



# **USAID-PAHO UMBRELLA GRANT AGREEMENT**

## **2016-2021**

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### **MID-YEAR PROGRESS REPORT**

**OCTOBER 2017 - MARCH 2018**

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### **KEY TECHNICAL PERSONNEL**

**MARIA PAZ ADE (CDE/VT)**

**MARCELO D'AGOSTINO (IEH)**

**AMALIA DEL RIEGO (HSS)**

**BREMEN DE MUCIO (CLAP/SMR)**

**PABLO DURAN (CLAP/SMR)**

**ISABEL ESPINOSA (FGL)**

**RUBEN GRAJEDA (NMH)**

**JOSE GARCIA GUTIERREZ (HSS)**

**RAFAEL LOPEZ OLARTE (CDE/HT)**

**ROBERTO MONTOYA (CDE/VT)**

**SARA MORAGA (HND)**

**SANTIAGO NICHOLS (CDE/VT)**

**PATRICIA RUIZ (IEH)**

**ANTONIO SANHUEZA (IEH)**

**ANALIA PORRAS (HSS)**

**LIGIA YLLESCAS (HND)**

**GRANT MANAGER – MARCOS ESPINAL (CDE)**

**GRANT COORDINATOR – CHRISTINA MARSIGLI (ERP)/ DIANA PICON (CDE)**

## 1. List of Acronyms and Abbreviations

ABEM-COBEM	Brazilian Medical Education Association – Brazilian Medical Education Congress
CAWG	Communications and Advocacy Working Group
CBE	Competency Based Education
CDC	Centers for Disease Control and Prevention
CDE	Communicable Diseases and Environmental Determinants of Health Department
CELADE	Center for Demography for Latin America and the Caribbean
CLAP	Latin American Center for Perinatology
CNR	National Reference Center
CRMA	Caribbean Regional Midwives Association
DIRESA	Dirección Regional de Salud (Regional Health Administration)
DST	Drug Susceptibility Testing
ECLAC	Economic Commission for Latin America and the Caribbean
EQAP	External Quality Assurance Program
EWEC-LAC	Every Mother Every Child Latin America and the Caribbean
FGL	Family, Gender and Life Course Department
FIGO	International Federation of Gynecology and Obstetrics
FLO	Latin American Midwives Federation
G6PD	Glucose-6-phosphate dehydrogenase
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
HRP2/3	Histidine-rich Protein 2/3
HSS	Health System Strengthening Department
IACO	Inter American Conference on Onchocerciasis
ICD	International Classification of Diseases
ICM	International Confederation of Midwives
IMCI	Integrated Management of Childhood Illness
INCAP	Institute of Nutrition of Central America and Panama
InDRE	<i>Instituto de Diagnóstico y Referencia Epidemiológicos</i>
IS4H	Information Systems for Health
ISAT	Indicators for Social Accountability Tool
ISO	International Organization for Standardization
IVM	Integrated Vector Management
LAC	Latin America and the Caribbean
LLIN	Long-lasting insecticide treated net
LMIS	Logistics Management and Information System
MBA	Multiplex Bead Assay
MCAH	Maternal, Child and Adolescent Health
MCSP	Maternal and Child Survival Program
MCPC	Managing Complications in Pregnancy and Childbirth
MDR-TB/DR-TB	Multidrug-resistant Tuberculosis/Drug-resistant Tuberculosis
MDSR	Severe Maternal Morbidity and Response

M&E	Monitoring and Evaluation
MMDP	Morbidity Management and Disability Prevention
MMDS	Mortality Medical Data System
MMWG	Metrics and Monitoring Working Group
MOH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
MTB/RIF	Mycobacterium tuberculosis/rifampicin
NID	Neglected Infectious Diseases
NMP	National Malaria Program
NTP	National Tuberculosis Program
OEPA	Onchocerciasis Elimination Program for the Americas
PAHO/WHO	Pan American Health Organization/World Health Organization
PAHOERC	Pan American Health Organization Ethics Review Committee
PCC	Program Coordinating Committee
PLISA	PAHO's regional health information platform
QA	Quality Assurance
RELACSIS	Latin American and Caribbean Network for Health Information Systems
RDT	Rapid Diagnostic Test
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SAFE	Surgery, antibiotics, facial cleanliness, and environmental improvement
SCH	Schistosomiasis
SDG	Sustainable Development Goals
SESAL	Secretaria de Salud – Honduras (Ministry of Health, Honduras)
SIP	Perinatal Information System
SOP	Standard Operating Procedure
SMR	Standardized Mortality Ratio
SORT-IT	Structured Operational Research and Training Initiative
STH	Soil-transmitted Helminths
TA	Technical Assistance
TAG	Technical Advisory Group
TB	Tuberculosis
TES	Therapeutic Efficacy Study
TOT	Training of Trainers
TWG	Technical Working Group
U5	Children under 5-years of age
UGI	Information Management Unit
UNAH	Universidad Autónoma de Honduras
UNFPA	United Nations Population Fund
UNSD	United Nations Statistics Division
USAID	United States Agency for International Development
WHOCC	World Health Organization Collaborating Center
WHO-FIC	WHO Family of International Classifications Network
WMD	World Malaria Day

## 2. Progress on Completion of Activities (October 2017 – March 2018)

### TOPIC 1 Tuberculosis

No.	Activity	Products/Deliverables	<b>Progress during current period</b> <i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i>	<b>Challenges</b> <i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i>	<b>Remarks</b> <i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i>
<b>Key Personnel: Rafael Lopez Olarte (CDE/HT)</b>					
<b>Outcome 1.1 Increased country capacity for integrated patient centered TB care and prevention, with emphasis in populations in situations of vulnerability</b>					
<b>Principal intervention 1.1.1 Strengthen the capacity of national TB programs (NTPs) for integrated prevention and care of TB and MDR/XDR-TB</b>					
1	Conduct National TB Program (NTP) monitoring missions to selected countries	Visit report	The monitoring visit to the NTP Haiti was conducted in February 2018	Due to elections and internal commitments the planned monitoring visits to Peru, Brazil, Mexico and Colombia have been postponed.	The visits will be conducted between July and October.
2	Conduct technical cooperation visits on specific TB topics to priority countries	Travel report	Upon request by the country, a visit to Guatemala was conducted from 26 February to 2 March to follow up on the End TB strategy indicators and the initiative of TB in large cities while providing technical support on the TB electronic information system (linked to activity 1.2.1.1)		Honduras has requested a TA visit to support in the epidemiological analysis, TB estimates and TB in prisons. It is scheduled to be conducted in 14-18 May. A visit to Jamaica to support in the finalization of their updated TB national strategic plan is scheduled for 25-29 June.
3	Hold Regional Meeting of NTP and TB laboratory managers to monitor implementation of the End TB Strategy and share experiences	Meeting Report	NTP and national TB laboratory meeting was conducted in Guadalajara, Mexico on 8 - 11 October 2017		

4	Conduct a sub-regional capacity building workshop on forecasting, quantification, supply planning and early warning of TB drugs for Caribbean countries				Scheduled for 25 - 29 June in Jamaica.
5	Support the participation of TB professionals from countries on the international TB courses held jointly by The Union-PAHO: TB/HIV, TB epidemiology, and DR-TB	Participation assured	TB epidemiology course was conducted from 19 to 27 March in Lima, Peru. The participation of two new NTP managers was supported (Argentina and Costa Rica) as well as that of the TB fellow.	Due to low registration, the TB/HIV course initially planned for February was postponed to October.	The MDR-TB course is scheduled for 16-20 July in Lima, Peru.
6	Monitor the piloting and early implementation of pharmacovigilance of new TB drugs	Travel report			A monitoring visit to Honduras is scheduled 9 - 11 May. Coordination underway with Paraguay and Colombia to conduct pilots
7	Pilot operational guidelines on TB in indigenous peoples and support implementation in selected countries	Guidelines piloted	Guidelines currently under development		Piloting to be conducted in Q4.
8	Update operational guidelines of TB control in prisons, including coinfections and comorbidities and validation meeting with experts	Guidelines validated	Guidelines currently under development		Planned to be finalized by end of June. Validation meeting might be virtual.
9	Update operational guidelines of TB / Diabetes Mellitus and validation meeting with experts	Guidelines validated		This activity has not started due to lack of staff time.	Update to start in May.

10	Document TB/HIV integration and conduct an updated situation analysis on the implementation of TB/HIV collaborative activities - publication in peer review journal	Article published		Activity has been postponed as the key consultant is not available until June.	Will be conducted in Q4
11	Develop TB annual report 2018	Annual report completed	Epidemiological analysis has been conducted.		A focused report for the UN high-level meeting will replace the initially standard report.
12	Develop, translate, finalize and distribute TB technical documents to support implementation of the End TB Strategy	Documents translated, edited, printed and distributed	The regional TB/HIV guidelines were finalized, printed and distributed in Spanish. The final revision of the English translation is ongoing. Translation of four recent WHO technical documents from English to Spanish are in process: Use of Delamanid, Latent TB Infection, Catastrophic costs, and update on treatment of sensitive TB.		English version of the TB/HIV guidelines to be printed and distributed in Q3. The Spanish version of the four WHO documents to be available on line as soon as translations are final and reviewed.

**Principal Intervention 1.1.2 Reinforce PAHO's technical capacity at regional and sub regional levels through greater human resources and advisory support**

1	Technical cooperation to countries through TB advisors, USAID-PAHO TB fellowship program, and administrative support	Positions hired/sustained	A P4 staff based in Panama supporting Central American countries, the TB fellow in Washington DC and half time of a P2 administrative support staff in place. A P3 staff in selection process.	Slow recruitment process	A P4 staff based in Washington DC planned to be recruited in Q4.
2	Support the participation of TB regional staff in international meetings and conferences	Travel reports	Participation of two regional TB staff in the 48th Union World Conference on Lung Health. Guadalajara, Mexico on 11 - 14 October 2017		
3	Support the Technical Advisory Group (TAG) meeting	TAG recommendations	TAG meeting was held in 4 - 5 December in Washington DC		
4	Support the participation of PAHO staff as facilitators on international TB courses held jointly by The Union-PAHO	Travel report		Conflicting commitments did not allow regional TB team to facilitate at the epidemiology course in Lima, Peru.	The national TB focal point in Peru served as PAHO facilitator during the course.

**Outcome: 1.2 Regional innovative initiatives and research for TB prevention and control strengthened and developed**

**Principal Intervention 1.2.1 Expand the initiative for TB control in large cities, focusing in hotspots, and developed or adopt new innovative initiatives**

1	Conduct monitoring visits to cities implementing the Initiative of TB control in large cities, addressing hotspots	Travel reports	Monitoring visits were conducted to Santo Domingo and Guatemala City by the TB sub regional focal point on 13 - 17 November and 26 February to 2 March respectively.		Monitoring visit to Montevideo, Uruguay scheduled for 23 - 27 April and dates to be confirmed for the visit to Asuncion, Paraguay
2	Conduct visits to introduce the Initiative of TB control in large cities in new cities	Travel reports	PAHO introduced the initiative in Panama but the country has decided to postpone any implementation due to priorities with their Global Fund project.	Due to elections and changes of NTP managers the visits to Costa Rica and Chile have been postponed.	Visit to Jamaica scheduled for last week of June.
3	Support the development of the studies required to implement the Initiative of TB control in large cities in new cities	Reports			Will be conducted after the initial visits.
4	Develop a pilot a strategy that expands the Initiative of TB in large cities to other communicable diseases (HIV and Hepatitis)	Strategy developed		Due to limited staff time this activity has been postponed. Will be one of the key tasks of the P3 being hired.	
5	Support implementation of training modules two and three of SORT IT course on TB operational research for South American countries	Training reports			The first module was conducted from 27 November to 1 December in Lima, Peru funded by PAHO sub regional funding. Module two will be conducted from 9 to 13 July co-funded by PAHO sub regional funding. Still to be defined the percentage and venue. Module 3 to be conducted in late Q4.
6	Support the TB Center of Excellence for the Implementation of the End TB Strategy in El Salvador and one rotation of TB staff from selected countries	Rotation report		Due to several commitments by El Salvador's NTP this activity is pending definition of dates for the rotation.	Dates of rotation in Q3 to be confirmed by El Salvador's NTP as well as agreement on activities and budget for the Center of Excellence.



