

**The Republic of El Salvador  
Ministry of Health**

**The Project for Strengthening  
the Capacities of Medical Emergency Care  
in the Prehospital Setting**

**PROJECT COMPLETION REPORT**

**August 2021**

**JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)**

**Fujita Planning Co., Ltd.**

<b>HM</b>
<b>JR</b>
<b>21-041</b>

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## Acronyms

AAPH-A	Assistant of Prehospital Care Advanced Level (Asistente de Atención Pre Hospitalaria, Nivel Avanzado)
AAPH-B	Assistant of Prehospital Care Basic Level (Asistente de Atención Pre Hospitalaria, Nivel Básico)
BOSEM	Operational Bases of Emergency Medical System (Bases Operativas del Sistema de Emergencias Médicas)
CBES	Salvadoran Fire Department (Cuerpo de Bomberos de El Salvador)
CCSEM	Coordination Center of Emergency Medical System (Centro Coordinador del Sistema de Emergencias Médicas)
CONASEM	National Council of Emergency Medical System (Consejo Nacional del Sistema de Emergencias Médicas)
COTSEM	Technical Committee of Emergency Medical System (Comité Técnico del Sistema de Emergencias Médicas)
COVID-19	Coronavirus Disease 2019
CPR	Cardio Pulmonary Resuscitation
C/P	Counter Part
CR	Salvadoran Red Cross (Cruz Roja Salvadoreña)
CS	Rescue Commands (Comandos de Salvamento)
CV	Salvadoran Green Cross (Cruz Verde Salvadoreña)
EI	Emergency Institution
FOSALUD	Solidary Health Fund (Fondo Solidario para la Salud)
HAPH	Prehospital Care Record Sheet (Hoja de Registro de Atención Prehospitalaria)
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
KAP	Knowledge Attitude and Practice
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NPO	Non-Profit Organization
OC	Operation Committee
PDM	Project Design Matrix
PNC	National Civil Police (Policía Nacional Civil)
R/D	Record of Discussion
RTS	Revised Trauma Score
SEM	National Directorate of Medical Emergencies (Dirección Nacional de Emergencias Médicas)
SIBASI	Basic Integral Health Systems (Sistema Básico de Salud Integral)
SISEM	Information System of Emergency Medical System (Sistema Informático de Sistema de Emergencias Médicas)
TC	Technical Committee
Technical Team 1	Technical Team for the planning and implementation of standardization of the necessary knowledge and skills on prehospital care
Technical Team 2	Technical Team for M&E
ToT	Training of Trainers

UCSF	Community Unit for Family Health (Unidad Comunitaria de Salud Familiar)
UHC	Universal Health Coverage
WBG	World Bank Group

**Project Completion Report on the Project for Strengthening the Capacities of  
Medical Emergency Care in the Prehospital Setting in El Salvador**

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**Photos of activities**



The workshop related to Output 1  
(August 2017)



The workshop of technical team for development of the  
training manuals for the basic level related to Output 1  
(March 2018)



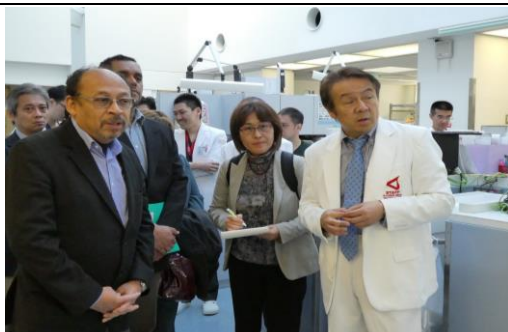
The meeting of the Technical Team related to Output 2  
(November 2017)



The training for the facilitators related to Output 3  
(April 2018)



The first Joint Coordination Committee  
(October 2017)



The observation visits to the Advanced Critical Care  
Centers of Kyorin University  
(The First Training Course in Japan, January 2018)



The observation visit to School of Tokyo Fire  
Department  
(The Second Training Course in Japan, April 2018)



The presentation of the action plan by the participants  
of the training course in Japan (May 2018)





ToT for Assistant of prehospital care basic (AAPH-B) training related to Output 1 (May 2021)



The meeting of the Technical Team related to Output1 (November 2019)



The meeting of the extended committee for M&E related to Output2 (September 2019)



Provision of training equipment and materials related to Output 3 (November 2018)



The fourth Joint Coordination Committee (November 2019)



Community promotion and education activities related to Output 3 (December 2018)



The observation visit to the Shibuya Fire Station (The Third Training Course in Japan, April 2019)



The dissemination seminar related to Output 4 (July 2021)

## **I. Basic Information of the Project**

### **1. Country**

The Republic of El Salvador

### **2. Title of the Project**

The Project for Strengthening the Capacities of Medical Emergency Care in the Prehospital Setting (hereinafter referred to as “the Project”)

### **3. Duration of the Project (Planned and Actual)**

Planned: From July 2016 to June 2020 (48 months total)

Actual: From August 26th 2016 to August 25th 2021 (60 months total)

### **4. Background**

El Salvador is a country that is permanently threatened by natural disasters including earthquakes, volcanic eruptions, etc. Additionally, due to geographical factors and soil characteristics, El Salvador is highly vulnerable to earthquakes, which can affect large populations. Accordingly, the Ministry of Health in El Salvador (hereinafter referred to as “MoH”) has undertaken the establishment of the emergency medical care system in order to minimize, as much as possible, the number of injured and dead through medical care to the people injured and affected as consequences of these disasters. However, insufficiency is also perceived in the emergency medical care system even in normal situations as well as the need to overhaul and create an adequate system to respond to emergency situations. In El Salvador, emergency medicine in normal situations and disaster medicine during disaster situations are carried out under totally different systems and methodologies depending on the subject of care (individual or groups of injured) and the chain of command established for both cases. In the case of El Salvador, the country has been depending on assistance provided by Non-Profit Organizations (hereinafter “NPOs”) with a broad knowledge of disaster care, without having an emergency medical care system in normal times established by the same Salvadoran government. So, improving the normal-time emergency medical system that also involves NPOs to emergency medical activities will contribute to the future improvement of medical care in times of disaster.

In this context, MoH regarded the strengthening of emergency medical care as one of the priority strategies in the National Health Policy 2009-2014. As a specific action of this policy, the Directorate of Medical Emergencies (Dirección Nacional de Emergencias Médicas, hereinafter referred to as “SEM”<sup>1</sup>) was established in MINSAL, which operates the Emergency

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<sup>1</sup> (1) The Emergency Medical System, tackled with the approach of inter-institutional participation and intersectoral

Medical System was created in MoH in 2012, and the system initiated its operations under SEM in December 2013 in the Great San Salvador Metropolitan Area. Along with the introduction of the Emergency Medical System, the Coordination Center of Emergency Medical System (Centro Coordinador del Sistema de Emergencias Médicas, hereinafter referred to as "CCSEM") and the Operational Bases of Emergency Medical System (Bases Operativas del Sistema de Emergencias Médicas, hereinafter referred to as "BOSEM") were established to commence operations in the field of emergency medical care in December 2013 and in April 2014, respectively.

However, the operation of the Emergency Medical System faces several challenges, such as the disparity in the level of training of prehospital care providers who transfer and accompany the patients to the hospital, making stabilization and transport of the patient not performed adequately, and in some cases forced to undergo long hospitalizations or rehabilitation, resulting in large social and financial burdens for both the individual and the government. The insufficient training and strengthening of prehospital care staff including NPOs, and the lack of an evaluation system that validates and verifies the decisions and treatments performed are cited as some of the causes of lack of adequate prehospital care.

Under these circumstances, the Government of El Salvador requested technical cooperation from JICA (Japan International Cooperation Agency, hereinafter referred to as "JICA") which will allow and contribute to increasing lifesaving through the strengthening of the capacities for the prehospital care. In response to this request, JICA has carried out the Detailed Planning Survey in July 2015, and subsequently signed the Record of Discussions (hereinafter "R/D") between the two parties on March 7, 2016.

## **5. Summary of the Project**

The Project aims to achieve to provide quality prehospital care in the Great San Salvador Metropolitan area through strengthening the capacity of the human resources involved in the prehospital care (prehospital care providers of SEM, Solidarity Health Fund (Fondo Solidario para la Salud, hereinafter referred to as "FOSALUD"), NPOs, etc.), establishment of appropriate monitoring and evaluation (hereinafter "M&E") system for prehospital care, and promoting the understanding of the community residents on prehospital care and participation to first aids as bystander, and thus, contribute to disseminate quality prehospital care to the whole area of El Salvador.

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collaboration in a permanent and effective manner, was established in 2013 by Decree of MoH No. 158 "Creation of the Medical Emergency System" published in the Official Gazette on October 25, 2013. (2) The organization of the MoH in charge of medical emergencies is called SEM (Emergency Medical System). In this document, (1) it is described as the "Emergency Medical System," and (2) as "SEM".

## **5-1. Overall Goal and Indicators**

[Overall Goal]

Quality prehospital care is disseminated to the whole area of El Salvador.

Indicator 1: Draft action plan for establishing the prehospital care system for the whole area of El Salvador is developed.

Indicator 2: The RTS<sup>2</sup> was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets throughout El Salvador.

## **5-2. Project Purpose and Indicators**

[Project Purpose]

Quality prehospital care is provided to the population in the Great San Salvador Metropolitan Area.

Indicator 1: Draft action plan for establishing the prehospital care system for the Great San Salvador Metropolitan area is developed.

Indicator 2: The RTS was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets in the Great San Salvador Metropolitan Area.

## **6. Implementing Organization and Project site**

### **6-1. Implementing organization**

SEM, MoH

### **6-2. Project sites**

Great San Salvador Metropolitan Area.

(A population of approximately 1 million 800 thousand inhabitants of the Great San Salvador Metropolitan Area, an area of 65 km<sup>2</sup>, 14 municipalities of the departments of San Salvador and La Libertad: Apopa, Ayutuxtepeque, Cuscatancingo, Delgado, Ilopango, Mejicanos, Nejapa, San Marcos, San Martin, San Salvador, Soyapango, Tonacatepeque, Antiguo Cuscatlán (La Libertad), Santa Tecla (La Libertad))

### **6-3. Salvadoran counterparts**

1) Implementing Organization (MoH)

Project Director: Vice Minister of Health in charge of Health Service

Project Manager: Director of SEM

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<sup>2</sup> Revised Trauma Score (hereinafter "RTS"): a physiological scoring system, with high inter-rate reliability and demonstrated accuracy in predicting death. It is the score from the first set of data obtained on the patient which consists of the Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate

## 2) Collaborating Institutions

Salvadoran Red Cross (Cruz Roja Salvadoreña, hereinafter referred to as “CR”),  
Salvadoran Green Cross (Cruz Verde Salvadoreña, hereinafter referred to as “CV”),  
Rescue Commands (Comandos de Salvamento, hereinafter referred to as “CS”),  
National Civil Police (Policía Nacional Civil, hereinafter referred to as “PNC”), as well as  
FOSALUD.

### **6-4. Beneficiaries (target group)**

- (1) Direct Beneficiaries: human resources working in prehospital care (47 staff in the Emergency Medical System, 90 staff at FOSALUD, and approximately 600 to 700 volunteers at Rescue Corps<sup>3</sup>)
- (2) Indirect Beneficiaries: A population of approximately 1 million and 800 thousand in the Great San Salvador Metropolitan Area

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<sup>3</sup> “Rescue Corps”: “Cuerpos de Socorro” in Spanish. In this document refers to CR, CV and CS.

## II. Results of the Project

### 1. Results of the Project

#### 1-1. Input by the Japanese side (Planned and Actual)

Inputs	Planned				Actual																			
	Year	2016				2017				2018				2019				2020				2021		
		III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III		
<b>Expert</b>																								
Chief Advisor / Monitoring and Evaluation 1 / Emergency Medicine 2 / Training Management 2	Plan																							
	Actual																							
Emergency Medicine 1	Plan																							
	Actual																							
(Predecessor) Deputy Chief Advisor / Training Planning / Monitoring and Evaluation 2 / Training Management 3	Plan																							
	Actual																							
(Successor) Deputy Chief Advisor / Training Planning 4 / Monitoring and Evaluation 3 / Training Management 4	Plan																							
	Actual																							
Training Planning 2	Plan																							
	Actual																							
Emergency Medicine 2/Training Planning 3	Plan																							
	Actual																							
Health Promotion1/Community Participation1/ Project Coordinator1/ Training Management 1	Plan																							
	Actual																							
Health Promotion2/Community Participation2/ Project Coordinator2/ Training Management 4	Plan																							
	Actual																							
Health Promotion2/Community Participation2/ Project Coordinator2/ Training Management 5	Plan																							
	Actual																							
<b>Equipment</b>																								
Equipment of training	Plan																							
	Actual																							
Training in Japan	Plan																							
	Actual																							

#### (a) Dispatch of Experts:

The dispatch of the experts was suspended since the end of March 2020, considering the pandemic of Coronavirus Disease 2019 (hereinafter “COVID-19”) and travel restrictions and has been resumed from April 2021. The Experts team worked remotely from Japan in order to achieve the planned outputs during the period with travel restrictions.

Chief Advisor / Monitoring and Evaluation 1 / Emergency Medicine 2 / Training Management 2	- Kyoko Goto (predecessor): completed two (2) dispatches in 2016.  - Yosuke Umemiya (successor): completed fourteen (14) dispatches by August 2021.
Emergency Medicine 1	- Tatsuro Kai: completed one (1) dispatch in 2016.
Deputy Chief Advisor / Training Planning / Monitoring and Evaluation 2 / Training Management 3	- Hiroshi Yoshino (predecessor): completed one (1) dispatch in 2016. The 2nd dispatch was scheduled for August 2017; however, it was canceled due to the Expert’s health problems.
Training Planning (support)	- Kaori Nishikido (supporting member): completed four (4) dispatches in 2017 and 2018 to support the works of the Training Planning.
Deputy Chief Advisor / Training Planning 4 /	- Kodai Tateno (successor): completed four (4) dispatches by August 2021.

Planned	Actual
Monitoring and Evaluation 3 / Training Management 4	
Training Planning 2	- Shuichi Suzuki: completed two dispatches in March 2019.
Emergency Medicine 2 / Training Planning 3	- Dr. Yuta Iwamoto: completed one dispatch in March 2019.
Health Promotion / Community Participation / Project Coordinator / Training Management 1	<p>- Yuko Masuda (predecessor) completed three (3) dispatches in 2016 and 2017.</p> <p>- Yasuko Kasahara (predecessor), the successor of Yuko Masuda, completed three (3) dispatches in 2017 and 2018.</p> <p>- Takahiko Minase (successor), the successor of Yasuko Kasahara, completed five (5) dispatches by August 2021.</p>
Health Promotion 2 / Community Participation 2 / Project Coordinator 2 / Training Management 4	- Yoshimi Shirakawa: completed one (1) dispatch in 2018.
Health Promotion 2 / Community Participation 2 / Project Coordinator 2 / Training Management 5	- Masashi Teshima: completed one (1) dispatch in August 2019.
(b) Training Course in Japan, in Third Countries	
First Training Course in Japan	<p>The first training course in Japan was held between the 21st and 27th of January 2018. Three officials, namely the Vice Minister of Health in charge of Health Service, the Director of SEM, and the Head of the National Nursing Unit, participated in the training. Since the main aim of the Project is to improve the prehospital care system in El Salvador, this training had the purpose of clarifying the ideas about the prehospital care system which is in the process of improvement in El Salvador, and leading initiatives to implement it. In the training, the participants visited the organizations related to prehospital care and emergency care services such as the Tokyo Fire Department and the Kyorin University Advanced Emergency and Critical Care Center to deepen their understanding of the prehospital care system, historical background that various organizations such as fire brigade were involved in the construction of the system, and relevant human resource development in Japan. The participants made up a clear idea for the prehospital care system to be developed in El Salvador based on the Japanese system, in which the fire department plays a critical role at the foundation of pre-hospital care. The possibility to apply a similar system in El Salvador was suggested. The draft of the action plan has been formulated under the leadership of the participants of the Training.</p>

Planned	Actual
Second Training Course in Japan	<p>The second training course in Japan was held between the 15th and 27th of April 2018. In addition to MoH, a representative from each of the Emergency Institutions<sup>4</sup> (hereinafter referred to as “EIs”) participated in this training course to share common ideas and directions towards the aimed prehospital care system in El Salvador. The purpose of the training was; learn from the Japanese emergency medical system (pre-hospital care, transfer, and health facilities) and the system and its educational contents for pre-hospital care personnel as an example, understand the organizations, functions, process, and activities required to develop institutions and system of prehospital care in El Salvador, and thus, reflect the findings of the training course in the activities of the Project. In the training, the participants visited the organizations that are related to prehospital care and emergency care services such as the Tokyo Fire Department, the Department of Paramedics of the Kyorin University, and the Kyorin University Advanced Emergency and Critical Care Center to understand the emergency medical system in Japan (prehospital care, transportation, and medical facilities) and the system and contents of education for prehospital care personnel. As an output of the training course, the participants formulated the action plan to provide quality prehospital care in El Salvador and reflect the findings from the training course in the Project activities. The action plan was brushed up after the participants returned to the country, and it was presented to the Vice Minister of Health in charge of Health Service and the Chief Representative of JICA El Salvador on May 29th, 2018. The action plan includes aspects such as; 1) restructuring and activation of the National Council of the Emergency Medical System (Consejo Nacional del Sistema de Emergencias Médicas, hereinafter referred to as “CONASEM”<sup>5</sup>) to govern the attention of Emergencies, 2) establishment of surveillance, control, and monitoring mechanisms for compliance with the National Health Policy, concerning the emergency medical system, 3) strengthening financial and budgetary management for the actions of SEM, 4) integration of health services for continuity of care at different levels, 5) integration of computer systems and communications, 6) education and training of personnel for prehospital care, 7) prevention and education of emergency and disaster situations in the community, 8) development of a national legal framework on emergency medicine.</p>
Third Training Course in Japan	<p>The third training course in Japan was held between the 14th and 28th of April 2019. Eight trainees from each of the seven organizations (MoH, FOSALUD, PNC, CBES, CR,</p>

<sup>4</sup> The institutions in charge of prehospital care: FOSALUD, PNC, Salvadoran Fire Department (Cuerpo de Bomberos de El Salvador, hereinafter referred to as “CBES”), CR, CV and CS.

