



**Unidad Comunitaria de Salud Familiar Especializada**  
**“ANA MANGANARO”.**  
**ECOS ESPECIALIZADO GUARJILA.**  
*Trabajando Juntos por la Salud*

Cantón Guarjila, Municipio Chalatenango, Depto. Chalatenango, El Salvador C.A.

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*Annual Report of Community Health*

**Clínica Ana Manganaro.**  
**Community of Guarjila.**  
**December, 2010.**



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**Guarjila, February 28, 2011.**

*Dear Friends from the Companion Community of St. Louis,*

The health team sends warm greetings and wishes that 2011 brings much satisfaction in your collective and personal projects for mutual help (solidarity).

We thank you for your support and accompaniment of the community of Guarjila, helping us construct a more just and unified society.

This annual report represents a *dream realized* for after long struggle, the government is taking responsibility for the healthcare of the people of Guarjila. Now that the government has begun to help us, we hope to move toward the construction of a healthy society, not only of the community but the whole zone, and why not say the whole country.

We hope that you will continue to accompany us in this new stage of changes. Your help has been valuable and essential, and we hope you will continue doing so, so that we can achieve a state of well being for the community and the changes follow. Then we present the planned results of the project for 2010-2011.

In the last part, we describe the financial report with the income and expenses for 2010.

*Sincerely,*

Dagoberto Menjívar L.  
Coordinador.

Marlene Cruz  
Administradora.

Armando Marín  
Presidente Junta Directiva  
ADESCO Guarjila.



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## **I- ACTUAL SITUATION**

### **A) Local and Regional.**

As we mentioned in the July report, the government began the repair and paving of the road between Guarjila and Arcatao in April of 2010, which had not been repaired by the central government for more than ten years. At this time, the work is about 60% complete. The road to Arcatao connects 4 municipalities and more than 30 communities in the zone and connects with Honduras.

We also mention that ADESCO (Directiva) negotiated with the Ministry of Public Works and the Mayor of Chalatenango to repair the internal roads with gravel, with this action we got the majority of the streets repaired and this help diminished the retention of rainwater and has facilitated greater mobility for persons within the community

Additionally, the negotiation commission of the community for the passage of the northern longitudinal highway, which is being executed by FOMILENIO (MCC), signed an agreement in June, where they committed not to stand in the way of the passage of the road if FOMILENIO and the Ministry of Public Works (MOP) follows through on the various promises for the improvement of the community

FOMILENIO committed to:

1. That the road pass in the zone where it would affect the fewest homes some 150 meters north of the road to Arcatao.
2. Repair the area around the principal road in the community which goes to Arcatao.
3. Construct new houses to replace the ones affected in the land within community.
4. Build a walk bridge for the passage of cattle and pack animals.

For their part, FOMILENIO, has budgeted some \$70,000 for improvement projects in Guarjila and Guancora, and the Ministry of Public Works has paved some 1500 meters of internal streets in Guarjila.

At this moment one of the construction companies has begun to work on the stretch from the city of Chalatenango toward Guarjila and another Company is in the phase of mediation and legalization of property and homes that will be affected in the communities from Guarjila to the municipality of Nombre de Jesus. FOMILENIO and MOP have not yet begun work inside the community nor have they paid out the promised funds to begin the work on the streets within the community. The negotiation commission, has met in the last weeks to finalize the details of the exact location where the road will pass in order that it will not affect many homes and families.

With respect to the megaprojects like opencast mining – they have stopped, because of the reaction of many sectors, but there still is not a law which prohibits opencast mining in the country because the Assembly is still controlled by the right.



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**CONTRACT AGREEMENT WITH THE MINISTRY OF HEALTH AND THE ANA MANGANARO CLINIC AS A COMMUNITY HEALTH CLINIC SPECIALIZED REFERENCE FOR THE EASTERN ZONE OF CHALATENANGO**

Moving from the profound reform of the health system that the government health authorities have begun, a series of changes have taken place at the “ANA MANGANARO CLINIC” and in all the community health projects of Guarjila since July of 2010.

In the month of September, 2009, the health team and ADESCO presented to the new health authorities of the new government a proposal for an agreement between the community health project of Guarjila and the Ministry of Health with the objective to strengthen all the work which has been realized in the community through their own efforts and which has demonstrated some achievements and advances in the community which is almost unique in the country

Nearly eight months after we presented the proposal of the agreement, in June, the health authorities presented concrete steps for the reform, especially in primary care. In the framework of this reform they included Guarjila as a point of reference for the Eastern zone of Chalatenango which was concretized in a contract on August 12, 2010. In the contract it was clear that the work would be between the community and the government and the participation of the team and the organized community would be vital to carry out and improve the health conditions of the population.

The contract has various components which include contracts for the personnel of the health team, the supply of medicines and medical supplies, responsibility for the management (request) and administration of funds by the health team and ADESCO. It envisions the loan of the installations for 25 years, which is a necessary component of the contract so the government can invest in improvements and expansion of the facilities (improve the ones that exist and to build new buildings if necessary, to equip with furniture, etc.)

In the framework of the contract, there have been a series of changes in all the daily tasks of the work of community healthcare.

