessary human and financial resources to implement the initiative.</p> <p>Countries able to purchase medicines and commodities at lower prices.</p> <p>PAHO identifies and mobilizes resources for timely provision of technical support and implement interprogrammatic and intersectorial approaches for the implementation of the TCP.</p> <p>Other PAHO units receptive to work in a collaborative framework.</p>

	<p>adapted and adopted in the Region and disseminated by July 2007.</p> <p>a) Publication on HIV prevention among TB patients and updating and printing of home-based care finalized in 2007</p> <p>8.1. IMAI adapted to the Region and disseminated by 2007 and 5 countries supported for its implementation.</p> <p>8.2. WHO HR needs assessment tool adapted and disseminated in the Region by 2007. Three countries supported to conduct HR assessments utilizing this tool.</p>		
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Summary:

Major progress was made in the area of planning and normative guidance to support effective and comprehensive national AIDS programmes in the Region. Eleven priority countries were supported to review their National Plans under the leadership of the MOHs and guided by the Regional Plan for the Health Sector. Four WHO guidelines were translated into Spanish and adapted to the Region. Four IMAI modules for health care professionals (General Principles, Acute Care, Chronic Care and Palliative Care) have been translated into Spanish and adapted. Two community modules (Flipchart for Patient Education and Caregiver's Booklet) have also been translated and adapted. Final review is taking place and will be ready for Branding and publication Feb 2007. Two new modules developed: introductory and prevention. These will be ready for final review Feb 2007. HAI MOH is fully utilizing IMAI strategy to decentralize services in 5 Departments. GUY has agreed to implement IMAI, has adapted 5 health care professional modules and two community modules. GUY obtained \$ 1 million from PEPFAR to implement IMAI in 2007.

This expected result had important contribution from NORAD, particularly in the updating of the testing and counseling Regional guidelines, with specific considerations for gender and age issues, and the needs of vulnerable groups, including youth and children in its design. Through the Norwegian Funds for expertise, a young LAC professional coordinated the process for updating the testing and counseling guidelines, and provided technical support for the adaptation of the IMAI modules. Overall, technical execution was 90%, 10 of the defined 11 indicators were achieved or partially achieved. Those partially achieved are expected to be completed during 2007.

Indicator 1.1 Achievement Level: Exceeded

In 2006 PAHO/WHO supported the review of National Plans under the leadership of the Ministries of Health in 11 priority countries (Belize, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Bolivia, Colombia, Ecuador, Peru) guided by the Regional Plan for the Health Sector. Technical support was provided by the respective PAHO/WHO Country Offices and FCH/AI technical staff (country, sub- regions and Regional level). In 2006 the first comprehensive evaluation of the Health System's response to HIV/STI was carried out in the Dominican Republic and a national programming exercise will follow. Methodology and tools were developed. In addition, evaluations of PMTCT programs were conducted in three countries (Guatemala, Honduras and the Dominican Republic). Evaluation has been introduced as an strategic intervention to support health sector planning. Efforts were also made for closer

collaboration with the Social Security Systems and last year a proposal was presented by PAHO (HSD/FCH/AI) to the COCISS to incorporate Social Security Institutions in National Health Sector Plans in the context of the roll out of the Regional Plan. Follow up is required in 2007. This area should continue to have high priority in 2007. Main challenges remain in terms of the clear definition of roles and responsibilities of the "team leader"/"coordinator" and the harmonization of the various agendas and traveling schedules of the team members. A non travel period should be defined for at least a week every two months for all members of the team to facilitate collective analysis and monitoring of progress.

Indicator 2.1 Achievement Level: Partially achieved

Limited progress was made in relation to this indicator. An interprogrammatic group was established with HSD and HSS and action plan developed, however, implementation of the work plan was compromised due to the assignment of additional responsibilities to the technical officer coordinating the task. It will be important to take action early in 2007 to refocus efforts toward this product to overcome delays.