<sup>5</sup> CONASEM is made up of the Ministry of the Interior, the Ministry of National Defense, MoH (whose head will preside over CONASEM), ISSS, FOSALUD, ISBM, ISRI, the General Directorate of the PNC and the Secretariat for Vulnerability Affairs.



Planned	Actual
	<p>CV, and CS) that are involved in providing prehospital medical care in El Salvador, participated in this course. Participants learned about the prehospital medical care system, activities, education, training, and coordination with related organizations of Japan through visits to various institutions and lectures on emergency care. Particularly, participants were able to understand the Japanese situation such as 1) management of emergency calls, 2) coordination between paramedics and health facilities, 3) contents of the training of paramedics, and so on.</p> <p>One action plan was developed in the last session of the training program under the collaboration of the participants from different EIs. This action plan was confirmed by the Technical Teams and shared with the stakeholders in El Salvador. Furthermore, the participants are playing an important role in Assistant of Prehospital Care Basic Level (Asistente de Atención Pre Hospitalaria, Nivel Básico, hereinafter referred to as “AAPH-B”)</p>
Fourth Training Course in Japan	The fourth training course in Japan which was scheduled from 16th to 20th of March 2020 was suspended due to the pandemic of the COVID-19. As alternative Ms. Patricia Morales, the participant of the third training course in Japan from PNC, made a presentation, shared experiences and information of the prehospital care system of Japan in the dissemination seminar held in July 28th 2021.
(c) Equipment provision:	
Equipment for Training	The procurement and symbolic delivery of the training material for the community has been completed in April 2018. An official agreement of handover to MoH for these materials was signed in June 2018. The procured items included Mannequins for Cardio Pulmonary Resuscitation (hereinafter “CPR”) practice and first aid kits, and training materials for the prehospital care providers (first aid kits).
Office equipment (computers, printers, projectors, etc.),	One (1) printer, one (1) multifunction printer, two (2) laptop computers, and one (1) projector have been procured.
Equipment for e-Learning contents development	Equipment presented below have been procured. Video camera: 2 Digital still camera: 2 Tripod: 2 Microphone system: 2 Illumination system: 2 Desktop computer: 2 Laptop computer: 2 Monitor: 2 External Hard Disk Drive: 2

## 1-2. Input by the El Salvador side (Planned and Actual)

Planned	Actual
(a) Assignment of counterpart personnel	
Project Director, Deputy Minister of Health Operations	<ul style="list-style-type: none"> <li>- Dr. Julio Oscar Robles Ticas (August 2016 - June 2019)</li> <li>- Dr. Carlos Gabriel Alvarenga (June 2019 – December -2019)</li> <li>- Dr. Francisco José Alabí Montoya (December 2019 - May 2020)</li> <li>- Dr. Karla Marina Díaz de Naves (appointed in May 2020)</li> </ul>
Project Manager, Director of SEM	<ul style="list-style-type: none"> <li>- Dr. Carlos Roberto Godínez Rodríguez (August 2016 - August 2019)</li> <li>- Dr. Carlos Brizuela (August 2019 -June 2020)</li> <li>- Dr. Carlos Orellana (June 2020 - August 2020)</li> <li>- Mr. Juan Carlos Bidegain Hannania (September 2020 – June 2021)</li> <li>- Architect Raúl Antonio Juárez Cestoni (June to August 2021)</li> <li>- Dra. Beatriz Clara (appointed on August 9, 2021)</li> </ul>
Counterpart Personnel	<p>The Chief of Prehospital Care, who is a member of the Joint Coordinating Committee (hereinafter referred to as “JCC”), Operation Committee (hereinafter referred to as “OC”), and a key Counter Part (hereinafter “C/P”) from the Salvadoran side in various Project activities, was sent to the hospitals to attend COVID-19 pandemic related issues and was absent from May 7th to the end of August 2020, then returned to SEM from September 2020.</p> <p>Organization of SEM has been restructured after Mr. Bidegain was appointed as the Director of SEM and additional new C/Ps in SEM are appointed.</p>
(b) Office space in the office of Emergency Medical System and necessary furniture and office equipment.	Assigned
(c) Office electricity cost	Assigned
(d) Salary of counterparts	Assigned
(e) Local Cost	Assigned

### 1-3. Activities (Planned and Actual)

Planned		Actual																								
(1) The baseline / The end line survey																										
Activities	Year	2016				2017				2018				2019				2020				2021				
	Sub-Activities	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III
<b>Output 0: Common Activities</b>																										
0-1 Implement the baseline survey on prehospital care (including communities).		Plan																								
		Actual																								
0-2 Implement the endline survey on prehospital care (including communities).		Plan																								
		Actual																								
Activity 0-1: To Implement the baseline survey on prehospital care (including communities)		The baseline survey was implemented from November 2016 to May 2017: the on-site survey was implemented from November to December 2016, and the compilation and analysis of the collected data took place from January to May 2017. The report of the Survey was shared with stakeholders.																								
Activity 0-2: To Implement the end line survey on prehospital care (including communities)		The end line survey was implemented from June to July 2021. The report of the Survey was shared with stakeholders.																								
(2) Output 1																										
Activities	Year	2016				2017				2018				2019				2020				2021				
	Sub-Activities	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III
<b>Output 1: The process of training and continuous education for prehospital care providers is strengthened.</b>																										
1-1 Organize the planning and implementation team to standardize necessary knowledge on prehospital care.		Plan																								
		Actual																								
1-2 Review and elaborate manuals, guidelines, etc. on prehospital care, classified by technical levels and functions according to academic profiles and/or medical human		Plan																								
		Actual																								
1-3 Revise the training plan for prehospital care providers.		Plan																								
		Actual																								
1-4 Provide necessary equipment for the implementation of the training.		Plan																								
		Actual																								
1-5 Implement the training.		Plan																								
		Actual																								
1-6 Improve the contents of the training course reflecting the feedback of Activities 2-5.		Plan																								
		Actual																								
Output 1 summary of the progress of the activities		1-1: Completed 1-2: Completed 1-3: Completed 1-4: Completed 1-5: Completed 1-6: Completed																								
Activity 1-1: To organize the planning and implementation team to standardize necessary knowledge on prehospital care		The members of the Technical Team (“Technical Team for the planning and implementation of standardization of the necessary knowledge and skills on prehospital care”, hereinafter referred to as “Technical Team 1”) were appointed from each EI which are the major institutions responsible for pre-hospital care in the Great San Salvador Metropolitan area; they initiated the work in September 2017 and have regular meetings to work on AAPH-B plan (the contents of training, manuals, and schedule). Technical Team 1 held 45 meetings between September 2017 and August 25th, 2021 to elaborate																								

Planned	Actual
<p>Activity 1-2: To review and elaborate manuals, guidelines, etc. on prehospital care, classified by technical levels and functions according to academic profiles and/or medical human resources, and following the established procedure that the MoH owns</p>	<p>on the aforementioned training plan.</p> <p>Technical Team 1 started to draft the manuals for AAPH-B at the beginning of September 2017.</p> <p>As of July 2019, the cover, bibliography, and glossary were developed. Besides, after the pilot training, SEM modified the contents of draft manuals for AAPH-B based on the pilot training results. The contents of the manuals were drafted to achieve the Output; however, the activity has suffered delays in comparison to the planned schedule since it took time to reflect much feedback from the pilot training and to build consensus among Technical Team 1 members. Thus, the first version of the manuals was ready in September 2019.</p> <p>From September 2019, the training started, and the participants expressed some comments on the manuals. Thus, Technical Team 1 started to review and elaborate the manuals concerning the above opinions and completed them in March 2020.</p> <p>The editing of the elaborated manuals was started to register its copyright according to the designated style in December 2020.</p> <p>Taking both the COVID-19 pandemic situation and the necessity of more training for ambulance staff into consideration, Technical Team 1 started the discussion towards the establishment of the AAPH-B e-learning in December 2020. AAPH-B e-learning was launched in August 18th, 2021.</p>
<p>Activity 1-3: To revise the training plan for prehospital care providers</p>	<p>Technical Team 1 considered planning AAPH-B in September 2017.</p> <p>According to the discussion on May 23rd, 2019, Technical Team 1 decided to implement the Pilot Training and Training of Trainers (hereinafter “ToT”) before AAPH-B. On June 5th and June 18th, 2019, Technical Team 1 decided the schedule of each training and the contents of the examination.</p> <p>Based on the results of the Pilot Training in July 2019, the Project Team revised the training plan.</p> <p>The training courses started in September 2019; however, it was found that the training management should be improved. Thus, Technical Team 1 has revised and elaborated the training plan considering the feedback from participants and each EI.</p> <p>Technical Team 1 initiated the discussion on Assistant of Prehospital Care Advanced Level (Asistente de Atención Pre Hospitalaria, Nivel Avanzado, hereinafter referred to</p>

Planned	Actual																																				
	as "AAPH-A") plan in December 2020 and finalized the requirements of the participants (draft) and the framework of the training topics (draft) which includes the advanced prehospital care knowledge and skills, soft skills as ambulance staff, disaster management, etc.																																				
Activity 1-4: To provide the necessary equipment for the implementation of the training	Through discussion with the SEM, the training equipment for communities (mannequins for CPR practice and first aid kits) and prehospital care providers (first aid kits) were considered as necessary materials to be procured. After a preliminary study of the procurement conditions, a request for quotations was sent to four selected trading companies. The contracts for procurement were signed in February 2018, and the delivery and inspection of training equipment were completed in April 2018. An official agreement of handover to MoH for these materials was signed in June 2018.																																				
Activity 1-5: To implement the training	<p>Two (2) groups of the Pilot Training were implemented in 2019 and in total, 38 participants were trained.</p> <table border="1" data-bbox="635 936 1342 1070"> <thead> <tr> <th>Group No.</th> <th>Dates</th> <th>No. of Trainees</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>March 4th to 8th, 13th to 14th</td> <td>17</td> </tr> <tr> <td>2nd</td> <td>July 15th to 19th</td> <td>21</td> </tr> </tbody> </table> <p>Seven (7) groups of ToT were implemented in 2019 and 2021, in total 155 trainers were trained. Staff who have abundant experience in pre-hospital care and as instructors and who can actively cooperate with the training were invited as participants. After the implementation of AAPH-B, staff who passed AAPH-B and were judged to have good grades and aptitude as instructors were also invited.</p> <p>(2019)</p> <table border="1" data-bbox="635 1391 1342 1554"> <thead> <tr> <th>Group No.</th> <th>Dates</th> <th>No. of Trainees</th> </tr> </thead> <tbody> <tr> <td>ToT1</td> <td>August 31st, September 1st, 7th to 8th</td> <td>23</td> </tr> <tr> <td>ToT2</td> <td>September 2nd to 5th</td> <td>21</td> </tr> </tbody> </table> <p>Additional ToT were provided in 2021 for additional AAPH-B which started in October 2020.</p> <p>(2021)</p> <table border="1" data-bbox="635 1715 1342 1975"> <thead> <tr> <th>Group No.</th> <th>Dates</th> <th>No. of Trainees</th> </tr> </thead> <tbody> <tr> <td>ToT3</td> <td>February 2nd to 5th</td> <td>13</td> </tr> <tr> <td>ToT4</td> <td>January 30th to 31st, February 6th to 7th</td> <td>25</td> </tr> <tr> <td>ToT5</td> <td>March 20th to 21st, 27th to 28th</td> <td>23</td> </tr> <tr> <td>ToT6</td> <td>May 3rd to 6th</td> <td>25</td> </tr> <tr> <td>ToT7</td> <td>July 10th to 11th, 17th to 18th</td> <td>25</td> </tr> </tbody> </table>	Group No.	Dates	No. of Trainees	1st	March 4th to 8th, 13th to 14th	17	2nd	July 15th to 19th	21	Group No.	Dates	No. of Trainees	ToT1	August 31st, September 1st, 7th to 8th	23	ToT2	September 2nd to 5th	21	Group No.	Dates	No. of Trainees	ToT3	February 2nd to 5th	13	ToT4	January 30th to 31st, February 6th to 7th	25	ToT5	March 20th to 21st, 27th to 28th	23	ToT6	May 3rd to 6th	25	ToT7	July 10th to 11th, 17th to 18th	25
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Planned	Actual																																																																					
	<p data-bbox="630 302 1356 649">54 groups of the AAPH-B were implemented and in total, 1,303 participants were trained. Participants were invited mainly from personnel belonging to the EIs that make up Technical Team 1. As described in Chapter I 6.4. (1), the direct beneficiaries for this Project were defined as 800 staff who engage in prehospital care from SEM, FOSALUD and NPOs, however, the project included staff from PNC and CBES, which provide prehospital care services informally, and new staff from SEM/FOSALUD who were hired for tackling COVID-19 pandemic. Consequently, the total number of trainees exceeded the expected number of direct beneficiaries.</p> <p data-bbox="630 683 710 712">(2019)</p> <table border="1" data-bbox="635 712 1351 1276"> <thead> <tr> <th data-bbox="635 712 742 779">Group No.</th> <th data-bbox="742 712 1220 779">Dates</th> <th data-bbox="1220 712 1351 779">No. of Trainees</th> </tr> </thead> <tbody> <tr><td>B1-1</td><td>September 9th to 13th</td><td>23</td></tr> <tr><td>B1-2</td><td>September 16th to 20th</td><td>22</td></tr> <tr><td>B1-3</td><td>September 23rd to 27th</td><td>26</td></tr> <tr><td>B1-4</td><td>September 30th to October 4th</td><td>19</td></tr> <tr><td>B1-5</td><td>October 7th to 11th</td><td>23</td></tr> <tr><td>B1-6</td><td>October 14th to 18th</td><td>23</td></tr> <tr><td>B1-7</td><td>October 21st to 25th</td><td>27</td></tr> <tr><td>B1-12</td><td>September 16th to 20th</td><td>22</td></tr> <tr><td>B1-13</td><td>September 20th to 22nd, 28th to 29th</td><td>26</td></tr> <tr><td>B1-14</td><td>October 11th to 13th, 19th to 20th</td><td>23</td></tr> <tr><td>B1-15</td><td>October 11th to 13th, 19th to 20th</td><td>18</td></tr> <tr><td>B1-16</td><td>November 1st to 3rd, 9th to 10th</td><td>25</td></tr> <tr><td>B1-17</td><td>November 1st to 3rd, 9th to 10th</td><td>22</td></tr> <tr><td>B1-19</td><td>November 29th to December 1<sup>st</sup>, 7th to 8th</td><td>24</td></tr> </tbody> </table> <p data-bbox="630 1310 1356 1377">The training suspended due to the pandemic of the COVID-19 was resumed in October 2020.</p> <p data-bbox="630 1411 710 1440">(2020)</p> <table border="1" data-bbox="635 1440 1351 1635"> <thead> <tr> <th data-bbox="635 1440 742 1507">Group No.</th> <th data-bbox="742 1440 1220 1507">Dates</th> <th data-bbox="1220 1440 1351 1507">No. of Trainees</th> </tr> </thead> <tbody> <tr><td>B1-8</td><td>October 5th to 16th</td><td>29</td></tr> <tr><td>B1-18</td><td>October 10th, 17th, 24th, 31st to November 1st</td><td>24</td></tr> <tr><td>B1-20</td><td>November 7th, 14th, 21st, 28th to 29th</td><td>24</td></tr> </tbody> </table> <p data-bbox="630 1668 710 1697">(2021)</p> <table border="1" data-bbox="635 1697 1351 1870"> <thead> <tr> <th data-bbox="635 1697 742 1765">Group No.</th> <th data-bbox="742 1697 1220 1765">Dates</th> <th data-bbox="1220 1697 1351 1765">No. of Trainees</th> </tr> </thead> <tbody> <tr><td>B1-9</td><td>May 31st to June 4th</td><td>20</td></tr> <tr><td>B1-10</td><td>April 26th to 30th</td><td>27</td></tr> <tr><td>B1-11</td><td>August 16th to 20th</td><td>25</td></tr> </tbody> </table> <p data-bbox="630 1904 1204 1933">Additional groups were started in October 2020.</p>	Group No.	Dates	No. of Trainees	B1-1	September 9th to 13th	23	B1-2	September 16th to 20th	22	B1-3	September 23rd to 27th	26	B1-4	September 30th to October 4th	19	B1-5	October 7th to 11th	23	B1-6	October 14th to 18th	23	B1-7	October 21st to 25th	27	B1-12	September 16th to 20th	22	B1-13	September 20th to 22nd, 28th to 29th	26	B1-14	October 11th to 13th, 19th to 20th	23	B1-15	October 11th to 13th, 19th to 20th	18	B1-16	November 1st to 3rd, 9th to 10th	25	B1-17	November 1st to 3rd, 9th to 10th	22	B1-19	November 29th to December 1 <sup>st</sup> , 7th to 8th	24	Group No.	Dates	No. of Trainees	B1-8	October 5th to 16th	29	B1-18	October 10th, 17th, 24th, 31st to November 1st	24	B1-20	November 7th, 14th, 21st, 28th to 29th	24	Group No.	Dates	No. of Trainees	B1-9	May 31st to June 4th	20	B1-10	April 26th to 30th	27	B1-11	August 16th to 20th	25
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Planned	Actual		
	(2020)		
	Group No.	Dates	No. of Trainees
	B2-1	November 16th to 20th	19
	B2-2	November 16th to 20th	20
	B2-3	November 16th to 20th	18
	B2-4	November 23rd to 27th	30
	B2-5	November 23rd to 27th	23
	B2-6	November 23rd to 27th	27
	B2-7	November 30th to December 4th	24
	B2-8	November 30th to December 4th	24
	B2-9	November 30th to December 4th	24
	B2-10	December 7th to 11th	26
	B2-11	December 7th to 11th	26
	B2-12	December 7th to 11th	26
	B2-13	December 14th to 18th	21
	B2-14	December 14th to 18th	19
	B2-15	December 14th to 18th	24
	(2021)		
	Group No.	Dates	No. of Trainees
	B2-16	March 22nd to 26th	24
	B2-17	April 19th to 23rd	24
	B2-18	May 11th to 17th	25
	B2-19	March 13th to 14th, 19th to 21st	24
	B2-20	April 3rd to 4th, 9th to 11th	24
	B2-21	April 24th to 25th, 30th to May 2nd	24
	B2-22	May 15th to 16th, 21st to 23rd	26
	B2-23	February 13th to 14th, 19th to 21st	25
	B2-24	March 6th to 7th, 12th to 14th	28
	B2-25	April 10th to 11th, 16th to 18th	29
	B2-26	May 1st to 2nd, 7th to 9th	30
	B2-27	March 6th to 7th, 12th to 14th	24
	B2-28	April 10th to 11th, 16th to 18th	24
	B2-29	May 1st to 2nd, 7th to 9th	24
	B2-30	May 29th to 30th, 4th to 6th	24
	B2-31	June 12th to 13th, 18th to 20th	27
	B2-32	June 21st to 25th	26
	B2-33	June 19th to 20th, 26th to 27th	24
	B2-34	June 26th to 27th, July 2nd to 4th	25
<p>Activity 1-6: To improve the contents of the training course reflecting the feedback of Activities 2-5</p>	<p>Technical Team 1 started to revise the contents of the training course based on the feedback from the training participants in November 2019. Considering the feedback, the manuals are revised accordingly as described in the Activity 1-2.</p> <p>Based on the feedback, refresher trainings for proper recording of the Prehospital Care Record Sheet (Hoja de Registro de Atención Prehospitalaria, hereinafter referred to as “HAPH”) were provided in 2021 as below.</p>		