1. Strengthening of the health team.
2. The clinic functions as a Referral Center for seven municipalities in the Eastern zone of Chalatenango: Arcatao, Nueva Trinidad, San José Las Flores, San Antonio Los Ranchos, San Isidro Labrador, San Antonio de la Cruz y Nombre de Jesús in addition to the people in Guarjila and Guancora in the municipality of Chalatenango. There are 17,500 people in these municipalities according to the most recent data.
3. The health team has responsibility for the community of Guancora which together with Guarjila has a population of 2,375
4. The Clinic “Ana Manganaro” will be called the Community Unit of Specialized Family Health “Ana Manganaro.” This is divided into two parts: Health team for



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Primary Care family ECOS and health team for specialized ECOS.

**1.1 Strengthening of the Health Team**

**a-Contracts of the Health Team of the Clinic and the community**

<b>PERSONNEL CONTRACTED FROM THE MONTH OF AUGUST UNTIL DECEMBER 2010</b>		
<b>Name</b>	<b>Position</b>	<b>Belongs to:</b>
Marlene Cruz	Nurse	ECOS Specialized
Angélica Serrano	Nurse	ECOS Family
Reinady Ortega	Health Promoter	ECOS Family
Estela López	Statistics Auxiliary	ECOS Specialized
Dagoberto Menjívar	Doctor Director.	ECOS Family y Specialized
<b>PERSONNEL FROM THE COMMUNITY WHO WORK IN THE OTHER UNITS</b>		
Rosaly Ortega.	Nurse	ECOS Family
Aidé Guardado	Health Promoter	ECOS Family
<b>NEWLY CONTRACTED PERSONNEL (FROM THE COMMUNITY).</b>		
Magdalena Miranda	Nurse	ECOS Specialized
Manuel de Jesús López	Auxiliary Help and Driver	ECOS Family
Esmeralda Recinos	Health Promoter (Guancora)	ECOS Family
<b>PERSONNEL FROM THE TEAM IN PROCESS OF CONTRACTING.</b>		
Marina Miranda	Responsible for the Pharmacy	ECOS Family
Telma Chávez	Laboratory Licensed	ECOS Family
Esperanza Sibrian	Responsible for Maintenance	ECOS Family
<b>NEW PERSONNEL WITH AGREEMENT TO CONTRACT IN 2011</b>		
Ambulance Driver	There is already a proposal of the community.	
<b>PERSONNEL FROM THE COMMUNITY CONTRACTED TO ATTEND ON THE WEEKEND SINCE DECEMBER 2010</b>		
A nurse.		Team of FOSALUD
An assistant of the pharmacy		Team of FOSALUD
A dentistry assistant		Team of FOSALUD
A services assistant		Team of FOSALUD
An ambulance driver		Team of FOSALUD
An archive assistant		Team of FOSALUD

**b- Profesional Contracted Personnel.**

<b>PROFESSION</b>	<b>DATE OF CONTRACT</b>	<b>ASSIGNED TEAM OF HEALTH.</b>
A general doctor.	July 2010.	ECOS FAMILY



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A psychologist.	July 2010	ECOS SPECIALIZED
A health educator	July 2010.	ECOS SPECIALIZED
A pediatrician	September 2010	ECOS SPECIALIZED
An internist	September 2010	ECOS SPECIALIZED
A nutritionist	September de 2010	ECOS SPECIALIZED
A gynecologist	November 2010	ECOS SPECIALIZED
A dentist	January 2011	ECOS FAMILY
A general doctor	December 2010	FOSALUD
A dentist	December 2010	FOSALUD
<b>Total Resources</b>		<b>10</b>
<b>PERSONNEL WITH AGREEMENT TO CONTRACT</b>		
1 Physical Therapist		Rehabilitation Center Team

Additionally there are two students in social services: one in medicine and one in clinical laboratory.

In summary there are ten contracted persons for the health team that works from Monday through Friday, and six for the team of FOSALUD that works on the weekend. All are from the community.

The Community Team of Health (ECOS) that works from Monday through Friday is made up of 23 people, including the professionals and those who have not been contracted. The FOSALUD team that works weekends is made up of nine people.

For better functionality, the ECOS family Works in the first building and the ECOS Specialized in the second building (which we previously called the little hospital).

**2.1 Expansion and Improvement of the Health Services.**

- a) The Clinic is a center of specialized reference and handles Internal Medicine, OBGyn, Pediatrics, Psychology, Nutrition, and Health Education
- b) The population that attends and is its responsibility is 17,500 inhabitants.
- c) There are services on the weekends, attended by FOSALUD.
- d) Since January of 2011 we have a dentistry unit.
- e) The team of specialists and a nurse visit the six health units of the municipalities once per month.
- f) The health team receives the training necessary to adequately maintain the programs.
- g) Since October of 2010, the Ministry of Health is supplying more than 90% of medications, vaccines, and supplies from the clinic laboratory.
- h) Now the clinic carries out the vaccination of children, pregnant women, and adults everyday in the unit.
- i) There is a new vehicle for the team that carries out the medical brigades to the zone.
- j) Some basic equipment has been donated: a new refrigerator for vaccines, the dentistry unit, and laboratory equipment.
- k) The team of contracted professionals is committed to their work with the community and have a good relationship with the health team.