7	Creation and development of a Center of Excellence for DR-TB in Peru and support for one initial rotation of DR-TB focal points from priority countries	Letter of agreement Rotation report		The creation of the Center of Excellence was to be discussed and agreed upon with the MOH Peru after the TB monitoring visit in May but it was postponed by the NTP.	New dates are being discussed. Most probably in July.
8	Develop an online course in Spanish on prevention and care of TB with the latest WHO recommendations and framed within PAHO's Action Plan for TB Prevention and Control	Online course available	Initial discussions with PAHO's virtual campus have been conducted to host the course. Potential developers of the course are being contacted.		A course developer to be hired in Q3.
9	Development of a course on TB information analysis and conduct a regional TOT training workshop	Course developed and delivered	WHO already has developed a course and conversations underway to adapt it according to regional needs.		Tentatively planned for Q4
10	Support implementation and documentation of the ENGAGE-TB approach in pilot countries	Pilots documented	Initial discussions with key civil society representatives to involve them in the process.		To be conducted in Q3-Q4
11	Support the implementation of studies on Catastrophic Cost due to TB in selected countries	Studies supported	Ongoing coordination with WHO colleagues who will support technically on this activity, that is new for the Region. Ongoing identification of countries in need of funding or co-funding for this activity	Spanish version of the survey methodology only available in December 2017 which delayed the initial discussions.	Some countries already have Global Fund resources to conduct the surveys.
<b>Principal Intervention 1.2.2 Accelerate progress towards TB elimination in low incidence countries</b>					
1	Support the participation of selected Ministers of Health in Global Ministerial Conference on Ending TB in the Era of the SDGs in Moscow	Participation assured	The delegation from Haiti was supported.	The Minister of Health of Dominican Republic cancelled participation last minute and the Ministers of Colombia and Mexico decided not to attend.	
2	Conduct monitoring visits to countries implementing the TB elimination initiative	Monitoring reports available		Due to elections and changes of NTP managers the visits to Costa Rica and Chile have been postponed.	Visits to be conducted in Q4. Dates to be discussed with respective countries.
3	Support a regional meeting on TB elimination	Meeting report available		Meeting initially planned to be conducted after the visit to Costa Rica is still pending for the reasons exposed.	To be conducted in Q3-Q4

4	Support preparations for the UN General Assembly High Level Meeting in NY	Documents, translations, brochures developed and preparatory trips carried out	Ongoing discussions with WHO colleagues and partners		A briefing for country UN missions from the Americas being discussed internally at PAHO for early June to advocate for participation of countries at the highest level of government.
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### Proposed indicators to report on progress during Year 2

No.	Indicator	Baseline	Annual Target	Related activity #	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
1	<i>TB treatment coverage:</i> Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage.	81%	2%	1.1.1.1; 1.1.1.3; 1.1.1.4; 1.1.1.5; 1.1.1.7; 1.1.1.8; 1.1.1.9; 1.1.2.1; 1.1.2.4; 1.2.1.1; 1.2.1.4; 1.2.1.6; 1.2.1.7; 1.2.1.8; 1.2.1.9; 1.2.1.10; 1.2.2.2; 1.2.2.3	The value for 2016 was 81%. The value for 2017 to be obtained in Q4. TB data collection corresponding to 2017 is ongoing.
2	<i>Drug susceptibility testing (DST) coverage for TB patients:</i> Number of TB patients with DST results for at least rifampicin divided by the total number of notified (new retreatment) cases in the same year, expressed as a percentage. DST coverage includes results from molecular (e.g. Xpert MTB/RIF) as well as conventional phenotypic DST results.	40%	11%	1.1.1.3; 1.1.1.5; 1.1.2.1; 1.1.2.4; 1.2.1.1; 1.2.1.6; 1.2.1.7; 1.2.1.8; 1.2.1.9; 1.2.1.10; 1.2.2.2; 1.2.2.3	The value for 2016 was 36%. The value for 2017 will be available in Q4.
3	<i>Documentation of HIV status among TB patients:</i> Number of new and relapse TB patients with documented HIV status divided by the number of new and relapse TB patients notified in the same year, expressed as a percentage.	74%	4%	1.1.1.3; 1.1.2.1; 1.1.2.4; 1.2.1.1; 1.2.1.4; 1.2.1.6; 1.2.1.8; 1.2.1.9; 1.2.1.10; 1.2.2.2; 1.2.2.3	The value for 2016 was 81%. The value for 2017 will be available in Q4.
4	Number of international policies, guidelines and research studies in TB diagnosis, treatment and prevention published with support from USAID*	N/A	N/A		The Spanish version of the TB/HIV regional guidelines were finalized, printed and distributed. Review of the translated version into English in process.
5	Number of countries introducing TB diagnosis and treatment interventions with USAID support **	N/A	N/A		All Spanish speaking countries introducing the TB/HIV regional guidelines and soon the English-speaking ones will follow.

\*This indicator is requested by USAID to be reported on annually. It is defined as the total number of international policies, guidelines and research studies related to TB diagnosis, treatment and prevention that include input from TB experts at USAID and/or for which technical assistance needed to develop the product was funded by USAID. These products include, but are not limited to, WHO guidelines on TB services, peer-reviewed research articles published on studies for which USAID funded or technical assistance was provided, policy documents developed by WHO to support adoption of TB related interventions.

\*\*This indicator is requested by USAID to be reported on annually. It is defined as the total number of countries who introduced a new TB diagnosis or treatment intervention with support from a USAID core-funded effort. For example, this can include new technologies to support TB diagnosis or new TB treatment regimens.

**TOPIC 2: Malaria**

<b>No.</b>	<b>Activity</b>	<b>Products/ Deliverables</b>	<p align="center"><b>Progress during current period</b>  <i>Describe progress in implementing activities and completing deliverables during report period.</i>  <b>Only include progress that is directly related to the support provided in the grant.</b></p>	<p align="center"><b>Challenges</b>  <i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p align="center"><b>Remarks</b>  <i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<p><b>Key Personnel: Roberto Montoya and Maria Paz Ade (CDE/VT)</b></p>					
<p><b>Outcome 2.1: Increased country capacity towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment.</b></p>					
<p><b>Principal Intervention 2.1.1. Support countries towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment.</b></p>					
1	Support country capacity to strengthen malaria case management interventions	Workshop reports available, personnel trained and case management guidelines updated	Support in case management to Panama, Dominican Republic and Ecuador; case management guidelines reviewed and updated in Argentina, Belize, and Colombia. Case management workshops implemented in Peru and Nicaragua		
2	Support procurement of emergency stocks of anti-malarials for the regional warehouse	Quick response to potential outbreaks and stocks out prevented	Support provided to member countries in emergency scenarios and to prevent stock-outs. Monthly reports available. Procurement in process through PAHO Strategic Fund for 2018.		
3	Support countries to improve malaria diagnosis capacity with the implementation of an External Quality Assurance Program (EQAP) for malaria diagnosis	Slide panels developed and shipped to participant laboratories. EQAP results published.	Panels prepared for 6th round in collaboration with supranational laboratories in Honduras and Peru. 22 reference laboratories participated in the 6th round, currently results under analysis.		
4	Conduct Regional and in-country trainings to follow up on results from EQAP for malaria diagnosis and standardize QA procedures with participant countries	Microscopists certified, country mission reports, QA country guidelines developed	In-country training workshops implemented in: Belize, October 23-27, 2017; Dominican Republic November 20-29, 2017; Guyana March 18 to 23, 2018. A regional workshop is scheduled for May 14 to 25, 2018, InDRE, Mexico		

5	Support countries on standard use and expansion of diagnosis capacities using RDTs, including selection and quality control procedures	Recommended selection criteria for procurement shared and trainings on RDT use implemented. RDT implementation reports	Support provided to Honduras and Nicaragua for RDT implementation. Analysis of concordance in Guatemala. Support provided to Honduras, Brazil, Nicaragua, Panama, Colombia and Guyana for RDTs selection, implementation and quality assurance processes. Support to Panama in approaching legal and normative barriers to use RDT by vector control staff and community health workers Draft of document to guide RDT implementation being revised.		
6	Support surveillance with molecular markers to determine the current extent of <i>P. falciparum</i> populations with deletions of the Histidine-rich protein 2 (HRP2) and Histidine-rich protein 3 (HRP3).	HRP2/HRP3 deletion results from selected countries available	Blood samples collected on paper filter from various countries in Central America as part of the <i>P. falciparum</i> routine surveillance. Honduras laboratory in charge of the analysis (drug resistance markers and <i>pfhrp2/pfhrp3</i> gene deletion analysis). WHO launched a Protocol for estimating the prevalence of <i>pfhrp2/pfhrp3</i> gene deletions among symptomatic <i>falciparum</i> patients with false-negative RDT results.		<a href="http://www.who.int/malaria/publications/atoz/hrp2-deletion-protocol/en/">http://www.who.int/malaria/publications/atoz/hrp2-deletion-protocol/en/</a> . Currently under discussions with Brazil and Colombia for future implementation.
7	Support implementation of national therapeutic efficacy studies to evaluate first line treatment for <i>P. falciparum</i>	Efficacy study results shared	TES protocols developed for Colombia and Guyana. Local ethical approval received for both studies. Currently awaiting response from PAHO Ethical Review Committee. Guyana training implemented from February 26 to March 2, 2018 with support from CDC and PAHO. Colombia training planned for late May immediately followed by enrolment of patients. Guyana enrolment of patients planned to begin first week of June 2018.		As requested by CDC and approved by USAID we transferred USD 58,200 to cover hiring cost and laboratory analyses for the in vivo study to be implemented in Brazil (Efficacy of Three Regimens of Chloroquine and Primaquine for the Treatment of Plasmodium vivax malaria in Cruzeiro do Sul, Acre, Brazil)
8	Support country study to understand G6PD deficiency status.	G6PD deficiency status reported	Protocol currently under development. Study to be implemented second semester in the Pacific Coast of Colombia. As per PAHO recommendation some countries are investing funds to understand with more detail this deficiency. One example is Honduras, in collaboration with a University they presented a well-rounded study with very interesting results regarding G6PD. PAHO will support publication in a peer-reviewed journal.		