Planned		Actual																							
		Target	Dates				Number																		
		CV	May 15th				34																		
		CS	July 10th				26																		
		CS	July 11th				35																		
		BOSEM	July 19th to 23rd				270																		
(3) Output 2																									
Activities	Year	2016				2017				2018				2019				2020				2021			
		III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III			
<b>Output 2: The appropriate monitoring and evaluation system for prehospital care by Emergency Medicine System (SEM) is established.</b>																									
2-1 Organize a working committee to discuss the monitoring and evaluation system.	Plan																								
	Actual																								
2-2 Elaborate the framework of the M&E system for prehospital care.	Plan																								
	Actual																								
2-3 Review and elaborate necessary guidelines and manuals, etc. for the M&E system.	Plan																								
	Actual																								
2-4 Implement M&E for prehospital care.	Plan																								
	Actual																								
2-5 Feedback results of M&E to prehospital care providers, contents of the training referred to in Output 1, manuals/guidelines and contents of training for community resources referred to in Output 3.	Plan																								
	Actual																								
Output 2 summary of the progress of the activities	2-1: Completed 2-2: Completed 2-3: Completed 2-4: Completed 2-5: Completed																								
Activity 2-1: To organize a working committee to discuss the Monitoring and Evaluation (M&E) system	The members of the working committee (“Technical Team for M&E”, hereinafter referred to as “Technical Team 2”) were appointed in 2016 with the participation of each EIs, re-organized in 2017, started the activities in October 2017 and held 12 Technical Team 2 meetings, 13 Internal Committee for M&E meetings, 8 Extended Committee for M&E meetings between October 2017 and August 25th, 2021.																								
Activity 2-2: To elaborate the framework of the M&E system for prehospital care	The Project Team started the development of the framework of the M&E system for prehospital care based on the feedback from the workshop titled “Workshop for Developing Training Course and Checklists for the Compliance of Guidelines in the Prehospital Area” held in August 2017 and the documents for M&E that SEM possessed. The draft version of the framework was presented for review at the 4th meeting of the Technical Team 2 held on January 17th, 2018. The drafted document was modified accordingly by the Project Team following the feedbacks received from Technical Team 2 and finalized as the 1st version.																								
Activity 2-3: To review and elaborate necessary guidelines and manuals, etc. for the M&E system	After the 4th meeting of the aforementioned Technical Team 2, the Project Team started to elaborate the draft version of the manuals for the M&E system. The draft version was presented at the 5th meeting of the Technical Team 2 held on February 21st, 2018, got feedbacks, was modified, and presented at the meeting held on March 21st, 2018. The Project Team together with the person in charge of the Department of Regulation and Legislation in Health of MoH																								



Planned	Actual
	<p>adjusted the manual into the layout of MoH, made up the final draft version, and submitted it to MoH for its official approval, which was officially authorized on August 14th, 2018, and the product of the Project became the national standard. The Manual was divided into two (2) parts, namely, (1) Executive Agreement No.1383 on the creation of Internal and Extended Committee for M&amp;E within SEM, and (2) Agreement No.1384 on the Instructions for M&amp;E for the Prehospital Care and the functions of the Internal and Extended Committees. The former was published in the official gazette dated September 7th, 2018, and came into force. The Internal Committee for M&amp;E was designed to prepare for the Extended Committee meetings.</p>
<p>Activity 2-4: To implement M&amp;E for prehospital care</p>	<p>The Internal Committee for M&amp;E initiated the monthly meetings in November 2018 and is doing it monthly and working in group sessions. Through these meetings and sessions, this committee identified, as one of the priorities for the M&amp;E of the BOSEM, (1) that the data required for the indicator on the arrival time of the ambulance is not available, and (2) discrepancies between the Information System of Emergency Medical System (Sistema Informatica de Sistema de Emergencias Médicas, herein after referred to as “SISEM”) data and HAPH filled-in by the ambulance staffs of the BOSEMs. The Project Team initiated the revision of SISEM data and the HAPH FOSALUD submitted to clarify the challenges and inform SEM and FOSALUD to seek measures to deal with these problems. Although the Project Team suspended the said revision after the submission of the report on the issue in July 2019, SEM continued with the revision. However, FOSALUD continued improperly submitting the HAPH, thus, it was agreed in the Project Team’s weekly meeting of March 6th, 2020, to notify the directorate of the FOSALUD in written about the situation and request to take actions.</p> <p>The written notification was not sent to FOSALUD and sessions of the internal and the Extended M&amp;E Committees were suspended since March 2020, due to the COVID-19 pandemic. The Project activities slowed down because of the restrictions originated by the COVID-19 pandemic. The Project Team decided to resume the check of HAPH submitted from FOSALUD, CS, and CV to avoid completely stopping the activities.</p> <p>On October 7th, 2020, a meeting inviting representatives from FOSAUD, CS and CV was held with the purpose to improve the HAPH filling.</p> <p>In November 2020, the Project Team agreed to resume the Internal and Extended M&amp;E Committees sessions and started the preparations. Sessions planned for December 2020 did not make a quorum. Sessions planned for January 2021</p>

Planned	Actual
	were cancelled due to relocation of SEM.  Monthly meetings of the Internal and Extended M&E Committee meetings have been resumed from March 2021.
Activity 2-5: To give feedback of results of M&E to prehospital care providers, contents of the training referred to in Output 1, manuals/guidelines, and contents of training for community resources referred to in Output 3	HAPH, which was standardized by SEM and EIs, has been included in the manuals developed in Activity 1-2 as an agreement of Technical Team 1 following the feedback from the Internal Committee for M&E.  Statistic data such as the number of patient transfers realized by the ambulances of BOSEM, numbers of HAPH not signed or stamped by the hospital are shared in the meetings of the Technical Team 2 and the ones of the Extended M&E Committee, and the countermeasures were considered and decided to be followed up.  Challenges in filling the HAPH were identified in the pilot branches of CS and CV through the monitoring. In January 2021, the follow-up training for HAPH filling for the personnel of the pilot branches of the 2 institutions were implemented to improve the status.  The new BOSEM-HES (Hospital El Salvador) which was established during the COVID-19 pandemic also had several challenges in the filling of the HAPH. Thus, additional training for the staff was planned and implemented from July 19th to 23rd 2021.

(4) Output 3

Activities	Year	2016				2017				2018				2019				2020				2021			
		III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV		
<b>Output 3: Recognition and participation of the community in the Great San Salvador Metropolitan Area on emergency medicine is increased.</b>																									
3-1 Coordinate community promotion and education activities on emergency medicine with related departments in the Ministry of Health.	Plan																								
	Actual																								
3-2 Review and elaborate necessary guidelines and manuals, etc. for activities on community promotion and education activities based on Activities 1-2.	Plan																								
	Actual																								
3-3 Select the pilot area and organize a team for community promotion and education activities.	Plan																								
	Actual																								
3-4 Implement the baseline survey on knowledge, attitude and practice (KAP) of community people about emergency medicine.	Plan																								
	Actual																								
3-5 Elaborate the training plan for community resources such as ECOs Families, Health Community Volunteers, etc.	Plan																								
	Actual																								
3-6 Implement the training for community resources.	Plan																								
	Actual																								
3-7 Implement promotion and education activities for community people.	Plan																								
	Actual																								
3-8 Implement the endline survey on knowledge, attitude and practice (KAP) of community people about emergency medicine.	Plan																								
	Actual																								
3-9 Share achievements on community promotion and education activities in pilot areas with other areas of Metropolitan Area.	Plan																								
	Actual																								
3-10 Apply and implement community promotion and education activities in other areas of Metropolitan Area based on achievements in pilot areas.	Plan																								
	Actual																								

Output 3 summary of the progress of the activities	3-1: Completed 3-2: Completed 3-3: Completed 3-4: Completed
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Planned	Actual
	3-5: Completed 3-6: Completed 3-7: Completed 3-8: Completed 3-9: Completed 3-10: Completed
Activity 3-1: To coordinate community promotion and education activities on emergency medicine with related departments in the MoH	This activity is in coordination with the Directorate of the Primary Health Care of MoH through the meetings with the Basic Integral Health Systems (Sistema Básico de Salud Integral, hereinafter referred to as “SIBASI”). The Project Team shared the established model of the community promotion and education activities with the Directorate of the Primary Health Care of MoH in March and October 2019, and they agreed to absorb the activity as their deed as from 2020. The official letter on the agreement was signed by the Minister of Health in February 2020 and the concrete expansion plan was planned to be considered shortly.
Activity 3-2: To review and elaborate necessary guidelines and manuals, etc. for activities on community promotion and education activities based on Activities 1-2	The schedule for the development of the manual for the training for the community was elaborated. The discussion with SEM concluded that the draft of the contents should have a lot of illustrations for the community residents to understand the content easily. The draft of the manual was finalized in May 2018 and the design of the layout was completed by a printing company. The drafted manual was printed and bound in October 2018. The triptychs regarding the first responder, community first aid, and emergency number 132 were also printed in November 2018. An agreement of handover to SIBASIs for these materials has been signed and distributed among the SIBASIs in November 2018 and in October 2019.
Activity 3-3: To select the pilot area and organize a team for community promotion and education activities	The criteria to select the area was developed as a reference based on some factors such as safety, SEM’s service coverage, number of human resources, number of community promotion and education activities, and number of inhabitants. Five pilot areas were selected based on the criteria. The teams for community promotion and education activities were organized and they consisted mainly of health promoters in each pilot area.
Activity 3-4: To implement the emergency medicine baseline survey on knowledge, attitude, and practice (KAP) in community members	<p>A protocol was developed as preparation for the Knowledge Attitude and Practice (hereinafter “KAP”) survey and approved by the National Committee of Ethics of Health Research. The questionnaire, which was developed for the survey, was finalized through a pre-implementation test conducted on September 18th and 20th 2017. The training of the interviewers for the survey was conducted from October 18th to 20th 2017, and on November 10th, 2017. 55 participants from 5 SIBASIs were trained as interviewers.</p> <p>The KAP survey, targeting 550 people out of 28,406</p>

Planned	Actual
	<p>inhabitants in total, was conducted in 5 pilot areas from November 15th to 29th 2017, and the data was collected by December 6th, 2017. 527 records were collected, and they were entered into the public access software “EPI info” and statistically analyzed. The result of the survey was summarized in the KAP (baseline) survey report and shared with SEM, Vice Minister of Health Services in MoH, and the Directorate of the Primary Health Care of MoH.</p>
<p>Activity 3-5: To elaborate the training plan for community resources such as Family ECOs, Health Community Volunteers, etc.</p>	<p>The training model was developed through meetings with SEM. It consists of the following steps: (1) select 12 candidates from health promoters and those persons who work for “Community Unit for Family Health” (hereinafter referred to as “UCSF” from its Spanish abbreviation) per pilot area as training facilitators, (2) implement training for the facilitators, (3) each facilitator trains 25 representatives of the community, and (4) the trained members of such group spread knowledge to the community. This training model was shared with the representatives of the SIBASI.</p>
<p>Activity 3-6: To implement the training for community resources</p>	<p>The training for the facilitators was implemented from May 16th to 17th, 2018 (for group 1) and from May 18th to 19th, 2018 (for group 2) based on the following topics: introduction to the Project, the emergency medical system, and the role of the first responder, and first aid (wounds &amp; bleeding, fractures, severe trauma, burns, faints, diarrhea, fever, seizures, intoxications, bites, cardiac arrest, choking, and emergency family plan). In total, 56 facilitators (10 from SIBASI Sur, 12 from SIBASI Centro, 10 from SIBASI Oriente, 12 from SIBASI Norte, and 12 from SIBASI La Libertad) were trained to conduct training for community members. The follow-up training of the facilitators was implemented on October 30th, 2018 (for group 1) and October 31st, 2018 (for group 2) to brush up on their knowledge and skills on first aid, use of the emergency number 132, and methodology to convey this information to the community members. In total, 51 facilitators (8 from SIBASI Sur, 11 from SIBASI Centro, 9 from SIBASI Oriente, 10 from SIBASI Norte, and 13 from SIBASI La Libertad) attended this second event.</p>
<p>Activity 3-7: To implement promotion and education activities for community members</p>	<p>The community promotion and educational activities for community members started in November 2018 and were completed in May 2019. In total 1,547 community members (336 from SIBASI Centro, 296 from SIBASI Norte, 299 from SIBASI Oriente, 324 from SIBASI Sur, and 292 from SIBASI La Libertad) participated in this activity.</p> <p>The training materials were validated by holding a session at the National Health Institute on May 8th, 2019. On the other hand, about the time of the training, it was advised that it might be better to set a longer time for the training since it might be insufficient compared to the content. However, it</p>

Planned	Actual
	<p>was practically difficult to extend the four-hour training time considering the availability of the participants, so while the number of hours was maintained, some of the contents were supposed to be modified.</p> <p>Also, the opinions and suggestions were collected from the frontline facilitators of each SIBASI through the interview and questionnaire between May 20th and May 24th, 2019. Positive opinions were received from the facilitators such as the usefulness of the training manual and the strong motivation of facilitators to expand the implementation site of this activity. On the other hand, the overall time restriction of the activity and the short time of the practical session were shown as negative opinions.</p> <p>In terms of the feedback from the community members to the facilitators, while the great interest regarding the first aid was shown, the complaint of the community members about the inconvenience of the 132-emergency call (e.g. long waiting time for the ambulance) was received as well.</p>
<p>Activity 3-8: Implement the emergency medicine end line survey on knowledge, attitude, and practice (KAP) in community members</p>	<p>The interviews with community members were conducted between June 10th and 28th, 2019 during the end line KAP survey by using the structured questionnaire. After the data encoding, the analysis of the result was conducted. The report was shared with the Project stakeholders and community resources in July 2019. Overall, the knowledge, attitude, and practice of the community members increased during the Project period. Particularly, a significant upsurge was shown in the knowledge of the number 132-emergency call. From these results, it was suggested that the community promotion and education activities contributed to the KAP of the community members. Also, the significant association among KAP proves that the continuous intervention of the community promotion contributes to improving the quality of prehospital care nationwide in the future. The report of the KAP survey was developed and shared with stakeholders in October 2019.</p>
<p>Activity 3-9: To share achievements on community promotion and education activities in pilot areas with other areas of the Metropolitan Area</p>	<p>The feedback-and-dissemination workshop was conducted in September 2019. In total, 134 participants, including the facilitators for the community promotion and education activities in the pilot area, the facilitators from the next target area, SIBASI representatives, regional office representatives, community leaders, the Director of Primary Health Care of the MoH, SEM, and JICA El Salvador office representatives participated in the workshop. During this activity, the results of the end line KAP survey and the achievements of the community promotion and education activities in the pilot area were shared with the participants.</p>
<p>Activity 3-10: To apply and implement community</p>	<p>The selection of the next target areas was made by each SIBASI in August 2019 based on information such as safety,</p>

Planned	Actual
<p>promotion and education activities in other areas of the Metropolitan Area based on achievements in pilot areas</p>	<p>number of human resources, amount of community promotion and educational activities, and number of inhabitants. As a result, community promotion and education activities were conducted in 16 UCSFs covered areas out of 55 UCSFs.</p> <p>The selection of the facilitators in the next target area was made by each SIBASI in September 2019 the training for the facilitators was implemented from October 1st to 3rd (for group 1) and from October 7th to 9th, 2019 (for group 2). In total, 58 facilitators (12 from SIBASI Sur, 12 from SIBASI Centro, 12 from SIBASI Oriente, 10 from SIBASI Norte, and 12 from SIBASI La Libertad) were formed to conduct the training of the community members.</p> <p>The community promotion and educational activities for community members started in October 2019. In total 1,582 community members (325 from SIBASI Centro, 282 from SIBASI Norte, 319 from SIBASI Oriente, 351 from SIBASI Sur, and 305 from SIBASI La Libertad) have participated in this activity.</p>

(5) Output 4

Activities	Year	2016				2017				2018				2019				2020				2021		
		III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III		
<b>Sub-Activities</b>																								
<b>Output 4: The basis for dissemination of achievements of improved prehospital care in the Great San Salvador Metropolitan Area is formulated.</b>																								
4-1 Visualize and document achievements of improvement of prehospital care in Metropolitan Area.	Plan																							
	Actual																							
4-2 Share achievements of improvement of prehospital care in Metropolitan Area with other departments of El Salvador.	Plan																							
	Actual																							

Output 4 summary of the progress of the activities	4-1: Completed 4-2: Completed
Activity 4-1: To visualize and document achievements of improvement of prehospital care in Metropolitan Area	The Project Team started the drafting of the document to compare the prehospital care situation of El Salvador, Japan, and some other countries from November 2020.  Draft document of the comparison between countries and the roadmap with action plan was shared to the Salvadoran side in July 2021.
Activity 4-2: To share achievements of improvement of prehospital care in the Metropolitan Area with other departments of El Salvador	The dissemination seminar to share achievements of improvement of prehospital care in the Metropolitan Area with other departments of El Salvador was held on July 28th, 2021.