**Weaknesses and Needs that Have Not Been Resolved.**



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- a) Expand and improve the Clinic facilities. (There is still no response from the Project presented at the Japanese embassy). We lack consultants for nutrition and psychology, cubicles for nursing and health promoters besides the storage room.
- b) There has not been allocated a new ambulance and that which belongs to the community is in worse condition each time.
- c) There is insufficient fuel assigned for the vehicle delivery and this makes visits to the community difficult.
- d) The lack of a telephone line and internet in the community makes our communication with the community difficult and is an obstacle to improving the information system digitally.
- e) As the Clinic does not have a system for sanitation services, we have difficulty with the adequate use of the latrines (There is a population that comes from outside that does not know how to use the latrines).
- f) The salaries paid by the government to the personnel are quite low, even lower than the health team had until July of 2010. That is why it was necessary to give a monthly supplement during the year the team was working. The new personnel only receive the salary paid by the government.
- g) For the projects and programs like nutrition, natural medicine, latrinization, and others that the clinic had, the government helps them, but they do not have the economic resources to sustain them.
- h) We have looked for a young woman from the community to maintain the archives with secretarial functions, for even the ministry has not hired anyone and this is a need that we have.

**NECESSARY CONSIDERATIONS.**

Our historic health team is working with all of its strength despite not handling 100% of the managerial part of the programs.

As for the responsibility of the Ministry of Health, little by little they are supplying the majority of medicine, laboratory reagents, vaccines, and other supplies. We are no longer buying medicine like before, with a few exceptions.

Now the medical consultation and demand for laboratory tests has increased by more than 140%, that is to say before we had about 30 visits and 25 laboratory tests daily. Now there are about 80 consultations and 60 laboratory tests daily.

The demand has increased since January for dentistry consultation, and the team of specialists is attending to more referred people.

There is agreement that the community should participate even more with the health team to work towards modifying the determinants of health. For this, we are raising a family record as part of the community diagnostic, then they will make work tables to develop a Participatory Health Plan which will include all sectors.

The health reform puts a lot of emphasis on the community participation and as much involvement in the individual and family plan as the community plan and the health team, and the community of Guarjila can contribute much in this regard.

The truth is that this seems like a dream, and I think that we are all surprised by the changes that less than half of a year has brought. This has required that the team work more, arrive earlier, and leave later. Sometimes we work until seven at night on the



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administrative work.

But despite this great quantity of work, we are convinced and committed to the health of our people, and especially for the people that deserve this and much more, I firmly believe that now together, people, supportive partners, and government, we are constructing the much longed for *health for all*.

## **B) National Situation**

### **B.1 Political and Socioeconomic Situation.**

The social and economic situation of the country continues very precariously despite the governmental efforts to invest in the social area, principally in health, education, housing, agriculture, and others. This is due to a series of internal and external factors that have accumulated for decades. The country continues to depend on money from outside as loans like the remittances, and the social inversion is determined in good part by the international loans that lead to an increased external debt. The majority of jobs in the country are made up of the delivery of services and a low percentage of jobs are in national production.

Almost all private big businesses represented by ANEP are with the government to be a progressive government, even though they have not been affected. The large print media and television stations maintain a constant attack or omit information to the government initiatives and are rarely condescending. That is to say as much as big business, the media are the ideological face of the right, and even more of the extreme right.

We continue to wait for initiatives like the fiscal pact, as the legislative assembly does not advance the discussion.

As a means of savings, the government is trying to focus the propane gas subsidy because it is a general subsidy and the main beneficiaries are the upper-middle class and big businesses. At this moment there is a very intense debate, as the dominant political class wants to deceive the people saying that the subsidy will be cut by all, with the objective of winning votes for the next election of mayors and deputies in March of 2012. According to the 2010 PNUD report, for El Salvador, the subsidies reach almost two percentage points and are a very high economic load for the country. The worst of all is that the subsidies are benefiting the people of the highest economic strata, “the 40% of the population that is on the poverty line receives 32.5% of the subsidies while the 40% of the people with high incomes benefit with 44.2%. The population that should receive almost all of the aid ends up receiving less, while the richest the opposite occurs” and this is on top of the high fiscal tax evasion they have practiced for years.

These same sectors maintain a declared opposition and a law of medicine to regulate the processes of manufacturing, commercialization, and prescription of these. The medicine in El Salvador continues to have a much higher cost than in the rest of Central America, and it is one of the most profitable businesses in the country.

Another big problem is the delinquency and criminality that continues to harm all of Salvadorian society through assaults, homicides with firearms, extortions, etc. Also, this is in addition to the horrible situation of the kidnapped and assassinated migrants in Mexico. The last kidnapping of more than 50 Salvadorian migrants happened in December and still nothing is known of the whereabouts of these compatriots.



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As part of this context of organized crime, there have also been strong indicators of the presence in this country of cells of the Mexican drug trafficking cartel, the zetas. Some concrete evidence includes the discovery of more than \$20 million buried in barrels pointing to this criminal group.

The major indicators of violence continue to be concentrated in some cities and municipalities. In Chalatenango, only the biggest municipalities like the city itself, Nueva Concepción, Tejutla, and el Paraíso are the most affected. In the rest of the municipalities it is very low. The highest indicators of violence happen in the cities of Gran San Salvador, San Miguel, Sonsonate, and La Libertad.

The government continues efforts to reduce the wave of violence by improving the abilities of the National Civil Police and the involvement of the armed force in some areas of higher crime and monitoring some prisons.

According to government reports, the majority of extortions are organized from the prisons by arrested gang leaders.

### B.2 Health Situation in the Community.

#### MORBIDITY.

In the first months of 2010 there was a dengue epidemic in the country, with outbreaks focused on the municipalities with zones of high population density, especially the municipalities of lower zone of the Chalatenango department.

