



PAHO-USAID UMBRELLA AGREEMENT 2007-2010

(GRANT No. LAC-G-00-07-00001)

MID-YEAR PROGRESS REPORT

(OCTOBER 2009 – MARCH 2010)



1. List of Acronyms and Abbreviations

ALAPE	Asociación Latinoamericana de Pediatría
AMR	Antimicrobial Resistance
ANLIS	Administración Nacional de Laboratorios e Institutos de Salud/Argentina
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology and Human Development
CMX	Cotrimoxazole
CSLI	Clinical Laboratory Standards Institute
DRS	Drug Resistance Survey
EPHF	Essential Public Health Functions
EOA	External Quality Assurance
FCH	Family and Community Health Area
FEPPEN	Federación Panamericana de Profesionales de Enfermería
FIGO	International Federation of Gynecology and Obstetrics
FLASOG	Federación Latinoamericana de Sociedades de Obstetricia y Ginecología
HCAI	Health Care Associated Infections
HDM/CD	Health Surveillance and Disease Management Area/Communicable Diseases
HIS	Health Information Systems
HMN	Health Metrics Network
HMN-TSP	Health Metrics Network-Technical Support Partnership
HSPA	Health Systems Performance Assessment
IADB	Inter-American Development Bank
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IDHN	Integrated Delivery Health Networks
IFC	International Finance Corporation
IMCI	Integrated Management of Childhood Illnesses
INEI	Instituto Nacional de Enfermedades Infecciosas
INH	Isoniazid
INS	National Institute of Health of Colombia
INSP	Instituto Nacional de Salud Pública
IPC	Infection Prevention and Control
LAC	Latin American and the Caribbean
LACHEALTHSYS	Health Systems Strengthening in Latin America and the Caribbean Web Site
MDG	Millennium Development Goals
MDR-TB	Multidrug Resistant Tuberculosis
MMSS	Maternal Mortality Surveillance Systems
MNH	Maternal and Neonatal Health
MOH	Ministry of Health

MPH	Ministry of Public Health
MPHI	Mesoamerican Public Health Initiative
MSP	Ministry of Social Protection of Colombia
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organizations
NHA	National Health Authority
NSO	National Statistic Office
NTP	National TB Program
PAHO/WHO	Pan American Health Organization/World Health Organization
PHC	Primary Health Care
PPM	Public-private mix
PRISM	Performance of Routine Information System Management
RAAS	South Atlantic Autonomous Region
RAAN	North Atlantic Autonomous Region
RAMOS	Reproductive Age Mortality Survey
RHINO	Routine Health Information Network
RTF	Regional Task Force
SAIDI	South America Infectious Disease Initiative
SILAIS	Local Integrated Health Care System
SNRL	Supra National Reference Laboratory
SOP	Standard Operating Procedure
SP	Strategic Plan
SRH	Sexual and Reproductive Health
TAG	Technical Advisory Group
TB	Tuberculosis
TFM	Task Force Meeting
THS/EM	Technology, Health Care and Research Area/Essential Medicines
TOR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCPH	Virtual Campus of Public Health
XDR-TB	Extensively Drug Resistant Tuberculosis
WBMSS	Web-based Maternal Mortality Surveillance System
WD	Women Deliver

2. Progress on Completion of Tasks

Cross-Cutting Theme #1 Strengthening Health Systems and Services in the context of Primary Health Care (PHC)

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 1 – Steering Role Capacity of the NHA at the national/subnational levels strengthened				
Key Personnel: Mario Cruz, HSS (Activities 1.1 – 1.3) Mirtha Del Granado, HSD (Activity 1.4)				
Activity 1.1 – Support member countries to strengthen the leadership and regulation dimensions of the NHA and improve public health capacity				
1.1.1 Provide technical cooperation to improve performance of the EPHF and the NHA steering role	1. Support 3 new countries participating in the EPHF Virtual Course to develop and implement EPHF strengthening projects.	- The three strongest intervention proposals submitted as a requirement for completing the EPHF Virtual Course are currently receiving support for implementation. The three proposals are: i. Revision of the curriculum of the University of Panama Medical School, aimed at the incorporation of content on health promotion, as a contribution to the strengthening of EPHF 3 (Health Promotion) ii. Strengthening the program “Vulnerable Communities”, aimed at improving access to delivery of health services in rural health posts and access to social protection for excluded territories and groups from the Arauco Province, Bio Bio Region, Chile.	There are challenges regarding the implementation of the EPHF Intervention Project in Chile due to the earthquake that hit the country in February of 2010. Health authorities are being consulted regarding the feasibility of implementing the project by September 2010.	A total of 43 intervention proposals were submitted by participants in the EPHF Virtual Course. During an evaluation workshop carried out in February, students considered the development of intervention proposals an important mechanism for the integration of the course's content and application of the knowledge gained in their specific contexts. The open source version of the 2009 EPHF Virtual Course is available at: http://devserver.paho.org/virtualcampus/moodle/course/view.php?id=25

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>iii. Definition of a comprehensive and integrated portfolio of individual and collective health services for the population of Bogotá, Colombia.</p>		
	<p>2. Develop public health capacities for specific EPHF in at least 2 countries.</p>	<p>- A document with Public Health Capacities for EPHF 2 (Surveillance, research, and controls of risks and threats to public health) has been developed and validated in Colombia. A set of 80 principal activities were identified, as well as profiles for the essential workforce to perform them, in addition to capacities in terms of technologies, information systems, organizational capacity and financial resources.</p> <p>- In Brazil, an initial list of public health capacities for EPHF 1 (Monitoring, evaluation and analysis of health status) was elaborated, identifying the products and services, and activities for the public health workforce, health information systems, technologies, and institutional and organizational capacity).</p>	<p>- Due to the H1N1 pandemia and a dengue outbreak in Colombia, there were delays in the implementation of activities.</p>	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	3. Validate the EPHF Virtual Course and offer it as a public resource in the Virtual Campus of Public Health	<p>- In February 2010, a workshop was held to evaluate the 2009 pilot application and validate the EPHF Virtual Course. Based on evaluation results, the course is currently under revision and will be available as a public resource in the Virtual Campus of Public Health in the third quarter of the fiscal year.</p> <p>- A CD with the EPHF virtual course is under production to support students in countries with connectivity issues and to further disseminate the course throughout the Region. The CD contains the Virtual Course in its entirety. It is in the final stages of development.</p>	None required.	The Evaluation Workshop brought together over 30 participants, including students, tutors, and coordinators to discuss aspects related to course content, methodological design and selection criteria, among others. Participants from Brazil and El Salvador also attended the meeting with the goal of adapting the course for national application in their respective countries. The overall evaluation of the course was excellent, and recommendations for improvement were presented.
	4. Support at least 1 country in the implementation of NHA steering role strengthening strategies	- Technical cooperation to the Ministry of Health of El Salvador, specifically to the Vice-Ministry for Sectoral Policies, to support sectoral reform processes and improve the National Health Policy (NHP). Specific activities include, among others, capacity building for Mapping of Actors; development of capacities to build participatory policies; and evaluation of implementation strategies for the NHP.	None required.	The technical cooperation provided to El Salvador contributes to one of the strategies identified in the Ministry of Health policies, focusing on the strengthening of the steering role and the capacity of the Ministry to develop health policies and plans.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
1.1.2 Maintain the Health System Strengthening web site (www.lachealthsys.org)	1. Update and maintain website 2. Integrate and disseminate documents from grant outcomes in the website.	- Website maintained and updated. - Documents, events and success stories from the PAHO-USAID Grant disseminated through website.	None required.	-Between Oct. 09 and Mar. 10, the website averaged 561,173 hits per month; receiving visits from 145 countries/territories, with 78.90% constituting new visits. The Region of the Americas was responsible for 90.24% of the access. Within the Region, South America accounted for the majority of visits (43.5%). - The experience of the Health Systems Strengthening website as the main gateway for disseminating project-related information is being replicated for other PAHO donor-funded projects, such as with Spain and Canada.
Activity 1.2 – Provide technical cooperation to implement integrated health service delivery networks				
1.2.1. Provide technical support to countries to implement integrated delivery health networks (IDHN).	1. Continue to provide technical cooperation to at least 2 countries in the creation of IDHN.	- In Paraguay, a workshop on Integrated Delivery Networks was carried out in Nov. 4-5, 2009 with the goal of defining the characteristics, capacity, and basic organization of the integrated network in the first, second and third levels in Paraguay.	None required.	The technical cooperation provided to Ecuador and Paraguay contributes to the implementation of their respective plans of action to integrate services networks.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		- A methodological framework and tool to assess the degree of integration of services networks has been developed and implemented in five provinces in the northern border of Ecuador. The country is now in the process of expanding the application to the national level.		
	2. Develop an evaluation tool with the IDHN attributes and apply a functional evaluation in at least 1 country.	- The methodological framework for the assessment of IDHN attributes developed in Ecuador has been shared with Paraguay for adaptation and potential application at the national level.	None required.	
	3. Support the development of a network-based management model between the Ministry of Health and another public entity in 1 country.	- Technical cooperation efforts in beneficiary countries have focused more strongly on integration of services rather than integration between institutions.	It has not been politically feasible to advance in the development of a network-based model between the Ministry of Health and Social Security Institutes in nearly any country in the Region due to strong stakeholder resistance to changes proposed. We propose the elimination of this planned step from the Work Plan. ¹	None.
Activity 1.3 – Promote efforts to scale up health systems based on PHC through the incorporation of targeted programs into the overall health system.				