9	Pilot interventions to improve adherence to treatment and pharmacovigilance as recommended by the PAHO Malaria TAG	Interventions to improve treatment adherence and pharmacovigilance developed and implemented	Protocol preparation finished, electronic system for data entry selected, electronic forms developed; educational materials developed; communication system for adherence reinforcing selected. Agreed with national program for pilot implementation in Peru and Colombia. Discussion in progress to include Brazil in second semester		
10	Improve operational aspects of use and management of LLIN (implementation of guidelines developed in 2017)	Development of strategic approach (continued) for the implementation of LLINs within the National Malaria Plans. Reports on implementation of Regional guidelines (2017).	A regional meeting will be convened second semester to review guidelines developed and other important managerial aspects for the development of strategic approaches for vector control interventions	The workshop to review the document has been postponed due to multiple activities involving the regional team	
11	Prepare technical report on the use of vector control methods in malaria control within the Region in according with WHO recommendations	Technical report and analysis with NMP and experts available	A regional meeting will be convened to review the document and other important managerial aspects for the development of strategic approaches for vector control interventions. Along with the entomology program, the regional team is developing the concept for a more strategic and comprehensive approach to RRI and LLIN by national programs. The approach will be based on the concept of "management cycle for IRS". The proposal, that is in discussion with Colombia and Brazil, aims to address the different gaps in the actions of LLIN and IRS and organize more programmatic actions with these two interventions		
12	Design tailored approaches for vector control in key malaria foci	Document with methodology developed	Mission with expert in entomology to the active focus of malaria in Costa Rica to assess receptivity. The mission includes training in entomology, and recommendations to guide main actions to avoid reintroduction of malaria. The regional program is working on a technical document to guide the characterization of active foci. The document will be based on recent experiences during visits to several foci (including Costa Rica). The guideline will include a		

			component for entomology and vector control. Specific recommendations for vector control interventions were provided during the analysis of the epidemic situation in Puerto Cabezas (Nicaragua) and La Gomera (Guatemala). A joint mission was carried out with the Ministry of Health of Nicaragua to assess the malaria situation in Puerto Cabezas		
13	Improve supply chain management of health products, including anti-malarials	Antimalarials country quarterly reports developed	Last quarterly report (Q4 2017) including stocks from 12 countries just published. Currently reviewing information received for Q1 2018.		
14	Support malaria staff	Staff hired	Staff in place		
<b>Outcome 2.2: Increased country capacity to reinforce malaria surveillance towards evidence-based decision making and response.</b>					
<b>Principal Intervention 2.2.1 Support countries to reinforce malaria surveillance towards evidence-based decision making and response.</b>					
1	Improve outbreak response and strengthen surveillance at local levels	Travel reports and response plans available	A joint mission was carried out with the Ministry of Health of Nicaragua to assess the malaria situation in Puerto Cabezas (Nicaragua) Support provided to the characterization of active foci in Amazon region in Ecuador and to the response in active focus in the northeast part of the country (Esmeraldas) Support to DIRESA Loreto on the response to epidemic situation in Andoas and Pastaza (Loreto)		
2	Develop microstratification plans with tailored strategies promoting “early detection, timely investigation and prompt response”	Micro-stratification (including foci identification) plans at national and subnational level	Mission to characterize the situation of malaria transmission in La Gomera and Masagua municipalities (Guatemala). After missions to more than 10 foci in 8 countries since 2016, the regional program has improved the methodology to guide the analysis of malaria at the local level. Technical recommendations on microstratification were made during missions in Suriname, Peru, Guatemala and Panama. The regional program advances contacts in Brazil to apply the methodology in the Plan for the Elimination of P. falciparum in that country. The regional program is working on a technical document on microstratification of general application in all countries.		

3	Provide trainings at local level to improve quality of case and foci investigation in countries, including plans for foci characterization and response and the implementation of microstratification plans	Training and field visit reports and guidelines available	Mission to in Guatemala included field visits to main foci and meetings with local staff to discuss key concepts in foci characterization and micro-stratification Workshop on foci identification and characterization in Panama (micro-stratification) Mission to Suriname including field visits to main malaria transmission scenarios and recommendation on foci characterization and response. Generic guidelines on foci characterization in progress, integrating micro-stratification concepts with DTI-R		
4	Conduct data Verification Missions to evaluate the malaria surveillance systems beyond the EMMIE countries	Data verification report developed	The data verification mission in Suriname was conducted from the 2 to 9 October 2017. Final report shared with national counterparts in Dec 2017. This exercise will inform the National Malaria Elimination Strategic Plan.		
5	Update Regional and Global database to support preparation of a Regional malaria report and online dashboards	Updated data base and Regional report developed	Collection of country 2017 data in process. Database updated, Annual Regional Report for the year 2016 developed, and interactive Malaria Statistics Webpage Updated.		
6	Support strengthening of epidemiological analysis including the use of tools like nominal and relational data bases	Travel and implementation reports available	Development of dashboards and automated analysis routines based on nominal database in Nicaragua and training provided to national counterparts. Implementation of improvements on registration of key variables at the nominal database in Guyana with improvements in analysis for place of infection.		
7	Support Malaria Staff	Staff hired	Staff in place		

**Outcome 2.3: Increased country capacity to strengthen strategic planning, monitoring and evaluation; operational research; documentation of best practices, communications, partnerships and collaborations; and tailored approaches to facilitate malaria elimination and prevent re-establishment in malaria-free areas.**

**Principal Intervention 2.3.1 Support countries to strengthen health systems; strategic planning, monitoring and evaluation; operational research; and country-level capacity building.**

1	Update / consolidate national malaria strategic/elimination plans in select countries	Country mission reports National Malaria Elimination Plan developed/updated	Support provided for development of the following National Strategic Plans: Panama, Suriname, Honduras and Guatemala.		
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2	Inclusion of malaria case management into the health system (implementation of approach developed in 2017)	Regional guidelines developed and disseminated	In October 2017, a mission to Panama was conducted to apply a methodology for characterization of possible barriers related with the inclusion of malaria case management into the health system. Findings presented and discussed with national counterparts will be used for the development of a regional guideline. A second mission is scheduled for May 2018 to Colombia, for analysis of possible barriers and solutions.		
3	Finalization and publication of the Regional Malaria M&E Plan	Regional Malaria M&E Plan developed and disseminated	Based on the Regional Plan of Action for Malaria Elimination 2016-2020, an internal review of indicators and M&E is ongoing. An external team of experts may be needed to finish the document.		
4	Monitoring regional and national elimination plans	Monitoring report	Preparation of M&E plan of Panama's Strategic National Malaria Plan. Drafted mid-term report of Regional Plan of Action 2016 - 2020		
5	Support Malaria Staff	Staff hired	Staff in place		
<b>Principal Intervention 2.3.2 Support countries on strategic advocacy, communications, partnerships and collaborations.</b>					
1	Support 2017 Malaria Day in the Americas	Best practices shared from the finalists of the award	The selected Malaria Champions in the Americas (Binational Plan for Malaria Elimination in Hispaniola Island - Ouanaminthe-Dajabon Project in the border of Dominican Republic and Haiti; Malaria Project in the Municipality of Eirunepé in Brazil; and the Malaria Project at Jau National Park in Amazonaz, Brazil) were honored in November 2017. Their work is featured in the PAHO website.		The work of these champions will also be featured by partners and collaborating institutions in upcoming international conferences (e.g. the 2018 Global Health International Conference in Miami in May; and the 1st Malaria World Congress in Australia in July)
2	Support preparation of 2018 Malaria Day in the Americas (including field visits to nominated countries)	Field visits - videos and meeting minutes available	Preparations for Malaria Day in the Americas started in February. The Region will carry the 2018 WMD theme "Ready to beat malaria". The 2018 search for the Malaria Champions of the Americas will be launched on 25 April as a gesture of the Region's solidarity with the rest of the world in the commemoration of World Malaria Day. Top finalists for 2018 whose work will be documented / filmed by PAHO will be determined in July.		

3	Coordination of partners meetings and working groups	Meeting reports available	The 2018 Malaria Partners' Meeting will gather partners at community, national and international levels. Representatives from some of the highest burden localities in the Region will be invited along with best performing programs, donors, and other partner agencies to implementing solutions / interventions in places where malaria transmission remains high and pervasive. The event will be held at PAHO-HQ on 5-6 November aligned with Malaria Day in the Americas.		
4	Manage TAG operations and roster of consultants, including TAG Secretariat activities and follow-up actions	Roster of consultants and operational procedures developed	The composition of the Malaria TAG has been updated and approved by PAHO's Director. Six of the nine members will continue their membership in the TAG for another 2 years, while 3 will be rotated out to give way to 3 new members who represent other countries and fields of expertise. The Malaria TAG website will also be activated in time for the proposed meeting in August		
5	Promote key local actors involved in specific actions for malaria elimination in high burden municipalities and foci	meetings report available	PAHO missions were conducted in some of the highest burden municipalities and foci (e.g. Puerto Lempira in Honduras, Puerto Cabezas in Nicaragua, La Gomera in Guatemala). Visits to Manaus, Brazil and Quidó, Colombia have also been scheduled.		Visits in Sifontes, VEN and Grand Anse, HAI have also been conducted but supported by alternative funding sources. PAHO will identify a few more key foci and will consider the option of conducting joint missions with international partners in these places.
6	Support Malaria Staff	Staff hired	Staff in place		
<b>Principal Intervention 2.3.3 Support countries on focused efforts and tailored approaches to facilitate malaria elimination and prevent re-establishment in malaria-free areas.</b>					
1	Implementation of WHO malaria elimination framework at national and subnational level	Malaria elimination training reports and trip reports	Malaria elimination workshop held in El Salvador in the last quarter of 2017 (Costa Rica, El Salvador, Belize). Main concepts of Malaria Elimination Framework were discussed during the workshop. 1. In November 2017 an elimination workshop was conducted with El Salvador, Costa Rica, Mexico and Belize. Visited the last foci in El Salvador ensuring that the response plan was maintained. 2. From 5 to 9 February 2018 a follow up workshop was conducted in Belize to revise the 10 PAHO/WHO recommendations to eliminate		

			<p>malaria, support the foci response in Trio Village and conduct a stratification exercise in country.</p> <p>3. During the reporting period characterization and foci response implemented in Ecuador in the following localities: Pastaza (Arajuno y Pastaza-mera-Santa Clara), Morona Santiago (Taisha), Orellana (Aguarico) y Esmeraldas (San Lorenzo).</p>		
2	<p>Technical support to malaria control and elimination in key foci including tailored approaches for vulnerable populations.</p>	<p>Technical missions reports developed</p>	<p>Technical support to implement the network of community health agents in high risk micro-scenarios of malaria in Andoas district (Peru)</p> <p>Mission to analyze the transmission of malaria in Puerto Cabezas municipality (Nicaragua) (2018)</p>		
3	<p>Support the implementation of the Plan of action for prevention of artemisinin resistance in the Guyana Shield</p>	<p>Intercountry and border activities implemented Case detection and management strategy for mobile populations designed based on Suriname experience</p>	<p>PAHO position paper on the Malakit Pilot project has been consolidated and corresponding guidance to countries has been provided. Consistent with Plan of action for prevention of artemisinin resistance in the Guyana Shield, direct technical support has been provided to Brazil, Guyana, and Suriname.</p>		<p>Technical support and collaboration with French Guiana and Venezuela are also carried out using alternative sources of funds.</p>
4	<p>Follow-up on local and national efforts towards the elimination of <i>P. falciparum</i> malaria</p>	<p>Visits and meetings reports available</p>	<p>The regional program and PAHO country office in Colombia worked on a proposal to provide technical cooperation in selected municipalities of the Pacific Coast (<i>P. falciparum</i> malaria) to address operational and regulatory barriers for access to the diagnosis and treatment at the local level.</p>		
5	<p>Support Malaria Staff</p>	<p>Staff hired</p>			
<p><b>Outcome 2.4: Increased country capacity to strengthen malaria prevention and control activities towards elimination in Haiti</b></p>					
<p><b>Principal Intervention 2.4.1 Support country capacity to strengthen malaria prevention and control activities towards elimination in Haiti.</b></p>					
1	<p>Increase country capacity to strengthen malaria activities in Haiti (GF technical assistance for malaria in Haiti)</p>	<p>Staff hired</p>	<p>Search process completed, and selected candidate is already in place as an international consultant (pending official appointment to the post)</p>		

2	Support Haiti on standard use and expansion of diagnosis capacities using RDTs, including selection and quality control procedures		Planning of activities to initiate monitoring of the implementation of RDT in sentinel sites. The evaluation will begin in FY18 Q3.		
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**Proposed indicators to report on progress during Year 2**

No.	Indicator	Baseline	Annual Target	Related activity #	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
1	Percent reduction in malaria morbidity compared with 2015 official figures	451,244 (2015)	16%	All activities	In 2016, four countries and territories in the Region (Belize, Bolivia, Guatemala, and French Guiana) reported a reduction of over 10% in the number of Plasmodium falciparum (Pf) and P. vivax (Pv) cases relative to 2015. However, the Region showed an overall increase of 26%, influenced primarily by the continuing epidemic in Venezuela, which has recorded in recent years the highest number of malaria cases in its history. Peru experienced a 12% increase in Pf infections, while overall case increases of approximately 50% were also reported in Colombia, Ecuador, and Nicaragua. Case increases of less than 50% were noted in the Dominican Republic, Guyana, Haiti, Honduras, Mexico and Panama, reaffirming the fragileness of the Region's achievements between the years 2000 and 2015.
2	Number of malaria-endemic countries with no stock-outs of key anti-malarials at the national level in a given year	19	21*	2.1.1.1; 2.1.1.2	19 (stockouts reported in HAI, VEN)
3	Number of countries implementing strategies to address malaria among populations in situations of vulnerability	10	12	2.3.3.2 (also outcome 1 and 2 contribute to this indicator)	Sixteen of the 21 malaria-endemic countries have updated their national malaria plans toward elimination and integrated specific strategies for populations in situations of vulnerability
4	Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds	N/A	Will be monitored and reported in annual report	2.1.1.2	No treatments purchased during this reporting period. Procurement under way.