In the community, we had two confirmed cases, but after we increased the vector control measures there were no more cases.

Regarding other infectious illnesses, we continue with a low incidence of diarrhea. The epidemic of respiratory infections added up to 60% of the consultations in June and July, but later decreased. Of the cases of pneumonia that we have had, a few children were admitted to the Chalatenango hospital, but without major complications. The profile of morbidity and treatment is described in the previous results.

#### MORTALITY

During 2010 we had eight deaths, all over 70 years old.

One woman died of invasive cervical cancer, diagnosed two years ago.

The other deaths were caused by cardiac or circulatory diseases.

We have not had deaths by violence, traffic accidents, suicides, or instances of alcoholism.

Nor have we had deaths of infants, pregnant women, or adolescents.

Mortality January-June 2010.			
Ages	Men	Women	Total
70-79 years	2	2	4
80-89 years	0	1	1
> 90 years	1	2	3
<b>Total</b>	1	4	8



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**II-DESCRIPTION OF THE EXPECTED RESULTS AND INDICATORS FOR 2010.**

**1- Expected Result number 1.**

***The community knows that health is a right and a product of social determinants, and has a holistic vision of health through popular education, active participation, community organization, work between sectors, and collective decision-making.***

**1.1 Indicators**

1.1 a) No. and type of activities of promotion, prevention, and education in health projects.

**CONTENT OF THE ACTIVITIES OF HEALTH PROMOTION AND EDUCATION GROUPS.**

<b>Content Developed with Community Groups. (Workshops and Lectures).</b>	<b>No. of Activities</b>	<b>Women</b>	<b>Men</b>	<b>Total Participants</b>
VIH-SIDA and ITS	10	121	44	165
Gender and Domestic Violence.	10	228	54	282
Gender, Sexual Education, Reproductive Rights.	3	88	37	125
Issues of Pregnancy and Childbirth (Pregnancies)	15	125	3	128
Teen Pregnancies	1	38	8	46
Infant Development, Food, Nutrition, Lactation.	9	102	56	158
Nutrition- Micronutrients School.	13	140	129	269
Vaccination.	2	14	0	14
Prevention of Dengue and Respiratory Infections.	15	486	47	533
Prevention of Diarrhea, Parasites and Rehydration.	11	180	50	230
Care of Ptes. Hypertension y Diabetics.	2	28	15	43
Hygiene and Sanitation	3	56	9	65
Hand Washing	1	35	30	65
Prevention of Chagas Disease	1	31	6	37
Drug Addiction	2	57	20	77
Management and Poisoning by Pesticides	3	31	28	59
Study Habbits/Attention Deficit	3	20	14	34
Carousel to Detect Learning Problems	1	240	220	460
Other topics. (Lifestyles).	4	94	35	129
<b>Total</b>	109	2114	805	2919



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1.1 b) No. and type of families and groups involved or benefited by the health promotion, prevention, and education.

**GROUPS BENEFITTED BY THE HEALTH PROMOTION AND EDUCATION.**

GROUPS	No. activities.	Total Participation.
Mother and Child Women's Group.	12	176
Pregnant Women	18	135
Mothers of Malnourished Children	12	87
Chronic Patients	6	262
Sectors (Men y women)	14	487
School- Parents.	3	46
School- Students	<b>32</b>	<b>1189</b>
Schools Institute.	<b>2</b>	<b>9</b>
Group of Young People	10	393
Young Couples.	<b>3</b>	<b>26</b>
<b>Radio Messages.</b>		
Radio Sumpul	12 daily	Radio Listeners

1.1 c) No. and type of actions about human rights and rights to health, in relation to the social determinants of health and in defense of human rights and rights to health.

Intersectoral Meeting on Human Rights and Rights to Health and formation of Committee in Defense of the Right to Health.	<b>3</b>
Meeting of the Permanent Commission for the Right to Health.	<b>6</b>
Transparency in the Management of Health.	<b>1</b>
Workshop on Social Determinants of PDHH.	<b>2</b>
Workshop on Food Safety.	<b>1</b>
Forum of Regional Health on the new model of health.	<b>1</b>
Forum of National Health, on civil society contributions to the health system.	<b>1</b>
Participation in the defense movement with PDHH	<b>7</b>
Table of Health for Participatory Community Diagnosis.	<b>2</b>
Messages in the Sumpul radio.	<b>3 daily.</b>



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1.1 d No. of men and women who have a holistic view of health.

<b>INTERSECTORAL ACTIVITIES AND COMMUNITY PARTICIPATION</b>		
Meeting with ADESCOS Guarjila and Guancora	4	15
Intersectoral Meeting with Bielefeld Group about Execution of Community Projects.	1	15
Intersectoral Meeting about Health Determinants. Presentation of objectives of the health Project.	1	34
Intersectoral Meeting about the new health model, nuevo modelo de salud, agreement, and advances of the health project.	5	105
Intersectoral Meeting with authorities from the Ministry of Health for agreement and extension of health services in the community.	3	98
Table of Health for Participatory Community Diagnosis.	2	45
Formation of the Local Committee of Civil Protection (Risks)	2	20
Clean campaigns	4	150
Community assemblies to inform, discuss, approve advances in health	5	770
Meeting with director of Chalate Hospital, ADESCO and health.	1	8
<b>TOTAL INTERSECTORAL ACTIVITIES</b>	<b>28</b>	

1.1 e) Community sectors, ONGs, or states involved in the promotion of coordinated health.