Indicator 4.1 Achievement Level: Partially achieved

Currently FCH/AI is not actively offering TC in this area due to limited resources (human and financial). Support was provided upon request in Guatemala, Nicaragua and Trinidad. Decisions need to be made in relation to priorities for 2007 in this area.

Indicator 4.2 Achievement Level: Partially achieved

Study of four campaigns against homophobia finalized and DVD with TV spots released. Follow up required in 2007 for completion, including the publication and dissemination of the study and dissemination of DVD and TV spots widely.

Indicator 5.1 Achievement Level: Fully achieved

Draft document developed. An expert meeting will be convened early 2007 for discussion and publication will be completed incorporating recommendations. Funds programmed in PTS II will be utilized in PTS III for the completion of related activities.

Indicator 6.1 Achievement Level: Not achieved

No tasks were planned toward the achievement of this indicator in 2006. An interprogrammatic core group was convened in PTS I and an action plan developed; however, implementation was limited due to competing priorities for the technical officer in charge and HSS.

Indicator 7.1 Achievement Level: Fully achieved

The four revised WHO guidelines were translated into Spanish, a regional consultation conducted in 2006 and guidelines are currently being revised based on recommendations and discussion. Follow up is needed in 2007 for completion and editing of guidelines, publication, dissemination, and direct technical assistance to countries for the update-review-adaptation of national guidelines. Support was obtained from WHO HQ for this exercise as well as other PAHO/WHO Units (THS-laboratory and access to medicines; Nutrition-CNFI and INCAP-; CAREC; and CLAP). The report of the Regional Consultation is being finalized, including specific recommendations on necessary follow up in 2007. **This indicator was supported by SIDA and NORAD.**

Indicator 7.1 a. Achievement Level: Fully achieved

Both documents are been developed. Funds programmed in PTS II will be utilized in PTS III for the completion of activities.

Indicator 8.1 Achievement Level: Fully achieved

Four IMAI modules for health care professionals (General Principles, Acute Care, Chronic Care and Palliative Care) have been translated into Spanish and adapted. Two community modules (Flipchart for Patient Education and Caregiver's Booklet have also been translated and adapted.

Final review is taking place and will be ready for Branding and publication Feb 2007. Two new modules developed: introductory and prevention. These will be ready for final review Feb 2007. PER and COL were involved in adaptation as they had expressed interest in implementation. Capacity Project (USAID) currently negotiating MOU to implement IMAI in ELS, GUT, and NIC, with CA subregional workshops and Training of Trainers. Five IMAI health care professional modules were adapted to Haitian context and a first version has been printed (TB/HIV module adapted in English). Two community modules have been translated into Creole, focus groups are now validating materials for printing. HAI MOH is fully behind IMAI strategy to decentralize services in 5 Departments. Training of Trainers held Nov 06, 10 trainers and 15 PLWHA/community workers jointly trained 30 nurses. **This indicator was supported by SIDA and NORAD.**

Indicator 8.2 Achievement Level: Fully achieved

WHO HR needs assessment tool has been utilized in three countries (Belize, Guyana and the Dominican Republic). Editing of the Spanish version and dissemination will be completed in 2007. This area benefited from the collaboration with the Human Resources Unit and WHO/HQ