(6) Public Relations

Activities	Year	2016				2017				2018				2019				2020				2021		
		III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III		
<b>Sub-Activities</b>																								
<b>Public Relations</b>																								
Press release	Plan																							
	Actual																							
	Plan																							
	Actual																							

Planned	Actual
	<p>Public relation activities through various media were conducted. The main achievements are as follows.</p> <ul style="list-style-type: none"> <li>♦ The page for the Project on the JICA Website (total of 16 topics)</li> <li>♦ Facebook of JICA El Salvador (11 topics in total)</li> <li>♦ Newsletter (10 issues in total)</li> <li>♦ Press release (Media coverage) (total 2 events)</li> </ul>

## 2. Achievements of the Project

### 2-1. Outputs and Indicators

Target	Achievements at completion
<p>[Output 1] The process of Training and continuous education for prehospital care providers is strengthened.</p>	<p>The first drafts of the manuals for AAPH-B (Reference Manual (MR), Participant Manual (MP), and Lesson Plan (PL)) were made and the training started in September 2019.</p> <p>Output 1 and its activities are also appropriate concerning the Project's Purpose and they are expected to contribute to it. Although the stakeholders recognize the importance and the necessity of the training, the training schedule was delayed since it took more time than expected to coordinate and compile the opinions on the manual. Besides, due to the hectic training schedule, some opinions were raised about its management. As a result, it was decided to gather the opinions on AAPH-B including the contents of the manual as well as the training management, to consider the countermeasures and revise the manuals among Technical Team 1.</p> <p>As of August 25th, 2021, two (2) groups of the Pilot Training, seven (7) groups of the ToT, and 54 groups of AAPH-B had been completed. A total of 155 instructors was trained and 154 instructors are approved (acceptance rate is 99.2%). A total of 1,303 participants was trained and 1,259 out of 1,303 passed the exam to confirm the understanding of the lectures and practical skills of the training, and they were certified (acceptance rate is 96.6%).</p> <p>Taking both the COVID-19 pandemic situation and the necessity of more training for ambulance staff into consideration, the AAPH-B e-learning course was launched in August 2021.</p>
<p>[Indicator]</p>	
<p>1-1 The technical team to manage training and continuous education for the</p>	<p>1-1 Achieved Technical Team 1 was organized in 2016 with the participation of the major EIs in charge of prehospital care in</p>

Target	Achievements at completion												
<p>necessary knowledge and skills about prehospital care, which includes other public organizations and related emergency institutions, is organized.</p>	<p>the Great San Salvador Metropolitan area (SEM, FOSALUD, PNC, CBES, CR, CV and CS) and held 45 meetings between September 2017 and August 25th, 2021. AAPH-B training was planned and started with the participation of all the EIs that make up Technical Team 1. The instructors are also composed of all EIs.</p>												
<p>1-2 The framework of the training system for prehospital care is developed through discussion in the technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care.</p>	<p>1-2 Achieved            Technical Team 1 developed the plan of AAPH-B as the basic minimum level training focused on the core contents for the ambulance staff.</p> <p>Technical Team 1 also developed the draft plan of AAPH-A with considering the difference from AAPH-B.</p> <p>The current framework of the training system for prehospital care is composed of both plans.</p>												
<p>1-3 The manuals of the basic prehospital care course are developed according to technical levels, functions, academic profiles, and human resources.</p>	<p>1-3 Achieved            The first draft of the manuals was made and AAPH-B started in September 2019. The manuals are reviewed and elaborated by Technical Team 1 based on the opinions of training participants and EIs and completed in March 2020.</p> <p>The manuals were started to edit to register its copyright in December 2020.</p> <p>Taking both the COVID-19 pandemic situation and the necessity of more training for ambulance staff into consideration, Technical Team 1 started the discussion towards the establishment of the AAPH-B e-learning in December 2020. AAPH-B e-learning was launched in August 18th, 2021.</p>												
<p>1-4 More than 900 trainees pass the AAPH-B examination process within the Project period.</p>	<p>1-4 Achieved</p> <p>As aforementioned, 54 groups of AAPH-B were implemented with the main participants being personnel belonging to the EIs that make up the Technical Team 1 and as shown below 1,259 out of 1,303 participants passed the exams. As described in Chapter II 1.3., the Project provided AAPH-B to a greater number of prehospital care staff than the total number of direct beneficiaries with considering the current situation in El Salvador. As a result, the Project covered almost all SEM/FOSALUD staff and NPO staff who engage in prehospital care as the trainees.</p> <table border="1" data-bbox="635 1803 1077 2000"> <thead> <tr> <th>Group No.</th> <th>No. of Successful Trainees</th> <th>No. of Trainees</th> </tr> </thead> <tbody> <tr> <td>B1-1</td> <td>23</td> <td>23</td> </tr> <tr> <td>B1-2</td> <td>22</td> <td>22</td> </tr> <tr> <td>B1-3</td> <td>26</td> <td>26</td> </tr> </tbody> </table>	Group No.	No. of Successful Trainees	No. of Trainees	B1-1	23	23	B1-2	22	22	B1-3	26	26
Group No.	No. of Successful Trainees	No. of Trainees											
B1-1	23	23											
B1-2	22	22											
B1-3	26	26											



Target	Achievements at completion		
	B1-4	19	19
	B1-5	23	23
	B1-6	23	23
	B1-7	27	27
	B1-8	29	29
	B1-9	19	20
	B1-10	27	27
	B1-11	25	25
	B1-12	22	22
	B1-13	24	26
	B1-14	18	23
	B1-15	15	18
	B1-16	25	25
	B1-17	18	22
	B1-18	23	24
	B1-19	23	24
	B1-20	23	24
	B2-1	18	19
	B2-2	18	20
	B2-3	17	18
	B2-4	30	30
	B2-5	23	23
	B2-6	27	27
	B2-7	24	24
	B2-8	24	24
	B2-9	23	24
	B2-10	24	26
	B2-11	25	26
	B2-12	26	26
	B2-13	20	21
	B2-14	19	19
	B2-15	24	24
	B2-16	24	24
	B2-17	24	24
	B2-18	25	25
	B2-19	23	24
	B2-20	21	24
	B2-21	21	24
	B2-22	25	26
	B2-23	25	25
	B2-24	27	28
	B2-25	29	29
	B2-26	30	30
	B2-27	24	24
	B2-28	24	24
	B2-29	24	24
	B2-30	20	24
	B2-31	27	27
	B2-32	25	26
	B2-33	23	24
	B2-34	23	25

Target	Achievements at completion
<p>[Output 2] The appropriate M&amp;E system for prehospital care by Emergency Medicine System (SEM) is established.</p>	<p>As aforementioned in II.1-3, preliminary activities such as elaboration of the framework and the manual of the M&amp;E system for prehospital care have been completed and M&amp;E is being implemented from November 2018. Although the basis for the achievement of Output 2 is being established, the following issue was identified.</p> <ul style="list-style-type: none"> <li>- Necessity of timely implementation of common communication and informatic system for the transfer of the records of patients among the EIs.</li> </ul> <p>Use of common communication and informatic system by the hospital is an important factor for the improvement of prehospital care. After implementing the system and getting data it would be possible to monitor and evaluate in the Extended M&amp;E Committee where the hospitals are part of the members and thus encourage the use by the hospitals.</p> <p>The above issue was required to be dealt with in a timely manner to enable to allow the following activity:</p> <ul style="list-style-type: none"> <li>- Implementation of the unified M&amp;E of patient transfer records of EIs by SEM</li> </ul> <p>SEM side took measures, (i) they got an additional amount of money for printing the agreed common paper-based HAPH within the budget of 2018, and (ii) applied for the budget for 2019 on the same with the purpose to secure the continuity of the usage of HAPH, though, it was expected to have a blank period between (i) and (ii). Therefore, the expert team prepared to support the printing of HAPH for the blank period. SEM has agreed to supply forms with its budget after the Project period.</p> <p>Besides, the Project Team intended to tackle the above challenge by introducing the pilot use of HAPH in the branches of the Rescue Corps. The pilot programme initiated in the beginning of 2020 with 2 branched each of CV and CS. The pilot programme started showing improvements on the filling of HAPH and the coordination with CCSEM in the beginning of 2021. CV expanded the use of HAPH to all the branches in the Great San Salvador Metropolitan area from May 2021 and in July 2021 CS expanded to all the branches of the same area and the branch in Ciudad Delgado.</p>
<p>[Indicator]</p>	
<p>2-1 The technical team in charge of reviewing the monitoring and evaluation system, which includes other related public and emergency institutions, is organized.</p>	<p>2-1 Achieved Technical Team 2 was organized in 2016 with the participation of the major organizations in charge of prehospital care in the Great San Salvador Metropolitan area and held 12 Technical Team meetings, 13 Internal Committee for M&amp;E meetings, 8 Extended Committee for M&amp;E meetings between October 2017 and August 25th, 2021.</p>

Target	Achievements at completion
2-2 The ministerial agreement and the instructions for monitoring and evaluation for prehospital care are prepared.	2-2. Achieved The Project Team together with the person in charge of the Department of Regulation and Legislation in Health of MoH adjusted the manual drafted by the Technical Team 2 into the layout of MoH, made up the final draft version, and submitted it to MoH for its official approval, which was officially authorized on August 14th, 2018, and the product of the Project became the national standard. The Manual was divided into two (2) parts, namely, (1) Executive Agreement No.1383 on the creation of Internal and Extended Committee for M&E within SEM, and (2) Agreement No.1384 on the Instructions for M&E for the Prehospital Care and the functions of the Internal and Extended Committees. The former was published in the official gazette dated September 7th, 2018, and come into force.
2-3 (Monthly M&E report per realized session with recommendations based on the discussion of the M&E Committee) / (Number of meetings held) = 100%	2-3 Achieved Due to the pandemic, the sessions of the Internal and the Extended M&E Committees were suspended since March 2020 until March 2021.  Monthly meetings of the Internal and Extended M&E Committee meetings have been resumed from March 2021 and in each of the meetings a report with recommendations has been developed.
[Output 3] Recognition and participation of the community in the Great San Salvador Metropolitan Area on emergency medicine is increased.	As of August 25th, the manuals for community promotion and education had been elaborated and used for the activities in the pilot area and the second target area.  The result of the KAP survey shows that community promotion and education activity contribute to the recognition and participation of the community members in emergency medicine.
[Indicator]	
3-1 The First Responder and Community First Aid Manual are developed.	3-1 Achieved The draft of the manual of emergency medicine and life-saving procedures to be used for community promotion and education activities was finalized upon completion of the layout design by a printing company. The finalized manual was printed and bound in October 2018. The triptychs about the first responder, community first aid, and the emergency number 132 were also printed in November 2018. A material delivery agreement was signed and the equipment was distributed to the SIBASIS in November 2018 and October 2019.
3-2 At least 70% of the targeted community members in the pilot area receive health education and promotion.	3-2 Achieved 5 SIBASIS were planned to train 300 community members each, which means 1,500 in total. In the pilot areas, 1,547 community members (336 from SIBASI Centro, 296 from SIBASI Norte, 299 from SIBASI Oriente, 324 from SIBASI

Target	Achievements at completion
	Sur, and 292 from SIBASI La Libertad) participated in this activity.
3-3 The percentage of correct answers to the questions regarding the knowledge of (1) Emergency calls and (2) First aid are improved in the end line KAP survey.	<p>3-3 Achieved</p> <p>The data collection of the baseline and end-line surveys on KAP about emergency medicine was held in the pilot areas in November 2017 and June 2019, respectively. The encoded data was analyzed by the quantitative statistical method in July 2019. The result of the KAP survey showed as below. About the knowledge of (1) Emergency calls, the answers of “Yes” to the question, “Do you know the phone number to call an ambulance” was increased from 191 out of 527 (36.2%) at the KAP baseline survey to 225 out of 557 (40.4%,) at the KAP end line survey.</p> <p>About the knowledge of (2) First aid, the answers of Yes” to the question, “Do you know how to stop a bleeding?” increased from 272 out of 527 (51.6%) at the KAP baseline survey to 288 out of 557 (51,7%) at the KAP end line survey.</p>
3-4 The number of calls to "132" at the Project site is higher in the intervened municipalities than in the others compared to the period before and after the intervention.	<p>3-4 Achieved</p> <p>All the community promotion and education activities were completed in February 2020. The Project Team compared the number of calls to “132” between before and after the intervention, at the intervened municipalities and at the other municipalities in the Project site.</p> <p>The period to compare was set in the month of September 2020 which was passed 6 months after the community promotion and education activities and the same month of 2016 as the period before the intervention.</p> <p>The number of the calls to “132” in the intervened municipalities was 1,934, and 852 in the other municipalities in 2016. Those numbers were increased by 2,556 in the intervened municipalities and 965 in the other municipalities in the Project site. Increase rates of each area were 32 % and 17 % respectively.</p> <p>Therefore, the increase in the number of calls to “132” in the intervened municipalities was higher compared to the other municipalities.</p>
[Output 4] The basis for dissemination of achievements of improved prehospital care in the Great San Salvador Metropolitan Area is formulated.	<p>The Project Team developed the document to compare the prehospital care situation of El Salvador, Japan, and some other countries.</p> <p>The dissemination seminar was held on July 28th, 2021 and shared the achievement of the Project activities, the above country comparison, and the road map along with the developed action plan.</p>
[Indicator]	
4-1 In the dissemination	4-1 Achieved

Target	Achievements at completion
seminar, at least 70% of the participants from the SIBASIs considered positive to apply the model of community promotion and education activities developed through the Project.	In total, 34 members of SIBASIs attended the seminar and 29 members answered to the questionnaire. 28 out of 29 answers of the participants from the SIBASIs considered positive to apply the model of the community promotion and education activities developed through the Project (28 / 29 x 100 = 96.6%, more than 70%).

## 2-2. Project Purpose and indicators

Target	Achievements at completion
[Project Purpose] Quality prehospital care is provided to the population in the Great San Salvador Metropolitan Area.	<p>The policies, strategies, and needs of the El Salvador side remain unchanged; thus, the Relevance of the Project also remains the same.</p> <p>As mentioned above, activities such as the formulation of the Technical Teams, the development of the manuals, and the training of the community resources (facilitators) for promotion and education activities for the community have been completed. Although there was a delay in part of the activities of Output 1, the basis to achieve the Project Purpose was established.</p> <p>Timely actions were required to combat the challenges that may arise during the Project implementation.</p>
[Indicators]	
1. Draft action plan for establishing the prehospital care system for Great San Salvador Metropolitan area is developed.	<p>1. Achieved</p> <p>The Project Team elaborated the draft action plan for establishing the prehospital care system for the Great San Salvador Metropolitan area taking into consideration the following works discussed in the Technical Committee (hereinafter "TC") meetings;</p> <ul style="list-style-type: none"> <li>- Comparison of some countries' situation regarding the health care system and prehospital care system</li> <li>- Development of the roadmap for future prehospital care in El Salvador based on the comparison of the prehospital care in some countries.</li> </ul>
2. The RTS was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets in the Great San Salvador Metropolitan Area.	<p>2. Not achieved</p> <p>Figures for week 25, 2021 are 70.3% as described below.</p> <p>Number of HAPH for week 25<sup>6</sup> are,  Total (reference information): 509  Head-trauma patient: 37  Ditto, with RTS record: 26  26/37 = 70.3%, less than 80%</p>

<sup>6</sup> Epidemiological week: week 25, 2021 is from June 20 to 26.  
[https://www.salud.gob.sv/archivos/DVS/calendarios\\_epidemiologicos/Calendario\\_Epidemiologico\\_2021.pdf](https://www.salud.gob.sv/archivos/DVS/calendarios_epidemiologicos/Calendario_Epidemiologico_2021.pdf)

Target	Achievements at completion
	On the other hand, number of HAPH for week 32 <sup>7</sup> are, Total (reference information): 563 Head-trauma patient: 49 Ditto, with RTS record: 40 40/49 = 81.6%, more than 80%. Thus, it can be said that the indicator has been achieved in specific epidemiological week.