<b>COMMUNITY SECTORS THAT PARTICIPATE IN THE PROMOTION OF HEALTH.</b>	
<b>SECTOR</b>	<b>SPECIFIC GROUPS.</b>
School (Basic education).	Professors and Students.
National Institute (Middle education)	Students.
ADESCO.	Directors.
Group of Women	Mother-Child Assistance Group
Rehabilitation Center	Promoters and Technicians
Tamarindo Group	Young people
Water Committee	Adults.
Radio Sumpul Team	Young people and Adults.
PROVIDA	Water Committee
International Plan.	Through the young person and theater group.
Ministry of Health.	Technical Team SIBASI Chalatenango. Medical Directors of 8 Health Units Responsible for disease control, sanitation, and food
Human Rights Attourney	Permanant Table of the Right to Health Group
Chalatenango Town Hall	Garbage Collector Truck Group



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**2- Expected Result number 2.**

**The basic needs of medical attention and health of the population receive adequate and timely attention, especially the most vulnerable groups: children under five years old, women of fertile age, pregnant women, vulnerable young women, older adults, and patients with chronic illnesses and disabilities.**

**2.1 Indicators.**

2.1 a) No. of children, women, men, and vulnerable groups served by health personnel.

GROUPS SERVED	Frequency
<b>Consultations for morbidity</b>	
General infant morbidity (< de 10 años)	1941
General adolescent morbidity (10-19 años)	1143
General adult morbidity ( 20- 59 años)	2156
Older adult morbidity (> 60 años)	2082
Home visits to chronic patients	134
<b>Consultations for promotion and prevention</b>	
Prenatal care	277
Postpartum care	46
Care for the recently born	49
Infant growth and development	400
Papanicolau	144
Family planning	115
<b>TOTAL MEDICAL CARE</b>	<b>11074</b>
Nursing procedures and minor surgery.	3455
Laboratory Tests	4685

2.1 b) Most common diseases treated.

Consultations for morbidity in order of frequency are as follows.

	Diagnosis	TOTAL	Rate x 100
1	Acute upper respiratory infections	1581	23.83
2	Hypertension	596	8.98
3	Skin infections and skin illnesses	332	5.00
4	Urinary Tract Infections	330	4.97
5	Mental and behavioral disorders	220	3.32
6	Amoebiasis, giardiasis, and other intestinal parasites	218	3.29
7	Illnesses of female pelvic organs	159	2.4
8	Migraines and other headache syndromes	156	2.35
9	Chronic lower respiratory disease	150	2.26



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10	Diabetes Mellitus	89	1.34
11	Diarrhea	88	1.33
12	Pneumonia	71	1.07
	Other motives for consultation	2645	

ATENCIONES TOTAL CONSULTATIONS			
TOTAL CONSULTATIONS	Jan.-June	July-Dec.	YEAR TOTAL
Total patients attended to in medical consultations	3864	7210	11074
<b>Procedures</b>			
Minor surgery	29	47	76
Cures	281	394	675
Respiratory therapies	155	624	779
Injections	575	1350	1925
Laboratory tests	1653	3032	4685

**2.1 c) No. of other health conditions treated.**

Other Health Conditions Treated	No. Treated
1 Hernia surgery campaign	14 patient operations
1 Bone densitometry campaign	87 patients over 40 years
1 Evaluation campaign of visual acuity and other eye disorders for Miracle Mission	45 patients

**2.1 d) Quality of service provided at the clinic.**

The quality of service **provided at the clinic** has been improved from:

- The recruitment of more health care resources including professionals and specialists and
  - The extension and improvement of health services, including day care.
- Both improvements guarantee greater installed capacity that gives greater accessibility and coverage of services to more people. This is evidenced by the increased demand for care.

The following table lists the type and number of services received by the public as well as the practice of counseling that they have begun to implement.

TYPE AND NUMBER OF CONSULTATIONS PROVIDED FROM JULY TO DECEMBER 2010					
Specialty	First Time	Second Time	Curative Consultation	Preventative Consultation	Total Patient Consultations
	Diagnosis	Diagnosis			
General Consultation	4534	945	5469	393	4358
Gynecology	128	19	147	116	217
Pediatrics	650	198	848	71	871
Internal Medicine	417	492	909	5	911



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Nutrition	87	10	97	1	97
Psychology	172	9	181	0	181
Nursing	0	0	0	141	141
<b>Total</b>	<b>5988</b>	<b>1673</b>	<b>5,021</b>	<b>484</b>	<b>6776</b>

INDIVIDUAL COUNSELING			
COUNSELING	Women	Men	Total
Nutrition	28	16	44
Lactation	27	7	34
Chronic Degenerative Illnesses.	145	51	196
Family Planning	36	9	45
VIH-SIDA and ITS	86	87	173
Domestic Violence	25	1	26
Sexual and Reproductive Health	69	31	100
Alcoholism	0	4	4
Tobacco Addiction	1	1	2
<b>Total</b>	<b>417</b>	<b>207</b>	<b>624</b>

**3. Expected Result number 3.**

***Malnutrition and infant and maternal morbidity related to illness or preventable personal and family conditions are attended to and maintained or reduced.***

**3.1 Indicators.**

3.1.a) Rate of malnutrition of pregnant women.

3.1.b) Rate of infant and maternal morbidity.