5	Number of malaria rapid diagnostic tests (RDTs) purchased with United States Government (USG) funds	N/A	Will be monitored and reported in annual report		RDTs have not been purchased by directive of USAID.
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\*From the 21 endemic countries PAHO will support five countries (ARG, BOL, FGUI, PRY and VEN) because these countries cannot benefit from USAID funds.

\*\* ARG, PRY and HAI are excluded from this indicator

**TOPIC 3: Neglected Infectious Diseases**

No.	ACTIVITY	Products/ Deliverables	<p align="center"><b>Progress during current period</b></p> <p align="center"><i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i></p>	<p align="center"><b>Challenges</b></p> <p align="center"><i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p align="center"><b>Remarks</b></p> <p align="center"><i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<p><b>Key Personnel: Santiago Nichols (CDE/VT)</b></p>					
<p><b>Outcome 3.1: Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases</b></p>					
<p><b>Principal Intervention 3.1.1: Support countries in the development and implementation of integrated projects, programs, strategies and plans of action for control and elimination of NID</b></p>					
1	Provide on-going technical cooperation to support the development and implementation of integrated national and/or subnational NID plans of action, strategies and interventions towards the prevention, control and elimination of NID, related to STH, taeniasis and fascioliasis	Regional NID specialist hired	A specialist was hired to provide technical cooperation to countries for the development, implementation and follow up of integrated national or subnational plans to tackle NIDs.		Complementary funds from other sources were used. USAID funds were used to cover 4 months of salary.
2	Implement the integrated vaccination and deworming campaigns in Belize and Honduras	Results of integrated campaigns available	Funds were provided to Honduras to support its integrated deworming and vaccination campaigns in April-May in pre-school age children (2-5 years) and the deworming campaign in school age children (6-15 years). Funds will be transferred to Belize when NID program receives and approves the budget and timeline for their implementation.	Belize hasn't yet submitted the workplan for using the funds.	

3	Implement the integrated operational NID plan in Honduras and Paraguay	Results of implementation of NID plans available	Funds were provided to Honduras and Paraguay to implement its integrated NID plan. In Honduras the funds will be used from May to July in prevention and control of NIDs included in the Operational Plans for the regions of La Paz and Yoro. Funds will be transferred to Paraguay as soon as the NID program receives and approves the budget and timeline for their implementation.	Paraguay hasn't yet submitted the workplan for using the funds.	
4	Implement the SAFE Strategy for Trachoma elimination in new foci in Colombia	Report of the implementation of the SAFE strategy available	The funds were transferred to the PAHO Country office in Colombia. Planning will be done in collaboration with Colombia's Ministry of Health - Neglected Infectious Diseases Program.	The use of the funds is in the planning stage.	
5	Implement interventions for trachoma and STH in Loreto, Peru	Report of the implementation of interventions for trachoma and STH available	The funds were transferred to the PAHO Country office in Peru. Planning in collaboration with Peru's Ministry of Health.	The use of the funds is in the planning stage.	
6	Participation in Program Coordinating Committee (PCC) of the Onchocerciasis Elimination Program for the Americas (OEPA) and in the Inter American Conference on Onchocerciasis (IACO 2017) to advance Oncho elimination efforts in the region	Reports from OEPA's PCC Meeting and IACO available	The first meeting of the PCC will be held in Guatemala City, Guatemala, on May 30-31,2018		

**Principal Intervention 3.1.2: Strengthen regional and national capacities to improve and sustain efforts towards control and elimination of NID**

1	Provide on-going technical cooperation to strengthen national capacities for the surveillance, monitoring and evaluation in endemic countries for NID, with emphasis on schistosomiasis and lymphatic filariasis.	Regional NID specialist hired	A specialist was hired to provide technical cooperation in the described areas, with emphasis on lymphatic filariasis and schistosomiasis.		Complementary funds from other sources were used. The USAID funds were used to cover 4 months of salary.
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2	Integrate morbidity management and disability prevention (MMDP) component of NID at regional and national level	Manual developed on Integrated Morbidity Management and Disability Prevention caused by NIDs in the Americas and distributed regionally	This manual is currently under review by the author to respond to the comments and suggestions of the reviewers.		
3	Hold regional training of graders for trachoma to support the rapid assessment in countries with communities at risk	Report of the regional training of graders for trachoma in Colombia	This training was held in Guainia, Colombia, on 17-21 April. Six trachoma graders from Brazil, two from Peru, two from Paraguay, two from Venezuela and two from Mozambique were trained, the latter at the request from WHO's Regional Office for Africa.		The training was co-financed by USAID, RTI and SightSavers. The training was successful and allowed for collaboration between countries and regions (the Americas and Africa). Participants from Venezuela were not funded by USAID.
<b>Principal Intervention 3.1.3: Scale up and maintain high coverage of integrated preventive chemotherapy through the implementation of surveillance, monitoring and evaluation actions for NID, including the compilation of dossiers for verification of elimination of NID.</b>					
1	Provide technical cooperation in NID related epidemiology	Regional NID epidemiologist hired	The regional epidemiologist was hired to provide support to the team and to countries in all aspects related to the epidemiology of NIDs.		Complementary funds from other sources were used. The USAID funds were used to cover 4 months of salary.
2	Implement a survey to assess the status of schistosomiasis transmission in Dominican Republic	Report on the results of the schistosomiasis survey in Dominican Republic	A survey protocol was developed by the country team and was reviewed by a group of international experts in Dominican Republic (April 2018). A new version, including changes in the sampling strategy, will be finished in June 2018. The new survey methodology and the documentation process implemented in Dominican Republic will be used to standardize a regional guide to verify interruption of schistosomiasis transmission in the Americas.	Protocol must be approved by all the relevant institutions and ethics committees on time to be implemented by September 2018.	As the sample strategy and methodological approach have changed, PAHO may reprogram these funds, if not possible to carry out the field work for the survey by September 2018.
3	Implement a survey to assess the status of schistosomiasis transmission in Antigua	Report on the results of the results of the schistosomiasis survey in Antigua	A draft protocol was developed based on the schistosomiasis survey experience in Saint Lucia (2017), and is being reviewed. PAHO/HQ and PAHO/ECC team are supporting Antigua to finalize the protocol to be submitted for ethical approval.	Protocol must be approved by all the relevant institutions and ethics committees on time to be implemented by September 2018.	PAHO will consider reprogramming these funds if the field work for the survey can't be carried out by September 2018.



4	Implement a STH survey in school-age children in Guatemala	Report on the results of the STH survey in Guatemala	A protocol for the STH survey is being developed by PAHO regional office and PAHO Country office in Guatemala in collaboration with Guatemala's Ministry of Health.	Protocol must be approved by all the relevant institutions and ethics committees on time to be implemented by September 2018.	The country decided to integrate the laboratory diagnostic tool (MBA), which uses Luminex® technology for simultaneous serological detection of antibodies against several. The protocol will be submitted for ethical approval and then implemented. While Guatemala wants to implement the survey by September, the now complex protocol needs to be reviewed by CDC, national and PAHO ethical committees. The survey may not be implemented then.
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Proposed indicators to report on progress during Year 2					
No.	Indicator	Baseline	Annual Target	Related activity #	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
3.1.1	Number of endemic countries and territories implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status, in line with the WHO Roadmap to Reduce the Burden of Neglected Tropical Diseases (Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation)	9 countries	2	All	In 2017 Guyana strengthened its lymphatic filariasis elimination program. Dominican Republic implemented the annual MDA in its only active focus of transmission and both Dominican Republic and Guatemala are implementing annual deworming campaigns in school-age children. The 9 baseline countries continue to implement a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status.

3.1.2	Number of NID-endemic countries that have achieved the goals of elimination of one or more NID and have developed and put in place measures to prevent disease resurgence or reintroduction of onchocerciasis, lymphatic filariasis and trachoma.	<p>For onchocerciasis: 3 countries</p> <p>For lymphatic filariasis: 3 countries</p> <p>For blinding trachoma: 0</p>	<p>Oncho: 4</p> <p>LF: 1*</p> <p>Trachoma: 1</p>	All	<p>Four countries have achieved elimination of onchocerciasis and are carrying out post-elimination surveillance: Colombia, Ecuador, Mexico and Guatemala. Onchocerciasis transmission remains active in the Yanomami area. Brazil is expected to carry out TAS surveys to demonstrate interruption of transmission in the remaining active transmission areas in the metropolitan Area of Recife. If negative, all the endemic foci in Recife would have interrupted transmission and would be doing post-treatment surveillance. Elimination of trachoma as a public health problem was validated in Mexico in January 2017. Mexico is carrying out post-elimination surveillance in the formerly endemic foci of trachoma.</p>
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\*Brazil is expected to achieve interruption of transmission of LF in its only active transmission area in 2018.

**TOPIC 4: Neonatal Health**

No.	ACTIVITY	Products/ Deliverables	<p align="center"><b>Progress during current period</b>  <i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i></p>	<p align="center"><b>Challenges</b>  <i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p align="center"><b>Remarks</b>  <i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<p><b>Key Personnel: Pablo Duran (CLAP)</b></p>					
<p><b>Outcome: 4.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults.</b></p>					
<p><b>Strengthening Neonatal Health Plans and Implementation of Evidence-based Interventions</b></p>					
<p><b>Principal Intervention 4.1.1: Update and strengthen national operational plans for neonatal health in countries within the framework of global and regional strategies</b></p>					
1	Develop a standardized methodology to define trends in neonatal mortality, in order to establish goals and strategies for their achievement	Technical document elaborated, edited and disseminated	Conducted a technical meeting with the Health Analysis, Metrics and Intelligence Unit to agree on the methodology to propose to countries, as well as the concept notes to develop for country workshops. The next step is effective coordination with countries for the implementation of workshops. The first one is planned for English-speaking Caribbean countries in July 2018.		
2	National workshops in priority countries to update goals and strategies through application of standardized methodology	3 national workshops developed in priority countries conducted		Agree on dates with countries. Based on country eligibility, we are discussing internally the process to select the remaining two countries for workshop implementation.	Guatemala was initially planned. This was modified after conversations with USAID due country ineligibility. Caribbean countries were thus included in the plan. Workshops in Dominican Republic and Paraguay are planned for the second semester.

3	Analysis of completeness and quality of neonatal mortality data by country	Regional report regarding availability of neonatal and fetal mortality by country	Consolidating results from analysis of data availability and quality in national systems.	This work is in collaboration with the Health Analysis, Metrics and Intelligence Unit, as well as country counterparts. Consolidated information will be available in the second half of the calendar year.	
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**Principal Intervention 4.1.2: Strengthening implementation, as well as monitoring and evaluation, of specific evidence based interventions**

1	Development of the curriculum and design of a course on prevention and promotion of infections in the newborn, based on a technical document and publication prepared and completed during the previous year	Content and design of the training course completed	Course design was started during this period. Pedagogical teams have received the technical document and are developing the training guide.		
2	Development of a virtual platform as a repository of technical material and teaching strategies on evidence-based interventions in neonatal health	Regional repository of training material available	We identified the technical team responsible to develop the platform methodology and technological aspect. Identification of the professional to that Will consolidate content in process.		
3	Systematic review on the use of information and communication technologies (ICTs) in neonatal health and evidence-based interventions	Final report of the systematic review	Analysis protocol has been defined. The team is developing the systematic bibliographic search.		