¹ A formal proposal consolidating all of the changes proposed in this Progress Report will be submitted to the donor for approval through the appropriate channels.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
1.3.1 Provide technical cooperation to countries in the implementation/consolidation of strategies to scale up health systems based on PHC.	1. Organize experts meeting to discuss strategies to scale up health systems based on PHC	- Experts meeting carried out in Lima, Peru, on November 2009. The meeting brought together around 30 participants to discuss integration of vertical programs and services into PHC-based health systems. The Experts Meeting was followed by a Regional Consultation on the same topic, which convened nearly 60 participants including ministry of health officials and representatives of donor countries and multilateral organizations. For additional information, please visit: http://www.lachealthsys.org/index.php?option=com_content&task=view&id=338&Itemid=166 .	None required.	During the experts meeting and regional consultation, the lessons learned of the six case studies on integration of vertical programs (VIH BRA, MCH-CHI, TB-COL, VIH-PER, VIH-DOR, VIH-TRT) and five case studies on integration of services (2 from CHI, 2 from BRA, 1 from GUT) were presented. A productive dialogue ensued regarding the challenges for implementation of an integrated framework in the Region and strategies to move forward.
	2. Elaborate and disseminate publications with lessons learned from case studies and results of the experts meeting discussions.	- Publication with lessons learned from cases studies and results of the experts meeting currently under elaboration. Publication will be available in English and Spanish for wide dissemination in the Region.	None required.	None.
	3. Promote national process for discussing the framework for scaling up health systems in at least 1 country.	- Task will be developed in the third and fourth quarters of the fiscal year. Trinidad and Tobago is a possible candidate.	None required.	None.
1.3.2 Promote continuous support to countries in the monitoring of	1. Disseminate English version of the Health Sector Analysis	- English translation of the Health Sector Analysis Methodology is	None required.	None.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
<p>their health systems and the generation of information as an input for the development of health policies.</p>	<p>Methodology among English Speaking Countries</p>	<p>currently under revision. Dissemination to English Speaking Countries is expected to begin in the third and fourth quarters of the fiscal year.</p>		
	<p>2. Conduct technical cooperation to support 3 countries in the elaboration of Health Systems Profiles.</p>	<p>- Health Systems Profiles for Colombia and Mexico finalized. Health System Profile for Jamaica and Bermuda under elaboration.</p>	<p>None required.</p>	<p>None.</p>
	<p>3. Provide support to countries in the monitoring and strengthening of health systems performance.</p>	<p>- Ongoing application of existing tools such as methodological guidelines for health systems profiles to support the continuous monitoring and strengthening of health systems.</p>	<p>None required.</p>	<p>Support for the assessment of the health system response to HIV in El Salvador (the funding for this effort comes from other sources, however the technical support is related to the strengthening of the steering role reported in Step 4 of Task 1.1.1).</p> <p>Beyond the scope of the grant, the existing health systems monitoring tools are being used as inputs for the conceptualization of a framework for Health Systems Performance Assessment in the Region (this activity is funded with Regular Budget resources).</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Activity 1.4 – Integrate public and private practitioners in TB control activities at the country level				
1.4.1. Follow up of the ongoing public-private and public-public mix (PPM) experiences initiated during the first two years and start activities in another 3 new countries.	- Support for PPM activities in countries with a well established PPM initiative.	- Assessment of status of PPM implementation in Bolivia, Brazil, Guatemala, Dominican Republic, Mexico and Peru in March-April.		
1.4.2. Coordinate and follow up operational research on PPM for TB in the new countries selected.	- Coordinate and follow up operation research on PPM for TB in selected countries.	- Main providers identified at country level, side meeting held during IUATLD conference (December 2009) when a decision was made to start collecting information by provider on a routine basis (COL, ECU, PER, DOR, MEX, BOL, PAR, ELS). During the National TB Program annual regional meeting (July 2010) there will be a session for countries to present data by provider.		Financial and technical support for an operational study was planned for Guatemala, Honduras and Peru. Due to changes within the TB Programs, this activity could not be accomplished.
1.4.3. Provide technical assistance to the new countries implementing and planning to implement PPM for TB and follow-up the ones supported during the first two years.	- Support for TB program of new countries with fragmented health systems.	- Support and participation in a national PPM workshop in Colombia (November 2009) and translation/adaptation of national assessment tool for PPM.		The Colombia workshop was an interesting experience that constitutes a success story (please refer to success story on section 3 below).
1.4.4. Advocate for the implementation of PPM as a new component of the Stop TB strategy in the rest of the countries	- Inclusion of a PPM component in national DR-TB expansion plans.	- Inclusion of PPM in the Regional Plan for Drug Resistant TB as a main preventive measure for MDR-TB.		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
in the Region.		- A draft resolution for the Directive Council highlighting the importance of PPM was drafted.		
1.4.5. Within the PPM approach, support the development of nursing curricula for TB in nursing schools of priority countries based on the Regional competency guidelines developed in a TBCAP project.	- Introduce the competency guidelines in nursing schools as a pilot project.	- Organization of a meeting in Mexico with nurses to pilot the introduction of TB competency guidelines (July 2010).		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 2 – Health information systems strengthened at the regional, sub-regional and national level				
Key Personnel: Alejandro Giusti, HSD (Activities 2.1 – 2.2) Bremen de Mucio, CLAP (Activity 2.3)				
Activity 2.1 – Support the implementation of the Health Information System performance monitoring process in countries of the Region of the Americas				
2.1.1. Provide technical cooperation to selected countries on the implementation of HIS performance monitoring processes based on international frameworks and tools.	1. M&E of the implementation of activities in countries with National HIS Strategic Plans (SP).	<ul style="list-style-type: none"> - Technical cooperation provided to Honduras to discuss a proposal to CIDA Canada to finance its SP. - Monitoring of the implementation of the SP in Paraguay, Peru and Dominican Republic. - Ecuador has completed an assessment and is currently preparing a SP. 		As part of the monitoring of the SP in Paraguay, a pilot strategy for strengthening the quality of mortality reports at the local level (Municipality of Luque) was implemented. The high underreporting of mortality rates prompted the application of this strategy at the local level in order to ultimately have an impact at the national level. This strategy also yielded important results as it diminished underreporting, strengthened the relationship between local actors, and improved community participation in the identification of the problem.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Harmonize National HIS Strategic Plan among PAHO/USAID countries and countries with PAHO/HMN assessments and Strategic Plans under the framework of the Regional Plan for the Strengthening Vital and Health Statistics.	- Meetings in Mexico, Nicaragua and Costa Rica with the Mesoamerican Public Health Initiative with selected countries in a coordinated activity with Health Metrics Network Technical Support Partnership (HMN-TSP).		
2.1.2 Coordinate and support training/capacity-building on good practices in the development and improvement of HIS performance monitoring processes	1. Design sub regional tools and standards at the regional level, according the work plan defined by the network on HIS.			A meeting is planned for April 27-28 to be held in Lima with all Spanish Speaking Countries and Brazil for the launch of the Latin American and Caribbean Network for the Strengthening HIS (REDLACSIS, for its acronym in Spanish). The expected results of this meeting include an inter-country or sub-regional strategy to develop activities for HIS strengthening and disseminate best practices in other countries from the Region.
	2. M&E of the network Work Plan.			
Activity 2.2 – Develop and implement standardized frameworks, methods and tools on HIS to support decision-making in public health and health services management				
2.2.1 Develop, update and disseminate methods and procedures for the production, dissemination, use and analysis of	1. Develop and update methods and techniques for the production, dissemination, use and analysis of information	The project has planned the preparation of three documents on successful experiences, lessons learned, key processes		The following documents are expected to be finalized by 30 July: first, assessments for both the HMN and PRISM

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
<p>information to support evidence-based public health decision-making at all levels.</p>	<p>to support evidence-based public health decision-making at all levels.</p>	<p>and best practices in HIS: a conceptual document that includes the use of HMN and PRISM tools; a document that summarizes best practices in PAHO/USAID countries; and a report of HIS situation in the countries mentioned above.</p>		<p>applications for all USAID-funded countries under the regional strategy for HIS, with the exception of Ecuador which is close to finalizing the PRISM assessment; second, a document describing the conceptual and methodological aspects of the tools, and pros and cons of their application; and third, a comparative diagnostic of all countries-- mesoamerican region as well as USAID funded (seven countries)-- including results, strategic plans, intervention challenges and lessons learned.</p> <p>The content of these documents will be discussed with MEASURE-Evaluation in a meeting in Uruguay in June.</p> <p>In addition, these documents serve as the building block for the continuation of the recently launched REDLACSIS.</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Disseminate methods and techniques for the production, dissemination, use and analysis of information to support evidence-based public health decision-making at all levels	The project has proposed the dissemination of the three documents mentioned in #1 through a website and/or an international meeting.		Documents are expected to be disseminated by September 2010.
Activity 2.3 – Improve countries capacities in the development and implementation of maternal mortality surveillance systems				
2.3.1 To continue to strengthen the capacity of selected countries in the implementation of maternal mortality surveillance systems.	1. Support Colombian nationwide expansion of the WBMSS through capacity building using web based tools.	- Phase I is over and phase II has recently started. A meeting was held in Bogota, Feb 22-24, 2010 for the assessment of Phase I. Continuing support for Phase II nation wide expansion of the WBMSS is currently provided by participating in weekly teleconferences with national authorities and PAHO country office.	There have been delays in the progress of Phase 1 for which US CDC was responsible for contracting with USAID resources. For Phase 2 of the project, the new outcome 5 was created and funded with new resources; outcome 5 now replaces this task both in content and resources. For this reason, if USAID authorities agree, we are suggesting the transfer of resources from Task 2.3.1 to Tasks 3.1.1 and 4.1.1. ²	None.