3.1.c) Rate of exclusive breastfeeding.

PREGNANCIES 2010			
PREGNANT WOMEN 2010.	Guarjila	Guancora.	Percentage
Inscription less than 12 weeks	15		100%
Inscription more than 12 weeks	8		0%
Pregnancy in adolescents < 15years	0		
Pregnancy 15 -19 años	5		
Pregnancy of 20-34 años	14		
Pregnancy of 35 -49 años	2		
Total Pregnancies Inscribed 2010.	21		
Total actual pregnant women.	16		
Average prenatal/pregnant control	7		
Complications in pregnancy			
Abortion	3		
Infant mortality 25 semanas.	0		0%
Prematurity 35 semanas.	0		0%
Maternal mortality	0		0%
Neonatal mortality	0		0%
Pregnancies controlled in the clinic	23		



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Pregnancies controlled in other places	2		
Malnourished pregnant women	0	0%	
Institutional deliveries		100%	
• Hospital, Second Floor, Chalatenango	25	100%	
Hospital Third Floor.	0	0%	
Total children born 2010	25		

3.1 d) Rate of infant malnutrition

MOTHER-INFANT PROGRAM	Guarjila	Guancora
No. Of children under 5 years	110	
Infant control of children under 5 years	400	
Average number of children monthly in the soy program	11	
Malnourished children who recovered with soy	4	
Actual no. of children in the soy program	14	
Actual no. Of underweight children at risk	14	
Actual no. of children with severe malnutrition	0	
No of children with moderate malnutrition (at risk)*	0	
Children born with low birth weight	0	
Infant mortality under 5 years	0	0
Children born alive 2010.	25	10
Children born dead 2010.	0	0

3.1 e) Rate of family planning

Family Planning in 2010.	
Temporary Methods	No. Of couples
<b>Hormones</b>	
Injectable	111
Oral	28
<b>Continuous Barrier</b>	
Condoms (Couples)	7
Intrauterine Device (IUD)	3
<b>Total couples with temporary methods</b>	
Condoms for prevention	100 monthly average.
Emergency contraception	0
<b>Permanent methods</b>	
Sterilizations, hysterectomies	48

**4.- Expected Result number 4.**

***The population has a lower prevalence and incidence of major national infectious diseases and chronic degenerative diseases, as a result of health promotion and programs aimed at improving the hygiene of housing, water quality, sanitation, and lifestyles.***

**4.1 Indicators.**



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4.1 a) Impact of preventative health education on the reduction of the prevalence of common illnesses.

4.2 b) Rate of respiratory infections, diarrhea, intestinal parasites, dengue, malaria, TB, HIV-AIDS, Chagas, Typhoid Fever

INCIDENCE OF THE MAJOR COMMUNICABLE DISEASES			
Disease	No of Cases	Rate	Population
Respiratory Infection	2222	21.2%	Of the total consultations
Diarrhea	175	1.7%	Of the total consultations
Pneumonia	56	0.54%	Of the total consultations
Intestinal Parasite	349	3.32%	Of the total consultations
Dengue	2	0.12	Of the total community population
Malaria	0	0	
HIV/AIDS	0	0	
Tuberculosis	0	0	
Chagas	0	0	
Typhoid Fever	0	0	

4.1 c) Rates of obesity, metabolic syndrome, hypertension, diabetes mellitus, renal failure, cancer of the cervix and breast.

PREVALENCE OF CHRONIC DISEASES						
Illness or syndrome	Women	Rate X 100	Men	Rate X 100	No. of Cases	* Global Rate X 100.
Artery Hypertension	93	3.93%	30	1.27%	123	5.2%
Diabetes Mellitus.	20	0.85%	4	0.15%	24	1.0%
Obesity and overweight	Investigation for 2011.					
Cancer of the cervix and breast	0					

\*Rate based on the total population until November 2010.

4.1 b) No. And type of actions carried out in promotion and health education to modify lifestyles. (See result No.1, indicator 1.1 a).

4.1 c) No. And type of actions carried out to improve personal and home hygiene and community sanitation.

4.1 d) No. And type of actions carried out to improve the quality of water.

**SUMMARY OF PREVENTIVE ACTIVITIES.**

ACTIVITY	No. Of ACTIVITIES	PERSON RESPONSIBLE
Home visits to see housing, water, latrines, and control of Aedes aegypti.	1717	2 Promoters
General cleaning campaigns.	6	Health team, school, community
Cemetery clean-up campaigns.	2	Health team



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Focus controls for suspected dengue cases.	10	Team, school, Ministry of Health
General community fumigation	2	Ministry of Health
Stream cleaning	1	Community and Sanitation Committee
Cleaning of the wáter tanks	5	Plumbers and Water Committee
Clorine treatment of wáter tanks	4 days each	2 Plumbers

**4.1 d) Attitudes of the population on environmental hygiene, household cleaning, latrine cleaning.**

The frequent and continuous home visits are one of the main interventions for household hygiene, including the proper use of the dry family latrine and the care of water deposits to prevent the spread of mosquitoes which transmit dengue. In this intervention we see the greatest results in improving the hygiene of the housing and family. According to health promoters, this visit is accepted well by most families, and they even suggest in the assemblies that they should have them more frequently. The same promoters express have expressed differences in Guarjila dwellings compared to neighboring communities where household hygiene is more neglected. Regarding the management of solid waste, 70% of homes are clean with good management of the inorganic waste which is collected in containers and is then collected by the city garbage truck that comes twice per week.