Lessons Learned

An interdisciplinary, interprogrammatic approach resulted in major achievements in both, the planning and the normative area. Other Units of the Organization participated actively in the provision of technical cooperation. It is necessary to continue promoting this approach. The need of a common understanding of the planning, monitoring and evaluation process amongst members of the functional FCH/AI team with responsibility for the follow up of this ER needs to be addressed by means of training of personnel in AMPES/OMIS and results oriented management. Financial execution does not always correspond with defined products (indicators) and the AMPES/OMIS has not been fully utilized by technical staff to guide the planning, monitoring and evaluation of the technical cooperation. This expected result is complementary with the ER 3 and there are several areas with overlapping of responsibilities. The planning, monitoring and evaluation of these two ERs (2 and 3) should be implemented in a very coordinated manner.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 3</p> <p>Strengthening, expanding, and reorienting health services</p> <p>Expanding services for effective prevention, care, and treatment to satisfy demand.</p>	<p>2.1. SAM adapted to the Region, including its use for mapping of HIV services for adolescents.</p> <p>3.1. Pilot project for the development of DV services as entry points for prevention, care and treatment of HIV implemented and results disseminated in the Region by 2007.</p> <p>4.1. Regional Know your status campaign implemented by 2007.</p> <p>4.2. Five countries supported in the integration of testing and counseling services in primary care facilities.</p> <p>5.1. By 2007, prevention of mother to child transmission interventions, including the prevention of congenital syphilis, will have been integrated into antenatal services. Follow up will include ART for eligible women with HIV and care for the mother and infant after delivery (PMTCT +)</p> <p>9.1. By end of 2007, at least 5 countries will implement an STI control basic package including counseling, diagnosis, contact referral, HIV testing and treatment.</p>	<p>Published policies</p> <p>Updated policies on medicines and commodity management Quality control records; trip reports of visiting experts</p> <p>Procurement documents</p>	<p>Countries willing to update policies</p> <p>Capacity of countries to implement policies</p> <p>Countries willing to be trained in up to date laboratory procedures</p> <p>Countries willing and able to purchase medicines</p>

Summary:

Major achievements in this ER were related to the development of entry points for prevention, care and treatment with a primary care approach and mapping systems (Service Availability Mapping-SAM) to support HSO decision making. In addition to the SAM, the P-SAM (service availability mapping for prevention), was completed with SIDA/NORAD's support. The completion of a pilot project for the development of DV services as entry points for prevention care and treatment in three countries (Nicaragua, Honduras and Belize) will provide important input for recommendations on organization of health care delivery with a more integrated and horizontal approach for HIV. Similarly, experiences for the integration of testing and counseling in primary care facilities will help to inform recommendations on operational mechanisms to integrate HIV services in the primary care setting. An important milestone in the latter has been the strengthening of communication approaches to support the scaling up of testing and counseling services through the development and implementation of a Regional Know your Status campaign, as well as direct technical

support to countries to develop and implement communication's campaigns to support the scaling up of services.

The outcomes of this ER were strongly supported by SIDA/NORAD's contributions, both, financial and through technical expertise made available to the unit through the expertise funding. This ER is very much linked to ER2, and both ERs were addressed functionally within a technical cooperation strategy responding to a health systems/services approach. Technical execution: More than 90%, four defined indicators were fully or partially achieved. It is important to mention that this area will be given more attention during 2007 as we move to support countries in implementation of the updated guidelines and operational work to impact directly health care delivery systems. The Health Systems/Health Services interprogrammatic group will be given high priority during this year and the next biennium.

Indicator 2.1 Achievement Level: Fully achieved

Action plan developed in coordination with HSS and pilot scheduled to take place in Honduras early 2007. **The P-SAM was also included in this pilot. This indicator has been achieved with important contribution from SIDA/NORAD, in addition to WHO support. In addition to the SAM and P-SAM, SIDA/NORAD's contributions facilitated the development of a concept paper on "Quality health services for Adolescents in Latin America", which will complement necessary information to strengthen a health delivery approach.**

Indicator 3.1 Achievement Level: Fully achieved

Study completed in three countries. It is necessary to re-define the coordination mechanisms with the Gender and Health Unit since it is not clear if that Unit will continue collaboration with FCH/AI in GBV and HIV. Follow up discussion is necessary, however, regardless of the GE unit involvement; FCH/AI will need to assume the completion of this pilot. A technical meeting with stakeholders involved in this project is proposed as early as possible in 2007 to ensure completion and discuss next steps in 2007.