### 3. History of PDM Modification

#### 3-1. Modifications

The Project Design Matrix (hereinafter “PDM”) has been modified from Version 1 to 2 with the amendment to R/D signed by JICA and the MoH on July 21st, 2021. Prior to this, an amendment to R/D for the extension of the Project period for one (1) year due to the confusions brought by the COVID-19 pandemic has been signed on July 7th, 2020.

Modifications of the PDM are presented in Table-II.01.

Table-II.01 Contents of Amendment

Item	Before	Amended Version
Overall Goal : Quality prehospital care is disseminated to the whole area of El Salvador.		
Indicator 1	Variations between the values before the transfer of patients and after the arrival of patients at the hospital of RTS of patients whose physical conditions are worsened is reduced.	Draft action plan for establishing the prehospital care system for the whole area of El Salvador is developed.
Means of Verification	M&E report and Ministry of Health	Draft action plan for establishing the prehospital care system for the whole area of El Salvador
Indicator 2	The percentage of filling in prehospital care record forms in El Salvador is improved.	The RTS was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets throughout El Salvador.
Project Purpose : Quality prehospital care is provided to the population in the Great San Salvador Metropolitan Area.		
Indicator 1	Variations between previous values before the transfer and after arriving at the hospital of RTS of patients whose physical conditions are worsened during the transfer to the hospital In the Metropolitan Area are reduced.	Draft action plan for establishing the prehospital care system for Great San Salvador Metropolitan area is developed.

<sup>7</sup> Epidemiological week: week 32, 2021 is from August 8 to 14, after the dissemination seminar of the Project and the vacation period in the beginning of August.

<b>Item</b>	<b>Before</b>	<b>Amended Version</b>
Means of Verification	M&E report, Baseline survey, End line Survey	Draft action plan for establishing the prehospital care system for Great San Salvador Metropolitan area
Indicator 2	The percentage of filling in prehospital care registration record forms filled in Metropolitan Area is improved.	The RTS was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets in the Great San Salvador Metropolitan Area.
<b>OUTPUT 1: The process of training and continuous education for prehospital care providers is strengthened.</b>		
Indicator 1-1	--	The technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care, which includes other public organizations and related emergency institutions, is organized.
Means of Verification	Ministry of Health	The technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care, which includes other public organizations and related emergency institutions
Indicator 1-2	The number of participants of prehospital care providers who take trainings organized by technical levels and functions (Metropolitan Area)	The framework of the training system for prehospital care is developed through discussion in the technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care.
Means of Verification	Ministry of Health	The framework of the training system for prehospital care
Indicator 1-3	--	The manuals of the basic prehospital care course are developed according to technical levels, functions, academic profiles, and human resources.
Means of Verification	--	Elaborated manuals
Indicator 1-4	--	More than 900 trainees pass the AAPH-B examination process within the Project period.
Means of Verification	--	Training report

Item	Before	Amended Version
<b>OUTPUT 2: The appropriate monitoring and evaluation system for prehospital care by Emergency Medicine System (SEM) is established.</b>		
Indicator 2-1	Collection rate of prehospital care record forms, based on the elaborated M&E framework (Record forms collected/Patients transferred).	The technical team in charge of reviewing the monitoring and evaluation system, which includes other related public and emergency institutions, is organized.
Means of Verification	M&E report	The technical team in charge of reviewing the monitoring and evaluation system, which includes other related public and emergency institutions
Indicator 2-2	Rate of the cases in which prehospital care record forms are confirmed by doctors at hospital where patients are transferred.	The ministerial agreement and the instructions for monitoring and evaluation for prehospital care are prepared.
Means of Verification	M&E report	Elaborated manual for M&E.
Indicator 2-3	The number of cases that are feedbacked to Results 1 and 3	(Monthly M&E report per realized session with recommendations based on the discussion of the M&E Committee) / (Number of meetings held) = 100%
<b>OUTPUT 3 : Recognition and participation of the community in the Great San Salvador Metropolitan Area on prehospital attention is increased.</b>		
Indicator 3-1	Manuals and guidelines of emergency medicine and life-saving to be used for community promotion and education activities are elaborated.	The First Responder and Community First Aid Manual is developed.
Means of Verification	Ministry of Health	The First Responder and Community First Aid Manual
Indicator 3-2	The number of community resource trained for community promotion and education activities	At least 70% of the targeted community members in the pilot area receive health education and promotion.
Indicator 3-3	KAP about emergency medicine of community people in the pilot areas is improved.	The percentage of correct answers to the questions regarding the knowledge of (1) Emergency calls and (2) First aid are improved in the end line KAP survey.
Indicator 3-4	The number of adequate calls for ambulances (132) is increased.	The number of calls to "132" at the Project site is higher in the intervened municipalities than in the others compared to the period before and after the intervention.



Item	Before	Amended Version
OUTPUT 4 : The basis for dissemination of achievements of improved prehospital care in the Great San Salvador Metropolitan Area is formulated.		
Indicator 4-1	The number of participants in the dissemination seminars	In the dissemination seminar, at least 70% of the participants from the SIBASIs considered positive to apply the model of community promotion and education activities developed through the Project.
Activity		
Activity 1-2	Review and elaborate manuals, guidelines, etc. on prehospital care, classified by technical levels and functions according to academic profiles and/or medical human resources, following the established procedure that Ministry of Health owns	Review and elaborate manuals, guidelines, etc. on prehospital care, classified by technical levels and functions according to academic profiles and/or medical human resources
Activity 3-1	Coordinate community promotion and education activities on emergency medicine with related departments in the Ministry of Health	Coordinate community promotion and education activities on prehospital attention with related departments in the Ministry of Health
Activity 3-4	Implement the baseline survey on knowledge, attitude and practice (KAP) of community people about emergency medicine	Implement the baseline survey on knowledge, attitude and practice (KAP) of community people about prehospital attention

### 3-2. Background and Reason of Amendment

#### (1) Background

EIs other than SEM such as PNC, CR, CS and CV, account for a certain proportion of prehospital care services in El Salvador. Although the implementing organization and the implementation structure of the Project remain the same, the both sides discussed and agreed at the 5th JCC meeting held on January 27, 2021 to revise the indicators to better reflect the actual status of collaboration among EIs.

#### (2) Reason

##### 1) Overall Goal and Project Purpose

Add the indicator 1 (action plan development) under the above mentioned concept in 3-2. (1).

##### 2) Indicator 1-1,1-2, 2-1, 2-2 and 2-3

Revise the indicator under the above mentioned concept in 3-2. (1), taking into consideration Technical Teams and the Extended M&E Committee which EIs are participating.

3) Indicator 1-4

Add the indicator for AAPH-B which EIs are participating and is in line with the concept explained in 2. (1).

4) Indicator 2 of Overall Goal, Indicator 2 of Project Purpose, Output 1 Indicator 1-3, and Indicators of Output 3 and 4

Adjust the existing indicators.

### **III. Result of Joint Review**

#### **1. Results of Review based on DAC Evaluation Criteria**

##### **1-1. Relevance**

The relevance of the Project, in relation to the healthcare policy and the development needs of the Republic of El Salvador, is high.

##### **1-1-1. The Policies of the Government of El Salvador**

Current government of El Salvador started in June 2019. However, updated versions of the policy documents are not yet published as of August 25th, 2021. Relevance according to the available policy documents is described in continuation.

The “Five-Year Development Plan (Plan Quinquenal de Desarrollo 2014-2019)” adopted by the Government of El Salvador in June 2014 sets a clear direction towards the improvement of the healthcare sector through several aspects, as follows:

- 1) “To gradually ensure that the Salvadoran population gains quality universal health access and coverage (Asegurar paulatinamente que la población salvadoreña obtenga acceso y cobertura universal de salud de calidad)” (Objective 4 of the Development Plan)
- 2) “To gradually strengthen and employ the emergency medicine system (Fortalecer gradualmente y emplear el sistema de emergencias médicas)” (the Strategy of “Progressive extension of health coverage to the entire population and integrated provision of timely, accessible, affordable, effective, and quality health services (Ampliación progresiva de la cobertura de salud a toda la población y prestación integral de servicios de salud oportunos, accesibles, asequibles, eficaces y de calidad)”)

Additionally, Strategy 14 “Walking towards a Healthy Society (Caminar hacia una sociedad saludable)” in the “National Health Policy 2014-2019 (Política Nacional de Salud 2014-2019)” developed by the MoH, specifies the introduction of the National Emergency System (Sistema Nacional de Emergencia) which guarantees timely and quality healthcare by providing specialized ambulances, medical equipment, trained health personnel, medicines, and medical consumables. Moreover, the introduction of the Emergency Medical System at the national level is considered as the first priority of the plan of operation of the health policy developed by the Vice-Minister. The policy framework presented above supports the fact that the Project is consistent with the policies of the Government of El Salvador.

##### **1-1-2. The Needs of El Salvador**

Although the prehospital care is carried out by the MoH and the Rescue Corps (RC, CV, and CS) which are not subordinated to the MoH, El Salvador encounters challenges related to the

development and application of necessary measures concerning the proper transportation and stabilization of patients, as well as an adequate hospitalization and/or rehabilitation period which is sometimes too long, resulting in a large social and financial burden for both the citizens and the government.

Considering these circumstances, it is possible to provide appropriate healthcare Salvadoran patients if SEM undergoes necessary improvement by:

- 1) Reviewing the medical practices and measures performed in the prehospital setting according to the technical levels and functions, and based on the academic profiles and licenses of prehospital care personnel;
- 2) Improvement of the abilities of prehospital care personnel according to technical levels and functions.

It is expected that these measures will bring important results such as the decrease of the injury and mortality rate, reduction of the physical burden on patients, a shorter recovery period for patients, as well as the reduction of the medical costs associated with hospitalization and rehabilitation. Therefore, it can be said that this Project is consistent with the needs of the citizens of El Salvador.

### **1-1-3. The Appropriateness of the Methodology**

The Project has supported SEM to strengthen the process of training and continuous education for prehospital care providers, to establish the appropriate M&E system for prehospital care, and to increase recognition and participation of the community in the Great San Salvador Metropolitan Area in prehospital attention. It can be said these activities directly contributed to meet the needs of El Salvador described in above 1-1-2 in this chapter. In addition, the Project chose the Great San Salvador, the capital city area, as the pilot to acquire good practices since the area has enough resources to proceed with the activities. The Project also requested SEM to develop the action plan for expanding the achievements to the whole country. Thus, it can be said the Project has provided SEM with enough chances to disseminate the effect. At the beginning of this Project, the World Bank Group (hereinafter “WBG”) provided SEM with an operation system for ambulance transportation, but the support was finished during this Project period. Thus, currently this Project is the one and only assistance by international donors. This Project has assisted SEM with utilizing the assets of WBG.

The Project selected the human resources working for the prehospital care (47 staff from SEM, 90 staff from FOSALUD, and approximately 600-700 volunteers of NPOs) as the direct beneficiaries (the target of the Project). The target includes not only governmental officers, but also prehospital care staff from NPOs which can cover patients in the unsecured area. Thus, the Project target is set appropriately from the point of view of the beneficiaries’ fairness. On the

other hand, however, the Project didn't include PNC and CBES, which also contribute to prehospital attention unofficially, as the direct beneficiaries. Actually, the Project included them as collaborating EIs, however, these institutions should have been included from the beginning of the Project since they are currently the main bodies of prehospital care, especially in the local area.

The Project was implemented through utilizing by experience of Japan which has a solid prehospital care system. Although the system in Japan has some issues related to a super-aging society, the Japanese experience can be referred to as a best practice for El Salvador, especially in capacity building and operation.

Considering the above, it can be said that the methodology of the Project is appropriate.

## **1-2. Coherence**

The coherence of the Project, in relation to the assistance policy of Japan and the international development agenda, is high.

### **1-2-1. Japan's Assistance Policy**

#### **(1) Japan's Global Health Policy**

In its "Global Health Policy 2011-2015", the Japanese Government states its commitment to contribute to peace-building and community stabilization by providing assistance in the event of natural disasters and conflicts including the strengthening of the healthcare system as one of approaches. Also, in "Japan's Strategy on Global Health Diplomacy" adopted in May 2013, health is considered an indispensable field to embody the principle of human security. This Strategy emphasizes the Japanese government's promotion of the concept that all the people should receive basic health care services through the Universal Health Coverage (hereinafter "UHC"). In addition, based on "Global Health Policy 2011-2015", "Basic Design for Peace and Health (Global Health Cooperation)" was drawn up in 2015. The document set a few policy goals; not only to increase Japan's efforts to prevent and control such diseases but also strengthen its health systems as a whole, to support achieve UHC that ensures affordable access to basic health services for all whenever they need them throughout their lives, and to help other countries in the world to address various health issues by taking advantage of Japan's experience, expertise and technical capabilities and dispatching personnel as appropriate.

Since this Project aims to contribute to the strengthening of the emergency medical system with the purpose of providing quality emergency medical services to the citizens of El Salvador regardless of their socioeconomic status, through utilizing Japanese experience and expertise, the Project is consistent with Japan's assistance policy.

## **(2) Country Assistance Policy for El Salvador**

In the Country Assistance Policy for El Salvador (as of February 2017), “To Promote Autonomous and Sustainable Development (Promover el Desarrollo Autónomo y Sostenible)” is presented as the basic principle of assistance, and the “Prevention of Disasters and Conservation of Environment for the Sustainable Development (Prevención de Desastres y Conservación del Medio Ambiente para el Desarrollo Sostenible)” is selected as one of the priority areas for cooperation. This Project is positioned in this priority area under the “Program of Strengthening of the System of Risk Management (Programa de Fortalecimiento del Sistema de Gestión de Riesgos)”, being a part of a comprehensive approach aimed at overcoming the country’s vulnerability to natural disasters from both aspects of hardware and software. Although this Project aims to strengthen the capacity of prehospital care in the normal times, it also indirectly contributes to strengthening disaster response measures since the existing resources at the time of disaster will be involved, utilized and incorporated into the prehospital care system. Therefore, this Project is in line with the Country Assistance Policy for El Salvador.

### **1-2-2. International Development Agenda – Sustainable Development Goals**

The Sustainable Development Goals (SDGs) consist of 17 Goals. The third Goal - “Ensure healthy lives and promote well-being for all at all ages” - is the goal related to health. This goal has 11 targets and the target 3.6 (“By 2020, halve the number of global deaths and injuries from road traffic accidents”) and 3.8 (“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) are the targets to which the Project contributed.

### **1-3. Effectiveness**

The indicators of the Project Purpose and Outputs are achieved, consequently the Project Purpose and Outputs have been achieved as a result of Project implementation and by the time of Project completion.

Achievement level of each indicator for the Project Purpose and Outputs are presented in Table-III-01. below.