**Strengthening Perinatal Health Surveillance**

**Principal Intervention 4.1.3: Strengthen clinical information systems, neonatal and fetal death audits and surveillance on specific components (birth defects) and strengthen the use of information generated through neonatal information systems**

1	Development of a regional registry of birth defects, based on the strengthening of national registries and the consolidation of basic data.	On-line regional registry on birth defects available	Started to develop Standard Operating Procedures to guide implementation of the registry. It considers the existing registry structure in countries as well as the proposal from CLAP based on SIP.	The registry will require continuous work to involve more countries with national registries that can contribute to the regional registry.	
2	Data collection and consolidation from countries, based on availability of national registries and using a standardized template		This task Will be started after the finalization of the SOPs.		
3	Preparation of the first regional report on congenital defects	Annual report on congenital defects system	Developed report format and content; working group established to prepare each specific component. The team is working on the structure and identification of those responsible to write specific content.	Strict follow up to ensure contributions are timely to complete consolidation and editing of content.	
4	Strengthen fetal and neonatal death audit and analysis and establishing national registries in the Caribbean based on technical document developed by WHO	Subregional workshop on fetal and neonatal death audit and analysis in the Caribbean	Conducted a meeting in St. Vincent and the Grenadines, based on 22nd Perinatal Conference. The Strategy for Analysis and Audit of fetal and neonatal deaths was presented, and experiences shared, with support from USAID in St. Kitts and Nevis and St. Lucia. Technical team with experience in the implementation of the methodology was established to expand in other countries of the Region. It's been agreed to replicate the methodology in Grenada, and to conduct a presentation and training during a meeting that will take place in Trinidad (July).	Printing manual in Spanish has started, which is needed prior to training and implementation in Spanish-speaking countries. It has been promoted also in Haiti though it is waiting for national authority approval before implementation.	

**Proposed indicators to report on progress during Year 2**

No.	Indicator	Baseline	Annual Target	Related activity #	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
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1	Nº of countries with updated goals on newborn and fetal mortality in alignment with Every Woman, Every Child, Every Adolescent global strategy and ENAP	0	5	4.1.1	To be included in workshops at country-level (Paraguay, Dominican Republic, and Trinidad and Tobago).
2	Nº of countries collecting quality data on fetal and newborn health	12	15	4.1.3	14 (including Trinidad and Tobago and Dominican Republic)

**TOPIC 5: Maternal Health**

No.	ACTIVITY	Products/ Deliverables	<p><b>Progress during current period</b>  <i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i></p>	<p><b>Challenges</b>  <i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p><b>Remarks</b>  <i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<p><b>Key Personnel: Bremen De Mucio (CLAP)</b></p>					
<p><i>Maternal Morbidity and Mortality</i></p>					
<p><b>Outcome 5.1: Strengthened policy dialogue in maternal health at the regional and national level to reduce maternal morbidity and mortality</b></p>					
<p><b>Principal Intervention: 5.1.1 Monitor the Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity (2011-2017) to accelerate reduction of maternal mortality and severe maternal morbidity and support development and implementation of the new plan</b></p>					
1	<p>Develop a web platform to facilitate the analysis of country data related to the Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity, including generating reports, graphics and tables</p>	<p>System available in Spanish and English</p>	<p>Company contracted made a first proposal that has been reviewed by the technical team at CLAP. Level of progress however has been much slower than expected.</p>	<p>Slow progress may hinder our ability to have the operational platform ready for the meeting of PAHO Governing Bodies in September 2018.</p>	<p>If we do not achieve significant progress in May, we will have to cancel the contract with the current supplier and look for a new one. If that's the case, PAHO funds will be utilized.</p>
<p><b>Principal Intervention 5.1.2: Support development and implementation of best practices and innovations in maternal mortality monitoring and response</b></p>					
1	<p>Develop online training course to promote actions of response to maternal death in the framework of MDSR implementation</p>	<p>Online course available in Spanish</p>	<p>WHO will jointly participate in the process, as well as MCSP. The course will also incorporate a perinatal component, due to the recent release of MPDSR publication. We have also decided to use the content that MCSP developed for the face-to-face workshops (which should be adapted to the virtual course).</p>	<p>There may be a delay in assigning the contract to the company that is going to develop the course, and in the development of the educational proposal.</p>	<p>Since the course is being developed in partnership with MCSP and WHO, the first version will be in English (unlike what was agreed in the work plan). We discussed this with USAID over the phone and have received clearance to do so.</p>
<p><b>Principal Intervention 5.1.3: Support the regional network of sentinel hospitals for maternal health surveillance and research.</b></p>					

1	Implement protocol on severe maternal outcomes surveillance	Report of one-year protocol implementation	Data collection in 10 sentinel maternity sites in Brazil, Colombia, Guatemala, Honduras, Nicaragua and Dominican Republic.	Data quality has been an issue that we are addressing by providing more support. Integrating maternity centers has been slow. We expect to have a 3-month report rather than a year-long report in September.	Countries not supported by USAID are supported by CLAP funding. This year, the focus will be in 8 countries: those mentioned in the progress plus Paraguay and Peru.
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**Principal Intervention 5.1.4: Extend regional and countries awareness and use of updated maternal health recommendations and guidelines**

1	Disseminate MCPC guidelines at regional level among key health professionals	MCPC guidelines translated into Spanish. One regional key stakeholders meeting to communicate main updates of the guideline.	WHO has assigned funds recently for the translation of the manual into Spanish. Dissemination of the manuals is set for October 2018 during the World FIGO Congress in Rio de Janeiro, Brazil. Other opportunities for dissemination in English and Spanish are being identified.	Timely progress	All activities are planned jointly with MCSP, to establish synergies and use funds more efficiently.
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**Midwifery**

**Outcome 5.2: Strengthened midwifery in Latin America and the Caribbean**

**Principal Intervention 5.2.1: Support Competency Based Education (CBE) and its expansion within countries**

1	Translate and adapt methodologies and tools to prepare a workshop on evaluation processes in the English-speaking Caribbean.	Methodologies and tools available in English	No progress until now.	It's been a challenge to get WHOCC (Chile University) allow the translation of materials. We are in the process of negotiation as there is resistance to gain access to the materials.	
2	Conduct a regional capacity development workshop on the application of evaluation processes for lead midwife teachers (from previous activity)	Workshop implemented and report available	This activity depends on activity 1 above. No progress.		
3	Carry-out an online survey and analyze results to follow up of CBE new processes in the region for document preparation	Survey reports completed, and results analyzed and disseminated among midwives.	Invited MCSP, UNFPA and FLO to participate in the process. The first meeting to discuss the survey protocol and other logistical aspects took place during the period under review.	Protocol should be available by the end of June to implement the survey in July and August. We would then be able to reach the target of this activity by September.	There is resistance from midwives that conduct CBE workshops to measure the impact of these workshops.,

**Principal Intervention 5.2.2: Contribute to the implementation of the ICM Midwifery Regulation Toolkit in selected countries**



1	Provide direct technical support to countries for the implementation of ICM Midwifery Regulation Toolkit adapted for the Americas' context in selected countries	Missions and follow-up reports	Mapping of countries that need support in regulation finalized. Only one request was received from the Midwives College of Peru. We are coordinating with PAHO's country office in Peru and the college a workplan to be developed in the next 3 months.	Need to identify additional countries that may need regulation support.	
<b>Principal Intervention 5.2.3: Support collaboration between national and regional midwifery associations from the region and globally</b>					
1	Facilitate participation in regional and/or global meetings of key midwives from selected organizations (WHOCCs, FLO, CRMA, etc.).	Trips report available	Received requests for support for different activities (World Gynecology and Obstetrics Congress – FIGO, Latin American Congress of Midwives – ICM).		We have not committed or given any support to midwives for either activity as there have not been any proposals that justified the support.
2	Research conducted on enrolled midwives and obstetric nurses providing maternal care in Latin America and the Caribbean.	Research finished and published	Invited MCSP, UNFPA and FLO to participate in the process. The first meeting to discuss the survey protocol and other logistical aspects took place during the period under review.	We aim to have the final version of the research protocol available by 30 June. Data should be available for analysis at the end of September	

<b>Proposed indicators to report on progress during Year 2</b>					
No.	Indicator	Baseline	Annual Target	Related activity #	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
1	Number of lead midwifery/nursing teachers trained in CBE framework	64	12	5.2.1	<b>45 midwives trained</b> in Santa Fe-Argentina during a workshop developed by the "Escuela Binacional de Parteras) on March 5th.
2	Number of new professionals (universities, midwives, MOH) trained in evaluation models	0	20	5.2.1	First workshop delivered in Chile (November 13th - 16th) <b>15 midwives trained</b> . (4 Argentinians, 3 Ecuadorians, 3 Uruguayans and 4 Peruvians). Midwives from Ecuador were funded with Canadian funds.
3	Number of LAC midwives/obstetric nurse associations that implement plans to adhere to regulations of midwifery practices in their countries	1	1	5.2.2	<b>1 Midwives association</b> has started the design of actions to move forward in the field of Regulations of the midwifery (Peru)
4	Number of countries where MCPC Manual 2nd Edition is adopted as an educational instrument	0	4	5.2.1	Not started yet

**TOPIC 6: Inequities across the Life Course**

<b>EWEC-LAC</b>					
<b>No.</b>	<b>ACTIVITY</b>	<b>Products/ Deliverables</b>	<b>Progress during current period</b> <i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i>	<b>Challenges</b> <i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i>	<b>Remarks</b> <i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i>
<b>Key Personnel: Isabel Espinosa (FPL)</b>					
<b>Outcome 6.1: EWEC-LAC Technical Secretariat supported to ensure a successful implementation, monitoring and evaluation of EWEC-LAC work plan activities</b>					
<b>Principal Intervention 6.1.1: EWEC-LAC Technical Secretariat supported to ensure a successful implementation, monitoring and evaluation of EWEC-LAC work plan activities</b>					
<b>1</b>	Support the staff of the Technical Secretariat (EWEC-LAC Coordinator and Program Officer) to implement, monitor, and evaluate EWEC-LAC work plan.	2 regional positions hired, and retained through life of project, with performance evaluations in place.	2 regional positions were hired and retained during the reporting period		
<b>Outcome 6.2: Increased number of countries applying an institutional approach to reducing inequities in reproductive, maternal, neonatal, child and/or adolescent health (RMNCAH)</b>					
<b>Principal Intervention 6.2.1: Support countries in applying an institutional approach to reduce inequities in RMNCAH</b>					
<b>1</b>	Coordinate the identification and dissemination of pro-equity tools and instruments that can be used by programs to identify and respond to health inequities	3 tools/instruments published	Tools/instruments developed under the USAID grant are currently going through PAHOs internal approval process.		Products are expected to be ready for publishing during next reporting period.
<b>2</b>	Develop a higher learning tool to promote capacity building of future public health personnel	Tool available	Tool is still in development stage. Technical Secretariat is in constant communication with the consultants hired to develop this teaching toolkit to make sure work is progressing.		First draft is expected to be handed on 20 May for revision.