**Expected Result number 5.**

**Prevention and reduction of violence toward women as a result of having worked with a focus on gender in all programs and all groups of the community. The same with HIV/AIDS and sexually transmitted diseases.**

**5.1 Indicators.**

5.1 a) No. Of women, men, and groups that receive educational information sessions about HIV, gender, and violence towards women.

5.1 b) No. and type of actions against violence toward women

<b>Content Developed with Community Groups (Workshops y Lectures)</b>	<b>No. of Activities</b>	<b>Women</b>	<b>Men</b>	<b>Total Participants</b>
HIV-AIDS and ITS	10	121	44	165
Gender and Domestic Violence	10	228	54	282
Gender, Sexual Education, Reproductive Rights	3	88	37	125

<b>COUNSELING OF INDIVIDUALS AND COUPLES</b>				
<b>COUNSELING</b>		<b>Women</b>	<b>Men</b>	<b>Total</b>
HIV-AIDS and ITS		86	87	173



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Domestic Violence	25	1	26
Gender, Sexual and Reproductive Health	69	31	100
Alcoholism	0	4	4
<b>Total</b>	<b>417</b>	<b>207</b>	<b>624</b>

5.1 c) No. of new cases identified of violence against women

ABUSED WOMEN	PSYCHOLOGICAL CARE
17	17

5.1 b) No. of women and men trained as facilitators on HIV.

Teachers	16
Young men	12
Young women	02

5.1 c) No. de of men and women who were tested for HIV

<b>TESTS FOR HIV and SYPHILIS 2010.</b>			
QUICK TESTS	Women	Men	TOTAL
HIV	136	84	220

**6.- Expected Result number 6.**

***Greater level of exchange, coordination, and understanding between CAFOD partners working in human rights and HIV / AIDS with other allies in the region.***

**6.1 Indicators.**

6.1 a) Reports as host and/or visitor on each visit, training or exchange

6.1 b) Evidence of incorporation of results and lessons learned from exchange visits and other events in professional practice

6.1 c) Level of participation in discussions and electronic forums (virtual)

ACTIVITY	PARTICIPANTS	DATE FULFILLED	PLACE
Socialization workshop documents and tools of CAFOD on HIV, coordinated by CAFOD	2	April 2010.	Managua.
Socialization of the workshop with the health team fulfilled by CAFOD in Managua	8	May 2010.	Clinic



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Campaign to take HIV tests among the health team	10	August 2010.	
Participation in workshop of validation of rules of HIV-AIDS program of MINSAL.	1	October 2010.	
Formation of a Committee for HIV-AIDS composed of: promoter, nurse, psychologist, lab clinic resp., gynecologist, general doctor, coordinating doctor.	7	December 2010.	
Application of CAFOD tools for mainstreaming of HIV-AIDS	18	December 2010.	Clinic

### OTHER ACTIVITIES

#### FORMATION /PARTICIPATION OF THE HEALTH TEAM

No.	TRAINING	PARTICIPANTS	INSTITUTION RESPONSIBLE	Duration
1	New model of care Family record and diagnostic participation	10	Ministry of Health	2 days
1	Clinical record management and health map	2	Ministry of Health	1 day
1	HIV-AIDS Workshop	2	CAFOD	3 days
1	Community development exchange	2	Bielefeld	6 weeks
3	Human rights workshops	6	Human rights attorney	1 day each
1	Workshop on health investigation	1	University of Ottawa.	6 days
1	National health forum	3	APSAL	2 days

### III- FINANCIAL REPORT.

#### a- REVENUE.

Income earned in 2010 came from partners, local revenue, other revenue, and the balance from 2009.

They obtained a total annual revenue of \$77,450.83 USD, of which the counterparts contributed \$54,681.20 USD, and the rest, \$22, 769.63 USD, was from local revenue, other revenue, and the balance from 2009.

The local revenue was obtained from clinic laboratory tests, some surgeries, records, small contributions from the people of the community, and the ambulance.

After the signing of the agreement with the Ministry of Health, we stopped asking fees for laboratory tests, all of the care with the exception of the ambulance is free.

#### **Background of the Partners**

Some partners decreased their support substantially in 2010, like the Tamarindo Foundation, which made us readjust the budget and some plans, like the construction of 15 new latrines that was not carried out. The expense for the recruitment of personnel for the Ministry of Health since September of 2010 is not reported here, as this is limited to funds that we obtained directly.

The other revenue was contributed by the Community Council, especially for painting, other repairs of the facilities and the ambulance, and other expenses.



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**b- EXPENSES**

The total expenses during the year 2010 were **\$75,336.19**, and we were left with a balance of \$2, 114.64.

The main expenses were for the payment of personnel (51.6%), medicine and other medical supplies and the laboratory (18.6%), which adds up to 70% of the total expenses.