Table-III.01. Achievement level of the each of the indicators for Project Purpose and Outputs

<b>Indicators for the Project Purpose and Outputs</b>	<b>Achievement level</b>
[Project Purpose]	
1. Draft action plan for establishing the prehospital care system for Great San Salvador Metropolitan area is developed.	1. Achieved The Project Team elaborated the draft action plan for establishing the prehospital care system for

Indicators for the Project Purpose and Outputs	Achievement level
	<p>the Great San Salvador Metropolitan area taking into consideration the following works discussed in the TC meetings;</p> <ul style="list-style-type: none"> <li>- Comparison of some countries' situation regarding the health care system and prehospital care system</li> <li>- Development of the roadmap for future prehospital care in El Salvador based on the comparison of the prehospital care in some countries</li> </ul>
<p>2. The RTS was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets in the Great San Salvador Metropolitan Area.</p>	<p>2. Not achieved  Figures for week 25, 2021 are 70.3% as described below.</p> <p>Number of HAPH for week 25<sup>6</sup> are,  Total (reference information): 509  Head-trauma patient: 37  Ditto, with RTS record: 26  <math>26/37 = 70.3\%</math>, less than 80%</p> <p>On the other hand, number of HAPH for week 32<sup>7</sup> are,  Total (reference information): 563  Head-trauma patient: 49  Ditto, with RTS record: 40  <math>40/49 = 81.6\%</math>, more than 80%. Thus, it can be said that the indicator has been achieved in specific epidemiological week</p>
<p>[Output 1]</p>	
<p>1-1 The technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care, which includes other public organizations and related emergency institutions, is organized.</p>	<p>1-1 Achieved  Technical Team 1 was organized in 2016 with the participation of each EIs and held 26 meetings between October 2018 and August 25th, 2021.</p>
<p>1-2 The framework of the training system for prehospital care is developed through discussion in the technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care.</p>	<p>1-2 Achieved  Technical Team 1 developed the plan of AAPH-B as the basic minimum level training focused on the core contents for the ambulance staff.</p> <p>Technical Team 1 also developed the draft plan of AAPH-A with considering the difference from AAPH-B.</p> <p>The current framework of the training system for prehospital care is composed of both plans.</p>
<p>1-3 The manuals of the basic prehospital</p>	<p>1-3 Achieved</p>

Indicators for the Project Purpose and Outputs	Achievement level
<p>care course are developed according to technical levels, functions, academic profiles, and human resources.</p>	<p>The first draft of the manuals was made and AAPH-B started in September 2019. The manuals are reviewed and elaborated by Technical Team 1 based on the opinions of training participants and EIs and completed in March 2020.</p> <p>The manual was started to edit to register its copyright in December 2020.</p> <p>Taking both the COVID-19 situation and the necessity of more training for ambulance staff into consideration, Technical Team 1 started the discussion towards the establishment of the AAPH-B e-learning in December 2020. AAPH-B e-learning was launched in August 18th, 2021.</p>
<p>1-4 More than 900 trainees pass the AAPH-B examination process within the Project period.</p>	<p>1-4 Achieved * 1,259 (1,259 / 900 x 100 = 139.9%), more than 900 trainees passed the AAPH-B examination.</p>
<p>[Output 2]</p>	
<p>2-1 The technical team in charge of reviewing the monitoring and evaluation system, which includes other related public and emergency institutions, is organized.</p>	<p>2-1 Achieved Technical Team 2 was organized in 2016 with the participation of each EIs and held 12 Technical Team meetings, 13 Internal Committee for M&amp;E meetings, 8 Extended Committee for M&amp;E meetings between October 2017 and August 25th, 2021.</p>
<p>2-2 The ministerial agreement and the instructions for monitoring and evaluation for prehospital care are prepared.</p>	<p>2-2 Achieved The Project Team together with the person in charge of the Department of Regulation and Legislation in Health of MoH adjusted the manual into the layout of MoH, made up the final draft version, and submitted it to MoH for its official approval, which was officially authorized on August 14th, 2018, and the product of the Project became the national standard. The Manual was divided into two (2) parts, namely, (1) Executive Agreement No.1383 on the creation of Internal and Extended Committee for M&amp;E within SEM, and (2) Agreement No.1384 on the Instructions for M&amp;E for the Prehospital Care and the functions of the Internal and Extended Committees. The former was published in the official gazette dated September 7th, 2018, and come into force.</p>
<p>2-3 (Monthly M&amp;E report per realized session with recommendations based on the discussion of the M&amp;E Committee) /</p>	<p>2-3 Achieved The indicator was measured based on the number of meetings and reports of the Extended</p>



Indicators for the Project Purpose and Outputs	Achievement level
(Number of meetings held) = 100%	<p>Committee for M&amp;E. 8 meetings of the Extended Committee for M&amp;E were held and the same number of M&amp;E reports were submitted between October 2018 and August 2021.</p> <p><math>*(8 \text{ reports}) / (8 \text{ meetings}) \times 100 = 100\%</math></p>
[Output 3]	
3-1 The First Responder and Community First Aid Manual are developed.	<p>3-1 Achieved</p> <p>The draft of the manual of emergency medicine and life-saving procedures to be used for community promotion and education activities was finalized upon completion of the layout design by a printing company. The finalized manual was printed and bound in October 2018. The triptychs about the first responder, community first aid, and the emergency number 132 were also printed in November 2018. A material delivery agreement was signed and the equipment was distributed to the SIBASIs in November 2018 and October 2019.</p>
3-2 At least 70% of the targeted community members in the pilot area receive health education and promotion.	<p>3-2 Achieved</p> <p>Targeted community members: 1,500 Actual: 1,547 <math>1,547 / 1500 \times 100 = 103.1\%</math>, more than 70%</p> <p>1,547 out of 28,406 population in the pilot area were trained (5.4%).</p>
3-3 The percentage of correct answers to the questions regarding the knowledge of (1) Emergency calls and (2) First aid are improved in the end line KAP survey.	<p>3-3 Achieved</p> <p>This indicator was the one which expected ripple effect that the community members trained by facilitators sensitized other community members. Although the percentages were slightly improved, there are some room to improve more, therefore, it is required to keep conducting the community promotion and educational activity based on the plan which was developed by the Directorate of the Primary Health Care of MoH.</p> <p>(1) Knowledge of emergency calls KAP baseline survey: <math>191 / 527 \times 100 = 36.2\%</math> KAP endline survey: <math>225 / 557 \times 100 = 40.4\%</math></p> <p>(2) Knowledge of first aid, KAP baseline survey: <math>272 / 527 \times 100 = 51.6\%</math> KAP endline survey: <math>288 / 557 \times 100 = 51.7\%</math></p>
3-4 The number of calls to "132" at the Project site is higher in the intervened	3-4 Achieved

Indicators for the Project Purpose and Outputs	Achievement level			
municipalities than in the others compared to the period before and after the intervention.		Sept. 2016	Sept. 2020	Increment %
	Intervened municipalities	1,934	2,556	32 %
	Other municipalities	852	965	17 %
<p>[Output 4]</p> <p>4-1 In the dissemination seminar, at least 70% of the participants from the SIBASIs considered positive to apply the model of community promotion and education activities developed through the Project.</p>	<p>4-1 Achieved</p> <p>28 out of 29 replies of the participants from the SIBASIs considered positive to apply the model of the community promotion and education activities developed through the Project.</p> <p>28 / 29 x 100 = 96.6%, more than 70%</p>			

Achievement level of each of the Outputs and the Project Purpose is presented in Table-III.02.

Table-III.02. Achievement level of the Project Purpose and the Outputs

Outputs and Project Purpose	Results by evaluation criteria for Effectiveness
[Project Purpose]	<p>High:</p> <p>1. Achieved.</p> <p>2. Not achieved, because the figures for week 25, 2021 are 70.3%, as described in Table-III.01. However, the figures for week 32, 2021 are more than 80%, which satisfy the indicator. Therefore, the effectiveness is judged as “high”.</p>
[Output 1]	<p>High:</p> <p>1-1 Achieved</p> <p>1-2 Achieved</p> <p>1-3 Achieved</p> <p>1-4 Achieved</p> <p>All indicators achieved.</p>
[Output 2]	<p>High:</p> <p>2-1 Achieved</p> <p>2-2 Achieved</p> <p>2-3 Achieved</p> <p>All indicators achieved.</p>
[Output 3]	<p>High:</p> <p>3-1 Achieved</p> <p>3-2 Achieved</p> <p>3-3 Achieved</p> <p>3-4 Achieved</p>

<b>Outputs and Project Purpose</b>	<b>Results by evaluation criteria for Effectiveness</b>
	All indicators achieved.
[Output 4]	High: 4-1 Achieved  The indicator achieved.

Real and updated situation of the prehospital care sector of El Salvador extracted through the activities of the Outputs has been the input for the Project Team to elaborate the draft action plan which is the first indicator of the Project Purpose, while the activities related to M&E in the Output 2 contributed to the measurement of the second indicator. Thus, the effectiveness of the Project is high.

#### **1-4. Efficiency**

Planned and actual Project cost and period are presented in Table-III.03. The Project period has been extended for a year due to the COVID-19 pandemic. Subsequently the Project cost plan has been revised and all revised planned activities have been implemented within the revised Project period. At the same time, the Outputs and the Project Purpose have been achieved by the completion of the Project, hence proving the high efficiency of the Project. Actual Project cost spent is 346 million Japanese yen, less than planned cost of 420 million yen, and the actual Project period is from August 26th 2016 to August 25th 2021, one year longer than the planned period which has been extended because of the external factor of the COVID-19 pandemic.

Based on the above, the efficiency of this Project is evaluated as high.

Table-III.03. Planned and actual Project cost and period

<b>Item</b>	<b>Planned (Original)</b>	<b>Actual</b>
Project cost	420 million Japanese yen	346 million Japanese yen
Project period	From 2016 to 2020	From August 26th 2016 to August 25th 2021

#### **1-5. Impact**

The impact at the time of the completion of the Project is expected to be high as described in continuation. See also IV.1.

##### **1-5-1. Prospects to achieve Overall Goal**

The Overall goal is expected to be achieved as main effect of the Project. All planned activities have been completed and the challenges that arose during the Project have been adequately addressed in order to achieve the Project Purpose. Consequently, the possibility of

achieving the Overall goal is high. As described in the section III.1-1., on Relevance, the Overall goal of the Project, namely “Quality prehospital care is disseminated to the whole are of El Salvador” is in line with the recipient country’s development plan, thus the achievement of the Overall goal is expected to impact the development plan of El Salvador.

#### **1-5-2. Causal relationship**

The Overall goal is “Quality prehospital care is disseminated to the whole area of El Salvador” while the Project Purpose is “Quality prehospital care is provided to the population in the Great San Salvador Metropolitan Area”, thus, the overall goal does not deviate from the Project Purpose.

The external condition (important assumption) set from the Project Purpose to the overall goal is “The Government of the Republic of El Salvador continues the health plan” and it is appropriate even at this stage.

#### **1-5-3. Ripple Effect**

The collaboration among the EIs and MoH may positively influence the coordination between these institutions beyond the achievement of the Overall goal such as establishing a system that would also work in the event of a natural disaster.

#### **1-5-4. Points of Consideration**

The following items are the factors that may impede the achievement of the Overall Goal if they are not coped with in a timely manner.

- 1) Timely establishment of the communication system between CCSEM and EIs.
- 2) Timely implementation of the common patient transfer record system among the EIs.
- 3) Timely budget allocation for the expansion plan of the Emergency Medical System on a national scale.

The Salvadoran side is tackling with above factors.

#### **1-6. Sustainability**

The support from the policy and relevant institutions, the structure (inside the organization, interorganizational responsibility and structure, and availability of human resources), and the skill level of the Implementing Agency required for the continuation of the Project effect are still being developed hence the sustainability of the Project is fair at the completion of the Project.

The Project contents meet the development needs of the society; thus, the Project activities have prospects to be continued and developed on a regular basis.

### **1-6-1. Policy Aspect**

As aforementioned in III.1-1., current government of El Salvador started in June 2019. However, updated versions of the policy documents are not yet published as of August 25th, 2021. The importance of quality prehospital care remains the same and has become a key issue during the COVID-19 pandemic.

The decree 158 dated September 4, 2013 on the creation of the Emergency Medical System was announced in the official gazette dated October 25, 2013. The decree announces the creation of the Emergency Medical System, describes the inter-institutional participation and intersectoral collaboration approached in a permanent and effective way, defines the actions of SEM, and describes the structure for the management of SEM for coordination and function.

The laws and regulations that define and organize the work, responsibilities, and qualifications of the prehospital care providers have not yet been established in El Salvador. The Salvadoran side is aware of this issue and SEM, after the restructuring of its organization, is tackling with this aspect. CONASEM is responsible for the establishment of a legal framework for the prehospital care services in the country; however, it has not been held for a long period and remains as challenge for the Salvadoran side.

### **1-6-2. Institutional Aspect**

The implementing organization of this Project is the MoH which plays the main role of management of SEM, while CR, CV, CS, PNC and FOSALUD are the collaborating organizations. CBES and the emergency departments of eight (8) national hospitals located in the Great San Salvador Metropolitan area have been added as collaborating organizations during the implementation of the Project.

As described in Chapter I, emergency medical system was established in 2013 to articulate and coordinate, in a transverse manner, the related organizations under the initiative of MoH. The main governing body of the Emergency Medical System is the SEM, and the CCSEM is responsible for dispatching the necessary ambulances. In addition, the personnel in charge of the emergency transport assigned to the four BOSEMs in San Salvador, are hired by FOSALUD and perform their work under the management of the Head of Prehospital Care. Originally the CCSEM was the one which had to fulfill the role of assessing the state of emergency patients and coordinating their transportation to the appropriate hospitals; however, for historical reasons, several NPOs (CR, CV, and CS) carry out their own emergency transportation services. SEM intends to regulate, under the umbrella of the Emergency Medical System, the diverse prehospital care institutions currently operating in the country; however, there are some difficulties to control several organizations including the NPOs that have different structures, policies, and budget background due to a lack of a legal framework.

Considering the above mentioned situation in El Salvador, where various institutions with different organizational backgrounds are involved in prehospital care, the Project sought to gather them as a whole, and led by MoH, by spending time and effort to establish relationships among them through meetings of the Technical Teams for the Training Plan (Output 1), M&E (Output 2), and two training courses in Japan conducted in 2018. SEM also tried to build relationships in the same manner during the absence of the expert team in 2017. Due to these efforts, the current relationship with the cooperating organizations is better than at the beginning of the Project, and it is expected that this relationship would continue in the future and contribute to the sustainability of it. The cooperative relationships between the involved organizations are improving, but as described later in III.2., actions such as CR's pausing their participation in the meetings related to the Emergency Medical System, can become a risk for emergency medical system to function as an unified system that incorporates the Rescue Corps. As a countermeasure, the Project has continued to endeavor to maintain or further improve the relationships among the institutions that have been built through the Project activities. In addition, it is recognized that the development of the legal framework by CONASEM, mentioned in the previous section, is also important.

### **1-6-3. Technical Aspect**

MoH as the Implementing Organization has the technical capacity to sustain the achievements of the Project. It also has the technical capacity and the system to disseminate the achievements of the Project to the areas outside the Project sites. The goods procured by the Project in order to be used for training purposes do not require technical maintenance.

### **1-6-4. Financial Aspect**

SEM has got own budget through the restructuring. SEM can secure the necessary budget to sustain and expand the activities after the completion of the Project.

The prehospital care system of El Salvador consists not only of public institutions such as MoH, FOSALUD, PNC and CBES, but also includes the Rescue Corps. The Rescue Corps have their own budget system. The involvement of many institutions with different backgrounds may cause difficulties to financially sustain and expand the activities introduced through the Project.

## **2. Key Factors Affecting Implementation and Outcomes**

The challenges, the positive key factors, and other considerations for the successful achievement of the Project which the Project encountered during the Project implementation are listed in the Table-III.04.

Table-III.04. Key Factors Affecting Implementation and Outcomes

No.	Category	Challenges, positive key factors, and Other Considerations
1	External factor	COVID-19 pandemic
2	Internal factor	Future visions of the implementing agency
3	Internal factor	Leadership and ownership of the implementing agency
4	Output 2 / Internal factor	Data and information for M&E
5	Indicator	Modification of the initial indicators for the Project Purpose and the Overall Goal
6	General	CR's decision to suspend their participation to the meetings related to the Emergency Medical System
7	External factor	Timely establishment of the communication system between CCSEM and the EIs
8	External factor	Timely implementation of common patient transfer record system among the EIs
9	Output 3 / External factor	Timely budget allocation to increase the capacity of CCSEM
10	General	Regular and weekly meetings
11	Output 3	Difficulty of selecting pilot areas to implement training for the communities
12	Output 3	Need for reconstruction of the training model for the community with a sustainable strategy

### 2-1. COVID-19 pandemic

El Salvador declared the state of emergency on March 14th, 2020 due to the COVID-19 pandemic. SEM, as the organization in charge of prehospital ambulance services, naturally had to get involved from the very beginning of the pandemic, reinforcing capacity of CCSEM to attend the population. SEM had to shift the priorities to the pandemic emergency rather than the Project activities. At the same time, due to the pandemic the Expert team left El Salvador in the end of March 2020 and thus the Project activities faced suspensions.

### 2-2. Future visions of the implementing agency

The Emergency Medical System has been established in the year 2013 by the MoH Decree No. 158 "Creation of Emergency Medical System" published in the official gazette October 25th, 2013, that defines SEM as an inter-institutional and inter-sector coordination body, CONASEM as the highest council and Technical Committee of Emergency Medical System (Comité Técnico del Sistema de Emergencias Médicas, hereinafter "COTSEM") as the Emergency Medical System's technical committee that also includes the Rescue Corps in the members whilst historically the Rescue Corps have been providing the service before the establishment of the Emergency Medical System. The Emergency Medical System had a nationwide expansion plan in its early years of establishment as shown in Table-III.05.

Table-III.05. The Emergency Medical System’s nationwide expansion plan (2015-2019)

2015	2016	2017	2018	2019
Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Reinforce metropolitan area - San Salvador and La Libertad	Santa Ana Type A and B: 1 each	La Paz Type A and B: 1 each	Auachapan Type B: 2	Morazan Type B: 2
	Sonsonate Type A and B: 1 each	Usulután Type B: 2	La Unión Type B: 2	Cabañas Type B: 2
	San Miguel Type A and B: 1 each	Cuscatlán Type B: 2	San Vicente Type B: 2	Chalatenango Type B: 2

The said plan was limited to MoH/SEM and did not take into consideration the collaboration with the Rescue Corps. SEM is the intra and inter institutional coordination body for all the stakeholders which has to do with medical emergencies. However, as of August 25th, 2021, CONASEM as well as COTSEM has not gather to have a meeting.

### 2-3. Leadership and ownership of the implementing agency

The implementing agency of the Project is SEM. The Project aimed to achieve the Project Purpose of “Quality prehospital care is provided to the population in the Great San Salvador Metropolitan Area” in cooperation with the EIs including the Rescue Corps. In addition, as aforementioned in 2-2 above, SEM is defined as a coordination body of the EIs in its foundation Decree where CONASEM is stated as the highest decision making council of the Emergency Medical System, however, CONASEM and COTSEM did not gather to have a meeting throughout the Project period.

### 2-4. Data and information for M&E

Information of the prehospital care provided by the EIs is required for the implementation of the M&E. The Project Team started preparations for the meetings of the internal and the extended M&E committees after the approval of the M&E manual by MoH and noticed that the information available in SEM were not enough both in coverage and preciseness to implement appropriate M&E. (1) Information of some of the emergency cases attended by SEM /FOSALUD were lacking some fields such as “time” while (2) information of cases attended by the Rescue Corps were limited to the ones CCSEM made the coordination. SEM was introducing electronic tablets for the ambulances of SEM/FOSALUD but the tablets did not function well as expected. This was considered as one of the causes for (1) and (2) was a known challenge from before.