3	Develop pilot country report that identifies adolescents being left behind, and provides recommendations for how to reach them	Recommendations generated and circulated to be replicated in other countries	Report is currently in development: Dominican Republic has not yet finalized the Innov8 process		Report is expected to be finalized in July 2018
4	Develop 1 national action plan for how to identify and respond to current adolescent health inequities	National action plan available to be replicated in other countries	Recommendations for the new action plan are being gathered for the Dominican Republic pilot. Once the gathering of these recommendations, the country will be able to develop the action plan.		Action plan expected to be finalized by Aug 2018

**Metrics and Monitoring Working Group (MMWG)**

**Key Personnel: Antonio Sanhueza (EIH)**

**Outcome: 6.3 Increased number of countries applying an institutional approach to the measuring and monitoring of inequalities in reproductive, maternal, neonatal, child and/or adolescent health**

**Principal Intervention 6.3.1 Provide technical cooperation to countries to enable and empower them to analyze data using health inequality measures at the national and local level**

1	Technical cooperation to countries to support the development of national health inequality reports in 5 countries in South America (Bolivia, Chile, Ecuador, Peru, and Paraguay)	5 National health inequality extended reports completed	1 report has been finalized (Chile) and published on the government's official Ministry of Health website. Paraguay has made significant progress towards its report, and its national team has constructed the database as well as conducted the relevant analysis.	PAHO is coordinating with UNFPA (a MMWG member) to provide Peru with technical support to build national commitment for moving forward.	PAHO has utilized its resources to support Ecuador in developing its own report, which is expected to be completed in the next few months. Similar support for Bolivia is ongoing; PAHO and MMWG partners will engage national authorities to expedite progress.
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**Principal Intervention 6.3.2 Support target countries to incorporate health inequality measurement and monitoring into existing national and local health information systems**

1	Support 4 countries (Chile, Colombia, Ecuador, Guatemala) to select indicators and establish goals for improving health	1. Automated Excel-based tool available to aid countries in setting targets for inequality reductions	The methodology for equity-based target setting is under discussion between MMWG members. The final tool is expected to be available by the end of 2018.		The MMWG is coordinating with CLAP to establish inequality-based goals for reducing neonatal mortality.
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	and reducing inequalities, within the GS framework	2. Four lists of country-specific health indicators & equity stratifies developed for Chile, Colombia, Ecuador, and Guatemala	Chile has finalized its list (through the 1st activity related to health inequity reports). Colombia and Guatemala will need EWEC technical and political support. The MMWG will coordinate with the EWEC Executive Management Committee to elevate the list of indicators to the political level.		PAHO has supported Ecuador to develop its finalized list (achieved because of the soon-to-be available health inequality report).
2	Develop an interactive module for measuring and graphically displaying country-specific inequality information	Interactive health inequality module available	The module has been developed and presented to two of the four targeted countries (Chile and El Salvador).	Efforts with the other two countries (Guatemala and Panama) are programmed for the second period of FY2018.	
3	Support four countries (Chile, El Salvador, Guatemala, Panama) to adapt & adopt the interactive health inequality module into their existing health information systems	Health inequality modules integrated into four national health information systems	Chile adapted and adopted the interactive health inequality module in March 2018. El Salvador started the process in February 2018 and is expected to complete it by the end of this year. Guatemala and Panama will need further support from the MMWG to move forward.		Ecuador will similarly require support from PAHO and other MMWG partners to integrate such modules into its information systems.
4	Update and expand the scope of the Health Inequalities Dashboard to additionally monitor prioritized regional-level health and inequality indicators	Expanded Regional Health Inequalities Dashboard available on the EWEC-LAC website, housed within PAHO's regional health information platform (PLISA)	The Expanded Regional Health Inequality Dashboard has been developed and MMWG is waiting for the CAWG to upload it to the EWEC-LAC website. Further, PAHO is exploring possibilities of incorporating it PLISA		

### Proposed indicators to report on progress during Year 2

No.	Indicator	Baseline	Annual Target	Related activity #	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
1	Number of countries that have received national and local sensitization trainings on the underlying concepts and principles of health equity in the context of LAC.	7 countries	10	6.2.1	Chile, Ecuador and Paraguay have received support (using PAHO funds)

2	Number of countries who have developed and/or implemented national plans to incorporate equity-based approaches into existing national and local health efforts	0 countries	3	6.2.1	0
3	Number of countries that have received national and local trainings in the analysis of data to measure health inequalities	10 (Belize, Bolivia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Peru)	7	6.3.1	Chile, Ecuador and Paraguay have targeted received support for this period (using PAHO funds for Ecuador)
4	Number of countries that have developed informational materials related to RMNCAH inequalities and officially communicated these with national policy and decision makers	7 (Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Nicaragua, Panama)	8	6.3.3	Chile (through report). Ecuador (through scientific article). Paraguay (through a presentation). PAHO funds were used to support Ecuador.
5	Number of countries who have developed and/or implemented national plans of action to incorporate health inequality measurement and monitoring into existing national and local health information systems	0 countries	5	6.3.2 and 6.3.4	Chile, Paraguay, Ecuador, Bolivia, El Salvador, and Guatemala have all developed and are in the process of implementing). PAHO funds were used to support Bolivia and Ecuador.
6	Ratio of USAID funding to other dollars leveraged towards partnership goals (EWEC-LAC) *	N/A	N/A	6.1.1	

\*\* This indicator is requested by USAID to be reported on annually. This indicator tracks the contribution of USAID dollars as a proportion of total funding towards a given project implemented by a regional partnership/alliance. The proportion of funding coming from USAID is expected to decrease as partnerships become more sustainable. The ratio numerator is: USAID funding and the denominator is: Total funding for the partnership in the past year. Partners will be asked to report on the co-funding by other members of and/or donors to the partnership.

**TOPIC 7: Health Information Systems (HIS)**

No.	ACTIVITY	Products/ Deliverables	<p align="center"><b>Progress during current period</b>  <i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i></p>	<p align="center"><b>Challenges</b>  <i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p align="center"><b>Remarks</b>  <i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<p><b>Key Personnel: Patricia Ruiz and Marcelo D'Agostino (EIH)</b></p>					
<p><b>Outcome 7.1: All countries have functioning health information and health research systems</b></p>					
<p><b>Principal Intervention 7.1.1: Support the development and implementation of PAHO's Plan of Action for Strengthening Vital and Health Statistics and Health Information Systems</b></p>					
1	Conduct a diagnostic of the situation of the information systems for health in the Americas, as well as of available technologies, methodologies, and recommendations for integration into the plan of action	Diagnostic available	A region-wide Maturity Assessment was initiated for the Americas using a new tool developed by PAHO, with the support of USAID. The Maturity Model version 1.0 describes the standard IS4H assessment method to improve processes for each country's information systems for health framework. The tool can be adopted using different approaches, each with a different level of detail, intended use, and intended primary audience.		This Assessment Tool facilitates the process of analyzing the maturity of processes for information management, information governance readiness, open government initiatives and knowledge management process adoption. This tool is available, and its application to vital statistics is under discussion.
2	Conduct maturity level assessments utilizing the IS4H maturity model, including the adoption of the IS4H maturity model and the implementation of national plans and strategies	Recommendations provided to visited countries	PAHO has started conducting maturity assessments in Guatemala, Guyana, and Jamaica. A final report for Jamaica will be delivered in May 2018.	The multiple levels of development have proven that the maturity model tool is valuable for identifying issues unique to each country. These complexities require careful consideration before final recommendations can be issued. Initial discussions have begun with PAHO's Haiti and Suriname office to coordinate this upcoming technical cooperation.	PAHO funds are being used to apply the maturity assessment tool in Anguilla, Bolivia, British Virgin Islands, and Ecuador. PAHO used carryover USAID funds from the second tranche of FY16 to support Guatemala and other Central American countries. PAHO is exploring with its country offices to assess which should be the fifth country for implementing the IS4H maturity model assessment.

3	Develop IS4H tools, guidelines, and policies for adoption and/or adaptation by Member States	<ol style="list-style-type: none"> <li>1. National Policy Template for IS4H</li> <li>2. Template for IS4H National Plans of Action</li> <li>3. Models and templates for terms of reference for vendor selection / processes for ICT applications</li> </ol>	<p>The following tools have been developed:</p> <ol style="list-style-type: none"> <li>1) Sample concept notes for donor proposals</li> <li>2) Knowledge management methodologies for supporting Information Systems</li> <li>3) Technical frameworks</li> <li>4) Templates for national strategies and policies</li> <li>5) A draft ISH website in English and Spanish, with the relevant materials available for public access</li> </ol>		The mentioned tools will be available for public access on the ISH website, which is expected to be online in the coming months.
4	Convene technical consultations with partners and countries to obtain consensus for the upcoming Plan of Action for IS4H	<ol style="list-style-type: none"> <li>1. Feedback obtained from Member States;</li> <li>2. Strategy and Plan of Action for Strengthening Information Systems for Health (IS4H) and a corresponding roadmap</li> </ol>	<p>Following the sub regional meeting for the Caribbean (5-6 December 2016), PAHO convened a technical consultation meeting for Central American countries in Washington, D.C. (11-12 December 2017). Twenty-eight participants attended from eight countries: Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Mexico, Nicaragua, and Panama</p> <p>In June 2018, PAHO will consult South American countries in a sub-regional meeting to be held in Colombia.</p>		Following discussions with PAHO's Member States, PAHO has postponed the formal presentation of the Plan of Action for Information Systems for Health to 2019. PAHO will build consensus among all Member States, and continue to obtain baseline information and conduct additional diagnostics. PAHO resources were used to fund the participation of personnel from Cuba and Nicaragua.
<b>Principal Intervention 7.1.2: Strengthen country capacities related to HIS</b>					
1	Conduct an assessment of 3 countries' capacities for measuring SDG3 indicators using existing vital statistics administrative records	<ol style="list-style-type: none"> <li>1. Three assessment reports for Argentina, Costa Rica, and Paraguay</li> <li>2. Regional-level recommendations for measuring and monitoring all SDG3 indicators</li> </ol>	<p>This project has been discussed with these three countries. It is expected to begin in June 2018.</p>	<p>Changes in governments have delayed assessments. PAHO has continued to engage national authorities and the Costa Rican government has expressed support for this activity.</p>	<p>PAHO has invited CELADE (the Latin American and Caribbean Demographic Centre) and ECLAC's Statistical Conference of the America's committee on administrative records.</p> <p>Recommendations will be issued after completing assessments.</p>

2	Conduct assessments of 4-5 countries' vital statistics systems, with a subnational focus	1. Assessment tool developed and adapted for vital statistics systems	The RELACIS Network members are working on developing this tool within the IS4H framework.		
		2. Assessment report available for 4-5 countries, with recommendations	These reports and the M&E plan are contingent upon the development of the tool. Efforts are ongoing to pave the groundwork as much as feasible.		
		3. M&E plan for vital statistics strengthening in the Region and 4-5 assessed countries			
3	Develop one training module on self-learning associated with the IS4H on open data (including interoperability aspects)	Training module available on open data, including interoperability aspects	Structure of the training materials was developed under the IS4H framework.		The course's content will be developed in collaboration with the National Center for Super Computing Applications at the University of Illinois.