**DISTRIBUTION OF REVENUE ACCORDING TO DONOR**

*Period: 01 JANUARY TO 31 DECEMBER, 2010*

*Name of Project: Strengthening the Community Health Experience in Guarjila.*

*Reference: ESL159*

<b>JANUARY TO DECEMBER 31, 2010</b>			
<b>DONOR ORGANIZATION</b>	Amount in USD	Amount in USD	<b>Date Received</b>
<b>Previous Balance 2009</b>			
CAFOD	\$-		
Local revenue and others.	\$4,406.29	\$4,406.29	
<b>TOTAL BALANCE 2009</b>			
<b>DONOR REVENUES 2010</b>			
CAFOD	\$28,571.20	\$28,571.20	09/04/2010
Bielefeld Germany Group	\$6,000.00	\$6,000.00	05/05/2010
Saint Louis, Missouri (EE.UU) Group	\$7,050.00	\$7,050.00	24/03/2010
Tamarindo Foundation (EE.UU)	\$4,960.00	\$4,960.00	Jan. and April 2010
Solidarity Group, Jon Cortina (Catalanes)	\$7,500.00	\$7,500.00	June y Aug- 2010
Parish San Francisco, California	\$600.00	\$600.00	04/10
<b>TOTAL DONORS</b>	<b>\$54,681.20</b>	<b>\$54,681.20</b>	
<b>Other revenue</b>	<b>\$12,000.00</b>	<b>\$12,000.00</b>	
<b>INSTITUTIONAL REVENUE</b>			
Laboratory	\$ 2,081.25	\$ 2,081.25	
Ambulance	\$ 811.33	\$ 811.33	
Other	\$ 3,470.76	\$ 3,470.76	
<b>Total Local Revenue</b>	<b>\$6,363.34</b>	<b>\$6,363.34</b>	
<b>Revenue Subtotal 2010</b>	<b>\$73,044.54</b>	<b>\$73,044.54</b>	
<b>TOTAL REVENUE</b>	<b>\$77,450.83</b>	<b>\$77,450.83</b>	
<b>Expenses for the period Jan-Dec 2010</b>	<b>\$75,336.19</b>	<b>\$75,336.19</b>	
CAFOD BALANCE	\$-	\$-	
Local revenue balance and other	\$2,114.64	\$2,114.64	
<b>TOTAL BALANCE December 31, 2010</b>	<b>\$2,114.64</b>	<b>\$2,114.64</b>	



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DISTRIBUTION OF EXPENSES BY ITEM

**Period: 01 JANUARY TO 31 DECEMBER, 2010**

**Name of Project: Strengthening the Community Health Experience in Guarjila.**

ITEM	ADMINIS.	HEALTH	PREVENTION EDUCATION	Total
<b>HEALTH PROMOTION</b>				\$-
- Sumpul Radio.			\$900.00	\$900.00
-Group activities			\$ 635.31	\$635.31
-Educational materials			\$ 547.76	\$547.76
Promotion of HIV/AIDS			\$ 924.55	\$924.55
Promotion of gender equality			\$ 962.08	\$962.08
Promotion of human rights			\$ 858.26	\$858.26
Promotion of nutrition			\$ 240.80	\$240.80
Promotion of natural medicine			\$ 267.88	\$267.88
Mother-infant nutrition project		\$3,670.00		\$3,670.00
<b>WATER AND SANITATION</b>				\$-
-Water chlorination			\$ 330.00	\$330.00
Construction and repair of latrines				\$-
-Other sanitation actions			\$ 139.55	\$139.55
<b>MEDICAL ATTENTION</b>				\$-
Medicine		\$ 12,525.83		\$12,525.83
Laboratory materials and reagents		\$ 551.47		\$551.47
Exams and background for patients		\$ 827.42		\$827.42
Maintenance and purchase of medical equipment		\$ 126.49		\$126.49
Ambulance				\$-
-Fuel		\$ 1,071.88		\$1,071.88
-Maintenance and repair		\$ 915.48		\$915.48
-Ambulance driver		\$ 582.00		\$582.00
<b>HUMAN RESOURCES</b>				\$-
Training			\$ 280.32	\$280.32
Salaries and benefits	\$4,980.00	\$18,920.00	\$13,390.00	\$37,290.00
Fees	\$ 1,580.00			\$1,580.00
Travel allowance		\$ 450.55		\$450.55
<b>FACILITY OPERATIONS</b>				\$-
Plumbing repairs	\$ 4,754.49			\$4,754.49
Purchase and maintenance of equipment	470.16			\$470.16
Electric Energy	\$ 615.10			\$615.10
Telephone and internet	\$ 570.17			\$570.17



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Potable water	\$12.00			<b>\$12.00</b>
Stationary and office supplies	\$ 595.00	686.64		<b>\$1,281.64</b>
Toilet and cleaning facilities	\$ 395.76			<b>\$395.76</b>
<b>VARIOUS</b>	\$ 1,559.24			<b>\$1,559.24</b>
<b>TOTAL EXPENSES</b>	<b>\$15,531.92</b>	<b>\$40,327.76</b>	<b>\$19,476.51</b>	<b>\$75,336.19</b>

**EXPENSE REPORT – SAINT LOUIS GROUP**  
**JANUARY-DECEMBER 2010.**

ITEMS	QUANTITY IN USD
<b>Income 2010.</b>	\$ 7050.00
<b>Expenses</b>	
Medicine	\$ 1,210.00
Salary of two promoters	\$ 5,840.00
<b>Total</b>	<b>\$ 7,050.00</b>

The promoters that were paid during 2010 were Esperanza Sibrián and Angélica Serrano. Esperanza gives maintenance to the clinic, prepares the equipment and maternal healing and support for talks to the groups. Angélica conversely carries out all nursing actions in addition to the health education that she conducts.

For 2011, we hope to reduce salary expenses and dedicate the funds to health education and promotion, prevention, and only a little for medicine.