## **2-5. Modification of the Indicators for the Project Purpose and the Overall Goal**

The initial set 1st indicator for the Project Purpose and the Overall Goal involved at least two measurements of RTS. The results of the baseline survey indicated several challenges in the measurement of RTS for all EIs which are not expected to be solved in the near future. Thus, the modification of this indicator in the way to represent the Project Purpose were considered as one of the challenges that will affect the results of the Project.

## **2-6. CR's decision to suspend their participation to the meetings related to the Emergency Medical System**

CR submitted a letter to the Minister of Health requesting the activation of CONASEM in the beginning of 2018 and decided to suspend the participation to all the meetings and workshops led by SEM including the ones of the Project. Although CR did not attend many of the meetings held after the decision taken, they still supported the Project activities by working on development of the manual for Output 1 and attending the 2nd training course in Japan. The Project Team maintained the communication with CR and MoH seeking for solution.

## **2-7. Timely Establishment of a Communication System between CCSEM and the EIs**

PNC and the four (4) BOSEM supported by FOSALUD had integrated communication system with CCSEM both in voice and data. At the other hand, having the same system with CBES, CR and CS remained as a challenge. This means that SEM could not count with a system to acquire and monitor all patient transfer cases in prehospital care conducted by all the EIs, which is essential for the Emergency Medical System to function as a unified and integrated system. The establishment of such system has not been within the scope of the Project, but since it could affect the achievement of the Project, the Project Team raised this issue in the meeting of Technical Team 2. Refer to 3-7 for the subsequent process.

## **2-8. Timely Implementation of a Common Patient Transfer Record System among the EIs**

The institutions involved in prehospital care agreed upon the implementation of HAPH in May 2017. However, this form has not been put in use in all institutions. The implementation of HAPH is an indispensable requirement for the Emergency Medical System to function as a unified and integrated system. As well as point 2-7 mentioned above, the implementation of the common patient transfer record system has not been within the scope of the Project but considering the influence it may have on the achievements of the Project, the Project Team took the same approach as for 2-7. Refer to 3-8 for the subsequent process.

## **2-9. Timely budget allocation to increase the capacity of CCSEM**

Although the operation of BOSEMs was mostly limited to the Great San Salvador area in exception of BOSEM-Hospital El Salvador which has been established to combat against the COVID-19 pandemic, CCSEM has been attending operations at a national level. Call number 132 (SEM's call number) was not well known in the population before the pandemic and through the activities of Output 3 which intended to raise the acknowledgement of SEM within the community, it was expected that the number of emergency calls would increase. The number of emergency calls to 132 has increased during the pandemic. Subsequently, CCSEM is facing challenges with the capacity to attend all incoming calls due to the limitations of the software system of CCSEM which has difficulty to have more than eight (8) teleoperators for the said system.

## **2-10. Regular and weekly meetings**

The Project management structure is made up of JCC, OC and TC as defined by R/D dated March 7th, 2016. Along with these three (3) committees, the Project Team decided to hold weekly meetings between the core members of SEM and the Japanese Expert team, to monitor the progress of the Project on a weekly basis and to discuss how to address the challenges that may come up during the Project implementation. In addition, it was decided to hold a monthly meeting between the Project Director and the Project Team. The combination of the JCC, OC, TC, weekly and monthly meetings brought a flexible, efficient and appropriate management structure to the Project, as did the assignment of an appropriate number of C/Ps with adequate qualifications from the Salvadoran side as mentioned in Chapter II.

Although the Project encountered delays in some of the inputs and activities several times, both the inputs of the Japanese side and the Salvadoran side scheduled up to date have been completed.

In addition to the Implementing Organization, the Project has the following collaborating organizations:

- Emergency Department of the National Hospitals in the Great San Salvador area
  - 1) Hospital Nacional Especializado Rosales,
  - 2) Hospital Nacional General Dr. Juan José Fernández (Zacamil),
  - 3) Hospital Nacional General San Rafael,
  - 4) Hospital Nacional General Enfermera Angélica Vidal de Najarro (San Bartolo),
  - 5) Hospital Nacional General de Neumología y Medicina Familiar Dr. José Antonio Saldaña,
  - 6) Hospital Nacional Especializado de Niños Benjamín Bloom)
  - 7) Hospital Nacional de Psiquiatría “Dr. José Molina Martínez”

- 8) Hospital Nacional de la Mujer “Dra. María Isabel Rodríguez”
- FOSALUD
  - PNC
  - CBES
  - CR
  - CV
  - CS

The collaborating organizations are members of the TC and the Technical Teams. Their involvement provided opinions and feedback on various aspects of the Project. At the same time, because (1) the number of collaborating organizations is large, (2) these organizations are not direct C/P of the Project, and (3) some of the members assigned by the Rescue Corps to the Technical Teams are volunteers, there were some difficulties to the Project in the coordination of the meetings of the Technical Teams.

The Project encountered several challenges in the implementation process as aforementioned, however, the Project Team coped with the challenges and took countermeasures. The close communication between the core members of SEM and the Japanese Expert team through the weekly meetings has actively supported the Project in overcoming the challenges.

#### **2-11. The Difficulty of Selecting Pilot Areas to Implement Trainings for the Communities**

It was initially assumed that trainings would be conducted in the communities covered by one UCSF of each SIBASI as the pilot area. However, within the pilot area: (1) there are many areas that cannot be accessed easily due to safety reasons, (2) the service area of the BOSEM is limited in some regions, (3) the number of human resources varies from region to region, and (4) each UCSF covers a different amount of population, depending on the area. Therefore, it was difficult to select areas that met all the selection criteria. Hence, the selection criteria were reviewed and revised in order to reflect the actual conditions of the regions. Through repeated discussions among the Project Team members, new selection criteria were defined as (1) safety level, (2) SEM’s service coverage, (3) the number of human resources and community promotion and education activities, and (4) the number of inhabitants. Five pilot areas were selected based on these new criteria.

#### **2-12. Need for Reconstructing the Training Model for the community with a Sustainable Implementation Strategy**

At the beginning of the Project, a cascade training model, which involves three different training levels implemented in a top-down order for an efficient dissemination of information, was chosen as a model for community trainings. These trainings initially targeted the following

categories of people: (1) thirty facilitators per pilot area, composed of health promoters and health volunteers; (2) one hundred residents per pilot area, composed of community leaders and community volunteers; and (3) all community residents. One category would deliver the training to the next one in a consequent manner. However, through discussions among the Project Team members, it was concluded that this training model needed to be redesigned from the perspective of effectiveness and sustainability. Considering the training topic of "basic knowledge on first aid", facilitators are required to carry out trainings based on correct medical knowledge. They are also required to possess leadership skills and a certain degree of expertise in the field. Hence, the Project Team proposed harmonizing the training model with the existing mechanisms in UCSF. As a result, the training model was adjusted based on the following considerations: (1) the facilitators will be chosen from among the health promoters and persons those who work for UCSF, and the number of the facilitators will be reduced to twelve per pilot area; (2) the number of target participants, who will be trained by the facilitators described above (1), will be increased to 300 per pilot area; (3) the trained community people described above (2) are expected to share their acquired knowledge with their neighbors.

Based on the reconstructed training model, candidates for facilitators were selected from health promoters and UCSF staff from each of the 5 pilot areas, and 56 candidates have completed the facilitator training. In the facilitator training, 7 to 9 instructors attentively trained 30 trainees, imparting correct knowledge and technical skills. The detailed schedules over several months for the training for the community in phase 2, which will target 300 trainees per pilot area, was established under the initiative of SIBASI. The reconstructed training model realized the quality assurance of training and sustainability of activities by utilizing human resources as facilitators working under the umbrella of the MoH.

### **3. Evaluation on the results of the Project Risk Management**

#### **3-1. COVID-19 pandemic**

The Project activities faced a halt by the COVID-19 pandemic. In spite of several attempts to continue with the activities, the Salvadoran C/Ps had to give priority to the pandemic. The Chief of the Prehospital care who was one of the key C/P of the Project was assigned to work in National Hospital Rosales, the Expert team kept contact with the Salvadoran side and the local staff, but this situation continued until the end of August 2020 when the Expert team changed the work setting and decided to restart the activities by restructuring the local staff team, established a "remote-work" setting combining the on-line meetings and the capacity building of the local staff of the Expert team in the way to represent the Japanese experts. The Salvadoran side also collaborated and restarted the activities. The pandemic continues as of August 25th, 2021, the completion date of the Project. However, after September 2020, the Project Team has been

trying and implementing the activities utilizing on-line meetings and the Expert's local team, while taking all necessary infection control measures.

### **3-2. Future visions of the implementing agency**

The expansion plan of the Emergency Medical System described in 2-2 has not been implemented as planned as of August 25th 2021. New BOSEM in Hospital El Salvador has been established to combat the pandemic, a BOSEM in La Libertad Surfcity has been also established, and a tender for the construction and equipment procurement for the BOSEM in San Miguel has been conducted in the past years but has not yet been concluded.

Elaboration of a concrete plan on the collaboration with the Rescue Corps and to expand the prehospital care service in national level in both quality and quantity remains as one of the challenges for the Salvadoran side.

### **3-3. Leadership and ownership of the implementing agency**

Several attempts have been made to have the leadership of SEM as the coordination body of all the stakeholders in the prehospital sector and ownership of the Project. The Project Director and MoH Vice minister of the time mentioned in the 2nd JCC held in May 29, 2018 that the topic of activation of CONASEM would be suggested to the Minister of Health of that time but no meeting of CONASEM were held throughout the Project period. As well as the point 3-2 above, the leadership of SEM as inter-institutional and inter-sector coordination body remains as one of the challenges.

### **3-4. Data and information for M&E**

For the (1) information of cases attended by SEM/FOSALUD ambulances, SEM took measures to let the teleoperators restart inputting the data which were expected to be sourced automatically by the electronic tablets. As for (2) the ones attended by the Rescue Corps, little by little the situation is improving with the use of the HAPH by the Rescue Corps which initiated gradually from the beginning of 2020. For both cases still there are challenges and rooms for improvement.

### **3-5. Modification of the indicators for the Project Purpose and the Overall Goal**

The proposal for modification drafted by the Project Team has been agreed between the Salvadoran side and the Japanese side in the 5th JCC held on January 27th, 2021. The amendment to the R/D was signed on July 27th 2021.

### **3-6. CR's decision to suspend their participation to the meetings related to the Emergency Medical System**

The Project Team continued sending invitations to CR for the meetings and CR has been participating in some of the meetings of the Project although its official position has not changed by the end of the Project.

### **3-7. Timely Establishment of a Communication System between CCSEM and the EIs**

SEM prepared a dedicated phone number for each EIs. The dedicated number has been put in use through the pilot activities of the usage of HAPH with CS and CV. Although a risk that it will not work in the event of a disaster, the established system is functioning for now.

### **3-8. Timely Implementation of a Common Patient Transfer Record System among the EIs**

The members of Technical Team 2 agreed that this topic is an important for the Emergency Medical System and this consequently led to the organization of an extraordinary meeting of the EIs' directors together with SEM on December 8th, 2017 where it was agreed to search for solutions to the challenges. Several efforts were made to solve the above-mentioned challenge taking a chance of the training periods in Japan, the JCC meetings, etc., however, the challenges remained the same for time. After the change of authorities in 2019, a pilot plan to start using the common HAPH has been agreed in the meeting of Technical Team 2 held on October 31st, 2019. Two (2) branches each from CR (Central and Santa Tecla), CS (Central and Apopa), and CV (Mejicanos and Santa Anita) were selected. CS and CV initiated the pilot activities in January 2020, while CR remained pending due to its position with CONASEM in 2-6. CV expanded the use of the common to all branches in the Project Site in May 2021, CS expanded to all branches in the Project site and the branch of Arce city (Cuidad Arce) in July 2021.

### **3-9. Timely Budget Allocation to Increase the Capacity of CCSEM**

Although the budget to implement the action plan for the expansion of the Emergency Medical System has been planned and presented, no allocation of funds was made during the previous government. After Mr. Bidegain took lead of SEM, a new BOSEM has been established in the Hospital El Salvador with new ambulances and staff, SEM has been reallocated to a new office, restructuring of SEM is ongoing, and SEM got their own budget. The allocated budget would be a solution for upgrading the system of CCSEM.

## **4. Lessons Learnt**

The prehospital care sector of El Salvador consists of several stakeholders from different background and histories such as MoH, FOSALUD, PNC, CBES, and the Rescue Corps as

previously described. The MoH targets at incorporating these EIs under the umbrella of SEM as an integrated system for prehospital care.

In the past, there were cases in which the ambulance staff from different organizations fought to get the patient. Also, there was an organization which removed the radio which the organization installed in CCSEM because SEM appeared as a competitor. One of the lessons, the key issue, learnt through the implementation of the Project is the importance of planning activities in consideration of the aforementioned circumstances of the prehospital sector of El Salvador. It was also important to take sufficient time, in coordinating the process, to reach a consensus and build up the relationships among the related institutions so that the plan would go smoothly without misunderstandings or a lack of cooperation. In the end, following these steps would be the quickest and best way to proceed. The Project Team took advantage of opportunities such as the meetings of the Technical Teams, the training courses in Japan, and the meetings held in El Salvador for the modification and elaboration of the action plan after these training courses in Japan, in order to try to establish relationships with collaborating institutions. Following the lessons learnt, the Project Team has continued and tackled the activities, paying attention to the coordination with the related organizations.

Some of the Technical Team members from the Rescue Corps are volunteers and it is difficult for them to give priority to the Project activities because of their jobs. Because of this, there were situations where the members from the Rescue Corps would not attend the meetings of the Technical Teams or send a substitute who didn't have enough information. Another lesson is the importance of coordinating the meetings with an enough time margin so that the members from the Rescue Corps can adjust their schedules to it. Following the lesson, the Project has tried to set the time and date of the meetings and send the invitations with a reasonable time margin.

## IV. For the Achievement of Overall Goals after the Project Completion

### 1. Prospects to achieve Overall Goal

The Project Purpose has been achieved by the completion of all its activities.

On the other hand, (1) the training manuals of prehospital care for AAPH-B, that have been developed by the activities of the Output 1, can be used not only in the Project Site, but also in the whole country; (2) M&E system, which has been established by the activities of Output 2, can be expanded to the whole country, and (3) the manual and the model for community promotion and education activities which has been developed through the activities of Output 3 can be used or taken as an example for the national expansion. Thus, it is highly likely that the Overall Goal will be achieved.

### 2. Plan of Operation and Implementation Structure of the El Salvador side to achieve Overall Goal

Implementation structure of the El Salvador side for the achievement of the overall goal is shown below.

(1) Monitoring and supervising body:

SEM, and MoH

(2) Field level activity implementation body:

Technical Team 1, the M&E Committee, and SIBASIs

As for the plan of operation, the Salvadoran side intends to achieve the overall goal by expanding to national level the activities introduced by the Project. Plan of operation of the El Salvador side to achieve the overall goal is presented in Table-IV.01.

Table-IV.01. Plan of operation

No.	Activity	Target period	Responsible
<b>1. Expansion of the achievements of Output 1</b>			
1-1.	Develop a nationwide training plan for the prehospital care providers, 2022 - 2024	August - September 2021	MoH, SEM and Technical Team 1
1-2.	Secure training budget for 2022	August - December 2021	MoH and SEM
1-3.	Implement training for 2022	January - October 2022	MoH, SEM and Technical Team 1



No.	Activity	Target period	Responsible
1-4.	Adjust the nationwide training plan for the prehospital care providers, 2022 – 2024, following the feedbacks of the training implemented in 2021, if necessary	June - August 2022	Ditto
1-5.	Secure training budget for 2023	August - December 2022	MoH and SEM
1-6.	Develop annual training report 2022	December 2022	MoH, SEM and Technical Team 1
1-7	Implement training for 2023	January - October 2022	Ditto
1-8	Adjust the nationwide training plan for the prehospital care providers, 2022 – 2024, following the feedbacks of the training implemented in 2021- 2022, if necessary	June - August 2023	Ditto
1-9	Secure training budget for 2024	August - December 2023	MoH and SEM
1-10	Develop annual training report for 2023	December 2023	MoH, SEM and Technical Team 1
1-11	Implement training for 2024	January - October 2024	Ditto
<b>2. Expansion of the achievements of Output 2</b>			
2-1	Preparation and coordination for collecting necessary data for nationwide M&E	August - September 2021	MoH, SEM and M&E committee
2-2	Secure budget for M&E, if any	August - December 2021	MoH and SEM
2-3	Implement nationwide monthly M&E for prehospital care in accordance with the M&E manual	January 2022 - (continued)	SEM and M&E committee
2-4	Develop and submit monthly M&E report	January 2022 -	Ditto
2-5	Revise the M&E manual, if necessary	February - July 2023	MoH, SEM and M&E committee
<b>3. Expansion of the achievements of Output 3</b>			
3-1	Organize teams for community promotion and education activities in the SIBASIs out of the Project site	August - September 2021	MoH, SEM, Primary Healthcare Department and SIBASIs
3-2	Elaborate / revise the training plan for community resources in each SIBASI	September - October 2021	Ditto

No.	Activity	Target period	Responsible
3-3	Secure budget for the training plan of 3-2	August - December 2021	Ditto
3-4	Implement the training for community resources according to the plan of 3-2	February 2022	Ditto
3-5	Implement promotion and education activities for community people	March-August 2022	Ditto
3-6	Elaborate nationwide report on the results of the 3-4 and 3-5 with recommendations, points to improve, feedbacks	September 2022	Ditto
3-7	Revise the training plan	October - November 2022	Ditto
<b>4. Expansion of the achievements of Output 4</b>			
4-1	Preparation to draft the draft action plan for establishing the prehospital care system for the whole area of El Salvador	August 2021 - December 2023	MoH and SEM
4-2	Elaboration of the draft action plan for establishing the prehospital care system for the whole area of El Salvador	January - August 2024	MoH and SEM

### 3. Recommendations for the El Salvador side

As aforementioned, several challenges have been observed for the achievement of the Project Purpose and there are some specific points that require attention as described in III. 1-4. Impact, 1-5. Sustainability, III.3.Evaluation on the results of the Project Risk Management and III.4. Lessons learnt such as establishment of the communication system between CCSEM and EIs, implementation of the common patient transfer record system among the EIs, budget allocation for the expansion plan of the Emergency Medical System on a national scale, development of legal system and sufficient communication between each organization, etc. A recommendation for the El Salvador side is to pay attention and timely tackle all those issues, to keep in mind and take appropriate actions with the necessary preparation towards the overall goal achievement.