Indicator 4.1 Achievement Level: Fully achieved

Concept paper developed along with the "Know your Status" (KYS) campaign kit, including a logo to popularize KYS campaigns in Latin America. The pre-testing of the logo was conducted in Honduras, and recording of images for the production of a video targeting decision makers took place in Panama and El Salvador. In El Salvador, the launching of a "National Know your Status" campaign was supported in the context of the Annual CIM-OAS meeting (Consejo Interamericano de la Mujer). A web site to support the campaign has been developed with Mirada Latina. In addition, a professionally moderated discussion with approximately 800 health journalists, followed by an award for the best news story about HIV testing. Coordination with National AIDS Programs has been conducted to institute the date of June 27 as a new awareness day for Know your Status. A DVD with 200 HIV TV campaigns from 22 Latin American countries, of which many are about HIV testing, was produced and disseminated. **This indicator was possible through significant contribution from SIDA/NORAD's through funding and technical work provided by the young professional hired through expertise funding.**

Indicator 4.2 Achievement Level: Partially achieved

Guidelines been finalized. This is a priority activity to promote early diagnosis of HIV infection for treatment expansion and also to promote contact of more at risk populations with the health services and appropriate referrals for risk reduction services. An interprogrammatic-interdisciplinary approach is required. The likelihood of fully achievement of this indicator will depend on how many countries move with integration of HIV services into primary care facilities. So far, several countries have shown interest through IMAI, including DOR as a result of the Evaluation. **With SIDA/NORAD's support a "Know your status campaign" will be implemented in DOR, as the Ministry of Health approved the short term**

recommendations of the Evaluation related to scale up testing and counseling by implementing free access to HIV testing and counseling in the public services in the country.

Indicator 5.1 Achievement Level: Partially achieved

Five countries have been assessed and recommendations included integration of PMTCT+ in MCH services. Direct technical support will be provided to DOR to develop operational action plan to implement results of the evaluation.

Indicator 9.1 Achievement Level: Partially achieved

Guyana and Paraguay designed new mechanisms to provide STI and HIV services and rapid syphilis tests were field-tested and approved in Haiti and Brazil as part of the STI package of services.

Lessons Learned:

This ER is complementary to ERs 2, therefore, there are many technical achievements that are a result of a coordinated and synergetic process involving joint planning, monitoring and evaluation of the CLAs 2 and 3. A health systems/health services approach is necessary in these two ERs with greater involvement and technical leadership from HSD and HSS. More attention needs to be given to a results based management with a product based allocation of resources as opposed to an activity driven process. When analyzing activity level and financial execution, there is not always congruence between activities carried out, financial execution and defined deliverables. Training of staff is necessary as well as streamlining planning, budgeting and implementation processes. The latter also applies to ER 2.

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 4</p> <p>Improving access to medicines, diagnostics, and other commodities</p> <p>Access to medicines, diagnostics, and other commodities is essential to ensure quality care.</p>	<p>1. By 2008, there will be a mechanism to secure supply chains from drug suppliers to service sites.</p> <p>2. By 2006, countries will be fully utilizing the flexibilities of intellectual property agreement as appropriate and as defined in the Doha Declaration.</p> <p>3. By 2008, regional guidelines will be available and used for the development of national quality control measures and the rational use of medicines and other commodities.</p> <p>4. By 2008, laboratory services will be equipped and staffed to perform laboratory testing to support the essential package of services.</p> <p>5. By 2008, sub-regional reference laboratory networks will be created to support external quality control of HIV/STI-related lab services and surveillance including ARV resistances.</p> <p>6. By 2007, quality standards for laboratory testing will be implemented (including standard operating procedures, algorithms, internal and external quality assessment schemes).</p>	<p>National plans</p> <p>Prevention plans and projects</p> <p>Trip reports</p> <p>Epidemiological data from countries</p> <p>Instruments to assess behaviors</p> <p>National protocols</p> <p>Clinical protocols</p>	<p>Political commitment to update and revise strategic plans</p> <p>Surveillance systems are providing accurate and up-to-date information</p> <p>Evidence-based strategies are being implemented</p> <p>Prenatal care services have included PMTCT strategies</p> <p>Countries have endorsed the initiative to eliminate congenital syphilis and have appropriate protocols in place</p>