^{2 2} A formal proposal consolidating all of the changes proposed in this Progress Report will be submitted to the donor for approval through the appropriate channels.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 3 – Comprehensive policies, plans and strategies to promote universal access and effective interventions developed				
Key Personnel: Bremen de Mucio, CLAP				
Activity 3.1 – Strengthen networks, alliances including communities of practice in maternal and perinatal health				
3.1.1 To continue to support the strengthening of midwifery in the LAC Region.	<p>1. Maintain the support and bring sustainability to Midwifery and Nursing Communities of Practice for Making Pregnancy Safer.</p> <p>Planned Step 1 entails the following specific actions:</p> <ul style="list-style-type: none"> - Provide technical support, training and mentoring for potential leaders/moderators of the communities - Disseminate information about the work through publications, conferences and other networks - Facilitate discussions and provide information to members of the communities of practice. 	<ul style="list-style-type: none"> - Article, "Developing Nursing and Midwifery Communities of Practice for Making Pregnancy Safer", written by J. Lori (University of Michigan) , D. Diaz, S. Oyarzo (University of Chile) and S. Land accepted for publication in electronic journal, Knowledge Management and E Learning. - Abstract by J. Lori, D. Diaz, S, Oyarzo and S. Land accepted for Regional ICM Conference in Jamaica on "Developing Nursing and Midwifery Communities of Practice for Making Pregnancy Safer." - Series of Virtual Continuing Education Programs being developed. Programs include cervical cancer screening in low resource settings; newborn resuscitation; eclampsia; maternal mortality from a gender 	<p>The growth of activities requires additional resources to meet countries demands. Based on the considerations mentioned on Task 2.3.1, we propose reorienting funds from 2.3.1 to 3.1.1.³</p> <p>There have been some delays in the progress of activities due to the earthquake in Chile. However, these were temporary in nature.</p>	<p>PAHO/WHO Collaborating Center in School of Midwifery, University of Chile continues to provide leadership in the development of the Knowledge Gateway in Spanish building upon success in developing the Midwifery and Nursing Community for Making Pregnancy Safer.</p>

³ A formal proposal consolidating all of the changes proposed in this Progress Report will be submitted to the donor for approval through the appropriate channels.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>perspective; cultural competence.</p> <ul style="list-style-type: none"> - Exchange of information on support for midwifery in Haiti following earthquake. 		
	<p>2. Support activities to strengthen education, practice and policy development in priority countries.</p> <p>Planned Step 2 entails the following specific actions:</p> <ul style="list-style-type: none"> - Provide technical support, consultation and follow up of planned activities in Bolivia (training nurse midwife faculty and intercultural course), Paraguay (curriculum development), Ecuador (curriculum development, midwifery model of care/teams), Guyana (curriculum update and faculty development) and Nicaragua (continuing education for nurse-midwives). 	<ul style="list-style-type: none"> - Follow-up evaluation by faculty from University of Chile in Bolivia of 11 graduates of special certificate program on midwifery for Bolivian nurses. - Visit by consultant to Guyana planned for December postponed until 2010. Faculty development for new midwifery curriculum continues. - Visit to Chile by team of physicians and midwives from Quito, Ecuador to observe insertion of midwife in the model of care in the country. - Modification of Midwives curricula in Paraguay (University Andres Barbero) was finished with the direct support of University of Chile and CLAP/WR. - Continuing education program for 245 nurse-midwives including 		<p>An update of the assessment of midwifery services in the Americas carried out in 2004 is planned for selected countries during the second half of the year.</p> <p>A process for advocacy, in terms of the need to disseminate the experience developed in Bolivia to the whole country has been supported.</p> <p>University Andres Barbero's new curriculum is in the process of approval by the National University Authorities.</p> <p>In the case of Nicaragua, the training of obstetric nurses (a specialization in the field of the midwifery for registered nurses with 3 years of clinical experience)</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>clinical module on handling obstetrical emergencies for those assigned to rural areas in Nicaragua.</p> <p>- A national workshop in the framework of the continuous of care was carried out in Managua in March 2010. With the participation of 40 obstetrics nurses from different SILAIS (RAAS, Matagalpa, Chontales, RAAN y Jinotega). National authorities have evaluated this workshop as very positive, and asking for a replication of it in RAAS and RAAN.</p>		<p>was agreed between PAHO and the Ministry of Health in as part of a one-year plan "Fortalecimiento de las competencias de las enfermeras obstetras, sobre la aplicación del Plan de Reducción de la Mortalidad Materna y Perinatal en los SILAIS, RAAS, Matagalpa, Chontales, RAAN y Jinotega". The plan includes training in University and District Hospitals, and the use of training materials developed by CLAP/WR, and others.</p>
	<p>3. Develop virtual continuing education programs.</p> <p>Planned Step 3 entails the following specific actions:</p> <ul style="list-style-type: none"> - Identify experts to develop programs; facilitate technical review of programs; revise programs as necessary; carry out pilot; disseminate information including links to the virtual programs through the community of practice sites and other networks. - Evaluate results of pilot. 	<p>- Virtual continuing education short program on Gender Focus for Maternal Mortality which addresses gender issues impacting maternal mortality. The target audience is practicing midwives and nurses in maternal and neonatal health. For additional information, see: https://globalcampus.uiowa.edu/play_recording.html?recordingId=1216069148034_126018599060</p> <p>- Corrections to program,</p>		<p>Programs to be ready by the end of April. Following a 3-4 month pilot of the series, an evaluation of the content and approaches used will be carried out.</p> <p>In regards to the program on Cervical Cancer Screening in Low Resource Settings, even though USAID resources were not used to finance this activity directly, the information is shared with the</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>Cervical Cancer Screening in Low Resource Settings.</p> <ul style="list-style-type: none"> - Incorporation of comments from WHO in the program on Cultural Competence under development by the University of Puerto Rico. - Short virtual continuing education program on eclampsia prepared by School of Midwifery, University of Chile, is under technical review by PAHO. The target audience is practicing nurses and midwives. For more information, please visit: http://www.medichi.cl/neonatal/index.htm - Program on Neonatal Resuscitation prepared by the School of Midwifery of the University of Chile. The success of the program can be highlighted by the more than 1000 visits in the past six months to the School of Midwifery website (where the program is available). The link is http://www.medichi.cl/neonatal/index.htm - Plans for a program on 		<p>communities of practice supported by the project.</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	<p>4. Coordinate the work of the Collaborative Partnership including the PAHO/WHO Collaborating Centers for Midwifery Development.</p>	<p>Midwifery Model of Care or physiologic childbirth.</p> <p>- Support for Regional ICM Conference scheduled for 25-28 May in Kingston, Jamaica to include simultaneous translation for plenary sessions; technical support and travel for 8 participants.</p> <p>- Collaborative Partnership held special meeting via Elluminate in Spanish in October. Planned meeting in April may be delayed due to the earthquake in Chile. Collaborative Partnership is coordinated by the School of Midwifery, University of Chile.</p> <p>- Midwifery Tool Kit: Completed review of new modules on supervision and interim strategies. Ready for publication on PAHO/CLAP Web site</p>		<p>A meeting of the Collaborative Partnership will be held in Jamaica in May as many of the Members will be represented at the Regional ICM Conference.</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	5. Disseminate in selected LAC countries the document produced by University of Chile in the framework of "PAHO-USAID umbrella agreement" on training midwives in public universities.	- Document has been finished and reviewed; currently in edition and printing process. The document includes modern curricula for midwives formation in two different settings: urgency (three year plan) and non-urgency (five year plan).		A plan for the distribution of the document in two countries has been established, for the second part of the year.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 4: The effective functioning of regional partnership (MNH Interagency Task Force)				
Key Personnel: Yehuda Benguigui, FCH				
Activity 4.1 – Support the functioning of the regional partnership to promote policy dialogue in neonatal health within the context of the continuum of care approach in maternal, neonatal and child health.				
4.1.1 Continue to support the functioning of the regional partnership on maternal and neonatal health (Maternal Neonatal Task Force and Alliance).	1. Participation in the Task Force Meeting (TFM) to discuss task force activities for 2009-2010.	<ul style="list-style-type: none"> - TFM took place in Dec. 2009. Previous to TFM a meeting with RTF team, and PAHO/FCH focal points on Sexual and Reproductive Health (SRH) was held. - Evaluation of 2009 plan was finished and 2010 plan was developed. Virtual meetings are held monthly. - RTF membership was increased by incorporation of World Bank, Population Council and MacArthur Foundation. - RTF is providing support for WHO and PAHO teams for the participation in Women Deliver II. 	Women Deliver II was not included in the 2010 work plan. The strategic importance of this meeting requires support. Based on considerations about task 2.3.1, we suggest reorienting funds from 2.3.1 to 4.1.1. ⁴	<p>The interaction between PAHO FCH SRH focal points with RTF has been very positive.</p> <p>The integration of different partners in a joint work force has turned out to be of extreme efficiency in the achievement of common objectives.</p>
	2. Preparation and carrying out of the Women Leaders Regional Workshop.	<ul style="list-style-type: none"> - Preparation meeting took place in Peru. National and regional groups have been established. Twelve countries with high maternal mortality will participate 		