**Principal Intervention 7.1.3: Strengthen the Network's different mechanisms from the intercountry component of PAHO's strategy for strengthening HIS**

1	Implement the 2017-2018 RELACIS work plan	Two new practices; three virtual forums; at least four online courses implemented, piloted and disseminated, monitored and evaluated through WG; different materials prepared and disseminated; and the RELACIS Secretariat strengthened	Five webinars on the standardized mortality ratio (SMR); three on updates to the ICD-10; and four webinars on IS4H, telemedicine, and other topics related to HIS apps were delivered. Over 100 people attended the webinars, and materials are available at the RELACIS portal ( <a href="http://www.relacis.org">www.relacis.org</a> ). ICD-10 updates as of 2018 are included in the ICD courses redesigned for ICD-10 coders. The course to fill out of medical certificates continues to be offered. An evaluation methodology is underway to assess its impact. PAHO is consulting countries on the use of software for coding cause of death, given the imminent migration from MMDS to IRIS (Mexico's CEMECE will support). PAHO conducted a census of ICD coders and is analyzing the data that will be presented during the upcoming meeting for coders and the network of PAHO/WHOCC and CNR (July 2018, host country to be determined)	PAHO will launch courses in the second semester of 2018 given that WHO (through the WHO-FIC Network) has incorporated significant updates since 2016, particularly for mortality coding. The RELACIS Network is working with Argentina's CACE and Mexico's CEMECE to integrate these updates	The original ICD-10 course has been divided into three levels (beginners, intermediate, and advanced) following recommendations from countries during the 2017 RELACIS meeting in Nicaragua.
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			<p>A survey is underway to identify methodologies used by countries for the intentional search of maternal deaths; results will be shared at an upcoming meeting in June 2018.</p> <p>PAHO is building a high-level group of specialists which will be part of an alliance with CELADE and the UNSD to develop methodologies to estimate vital statistics coverage at the subnational level.</p> <p>The relaunch of the Roberto Becker forum has been successful and is proving beneficial to resolve questions, thanks to the hard work of the forum's facilitators and coordinators.</p>		
2	Maintain the RELAC SIS website / portal, and update as new materials become available	RELAC SIS / PAHO Portal monitored and updated	The portal is constantly updated to meet the demands of RELAC SIS and its working groups. New technical areas (IS4H) will be added		
		WGs and Forums documents and reports disseminated	All materials produced by its groups and fora are disseminated through the Network's portal ( <a href="http://www.paho.org/relacsis">www.paho.org/relacsis</a> ).		
		The portal and included material translated into English	The portal now includes English-language materials such as the Basic Guidelines for the Analysis of Mortality, as well as short videos on the Network and its flagship products.	Costs for translation often exceeds the Network's existing funding. Nevertheless, one or two English-language webinars have been organized as a first push to collaborate more closely with the English-speaking Caribbean.	More progress in this area is expected for the second half of FY2018.
3	Convene the RELAC SIS Secretariat Meeting	RELAC SIS 2017-2018 work plan evaluated	A meeting in Washington, D.C. in May 2018 will discuss the work plan and make recommended adjustments from the project's evaluation in 2017.		
4	Disseminate best practices and the RELAC SIS initiative experience within the Americas and in other regions	Selected materials, courses and the systematization of experience and share with other Regions	All materials are currently available on the RELAC SIS portal. The online course on the correct filling out of death certificates (available in English, Spanish, and French) continues to be highly successful, and user metrics are generated monthly.		These user metrics will help analyze results and adjust the course as necessary, as part of the Network's lessons learned.
<b>Principal Intervention 7.1.4: Foster collaboration between RELAC SIS, regional initiatives (e.g. APR), partners, and specialized PAHO programs that support improvements in maternal and newborn morbidity and mortality surveillance</b>					

1	Coordinate an ongoing RELACSIS forum dedicated to highlighting EWEC-LAC beneficiary countries to share methodologies, strategies, and experiences with measuring inequalities in maternal and newborn health, and expanding the coverage of mortality data	Reports, lessons learned, strategies, and experiences from EWEC-LAC beneficiary countries disseminated	Pending for execution in the second half of 2018.		
2	Convene a Technical Working Group (TWG) to develop an improved methodology for measuring subnational maternal mortality	1. TWG established	Pending execution in the second half of 2018.		
		2. Improved methodology available	Pending execution in the second half of 2018.		
3	Assess the feasibility of conducting subnational-level inequality studies using data from the Latin American Perinatology Center's (CLAP) perinatal information system (SIP, by its Spanish acronym)	Feasibility study available	Collaboration with CLAP is ongoing, and this study will be completed by September 2018.		
4	Conduct a coordination meeting with PAHO technical programs and selected country counterparts to develop good practices for streamlining technical cooperation for maternal and child health surveillance	Coordination meeting held	A meeting on maternal mortality is planned for June 2018. Key partners such as EWEC-LAC, WHO, CLAP, ECLAC, and other key partners will be invited.		
		Roadmap for streamlined technical cooperation available	A maternal mortality project is expected to be implemented again based on best practices identified from the local-level implementation in the Chocó, Colombia.		A proposal is under development, and other partners will be identified to provide funding and efforts.

**Proposed indicators to report on progress during Year 2**

No.	Indicator	Baseline	Annual Target	Related activity #	<b>Progress during current period</b> <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
1	Number of countries that actively participate in the Latin American and Caribbean Network for Strengthening Health Information Systems (RELAC SIS per acronym in Spanish)	13 countries (2016)	+3 countries	7.1.1, 7.1.2, 7.1.3, 7.1.4	PAHO is seeking to engage Caribbean countries during FY2018.
2	Number of countries that have conducted a recent national assessment of their information systems for health	0	+6 countries	7.1.1, 7.1.2, 7.1.3	Guyana and Jamaica have conducted national assessments of their information systems for health.
3	Ratio of USAID funding to other dollars leveraged towards partnership goals (RELAC SIS) **	N/A	N/A	7.1.3	

\* This target will be established based upon the approved Plan of Action for Strengthening Vital Statistics. PAHO will provide this figure to USAID in early October 2017.

\*\* This indicator is requested by USAID to be reported on annually. This indicator tracks the contribution of USAID dollars as a proportion of total funding towards a given project implemented by a regional partnership/alliance. The proportion of funding coming from USAID is expected to decrease as partnerships become more sustainable. The ratio numerator is: USAID funding and the denominator is: Total funding for the partnership in the past year. Partners will be asked to report on the co-funding by other members of and/or donors to the partnership.

**TOPIC 8: Health Systems**

No.	ACTIVITY	Products/ Deliverables	<p><b>Progress during current period</b>  <i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i></p>	<p><b>Challenges</b>  <i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p><b>Remarks</b>  <i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<b>Key Personnel: Amalia del Riego (HSS)</b>					
<b>Outcome 8.1: Increased national capacity for achieving universal access to health and universal health coverage</b>					
<b>Principal Intervention 8.1.1: Develop policy options for increasing investment in health through increasing the priority level and fiscal space for health</b>					
1	Organize a technical meeting on health financing in the Caribbean to facilitate the dialogue between MOH and Ministry of Finance, and exchange of experiences	Meeting implemented. Report published and disseminated	Conversations with national authorities have started but no formal date for the meeting has been arranged	Natural disasters in some countries. Arranging a date and venue that suits most countries.	N/A
<b>Principal Intervention 8.1.2: Provide policy options, tools and technical cooperation for the development, improvement and regulation of health financing</b>					
1	Direct support to countries for reforming payment mechanisms in the health sector	Technical missions to countries implemented	Study on health services rates initiated in Dominican Republic. Study on payment mechanisms in Peru finalized. Regional concept notes on Payment mechanisms finalized		N/A
<b>Principal Intervention 8.1.3: Monitor and track progress towards Universal Health</b>					

1	Technical support to countries for implementing and monitoring PAHO M&E frameworks	County reports developed	<p>Provided support to apply the Monitoring Framework for Universal Health in Canada, Mexico, Paraguay and Uruguay. Conducted access to health and equity assessments using national health databases from Canada, Chile, Mexico, Peru and Uruguay.</p> <p>Standardized robust methodologies to conduct the analysis, providing new evidence on the progress made by countries in increasing utilization of health services, eliminating barriers to access, and reducing health inequities.</p>	<p>Availability of quality data is very limited, which hinders efforts to monitor progress towards Universal Health across the Region. This is a challenge in PAHO's priority countries and the Caribbean, which despite efforts to collect information to monitor and evaluate progress in health equity systematically, most countries still need to strengthen national monitoring systems. Even though some countries collect information disaggregated by socioeconomic variables, health equity analysis and use of evidence for policy-making are limited across countries.</p>	<p>To better respond to new data needs within the SDG Agenda, the Monitoring framework for Universal Health was reviewed and updated with support from country focal points and PAHO technical departments. The document is under final revision for publication.</p> <p>PAHO's implementation of the monitoring framework provided all the content for "The Quest for Universal Health: Summary of Indicators on Health Systems Performance, an Internet based publication for health information in the Region (<a href="http://www.paho.org/salud-en-las-americas-2017/?p=65">http://www.paho.org/salud-en-las-americas-2017/?p=65</a>)</p> <p>Two articles on monitoring and progress towards universal health were published in the Pan American Journal of Public Health</p>
2	Technical support to countries for updating health systems profiles	Country profiles updated	<p>Technical cooperation with an interdisciplinary approach was successfully provided to support the development of health systems profiles in Peru and Trinidad and Tobago.</p>	<p>The lack of disaggregated data and capacity to conduct health systems analysis to support policy development, planning and health systems performance constitutes a major risk for health systems to address priorities, inequities, and ensure accountability</p>	<p>HSS reviewed and updated the Guideline for the Development Health Systems Profiles with support from country local points.</p>

**PAHO SP PROGRAM AREA 4.3 Access to Medical Products and Strengthening of Regulatory Capacity**

***Improving Information for Selection and Availability of Essential Medicines within Health Services***

**Key Personnel: Analia Porras (HSS)**

**Outcome 8.2: Improved access to and rational use of safe, effective and quality medicines, medical products and health technologies**

**Principal Intervention 8.2.1: Strengthen health information systems to monitor the quality, provision, access, and use of medicines within health systems, with an emphasis on vulnerable populations**

1	Provide technical cooperation to address gaps in participating health centers identified during Y1 of the project	Annual report documenting how gaps were addressed in project countries	Based on identified challenges during the assessment the following activities have been implemented in Guyana and Paraguay: 1. LMIS training, this activity focused on the generation, registration and reporting of logistical information such as inventory levels and consumption. 2. Training on best warehousing practices aimed at improving the staging conditions, implementation of FEFO (First to Expire, First Out) 3. Training on best forecasting practices to relevant staff within project participating health centers.	Main challenges observed during this period are: 1) Geographical and Cost access to some of the most remote health centers: a small number of prioritized facilities will be selected and resources will be focused to address all gaps identified in these facilities to convert them into centers of excellence so the model can be replicated.	With assessments in both countries completed, we are looking to standardize the methodology for all provided technical cooperation to ensure alignment between participating countries.
2	Review the level of availability for tracer health technologies in participating project countries	Report on the availability levels before and after implementation of corrective actions	Baseline availability results are expressed here as the average for all tracer medicines by participating Member States: 1) PARAGUAY - 64% 2) GUYANA - 56% Next availability study will be performed by late August to measure the improvement achieved with the implementation of corrective actions and technical cooperation.	Need to train in-country staff on the methodology, which slows down the pace of implementation.	Leveraging the efforts to reduce maternal health mortality rates across the Region, the list of tracer medicines and other health technologies has been reviewed, pushing for a coordinated effort with other PAHO technical units. The aim is to standardize the list of tracer medicines, health technologies and the methodology to measure availability across all countries based on lessons learned from the previous exercise.
3	Carry-out monitoring and evaluation missions to follow-up on planned activities and review level of implementation	Trip Reports completed	Consultant visited Paraguay to assess and modify activities if needed. Methodology and implementation activities were reviewed. One workshop on best warehousing and stock management practices were conducted as well as visits to several health facilities.	Finalizing dates for Guyana has been a challenge due to changes to the proposed missions in two occasions.	Specific plans have been developed for each country, with remote and future missions included as part of the support to both Member States.