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 5</p> <p>Improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination</p> <p>Timely and accurate health data constitutes the essential foundation for policy making, planning, program implementation and measuring progress and success. Health information systems must be able to respond to new information needs to measure progress and guide the health sector response.</p>	<p>1. By 2010, national surveillance systems will be providing comprehensive data on all the necessary key components of state of the art surveillance systems.</p> <p>2. By 2008 mechanisms for surveillance and monitoring of ARV resistance will be established.</p> <p>3. By 2007, surveillance systems will include adequate geographical coverage and representativeness of population groups relevant to the epidemic.</p> <p>4. By 2007, countries will collect core Regional and national indicators for prevention, care and treatment.</p> <p>5. By 2007, all programs will contain evaluation methodologies and criteria in order to determine effectiveness and impact.</p> <p>6. By 2007, formal agreements and procedures will be established between services relevant to common surveillance, monitoring and evaluation systems.</p> <p>7. By 2008, priorities for operational research in support of prevention, care, and treatment strategies will be defined.</p> <p>8. By 2008, country profiles analyzing the status of the HIV epidemic and its trends as well as relevant data on prevention, care, and treatment will be available.</p>	<p>Reports & Bulletin</p> <p>Protocols</p> <p>Trip reports</p> <p>EpiNetwork Report</p>	<p>Political Commitment</p> <p>Adequate resources</p> <p>National & International Commitment to a common monitoring and evaluation framework.</p>

Objectives	Indicators	Means of verification	Assumptions
<p>EXPECTED RESULT 6</p> <p>Strengthening PAHO's capacity to support Regional Plan</p> <p>Strengthening PAHO's capacity to support Regional Plan</p>	<p>1. From 2006-2015, all stakeholders will meet annually to assess progress and plan for jointly addressing weak areas and new challenges.</p> <p>2. From 2006-2015 PAHO will be providing countries with strategic information on HIV/STI and health sector response in support of the implementation of the Regional Plan.</p> <p>3. By 2010, adequate resources, as defined by bi-annual program budgets, will be mobilized by PAHO and countries to support the implementation of the Regional Plan in all countries in the Region.</p> <p>4. By 2007, PAHO's human resources needs will be met at Regional, sub-Regional and country levels to ensure high quality technical support for the implementation of the Regional Plan</p>	<p>•</p>	<p>•</p>

Summary:

In 2006 FH/AI reviewed and updated the operational strategy to strengthen PAHO/WHO support to countries in the Region. This included general guidelines for country offices and a budget allocation policy to ensure equitable decentralization of the resources available to FCH/AI, utilizing a programmatic approach. Work-plans were developed in 33 countries and are been implemented to guide PAHO/WHO technical cooperation to the respective countries, under the principles and lines of action of the PAHO/WHO Regional Plan. A summary of annual progress report from countries for the Andean and Central American sub-Regions is available and the final evaluation of the CAREC/SPSTI project in the Caribbean as well.

Approximately US\$9.8M have been decentralized to countries and sub-regions in 2006, which represents 74% of the total budget that has been invested by PAHO/WHO in LAC (total expenditure in 2006 of ~US\$13.2M). **The decentralization of resources to countries and sub-Regions has been possible through programmatic allocation of funding from the various partners including CIDA, CDC, DIFID, NORAD, SIDA, AECI, USAID, DIFID, FTC, GF, WB and PAHO/WHO Regular funds.**