⁴ A formal proposal consolidating all of the changes proposed in this Progress Report will be submitted to the donor for approval through the appropriate channels.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		in the meeting. BOL, BRA, COL, ECU, GUT, GUY, HON, JAM, MEX, NIC, PAR, PER.		
	3. To support a satellite activity for LAC people attending to Women Deliver II.	Carry out a lunch with selected attendances from LAC in WD II.		
4.1.2. Continue to strengthen the LAC Interagency Alliance on Neonatal Health in the context of the continuum of care approach.	1. Continue to strengthen the Regional Alliance of Neonatal Health in the context of the continuum of care.	- Monthly Alliance meetings carried out in Washington DC, spearheaded by PAHO, USAID, Save the Children/SNL, MCHIP, URC, among others.	There is good participation from the agencies and NGOs during the monthly Alliance meetings. However, better articulation is needed with the Professional Associations (ALAPE, FLASOG, FEPPEN & ICM). Other interactive mechanisms are being looked into such as Sharepoint to permit more dynamic participation from the other partners.	The matrix of joint activities with the Alliance partners is a work in process, which is updated on a regular basis.
	2. Support the countries establishing national replication of the Regional Alliance with agencies and NGOs, regarding child health in the context of the continuum of care approach in selected countries.	- Establishment of institutional mechanism for neonatal health partnerships in priority and impact countries: GUT - Newborn alliances currently active in BOL, DOR, ECU, NIC, PAR, and PER with the coordination of the respective Ministries of Health	One important aspect that was achieved was the establishment of national alliances in support of neonatal health in the continuum of care in 7 countries (BOL, DOR, GUT, ECU, NIC, PAN and PER). In all these countries the Ministry of health served the function of coordinating the group	The list of technical focal points and human resources has been updated at the Regional level and in the countries of each of the partners in the Alliance. This instrument facilitates the coordination mechanisms between each of the agencies, especially in the countries.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
			responsible for convening the Alliance. The technical secretariat is overseen by one of the agencies in a rotating form. For the second semester of 2010 the plan is to stimulate the establishment of National Neonatal alliances in 3 additional countries (ELS, HON and PAN).	
	3. Support countries in the development and implementation of National Plans of Action of Neonatal Health in the context of the continuum of care approach.	- Production of National Neonatal Plans of Action in the context of the continuum of care in priority and impact countries. BOL, DOR, NIC, GUT, HON, PAN, PAR	None required	A sub-committee that developed a proposal of indicators has advanced in the selection, definition and sorting of the process and impact indicators for each of the 4 strategic areas which make up the Regional action plan that is being proposed to each of the countries.
	4. Support countries with documentation of neonatal evidence-based interventions in the framework of the continuum of care.	- Publication and distribution of the report of the Technical Forum: Advancing Neonatal Health through partnerships, which took place in Lima, Peru in September 2009. The report was elaborated with the participation of all agencies involved. UNICEF was responsible for the edition and printing of the document. The report will be disseminated	The Memorandum of Understanding, which was signed by ALAPE, FLASOG, FEPPEN and ICM, is being disseminated in support of the implementation of evidence-based neonatal interventions and the activities of the LAC Newborn Alliance, during the national Latin American	Various success stories on evidence-based neonatal interventions within the context of the continuum of care were published in the "International Bulletin for Integrated Care". The document "AIEPI Neonatal: Intervenciones basadas en evidencia" can

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		in between June and July of 2010.	and Pan-American congresses of Scientific Associations.	be accessed at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=1606&Itemid=1084
	5. Support the countries in the development of infant care profiles in the framework of achieving MDG #4.	To help countries overcome the problem of lack of data at the sub-national level (Departments, Provinces, and Municipalities) technical support was given for the development of national profiles in infant health in the framework of achieving MDG #4. The goal is to have at least 10 countries complete the profiles by the end of the Project, which will be published and disseminated for utilization in the national action plans to prioritize neonatal actions in most vulnerable areas of countries.	None required	None.
	6. Coordinate with other Alliances or Regional Initiatives to find out the potential of implementing the neonatal health within the framework of the continuum of care in priority areas and territories.	- Ongoing financing of the Regional Neonatal Alliance as its Technical Secretariat, along with other key partners.	In order to rise above "administrative constraints" related to the transfer of resources among the different partners, each one of the agencies in the Alliance is looking into how they will be able to co-finance portions of the activities and/or Alliance processes.	None.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 5: Intensify the implementation of Phases II and III of the Web-Based Maternal Mortality Surveillance System (WBMMS) in Colombia				
Key Personnel: Hernán Rodríguez, PWR-COL				
Activity 5.1 – Strengthen Colombia’s capacity to implement a WBMMS at the national and local levels and share lessons learned				
5.1.1. Within the framework of the Colombian Ministry of Social Protection (MPS) and National Institute of Health (INS) information systems, support the design, implementation and validation of a Web platform in pilot municipalities and serve as the coordinating agency for this initiative.	1. Design, validate and implement a web-based platform under the leadership of the MPS and INS.	<ul style="list-style-type: none"> - Purchase of equipment and licenses necessary for designing and implementing the web based platform. (Server, Desktop PC, Licensing SQL, Visual studio. Net, etc). - Recruitment of human resources (epidemiologist, systems engineer and programmer) to assist on the design and implementation of the WBMSS platform including the desktop model. - Preparation of draft manuals (analysis and user's guide) at the same time as the development of the WBMSS platform. This process helps to ensure that manuals are aligned with the WBMSS and allows the integration of early users' feedback. - Fine tuning of data collection forms 4, 5, 6 (verbal autopsy, family interview and clinical care 	None required.	The server and equipment will be available at the National Institute of Health the week of 12 April, 2010.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>review and case summary) has been completed. This has been an intense process due to its participatory nature. All members of the interagency team were fully involved.</p> <ul style="list-style-type: none"> - Progress on the development of logic data layer (capa logica de datos) including auxiliary tables. - Review of the process to develop the flat files that will be generated by vital statistics linked with the death certificates - Definition of the criteria to develop security standards for the web based surveillance system according to users' roles and responsibilities 		
	2. Teleconferences to assess progress by the technical group.	- Weekly virtual meeting among key partners (MPS-INS-NACER-USAID-CDC-Gatech-WHO, PAHO, Col and CLAP) to follow progress and reach consensus on: project activities, timeline, and address emerging needs.		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
<p>5.1.2. Within the framework of MSP and INS information systems, support the implementation and pilot application of the web-based platform under national supervision from MSP with coordinated international technical support.</p>	<p>1. National meetings.</p>	<p>- Several meetings with national stakeholders were held to present and discuss progress on web based platform development and reach consensus on the informatics conceptual framework.</p> <p>- National meeting was convened by the National Institute of Health along with the Ministry of Social Protection with the participation of the Secretaries of Health from selected Departments and the Capital District of Bogota. The outcome of the meeting was a Memorandum of Understanding between all partners to carry out phase 2 of the Project in the Departments of Antioquia, Caldas, Valle, and the Capital District of Bogotá.</p> <p>- Several meetings were held with DANE (vital statistics department) and the Institute of Forensic Medicine, to agree on the best way to link death certificates including reports of suicides with the WBMSS.</p>	<p>None required.</p>	<p>None.</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Departmental workshops. 3. Capacity-building workshops. 4. Execution of monitoring plan and supervisions visits.	No progress during this period	None required.	The training courses are schedule to start by the end of May, 2010. This training will precede the field test of the WBMSS.
5.1.3. Expand to additional departments and municipalities in the pilot departments the implementation of the web platform.	1. Establish agreement letters at the national and departmental levels. 2. National meeting with local partners and implementers. 3. Implementation workshops in departments. 4. National and departmental technical assistance.	No progress during this period		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
5.1.4. Share progress and lessons learned regarding platform implementation at national meeting and begin preparations for regional meeting.	<ol style="list-style-type: none"> 1. Preparatory meetings for national workshop and discussion of findings. 2. Discussions with partners to organize regional meeting. 3. Selection of participating countries through a consultation process. 4. Final document on the process of platform validation and expansion, including lessons learned. 5. Presentation of web-based system toolkit. 6. Agenda for national meeting and preparatory agenda for regional meeting. 	No progress during this period		
Activity 5.2 – Carry out Inter-country Meeting to share progress and lessons learned at the regional level.				