4	Document lessons learned and achieved impact in the project countries	Annual report documenting impact available with proposed plan of action to move forward	Guyana's ambitious assessment of 60+ health centers, while useful, represents a major challenge to implement corrective actions. A reduced group of facilities will be the focus of the project and used as reference models for other facilities in the country.		Lessons learned from the previous months are being incorporated into the implementation work plans to ensure improved efficiency in the implemented processes. This includes sharing best practices and lessons learned observed at both countries with each other.
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**PAHO SP PROGRAM AREA 4.5: Human Resources for Health**

***Develop Competencies for Health Professionals and Community Health Workers***

**Key Personnel: Jose Garcia Gutierrez (HSS)**

**Outcome 8.3: Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce**

**Principal Intervention 8.3.1: Strengthen effective and equitable coverage of health services by qualified health workers**

1	Conduct annual meeting Consortium for the Advancement of Social Mission of Medical Schools in the Region of the Americas (in collaboration with the IV Beyond Flexner Alliance Meeting - Atlanta-USA-April 2018)	Review, monitoring and evaluation of action plan 2016-2021 (plus technical workshop)	Annual meeting completed during the Beyond Flexner encounter in Atlanta, USA from 9 to 12 April 2018. Plan of action adjusted for the biennium 2018-2019	On target	Plan of Action 2018-2019 of the Consortium for the Advancement of Social Mission of Medical Schools in the Region of the Americas
2	Production of digital resources, educational materials and publications on social accountability in different formats and languages (English, Spanish, French and Portuguese)	Massive Open Online Course (MOOC) on social accountability designed and developed Key white papers on social mission principles: pipeline and recruitment; faculty development; indicators and evaluation instruments; tracking of students; community engagement	White papers on social mission principles: pipeline and recruitment; faculty development; indicators and evaluation instruments; tracking of students and community engagement in progress. They should be finalized before the end of 2018	Delay in initiating the design of a MOOC on social mission of health professions education due to unexpected bureaucratic challenges during the contracting process of consultants and developers	Six white papers on the key dimensions of social mission of health in progress

3	Conduct research and produce publication on indicators and tools that can be used to assess the Social Mission of Medical Schools [Consultancies / Research / Publications]	ISAT instrument (Indicators for Social Accountability Tool) piloted and validated	ISAT instrument available in Spanish, English and Portuguese. Validation and implementation interventions initiated in USA, Canada, English-speaking Caribbean countries, Brazil, Argentina and Chile.	On target	ISAT instrument available in Spanish, English and Portuguese
4	Support the scale up of social accountability in health workforce education in PAHO regions by developing and planning a series of workshops on assessing and implementing social accountability for leaders from health workforce education institutions and other key stakeholders. [Technical workshops]	Subregional workshops for implementation of ISAT (Indicators for Social Accountability Tool) / Caribbean, Brazil & Argentina, Central America	ISAT workshop completed in Brazil (October 2017). Planned workshops during the second semester of 2018 for the English-speaking Caribbean, Central America and South America	On target	Validated methodology for the conduction of the ISAT workshops in other countries and sub regions
5	Provide expert advice, training and resources in the development of health professions school initiatives, including faculty exchange programs, faculty development training programs and recruitment and retention models [Technical cooperation / Exchanges/ Mentoring]	Technical cooperation exchanges between Consortium's member institutions and affiliated partners	Exchanges coordinated and planned for the second semester of 2018 between academic institutions in USA (University of Illinois-Rockfords School of Medicine, University of New Mexico, Morehouse School of Medicine), Canada (Sherbrooke University, Northern Ontario University), English-speaking Caribbean (University of West Indies), Brazil (Roraima, Rio Grande do Norte and Caico Medical Schools)	It is often challenging to coordinate activities and exchanges between collaborating centers due to different academic vacation periods in the northern (July-August) and southern (January-February) hemispheres	



6	Participate on presentations and workshops at global conferences outlining best practices on social mission and innovations on health professions education. [International meetings]	IV Global Forum on Human Resources for Health, Dublin, November 2017) / IV Beyond Flexner Meeting, Atlanta, April 2018 /ABEM, Porto Alegre, Brazil October 2017 and others	Participated on planned international events: 1) ABEM- COBEM Congress, (Brazil, October 2017): Inaugural conference on human resources for health development / Workshop for validation on ISAT instrument in Portuguese with representatives of 25 Brazilian medical schools / Panel presentation on social mission in health professions training and interprofessional education; 2) IV Global Forum on Human Resources for Health, (Ireland, November 2017): Lecture on social mission's dimensions and indicators and poster presentation of ISAT instrument; 3) IV Beyond Flexner Meeting (USA, April 2018).	On target	International meetings' proceedings containing the contributions of this project together with the recognition to USAID for its support
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Proposed indicators to report on progress during Year 2 *					
No.	Indicator	Baseline	Annual Target	Related activity #	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
8.1.1	Number of countries and territories that have a national health sector plan or strategy with defined equity-sensitive goals/targets revised within the last five years	14	2	8.1.1.1	No progress to inform on this mid-term. Information will be available at the end of the FY.
8.1.2	Number of countries and territories that have financial strategies for universal access to health and universal health coverage	11	3	8.1.2.1	
8.1.3	Number of countries and territories that have analyzed and reported progress toward universal access to health and universal health coverage using the framework for monitoring and evaluation	3	5	8.1.3.2	
8.2.1	Number of countries and territories with national policies on access, quality, and use of medicines and other health technologies updated	8	2	8.2.1.4	

<b>8.3.1</b>	Countries enabled to develop and implement human resources for health (HRH) policies and/or plans to achieve universal access to health and universal health coverage	4	6	8.3.1.1, 8.3.1.4
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\* Based on the country reporting during the official PAHO Performance Monitoring and Assessment 2nd Semester 2016 Mid-term Review (July-Dec 2016), the baselines and annual targets have been updated accordingly. These official country numbers are also reflected in the PAHO-USAID Compendium of Indicators.

**TOPIC 9: Technical Assistance to Accelerate the Reduction of Maternal and Neonatal Mortality and Severe Maternal Morbidity in Honduras**

No.	Activity	Products/ Deliverables	<p align="center"><b>Progress during current period</b></p> <p align="center"><i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i></p>	<p align="center"><b>Challenges</b></p> <p align="center"><i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p align="center"><b>Remarks</b></p> <p align="center"><i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<b>Key Personnel: Sara Moraga (HND)</b>					
<b>Accelerated Reduction of Maternal and Child Mortality – National level</b>					
1	Reproduction of Norms and protocols of maternal and neonatal health	Maternal and Child health norms/protocols printed	The terms of reference have been drafted to contract a consultant to review new protocols for Integrated management of Childhood Illness (IMCI).		The protocols for U5 care in first level health facilities with outpatient pediatric service were developed last year. They need to be validated before reproduction.
2	Meetings to revise IMCI protocols	IMC protocols revised	Following requests from MoH, the IMCI protocols will be revised to be used in health facilities without pediatric service (to be used by nurses and auxiliaries).		
3	Meetings to develop pediatric Protocols for hospitals	Protocols for pediatric care in hospitals developed	After recent conversations with the Ministry of Health, time and resources will not be sufficient to develop the hospital-level protocols.		
4	Visits to monitor the implementation of SIP at central level	Travels (monitoring, meetings, trainings)	Three meetings with Unidad de Gestión de la información (UGI) of the MoH to coordinate the visit to San Miguel Hospital in Bogota, Colombia in May.		A cooperation request has been received from the MoH for the introduction of a digital partogram within the SIP electronic record. Contacts have been made with CLAP and San Miguel Hospital in Bogota, where a digital partogram has been developed.
<b>Strengthening of Sistema Informático Perinatal (SIP)</b>					
1	Acquisition of computers, printers and toners for 5 health department offices	Computers, printers and tonners delivered	Procurement of computers, printers and toners for 5 health department offices to strengthen collection and analysis of SIP data is in process		

2	National meetings on SIP	SIP strengthen	Two meetings with SIP national coordinator to develop a plan to strengthen SIP implementation and monitoring at national level. The plan includes the creation of a national coordination team to ensure quality and use of maternal and neonatal data generated in hospitals.		
3	Monitoring		Monitoring visits of the SIP at central level will begin in June 2018. Through monitoring, we are also supporting the visit explained in item #4 above.		
<b>Accelerated Reduction of Maternal and Child Mortality - Regional level</b>					
1	Implementation of maternal and child norms	Maternal a neonatal norms and protocols are applied in health facilities in 6 regions	Provision of funds to six regions to implement training, supervision and monitoring activities is ongoing		
2	Training on prevention and care of severe maternal morbidity (Near Miss) in hospitals	Protocols to prevent and take care of severe maternal morbidity (Near Miss) are applied in hospitals in 6 regions			The trainings will be conducted by the regional level. Transfer of funds is in process through a simplified mechanism (small contributions process).
3	Training on SIP in hospitals and health facilities	SIP is implemented in health facilities and hospitals in 6 regions			In 2018 the project will support SIP training in 6 hospitals that have been prioritized. These hospitals will replicate SIP training (2017) to all their staff involved in maternal care.

**TOPIC 10: Screening of Anemia and Micronutrient deficiencies in Honduras**

No.	ACTIVITY	Products/ Deliverables	<p align="center"><b>Progress during current period</b></p> <p align="center"><i>Describe progress in implementing activities and completing deliverables during report period. <b>Only include progress that is directly related to the support provided in the grant.</b></i></p>	<p align="center"><b>Challenges</b></p> <p align="center"><i>Highlight any issues that have resulted in delays/cancellations of work plan activities</i></p>	<p align="center"><b>Remarks</b></p> <p align="center"><i>Include any updates to the work plan, including reprogramming of activities and country confirmations (if appropriate). Mention any products developed under the grant.</i></p>
<b>Key Personnel: Ligia Yllescas (HND) and Ruben Grajeda (NMH)</b>					
<b>Outcome: 10.1 Nutritional Risks Factors Reduced</b>					
<b>Principal Intervention: 10.1.1 Assess the validity and reliability of select hemoglobin tests.</b>					
1	Purchase of anthropometric and hematological equipment, and clinical supplies (includes Scales, Hemocues and Cuvettes for Study 10.1.1, 10.1.2 and general survey)	Supplies and equipment delivered at place	Supplies purchased and placed for the field study of Phase I and II.		
2	General Design of Hematological Studies (10.1.1 and 10.1.2), and Technical assistance to develop it	Protocol of design	Coordination with the authorities of the SESAL at central and local level (Sanitary Department of Intibucá, Dr. Juan Flores Director) and inside the University Teaching Hospital, for the development of the study. Identification of the Laboratory with ISO for the analysis.		
3	Training for study activities (includes direct cost of the activities)	Personnel trained			
4	Travel costs to train, assist and supervise (10.1.1 and 10.1.2)				
5	Laboratory validation of equipment	Report of Study			

6	Determination of validity and reliability of Hemoglobin Detn. In hospital, includes analysis of results	Preparation and submission of report			
<b>Principal Intervention: 10.1.2 Identify the causes of differences in hemoglobin concentration in 6-59-month-old children.</b>					
1	Direct Costs for Hospital Study (personnel per diem, analysis, others)				
2	Field Study (personnel per diem, analysis, others)	Preparation and submission of report			
<b>Principal Intervention: 10.1.3 Determine biomarkers associated with micronutrient status in children and their mothers.</b>					
1	General design of the survey and completion of ethical approval	Working protocol, Training Manuals			
2	Training and Pilot study activities (includes direct cost of the activities)	Training report			
3	Technical Assistance for Training/Pilot (includes staff costs, internet(GUA-HON) and nat travel costs, per diem costs	Travel Reports/Technical report			
4	Field operation (includes direct costs of staff salaries and travel, supplies, operational costs, print costs)	Survey performed in 100 HH (women and children assessed)			
5	Data entry after database generation), processing and analysis of questionnaires and biomarkers data)	Clean Database, Statistical Tables and Figures			
6	Transport and analysis of biological samples to INCAP and Ref Lab. In Germany	Lab. analytical reports/statistical data analysis report			

7	Preparation of survey report, including nutritional biomarkers analysis and report and determination of micronutrients in fortified foods	Survey report			
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**Principal Intervention: 10.1.4 Assess the quality of fortification in different food vehicles**

1	Purchase of Fortified Foods (sugar, salt, bread, milk) in the communities	Receipts of purchase			
2	Analysis of Fortified Foods (transport cost included in biological samples item)	Laboratory analytical reports/ statistical data analysis report, including survey results			

**Principal Intervention: 10.1.5 Dissemination of Results**

1	Meeting organized to present results to National Authorities and NGO's				
2	Travel costs to assist to the meeting (INCAP to HON)				

**Proposed indicators to report on progress during Year 2**

No.	Indicator	Baseline	Progress during current period <i>Describe progress in achieving the Year 2 indicators, including confirmation of target countries</i>
1	Study protocol completed	N/A	
2	Ethics approval received	N/A	The protocol submitted to the PAHO ethics committee was approved on April 23, 2018. We are in the process of re-submitting the study protocol to the ethics committee at the Universidad Autónoma de Honduras - UNAH for approval of technical amendments added to the protocol approved by PAHO. The UNAH Ethics Committee first approved the study protocol on June 30, 2017. All the activities are being reprogrammed due to the process for the ethical revision and approval of the study protocol.
3	Validity and reliability of Hemoglobin equipment assessed	N/A	
4	Sources of error identified	N/A	

5	Field operation completed	N/A	
6	Food fortification assessed	N/A	