Sub-Regional specific plans were developed for the three geographical Regions (Andean Region, Central America, and the Caribbean). These sub-Regional plans were developed with the use of integration mechanisms (ORAS, SISCA, CARICOM, PANCAP) and the collaboration of other stakeholders. Collaboration and coordination between FCH/AI and a range of partners and stakeholders at the sub-Regional level was improved through the active role of the FCH/AI Advisors with sub-Regional responsibility. *An important input of these*

professionals has been the mobilization of resources and strengthening alliances and partnerships. In Central America PAHO/WHO was able to provide significant technical and strategic input through activities funded by PASCA, the World Bank-SISCA Project, and the USAID funded project –capacity building. In the Caribbean 5 proposals were developed which will bring additional funding (TB/HIV-USAID, OCT-EC, HIV-CDC, HIV-WB-PANCAP, Phase II PANCAP-Global Fund). Communication with partners improved in the three sub-regions, and particularly in the Caribbean, the range of partners participating more actively and providing support to PAHO/WHO work increased. Regular conference calls were conducted during 2006 with participation of the main partners in the Caribbean.

In Central America, the sub-Regional coordination for FCH/AI included also sub-Regional support for the implementation of other FCH activities in the areas of maternal health, child survival and healthy lifestyles in adolescents (Inter-programmatic initiative FCH with SIDA support) The inter-programmatic approach facilitated the joint planning monitoring and evaluation processes with four countries in Central America that were benefited from SIDA resources (Nicaragua, Honduras, El Salvador and Guatemala). This initiative supported the development of country plans with inter-sectorial and inter-programmatic collaboration, facilitating dialogue between several national stakeholders (national AIDS programmes, national adolescent health programmes, national programmes for sexual and reproductive health, nutrition, national programmes for youth, women and social welfare, as relevant in each country. Similar inter programmatic approaches has been promoted in the other Central American countries.

Better understanding of country and sub-regional realities, and closer work with partners at the various levels resulted in increased leadership and credibility of FHC/AI and in general PAHO/WHO. Partners have been able to have more clarity on the impact that their financial resources have in countries and the added value of Regional efforts. A revised operational strategy, which includes a prioritization of countries and a defined budget allocation policy, is an important milestone to guide the TC in HIV/STI under the principles of equity and solidarity. It has also facilitated the coordination of inter-programmatic work with other Units and the mobilization of additional resources.

Lessons learned

The assumptions underlying the operational strategy are not fully addressed. The strategy requires changes in work processes, communication and relationships within FCH/AI and between FCH/AI and other Units that have not been fully defined. Moreover, it requires an important change in the “way of doing business”. The strategy calls for a decentralization approach with distinct functions for the three levels of the organization (country, sub-Region and Region) and is only the harmonic functioning of the three levels that will result in total success. The readiness and ability to change through development of innovative mechanisms for action varies from Unit to Unit and within levels. Some units/levels have made incredible progress and others lag behind.

In 2007, FCH/AI needs to continue strengthening the country support function by the following actions:

- a) Identify staff to assume responsibility for the Southern Cone, including Brazil and complete the establishment of the FCH/AI Caribbean Office.
- b) Ensure greater involvement of Regional Advisors (Technical input) in support of the strategy.
- c) Complete 2007 country plans as soon as possible and decentralize additional resources based on 2006 evaluation.
- d) Identify budget allocation to subregional efforts and mechanisms for the decentralization of resources.
- e) Conduct regular discussions and monitoring meetings with FCH/AI and relevant units

- on Country Support Strategy to foster a corporate and shared understanding of the same.
- f) Based on lessons learnt from the Haiti experience, implement a “Sala de situación” for direct follow up to countries identified as critical by means of virtual meetings (conference calls, video conferencing, etc.) involving the country offices, the sub-Regional advisors, FCH/AI Regional Advisors, and other HQ units as required.

Plan of Action 2007
Budget Summary

Budget 2006-2007

By Country

	<i>Nicaragua</i>	<i>Guatemala</i>	<i>El Salvador</i>	<i>Honduras</i>	<i>TOTAL USD</i>
2006	167,200.00	156,500.00	117,600.00	174,500.00	615,800.00
2007 Planned	203,800.00	120,300.00	185,150.00	206,500.00	715,750.00
TOTAL	371,000.00	276,800.00	302,750.00	381,000.00	\$1,331,550.00