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
5.2.1. Organize intercountry meeting, ensuring the presence of national partners and representatives from selected countries in the Region.	<ol style="list-style-type: none"> 1. Discussion of findings with selected countries. 2. Final document with the platform validation and expansion process, including lessons learned. 3. Presentation of the web-based system toolkit. 4. Regional meeting agenda. 	No progress on this activity.	Due to delays in implementation of activities that lead up to this task, the regional meeting will need to be reprogrammed. Modifications will be proposed to the donor for approval. ⁵	

⁵ A formal proposal consolidating all of the changes proposed in this Progress Report will be submitted to the donor for approval through the appropriate channels.

Cross-Cutting Theme #2
Improving Quality of Health Care Services

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 1 – PHC Accreditation Model adapted to the characteristics and priorities of countries				
Key Personnel: Mario Cruz, HSS				
Activity 1.1 – Development of a PHC Accreditation Model				
1.1.1 Support countries in the application of the PHC accreditation model and renewal of PHC.	1. Add an accreditation module to Virtual Course on Development of Capacities for PHC Renewal.	- Content on the evaluation of attributes of integrated delivery networks was included in the virtual course.	As the work on integrated delivery networks advanced, technical cooperation efforts shifted from an accreditation approach towards a country self-assessment of attributes of integrated networks for PHC-based systems.	The open source PHC course is available at: http://devserver.paho.org/virtualcampus/moodle/course/view.php?id=36
	2. Disseminate English, French and Portuguese translations of PHC virtual course.	- English, French and Portuguese translations of the PHC virtual course disseminated to PAHO Country Offices across the region.	None required.	None.
	3. Conduct at least 2 training sessions for coordinators and tutors.	- Identification of coordinators and tutors for the English version of the PHC virtual course currently underway. - Training sessions for coordinators and tutors will be held in the third and fourth quarters of the grant fiscal year.	Due to difficulties in identifying qualified English speaking tutors, activities related to the implementation of the course have been significantly delayed.	None.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	4. Implement an English version of the PHC Virtual Course.	<ul style="list-style-type: none"> - English version of the PHC virtual course currently being adapted and validated for application in the English Speaking Caribbean. - Moodle platform in the Virtual Campus of Public Health currently being translated into English, in addition to all of the manuals and other logistical support documents. - Promotional and advertising materials in English have been prepared such as a brochure and a document with the general aspects of the course. 	Although the course will not be fully implemented before September 2010, training courses with tutors and coordinators will be conducted, and a validated version of the course for English Speaking Countries will be offered through the Virtual Campus of Public Health starting in the second semester.	<i>Moodle</i> is a Course Management System (CMS), also known as a Learning Management System (LMS) or a Virtual Learning Environment (VLE).

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 2 – Enhanced capacity of endemic countries for increased coverage of HIV, malaria and TB prevention, treatment and care				
Key Personnel: Mirtha del Granado, HSD				
Activity 2.1 – Increase and improve the managerial capacity of the TB Laboratory Network				
2.1.1. Conduct follow-up visits to the rest of the National Reference Laboratories from TB priority countries	- Planned visits to Haiti, Ecuador, Panama and Mexico.	- Visit to Haiti from Supranational Laboratory with TB regional program took place. - Visit to the Laboratory of Ecuador in the context of the GLC mission.		Visits planned to at least three countries in August.
2.1.2. Conduct the annual Regional workshop for TB National Reference Laboratories	- Annual meeting in Rio de Janeiro took place in 2009. - Planned meeting in the Dominican Republic to discuss the first draft of the laboratory plan in 2010.	- Support for Regional Laboratory Meeting in Rio de Janeiro (September 2009). - Meeting with the coordinator of the Supranational Laboratory Network to discuss the first draft of the Laboratory Plan 2010-2015 to respond to MDR-TB plan.		- The 2010 Regional meeting will be conducted in July 2010 in the Dominican Republic. - TB program is writing the Laboratory Plan 2010-2015.
Activity 2.2 – Train national TB professionals/consultants on the new Stop TB strategy to provide technical assistance at country level.				
2.2.1. Support two (2) TB fellows for the TB Regional program	- TB Fellows are participating in all the activities of the TB regional program.	- Participation of the current two TB fellows in: Regional Stop TB meeting in Rio de Janeiro (Sept. 09), TB/HIV and infection control courses (Oct.-Nov 09), WHO childhood TB meeting (Nov. 09), Regional Laboratory course (Nov. 09), World TB Conference (Dec. 09), Regional meeting on indigenous populations and prisons (March 10), TB course in El Salvador (March 10).		Hiring process of the new TB fellow underway.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Activity 2.3 – Strengthen the implementation and monitoring of the recommended TB/HIV collaborative activities in priority countries				
2.3.1. Conduct TB/HIV monitoring visits to selected countries implementing the collaborative activities.	- Visits to Trinidad & Tobago and Barbados.			The visits to Trinidad & Tobago and Barbados have been postponed in two occasions due to urgent and/or unexpected circumstances.
2.3.2. Conduct sub-regional workshops jointly with HIV Regional program for TB/HIV priority countries	- Meeting planned in July 2010 with TB/HIV priority countries.	- Participation and presentation of TB/HIV progress in the Region in the Latin-American Forum for HIV (Nov. 09) and in the sub-regional meeting of HIV focal points in Central and South America where a TB/HIV mini-workshop was conducted (Dec. 09).		TB/HIV will be one of the main topics in the NTP manager meeting in July 2010 to be jointly developed with HIV colleagues.
2.3.3. Support national TB/HIV training in priority countries	- Update the TB and HIV managers in new TB/HIV guidelines during the TB/HIV meeting.	- Support for the participation of the course director in the 3 rd Sub-Regional TB/HIV managerial course (Nov. 09). Consultancy to update TB/HIV clinical guidelines (Dec 09 to Feb 10) and participation in II TB/HIV regional experts meeting to finalize the update of TB/HIV clinical guidelines and discuss training materials and approaches (Mar. 10).		Development of TB/HIV guidelines for primary health care and TB/HIV training materials in second half of 2010.
2.3.4. Evaluate the implementation of TB/HIV collaborative activities in priority countries identifying success stories.	- Prepare a document with success stories in TB/HIV priority countries.	- Draft of document analyzing the TB/HIV situation in priority TB/HIV countries has been written.		Planned support of an HIV intern to assist with this activity.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Activity 2.4 – Assess and/or update the multidrug resistant (MDR) and extensively drug resistant (XDR) tuberculosis situation in the Americas as a basis for a detailed Regional MDR-TB and XDR-TB Prevention and Control Plan.				
2.4.1. Lead and coordinate the MDR-TB and XDR-TB assessment in the Region of the Americas.	- Short term professional working in coordinating activities for MDR-TB in the region.	- Hiring of a short term professional for MDR-TB in PAHO/WDC who has performed an assessment of the surveillance and management of DR-TB in GLC and non-GLC countries.		
2.4.2. Provide technical assistance to selected countries for the development of national surveys on MDR-TB.	- Provide technical assistance for developing Drug Resistance Survey (DRS) protocols.	- Translation of DRS 2009 guidelines. - Technical assistance to countries planning a survey in 2010/2011 (Bolivia, Peru).		Planned support for surveillance workshop on DRS in April 2010.
2.4.3 Support national TB laboratories to carry out the MDR-TB surveys in selected countries.	- Countries that are going to perform DRS are identified.	- Technical assistance from correspondent SNRL to countries planning DRS in 2011.		
2.4.4 Support the TB Supranational Laboratory (SNL) networks and selected national TB laboratories for the identification of XDR-TB among MDR-TB cases.	- MDR-TB priority countries are supported by Supranational Laboratories.	- Coordination meetings by teleconference with the SNRLs in the Region. - Support to two SNRLs performing EQA for DST for countries of the Region and identifying XDR cases among MDR cases.		
2.4.5 Writing, editing and publication and dissemination of an updated Regional report on MDR-TB and XDR-TB with the situation in the Americas.	- Regional Report on MDR-TB and XDR-TB is written with the information collected from countries, from missions report and WHO global report.	- First draft of the situation analysis of the management of DR-TB in selected countries of the Region done.		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 3: Policy and technical support to Member States to enhance their capacity to carry out communicable disease surveillance and response				
Key Personnel: Pilar Ramon Pardo, HSD				
Activity 3.1 Strengthening nosocomial infection surveillance, with an emphasis on antimicrobial resistance (AMR) surveillance components.				
3.1.1 AMR 2009 data collection for species defined by the Technical Advisory Group and publication of the Annual Report.	1. Annual meeting of the LAC Network for Monitoring/Surveillance of the Resistance.	- The <i>Annual Surveillance Network Meeting</i> was carried out in Lima, Peru, Dec 4-5, in conjunction with SIREVA II. More than 35 participants attended the discussions and presentations, with specific inputs from USAID Peru.	None required.	
	2. Collection and revision of the laboratory data. 3. Data analysis and preparation of the report.	- As per the recommendations of the <i>Technical Advisory Group</i> data collection and analysis is carried out on annual basis. - Antimicrobial resistance national data have been collected for 2007, and the Annual Report on Antimicrobial Resistance, 2008 is available in electronic format. - The 2006 Report was published by the <i>Revista de Infectología Tropical</i> in 2009.		
	4. Support to the external quality assurance (EQA) program of the national laboratories, coordinated by the Supra National	- The EQA program is ongoing, coordinated by the INEI ANLIS CG Malbran. Report on Survey # 15 received: 87.7% correct bacterial identification; 85.4%	None required.	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	Reference Laboratory (SNRL).	<p>susceptibility test correct interpretation. Survey # 16 was already carried out, pending of report. Survey # 17 is currently ongoing.</p> <p>- <i>Clinical Laboratory Standards Institute Manuals</i> (M100-S20, M7 A09 and M2, January, 2009) were translated into Spanish and distributed among the sentinel sites. An Elluminate® session was convened to update on the 2010 standards.</p> <p>- A monitoring and training visit was carried out to Dominican Republic in order to strengthen capacity of the National Public Health Laboratory (refer to Success story).</p>		
	5. Technical Advisory Group Meeting.	- Technical Advisory Group Meeting will be convened by Sep 16-17 in Washington DC.		
3.1.2 Through evaluation visits, determine the current practices on infection prevention and control (IPC) at health-care facilities, specifically implementation of Standard and Droplet Precautions.	<ol style="list-style-type: none"> 1. Select the countries for the visits. 2. Obtain concurrence from the national authorities. 3. Carry out the 7-days 	- Visits are planned in Paraguay (May), Uruguay (June) and El Salvador (July), in conjunction with strengthening epidemiological surveillance of nosocomial infections.	None required	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	visit. 4. Prepare the report.			
3.1.3 Support national evaluation teams, specifically training on HCAI epidemiology.	1. Develop Terms of Reference for the national evaluation teams.	- National Evaluation Groups on Infection Control were established in several countries in the Region, such as El Salvador, Honduras, Bolivia and Paraguay. Support was provided to El Salvador related with the implementation of WHONET® at the Social Security Hospitals.	None required.	WHONET http://www.whonet.org/DNN/ is a free software created by the WHO Collaborating Center for Antimicrobial Resistance in the Microbiology Laboratory, Division of Infectious Diseases, Department of Medicine, Brigham & Women's Hospital in Boston. The software is distributed free and it is used by most of the centers integrating the AMR Surveillance Network.
	2. Provide support for the visits and writing of the reports, in conjunction with activity 3.1.2	- Bolivia is organizing National Evaluation visits due to a nosocomial outbreak in Riberalta. Additional visits have been programmed to Guayaramerin, Beni. The visits are aimed at strengthening infection prevention and control through training courses plus on the job training. At the end of the visits, the local infection control committees will be reorganized and functioning.	None required	
3.1.4 Assessment of current practices for infection prevention and control, including antibiotic use in maternal care.	1. Develop a rapid assessment protocol.	- Protocol for assessment of infection control in neonatal units is finalized. A copy of the	This activity was redefined to start working on neonatal units on	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Select facilities for protocol implementation. 3. Assessment visits. 4. Production of the report	protocol can be found at: http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569&lang=es (the annex is available separately). Implementation is programmed by the end of May.	infection control practices.	
Activity 3.2. Promote rational use of antibiotics under the scope of a multisectoral approach; develop evidence-based SOPs for prevention and control of associated health care infections				
3.2.1 Electronic course to promote the rational use of antibiotics in primary health care.	1. Revise the draft curriculum developed with competence-based methodology involving infectious disease experts. 2. Develop the curriculum. 3. Publication on line.	- Course online already developed, in collaboration with THS/EM and the PAHO/WHO Collaborating center " <i>Centro Universitario CUFAR</i> ", Facultad de Ciencias Medicas, Universidad Nacional La Plata, Argentina. The course was launched in Jan 2010. http://cursospaises.campusvirtualsp.org/index.php	None required.	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
<p>3.2.2 Foster implementation of the "Treatment of Infectious Diseases" (4th Edition) and monitor acceptance and implementation.</p>	<p>1. Presentation at International Conferences Workshops: 14th International Congress on ID (ISID) (Miami, March 9-12, 2010), 6th Congress of the World Society for Pediatric ID (Buenos Aires, 18-22 Nov 2009).</p> <p>2. Develop impact studies for the implementation of the guidelines to be carried out in selected Central American countries.</p>	<p>- The publication was presented at the 6th Congress of the World Society for Pediatric Infectious Diseases in the Symposium "From surveillance to containment of antimicrobial resistance in Latin America", Nov 18th. Speakers from Paraguay, Ecuador and Argentina discussed the methodology for developing the guidelines and specific examples on implementation assessment.</p> <p>- In Paraguay, a study was carried out to assess the implementation of the guidelines on antibiotic treatment for pediatric pneumonia. If the chosen antibiotic is not adequate, the authors found higher probability of changing treatment scheme, which causes negative consequences in the patient's outcomes. The study was submitted for publishing in a peer-review journal.</p>	<p>- In Guatemala, a local adaptation of the guidelines for the Roosevelt Hospital was carried out and released in April 2010. Consultations will begin regarding the possibility of conducting an impact study of guideline implementation before September 2010.</p>	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
3.2.3 Development of clinical guidelines for diagnosis and treatment of mycotic infections in PHC	<ol style="list-style-type: none"> 1. Online expert consultation 2. Meeting to review and approve guidelines by experts. 3. Printing and dissemination. 	The clinical guidelines will be written in collaboration with the Cochrane collaborating center in Brazil. The first draft will be submitted for comments and suggestions to regional experts in mycology through the <i>Asociación Panamericana de Infectología</i> .	None required.	
Activity 3.3. Organize and maintain an electronic regional community forum on health care acquired infections and AMR.				
3.3.1 Collect and update epidemiological and operational information about AMR, including educational materials, technical manuals and reports, in a specific site at PAHO's web page. These documents will be available for partners, such as Ministries of Health, civil society organizations, health care professionals and Universities.	1. A designated staff in PAHO HDM/CD will be responsible to select the documents and follow up the process of uploading them in the web (including the LACHEALTHSYS web site).	<p>A number of materials, tools, and document have been uploaded in the PAHO AMR website:</p> <p>(a) <i>Annual Report on Antimicrobial Resistance, 2008</i>. This 210-page book (in Spanish) provides data on antimicrobial resistance in the countries of the Americas for 2008. The document compiles the results of the annual meeting of the surveillance network for resistance to antibiotics held in San Salvador, El Salvador, from 20-22 August 2008, with participants from 14 countries of the Region, partners, allies, and observers</p> <p>http://new.paho.org/hq/index.ph</p>	None required	http://www.paho.org/english/ad/dpc/cd/antimicrob.htm

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>p?option=com_content&task=view&id=2606&Itemid=392&lang=en</p> <p>(b) "<i>Manual de esterilización</i>" aimed at strengthening health centers' capacity on sterilization. This manual was translated into English and printed with WHO support and is currently distributed in Africa and Asia.</p> <p>http://www.paho.org/English/AD/DPC/CD/amr-manual-esterilizacion.htm</p> <p>http://new.paho.org/hq/index.php?option=com_content&task=view&id=2106&Itemid=229&lang=en</p>		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 4: Implement the Neonatal Regional Plan of Action within the context of the continuum of care approach				
Key Personnel: Yehuda Benguigui, FCH/CA				
Activity 4.1 – Develop and present the Regional plan of action to the 48th PAHO Directive Council (2008) and scale-up the distribution and use of existing tools (standards, training courses, and guidelines) in selected countries.				
4.1.1 Share and disseminate Neonatal Regional Plan of Action with stakeholders in selected countries.	1. Publish the evidence-based neonatal interventions module.	- Module of evidence-based neonatal interventions based on the continuum of care published in Spanish and distributed in priority and impact countries. CD-Rom is in the development phase and will be available in May 2010.	Based on recommendations from the Regional Neonatal Alliance workshop held in Lima, Peru in Sept. 2009, the neonatal evidence-based interventions module was updated in Spanish. It is currently in the editing stage and will be published in May 2010. The English version will be published in July 2010. At the same time, a CD version will be developed to increase the diffusion of this tool.	Various countries have adapted the service care guides, especially the procedural charts for “Evidence-based Neonatal IMCI interventions”, such as: NIC, DOR, PAN.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Conduct training/adaptation workshops in priority and impact countries on evidence-based neonatal interventions.	- National adaptation of care guidelines with evidence-based neonatal interventions implemented in: BOL, HON, NIC, ELS, GUT, ECU, PAR, PAN	The plan is to continue the adaptation of the neonatal care guidelines in the countries to include the evidence-based neonatal interventions. Considering the process involves further materials, expert consultants to attend country workshops for national adaptation, and training of municipal facilitators, additional resources are needed to maintain this technical cooperation. Due to this, there is a search for extra-budgetary resources to complement the resources available from the PAHO/USAID Project.	
4.1.2 Support the development of Neonatal National plans according to the Regional plan of action in selected countries.	1. Dissemination of the Regional Neonatal Plan of Action approved by PAHO's 48th Directing Council and published in four languages, to all the countries in the Region.	- The Regional Neonatal Action Plan was approved by PAHO's 48th Directing Council, published in PAHO's four official languages and widely disseminated in all countries in the Region. It has served as the foundation for the adaptation of the "National Neonatal Action Plan" which is being developed in priority and impact countries.	We hope to mobilize extra budgetary resources to be able to support countries to implement neonatal action plans at the Provincial and Departmental levels in the most vulnerable areas of the countries.	None.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Conduct planning workshops on neonatal health actions in 2 additional countries (BRA, PER).	Conducted planning workshops in Neonatal Health within the framework of the continuum of care in Brazil (4 states: S. Paulo, Bahia, Para y Ceará) and in Peru.		
	3. Support the dissemination of National Child Health Profiles according to MDG #4 in four countries in the Region (DOR, GUT, NIC, PER).	- Print and disseminate the "National Infant Health Profiles" guided by MDG #4 in 4 countries. Supported the development of Child & Neonatal National Profiles in 4 countries: HON, DOR, NIC, GUT, and ECU. National workshops programmed to be carried out in Panama (April 2010) and Peru (May 2010). Published in NIC. In the process of publication in: DOR, GUT, HON y ECU		
Activity 4.2 – Monitor and evaluate progress in the Neonatal Regional Action Plan.				
4.2.1 Regional M&E plan developed to assess progress in neonatal health.	1. Disseminate the regional version of the methodology for M&E Neonatal Health in health facilities in countries in the Region.	- Wide dissemination of the Regional version of M&E Neonatal Health publication to all countries in the Region through: a) Distribution of the module and the CD. b) Carried out subregional workshops in BOL and NIC. National Workshops in: NIC, GUT, DOR, PAN.	Budgetary restrictions have impeded the inclusion of more countries in the process of consultant visits and workshops to adapt the instrument "Regional Version of the Monitoring and Evaluation Methodology for Neonatal Health". For the final phase of the Project the development of a	One of the greatest weaknesses in the countries is the process of monitoring, supervision and evaluation of neonatal-related activities. The sharing of the methodology among priority and impact countries benefits the monitoring and supervision of personnel based on their competencies to implement

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	<p>2. Technical cooperation in selected countries in the adaptation of the M&E Neonatal Health in the context of the Neonatal Plan of Action.</p>	<p>- Adaptation of the M&E Neonatal Health in selected countries in 5 countries: BOL, NIC, GUT, DOR and PAN.</p>	<p>regional workshop is planned with the participation of representatives from 8 countries (ARG, BRA, COL, ELS, PAR, PER, BOL and NIC) to duplicate the methodology in those countries, and in this way, be able to implement the monitoring and evaluation process of neonatal health within the framework of the continuum of care in health care establishments.</p>	<p>neonatal evidence-based interventions, representing a great qualitative advance in the health activities offered at basic health establishments.</p>

3. Success Stories

Cross Cutting Theme #1 Strengthening Health Systems and Services in the context of Primary Health Care (PHC)

Towards an Innovative Approach to Project Implementation *The case of the PAHO-USAID Cooperation Agreement 2007-2010*

The PAHO-USAID Umbrella Grant 2007-2010 continues the 20 years of collaborative partnership between the Pan American Health Organization (PAHO/WHO) and the United States Agency for International Development (USAID). Over the years, the cooperation modality has evolved from the allocation of funds for specific projects to a comprehensive agreement encompassing work that cuts across different technical areas.



The Umbrella Agreement covers outcomes related to health systems, communicable diseases, maternal and neonatal health, and health information systems, all of which are articulated along two cross-cutting axes: i) strengthening health systems and services in the context of primary health care, and ii) improving the quality of health services. Alignment around these two themes not only provided a consistent framework for the project, but encouraged greater transversality among different outcomes.

A distinctive aspect of this agreement is the implementation of a technical coordination mechanism to ensure consistency at different stages of the project cycle. The designation of a technical coordinator was crucial given the multiple actors involved in project development and implementation. The technical coordination helps to identify synergies, maximizes results, and promotes the achievement of a common vision for the project. This mechanism has been successful resulting in progress reports of higher quality, better integration, and more effective planning of resources and activities.

In order to support the dissemination of documents, tools and methodologies produced under the scope of the agreement, the website for Health Systems Strengthening in Latin America and the Caribbean (www.lachealthsys.org) functions as an information gateway for the project. This allows different outcomes to exchange experiences and better coordinate and disseminate their work. Through the website, the project also publicizes "success stories", communicating the results of the PAHO-USAID cooperation to the organizations involved, other partners, beneficiaries and the general public. Success stories put a "face" on the work carried out, showing the impact assistance has on countries.

PAHO has reviewed the lessons learned from the current Umbrella Agreement and has adapted some of the key processes mentioned above to other donor-funded projects the organization implements.

Public-Public and Public-Private Mix (PPM) in TB in Diverse Settings *Strengthening communication and collaboration in the Colombian health system*

The health system in Colombia involves at least 20 different insurance companies, public, private and mixed, which, according to national policies, are responsible for individualized prevention and treatment services for public health issues such as tuberculosis. The national TB program (NTP) is responsible for TB public health interventions. Operationally, this translates to the need for communication and collaboration among the different actors to guarantee quality services in TB control for the whole population.

In a joint effort between the NTP and PAHO, with support from USAID, a national meeting was convened in November 2009 in which those responsible for public health programs from the health insurance companies attended. PAHO's Regional TB Program provided the technical support on the PPM approach and guided the discussions. The participants had the opportunity to engage in an open dialogue on how to make PPM possible in the Colombian health system. As a result of these discussions, both the NTP and the insurance companies were able to identify gaps as well as potential for coordination and better use of available resources and this led to a commitment to maintain the communication and make the necessary adjustments.

After only a few months of this encounter, one on one coordination and dialogue between the NTP and each insurance company on how to jointly tackle TB control more effectively with the respective beneficiary populations is ongoing. A national meeting has been convened for May 2010 in which those attending the first meeting and the sub-national TB programs will be present to further coordinate concrete actions at the regional and local levels. This shows that involvement of all those responsible for TB control is possible even when it implies multiple actors in an intricate health system like that of Colombia.

Developing Child Health Profiles in Ecuador

Improving local and national monitoring and evaluation of infant and neonatal mortality

Challenge

Ecuador is a country with high mortality for children under 1 year of age. Although during the period 1990–2004 the infant mortality rate declined from 30.3 to 15.5 per 1,000 live births, it is important to note that national averages may hide serious disparities among the different regions and provinces. This is the case with Guayas, Los Ríos, Tungurahua, Pichincha, Chimborazo y Cotopaxi, all of which present higher rates of infant and neonatal mortality than the national average. In addition, there is significant underreporting and underregistration of births and deaths.

Initiative

In order to respond to this challenge, a process was initiated to strengthen national capacities to guide actions which will contribute to the reduction of infant mortality and particularly neonatal mortality by means of quality data identification, reporting, and collection in a timely fashion to reflect the magnitude and severity of child mortality. There is also a need to identify high-risk groups and determine measurements that can control and eliminate specific factors, especially avoidable causes of death.

In this context, a Workshop on Country Profiles directed to those responsible for data collection and analysis was carried out with the support of PAHO/WHO and USAID. The goal was to provide participants with the necessary tools to strengthen local and national monitoring and evaluation of infant and neonatal mortality. Furthermore, it was decided that the child profiles should be developed using a gender approach to improve health equity and equality, which also entailed the use of a gender approach in all aspects of the development of health policies and plans, as well as project implementation. A plan to initiate mainstreaming of the gender approach in health into the IMCI project is underway, and for this reason several gender variables were included in the preparation of the profiles.

Results

The quantitative child health profile has data disaggregated by sex, age (neonatal, child) from the 22 provinces of the country, and the socioeconomic situation in 5 municipalities, as well as an analysis of the results and implications for child health, and work proposals to improve the child health situation in relation to existing gender gaps. Also, a proposal was developed to improve information on the child health situation in relation to evident gender-based inequalities in priority provinces. The information disaggregated by provinces and municipalities is being used to focus actions in areas with the highest rates of infant and neonatal mortality identified in the "Country Profile".



Health professionals from Provinces and Municipalities reviewing sub-national infant and neonatal mortality data.

Preventing maternal and neonatal death in Masaya, Nicaragua

Enhancing quality of health care for mothers and children through evidence-based interventions

Since 2008, the Department of Masaya, 26 kilometers from Managua, the capital of Nicaragua, has implemented intense training in neonatal Integrated Management of Childhood Illness (IMCI), after the Ministry of Health launched the national plan for reduction of neonatal mortality. In this Department, as in the rest of the country, neonatal mortality is the greatest contributor to infant mortality (under one year) and under-five mortality. For the purpose of applying evidence-based interventions with the participation of the service of pediatrics of the Hospital Humberto Alvarado in Masaya, intense training, and implementation and monitoring of the neonatal IMCI strategy in all municipalities of the Department was carried out. As a consequence, positive results in maternal and neonatal health can already be observed. Below is an example of one such success story:

A 27 year old woman, who lives in Calvaria, Masaya with her partner in union and is not insured, was admitted to the Masaya Hospital with her first desired pregnancy. She received 8 prenatal check-ups at the Monimbo health center and has a history of type II diabetes mellitus from both parents and hypertension on the side of her father; her blood pressure was normal at the time of admission into the hospital. She had been taking folic acid and ferrous sulfate since the beginning of the pregnancy, and was treated for a urinary infection with antibiotics. The woman is classified as obese and gained more than 50 pounds during pregnancy (no more than 20 pounds maximum is recommended for obese women), which means that she was sent to a high-risk obstetric consultation at the Masaya Hospital, where the IMCI criteria were applied.



Mother breastfeeding her 2 day old baby, who was breastfed immediately

In subsequent consultations at the Hospital she was found to have an IMCI "warning sign" of arterial hypertension (140/100 mm of Hg), and edema in the legs. On April 6, 2010 she was found to be hypertensive with proteinuria and was diagnosed with preeclampsia (one of the principal causes of maternal and perinatal death in Latin America), and immediately given magnesium sulfate intravenously and closely monitored. Due to acute fetal stress, an emergency caesarean section was carried out the same day, and a healthy baby was born weighing 3680 g, 50 cm long, with normal amniotic liquid and Apgar test. The baby had early breast attachment and breastfed within the first 30 minutes of life, and she practiced exclusive breastfeeding afterwards.

After confirming that hemoglobin, hematocrit, magnesium and calcium serum levels were within normal limits, mother and baby were discharged within 48 hours after giving birth. She was told to come back in 48 hours for the first post-natal checkup and it was explained to the family that if any warning signs were noted (according to IMCI), that they were to come back immediately. These quality improvement processes are being supported in the country through the PAHO/USAID Project.

Preventing neonatal sepsis and promoting exclusive breastfeeding in Granada *Enhancing quality of health care for mothers and children through evidence-based interventions*

Since 2008, the Department of Granada, 40 kilometers from Managua, the capital of Nicaragua, has been implementing intense training in neonatal Integrated Management of Childhood Illness (IMCI), after the Ministry of Health launched the national plan for reduction of neonatal mortality. In this Department, as in the rest of the country, neonatal mortality is the greatest contributor to infant mortality (under one year) and under-five mortality. For the purpose of applying evidence-based interventions, with the participation of the Local Integrated Health Care System (SILAIS), of the Hospital Amistad Japón-Nicaragua of Granada and with the technical support of PAHO, an intense training process and implementation and monitoring of the neonatal IMCI strategy was started in all the municipalities of Granada. As a consequence, positive results in maternal and neonatal health can already be observed. Below is an example of one such success story.

A 20 year old, catholic, university student had 5 prenatal check-ups in the primary hospital of Nandaime, and was found to have overweight pre-pregnancy, with a urinary tract infection and a month before childbirth, was found to be hypertensive, for which she received treatment according to the IMCI criterion at the neonatal hospital of Granada. During prenatal consultations they taught her about warning signs during pregnancy. On March 24, 2010 (at 35 weeks gestation), they found her to have serious preeclampsia. She was hospitalized in the high-risk obstetric care service, where she was given an



Mother sleeping close to her newborn daughter to be able to continue exclusive breastfeeding.

antihypertensive, aspirin, dexamethasone, and placed in close surveillance. On March 26, her baby girl was born preterm at 36 weeks by caesarean due to acute fetal stress; and was a low birth weight of 1800 grams. The newborn was treated with antibiotics for neonatal sepsis, given oral breast milk and afterwards given exclusive breastfeeding, and was discharged in six days in good general condition. As preeclampsia and neonatal sepsis are frequent causes of maternal and neonatal death in Nicaragua, both mother and baby were saved by the best practices of the hospital and they will continue to visit for check-ups. These quality improvement processes are being supported in the country through the PAHO/USAID Project.

Cross-Cutting Theme #2
Improving Quality of Health Care Services

Promoting breastfeeding to reduce neonatal and child deaths

Towards the achievement of MDG 4 in Dominican Republic

Challenge

The Dominican Republic has high coverage of prenatal care (98.9%), averaging more than four prenatal check-ups, and institutional births (94.5%). Even though these percentages are high, only eight percent of babies less than six months receive exclusive breastfeeding. Evidence indicates that 90% of babies were breastfed sometimes, 60% were given a bottle with other milk (infant formulas), and 35% were given cow's milk before breastfeeding was initiated. Some children receive solid food prematurely, which is not advised. Among those babies breastfed, only 52% received food in the quantity and frequency recommended by PAHO/WHO, and among those not breast-feed, 31% received food in lower frequency and quality than required for growth and healthy development, according to recommendations of PAHO/WHO. These practices (or lack of correct practices) have a negative impact on the health of the children, maintaining high levels of infant (32 per 1000 lb) and neonatal (23 per 1000 lb) morbidity and mortality, caused by sepsis, respiratory infections, and nutritional problems which are avoidable.

Initiative

In response to this situation, the National Commission of Breastfeeding and the National Breastfeeding Program, along with the National Partnership for Neonatal and Child Health, have implemented an action plan based on the situation analysis on neonatal and child health in the context of breastfeeding, carried out and disseminated through the national breastfeeding forum, with intersectoral participation from key actors who made commitments at the national, regional, provincial, and local levels. In addition, hospitals certified as Friend of the Child and Mother were evaluated, and weaknesses were identified.



National, Regional and Provincial Teams in the Province of San Juan, Maguana, Regional Headquarters VI.

Results

Only one of the hospitals evaluated can be recertified. The results of the evaluations were disseminated among the health authorities, managers, and hospital personnel, with specific plans by the hospitals.

The training curriculum was reviewed and updated according to PAHO/UNICEF guidelines as were new materials for baby friendly hospitals. The educational materials from NGOs on breastfeeding were also reviewed and criteria were standardized for interventions at different levels. The breastfeeding program has updated the curriculum for training of human resources in health services, and 70 facilitators were trained with the new curriculum in order to train in the provinces and hospitals. Eight hospitals are receiving support from the national level in order to be recertified and another ten initiated the process in order to be certified as Friend of the Child and Mother.

The Committee of Code Monitoring for marketing breast milk substitutes has been strengthened in order to detect violators and suggest sanctions established in the breastfeeding law, as well as to make systematic evaluations every two years. The breastfeeding commissions have been decentralized in the regions in order to promote support for families through the strengthening of support groups for mothers, and workshops are held to monitor the plans. The theme is included in the lines of action of the national neonatal plan within the framework of the continuum of care developed in the country with the support of the PAHO/USAID project.

Implementing Comprehensive Childhood Health Care in Peru

Prioritizing and strengthening comprehensive health services actions to achieve MDG 4

Between 1990 and 2006, Peru made major advances in Millennium Development Goal (MDG) 4, to reduce child mortality. In fact, the two mortality indicators for MDG 4 were met eight years ago, much earlier than the 2015 goal. However, this optimistic panorama for MDG 4 becomes troubling upon analyzing the disaggregated progress of the indicators by geographic area and economic and social variables, revealing enormous internal inequality in the country. While child mortality (under five) showed a 68% reduction and infant mortality was decreased by 69% between 1990 and 2006, neonatal mortality has not been reduced as quickly in Peru, where it currently represents 72% of infant mortality. The slow decline of neonatal mortality is the greatest challenge for the country, which is the case for most Latin America. Unfortunately, neonatal mortality in Peru has increasingly risen in recent years—from 8.2% in children under five during the period 1970-74, to 24% in 1990-91, to 59% in 2006. However, it is estimated that nearly 40% of these deaths could have been prevented using simple, low cost interventions carried out at the family, community, and health facility levels.

Emergence and implementation of IMCI in Peru

In July 2005, IMCI (Integrated Management of Childhood Illnesses) was institutionalized by the Ministry of Health as one of the strategies of the Comprehensive Childhood Health Care Model, which was approved in June 2003 to prioritize and consolidate comprehensive health service actions. The National Strategy "TO GROW" was developed to ensure human and social capital among vulnerable and at risk groups and thus contribute to poverty reduction and sustainable employment. Its implementation implies the development of results-based management, planning and carrying out an articulated intervention, optimizing resources and strengthening results with regard to poverty and child chronic malnutrition reduction.

Several achievements were attained in the country through the technical cooperation of PAHO and USAID and the interinstitutional work around child health. The IMCI strategy has become a priority strategy not only for the achievement of the Comprehensive Childhood Health Care Model but also for the national "TO GROW" strategy. To date the following is currently available in Peru:

- IMCI is recognized as a strategy within the Comprehensive Childhood Health Care Model
- Set of clinical IMCI with rights-based approach has been approved
- Eleven priority interventions for children have been identified including comprehensive neonatal care
- The Ministry of Health has structured the Strategic Neonatal and Maternal Program and ensures resources through a results-based budget
- Approach to life cycle has been adopted

In the future, IMCI should be incorporated in pre and post-degree institutions that train human resources in health, especially in medicine, nursing, obstetrics and nutrition. Also, training coverage for IMCI using the ICATT (IMCI-Computerized Adaptation and Training Tool) and use of cellular, etc could be expanded.



Participants of the Mobile IMCI Project: Continuing Health Education