### 4. Monitoring Plan from the end of the Project to Ex-post Evaluation

MoH will report to JICA the status and the progress towards the Overall Goals every 6 months after the completion of the Project.

## **V. Appendix**

- 1) PDM (all versions)
- 2) Work Flow
- 3) Detailed Operation Plan
- 4) Dispatch of JICA Experts (Personnel Plan)
- 5) Procurement of Devices
- 6) Minutes of JCC (5th JCC)
- 7) Training Plan (Output 1 and 3)
- 8) M&E Manual (Output 2)
- 9) End Line Survey Report
- 10) Report on the Dissemination Seminar
- 11) Photos of the e-learning Platform for the Assistant of Prehospital Care Basic Level (AAPH-B) Course

(Appendix 6, 8, 9, 10, and 11 are internal reference only.)

Project Design Matrix

Appendix 1(1)

Project Title: Project for Strengthening the of Capacities of Medical Emergency Care in the Prehospital Setting

Version 1

Implementing Organization: Department of Emergency Medicine, Ministry of Health


Dated: September 30, 2016

Target Group (Direct Beneficiaries): Human Resources working for the prehospital care (47 of the Department of Emergency Medicine, 90 of FOSALUD, and approximately 600 to 700 volunteers of NPOs)

Target Group (Indirect Beneficiaries): Population of approximately 1 million and 800 thousand in the Great San Salvador Metropolitan Area

Period of Project: 4 years (From 2016 to 2020)

Project Site: San Salvador Metropolitan Area

Project Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
<b>Overall Goal</b>					
Quality prehospital care is disseminated to the whole area of El Salvador	1 Variations between the values before the transfer of patients and after the arrival of patients at the hospital of RTS of patients whose physical conditions are worsened is reduced.	1 M&E report and Ministry of Health	The Government of the Republic of El Salvador continues to prioritize the strengthening of emergency medicine. The budget for the expansion plan of SEM to the whole country is ensured.		
	2 The percentage of filling in prehospital care record forms in El Salvador is improved.	2 M&E report and Ministry of Health			
<b>Project Purpose</b>					
Quality prehospital care is provided to the population in the Great San Salvador Metropolitan Area.	1 Variations between previous values before the transfer and after arriving at the hospital of RTS of patients whose physical conditions are worsened during the transfer to the hospital in the Metropolitan Area are reduced.	1 M&E report, Baseline survey, Endline Survey	The Government of the Republic of El Salvador continues the health plan.		
	2 The percentage of filling in prehospital care registration record forms filed in Metropolitan Area is improved.	2 M&E report, Baseline survey, Endline Survey			
<b>Outputs</b>					
1 The process of training and continuous education for prehospital care providers is strengthened.	1-1 Manuals and guidelines for prehospital care are reviewed and elaborated by technical levels and functions according to academic profiles and/or medical human resources.	1-1 Ministry of Health	The number of communities where emergency medical services can not reach to due to the security deterioration does not increase.		
	1-2 The number of participants of prehospital care providers who take trainings organized by technical levels and functions (Metropolitan Area)	1-2 Ministry of Health			
	1-3 Results of pretest and posttest of trainings organized by technical levels and functions are improved.	1-3 Training report			
2 The appropriate monitoring and evaluation system for prehospital care by Emergency Medicine System (SEM) is established.	2-1 Collection rate of prehospital care record forms, based on the elaborated M&E framework (Record forms collected/Patients transferred).	2-1 M&E report			
	2-2 Rate of the cases in which prehospital care record forms are confirmed by doctors at hospital where patients are transferred.	2-2 M&E report			
	2-3 The number of cases that are feedbacked to Results 1 and 3.	2-3 M&E report			
3 Recognition and participation of the community in the Great San Salvador Metropolitan Area on emergency medicine is increased.	3-1 Manuals and guidelines of emergency medicine and life-saving to be used for community promotion and education activities are elaborated.	3-1 Ministry of Health			
	3-2 The number of community resource trained for community promotion and education activities.	3-2 Ministry of Health			
	3-3 KAP about emergency medicine of community people in the pilot areas is improved.	3-3 KAP Survey			
	3-4 The number of adequate calls for ambulances (132) is increased.	3-4 Ministry of Health			
4 The basis for dissemination of achievements of improved prehospital care in the Great San Salvador Metropolitan Area is formulated.	4-1 The number of participants in the dissemination seminars.	4-1 Seminar report			
<b>Activities</b>					
		<b>Inputs</b>		<b>Pre-Condition</b>	
0-1 Implement the baseline survey on prehospital care (including communities).	<b>The Japanese Side</b>		<b>The El Salvador Side</b>		<p>Organizations Involved in prehospital care such as NPOs make a commitment to collaborate with Emergency Medical System.</p>  <p>&lt;Challenges&gt; Relevant organizations working in prehospital care do not implement activities in a coordinated way.</p> <p>Countermeasures Involve all relevant organizations from the planning stage.</p>
0-2 Implement the endline survey on prehospital care (including communities).	Sending Experts: Expert Chief Advisor/M&E, Emergency Medicine, Training Planning, Health Promotion/Community Participation, Project Coordinator/Training Management, etc.  Training Course: in Japan, in Third Countries (as necessary)  Equipment provision: Equipment for Training		Assignment of counterpart personnel  Office space in the Department of Emergency Medicine and necessary furniture and office equipment  Cost of electricity of office  Salary of counterparts  Local Cost		
1-1 Organize the planning and implementation team to standardize necessary knowledge on prehospital care.					
1-2 Review and elaborate manuals, guidelines, etc. on prehospital care, classified by technical levels and functions according to academic profiles and/or medical human resources, following the established procedure that Ministry of Health owns.					
1-3 Revise the training plan for prehospital care providers.					
1-4 Provide necessary equipment for the implementation of the training.					
1-5 Implement the training.					
1-6 Improve the contents of the training course reflecting the feedback of Activities 2.5.					
2-1 Organize a working committee to discuss the monitoring and evaluation system.					
2-2 Elaborate the framework of the M&E system for prehospital care.					
2-3 Review and elaborate necessary guidelines and manuals, etc. for the M&E system.					
2-4 Implement M&E for prehospital care.					
2-5 Feedback results of M&E to prehospital care providers, contents of the training referred to in Output 1, manuals/guidelines and contents of training for community resources referred to in Output 3.					
3-1 Coordinate community promotion and education activities on emergency medicine with related departments in the Ministry of Health.					
3-2 Review and elaborate necessary guidelines and manuals, etc. for activities on community promotion and education activities based on Activities 1-2.					
3-3 Selected the pilot area and organized a team for community promotion and education activities.					
3-4 Implement the baseline survey on knowledge, attitude and practice (KAP) of community people about emergency medicine.					
3-5 Elaborate the training plan for community resources such as ECOs Families, Health Community Volunteers, etc.					
3-6 Implement the training for community resources.					
3-7 Implement promotion and education activities for community people.					
3-8 Implement the endline survey on knowledge, attitude and practice (KAP) of community people about emergency medicine.					
3-9 Share achievements on community promotion and education activities in pilot areas with other areas of Metropolitan Area.					
3-10 Apply and implement community promotion and education activities in other areas of Metropolitan Area based on achievements in pilot areas.					
4-1 Visualize and document achievements of improvement of prehospital care in Metropolitan Area.					
4-2 Share achievements of improvement of prehospital care in Metropolitan Area with other departments of El Salvador.					

\*The framework of M&E includes evaluation indicators, data collection (method and frequency), its accumulation and analysis.

Project Design Matrix

Appendix 1 (2)

**Project Title:** Project for Strengthening the Capacities of Medical Emergency Care in the Prehospital Setting  
**Implementing Organization:** Department of Emergency Medicine, Ministry of Health (SEM)


Version 2  
 Dated: January 27, 2021

**Target Group (Direct Beneficiaries):** Human Resources working for the prehospital care (47 of the Department of Emergency Medicine, 90 of FOSALUD, and approximately 600 to 700 volunteers of NPOs)

**Target Group (Indirect Beneficiaries):** Population of approximately 1 million and 800 thousand in the Great San Salvador Metropolitan Area

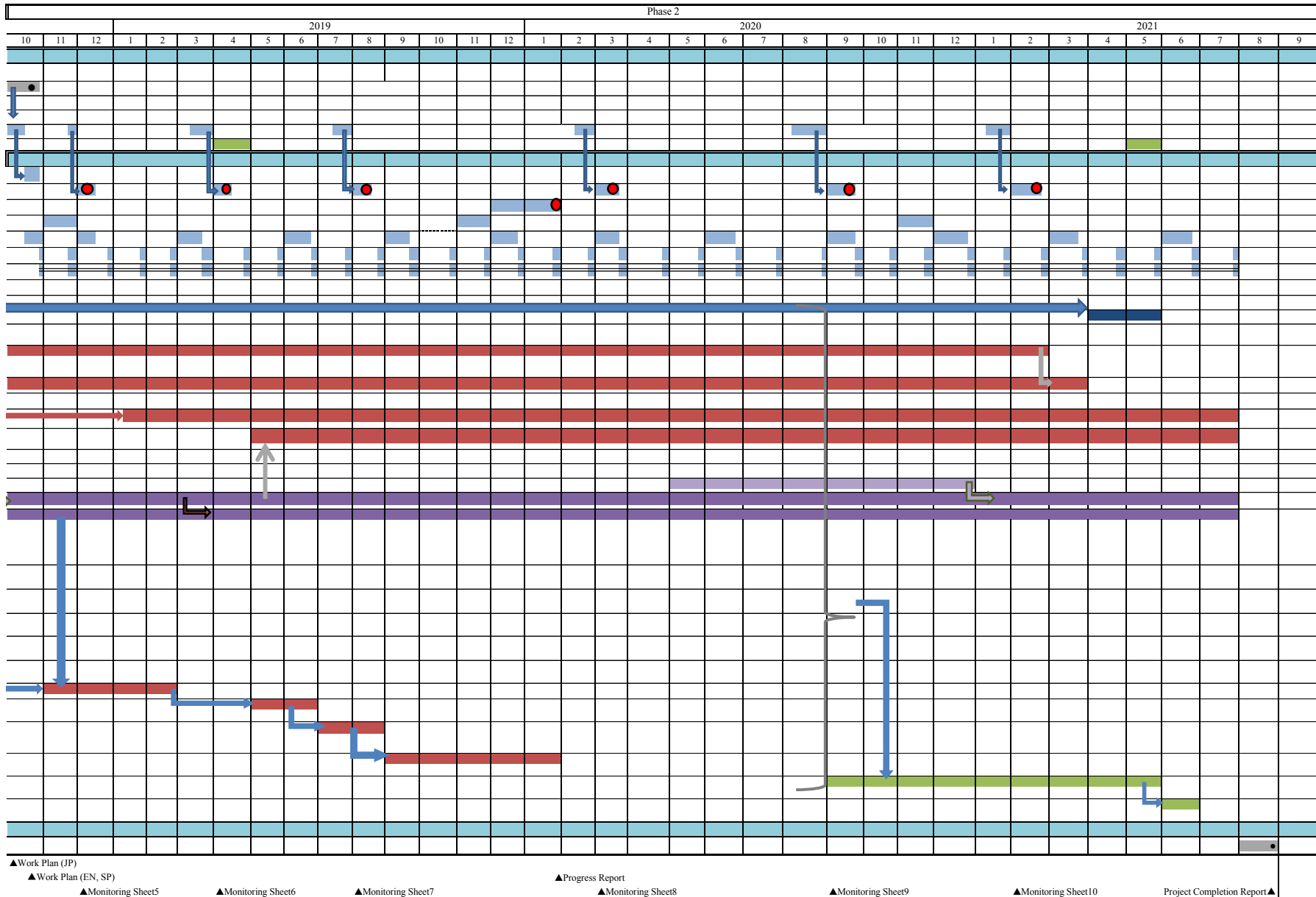
**Period of Project:** 5 years (From 2016 to 2021)

**Project Site:** San Salvador Metropolitan Area (Apopa, Ayutuxtepeque, Cuscatancingo, Delgado, Ilopango, Meicanos, Nelaqa, San Marcos, San Martin, San Salvador, Soyapango, Toncatepeque, Antiguo Cuscatlan (La Libertad), Santa Tecla (La Libertad))

Overall Goal	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks	
Quality prehospital care is disseminated to the whole area of El Salvador	1 Draft action plan for establishing the prehospital care system for the whole area of El Salvador is developed. 2 The RTS was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets throughout El Salvador.	1 Draft action plan for establishing the prehospital care system for the whole area of El Salvador 2 M&E report and Ministry of Health	The Government of the Republic of El Salvador continues to prioritize the strengthening of emergency medicine. The budget for the expansion plan of SEM to the whole country is ensured.			
Quality prehospital care is provided to the population in the Great San Salvador Metropolitan Area.	1 Draft action plan for establishing the prehospital care system for the Great San Salvador Metropolitan area is developed. 2 The RTS was calculated for at least 80% of head-trauma patients reported in collected Pre-Hospital Care Record Sheets in the Great San Salvador Metropolitan Area.	1 Draft action plan for establishing the prehospital care system for the Great San Salvador Metropolitan area 2 M&E report, Baseline survey, End line Survey	The Government of the Republic of El Salvador continues the health plan.			
<b>Outputs</b>						
1 The process of training and continuous education for prehospital care providers is strengthened.	1-1 The technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care, which includes other public organizations and related emergency institutions, is organized. 1-2 The framework of the training system for prehospital care is developed through discussion in the technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care. 1-3 The manuals of the basic prehospital care course are developed according to technical levels, functions, academic profiles, and human resources. 1-4 More than 900 trainees pass the AAPH-B examination process within the project period.	1-1 The technical team to manage training and continuous education for the necessary knowledge and skills about prehospital care, which includes other public organizations and related emergency institutions 1-2 The framework of the training system for prehospital care 1-3 Elaborated manuals. 1-4 Training report	The number of communities where emergency medical services can not reach to due to the security deterioration does not increase.			
2 The appropriate monitoring and evaluation system for prehospital care by Emergency Medicine System (SEM) is established.	2-1 The technical team in charge of reviewing the monitoring and evaluation system, which includes other related public and emergency institutions, is organized. 2-2 The ministerial agreement and the instructions for monitoring and evaluation for prehospital care are prepared. 2-3 (Monthly M&E report per realized session with recommendations based on the discussion of the M&E Committee) / (Number of meetings held) = 100%	2-1 The technical team in charge of reviewing the monitoring and evaluation system, which includes other related public and emergency institutions 2-2 Elaborated manual for M&E. 2-3 M&E report				
3 Recognition and participation of the community in the Great San Salvador Metropolitan Area on emergency medicine is increased.	3-1 The First Responder and Community First Aid Manual is developed. 3-2 At least 70% of the targeted community members in the pilot area receive health education and promotion. 3-3 The percentage of correct answers to the questions regarding the knowledge of (1) Emergency calls and (2) First aid are improved in the end line KAP survey. 3-4 The number of calls to "132" at the project site is higher in the intervened municipalities than in the others compared to the period before and after the intervention.	3-1 The First Responder and Community First Aid Manual 3-2 Ministry of Health 3-3 KAP Survey 3-4 Ministry of Health				
4 The basis for dissemination of achievements of improved prehospital care in the Great San Salvador Metropolitan Area is formulated.	4-1 In the dissemination seminar, at least 70% of the participants from the SIBASs considered positive to apply the model of community promotion and education activities developed through the Project.	4-1 Seminar report				
<b>Activities</b>	<b>Inputs</b>	<b>Pre-Condition</b>				
0-1 Implement the baseline survey on prehospital care (including communities). 0-2 Implement the endline survey on prehospital care (including communities). 1-1 Organize the planning and implementation team to standardize necessary knowledge on prehospital care. 1-2 Review and elaborate manuals, guidelines, etc. On prehospital care, classified by technical levels and functions according to academic profiles and/or medical human resources. 1-3 Revise the training plan for prehospital care providers. 1-4 Provide necessary equipment for the implementation of the training. 1-5 Implement the training. 1-6 Improve the contents of the training course reflecting the feedback of Activities 2.5. 2-1 Organize a working committee to discuss the monitoring and evaluation system. 2-2 Elaborate the framework of the M&E system for prehospital care. 2-3 Review and elaborate necessary guidelines and manuals, etc. for the M&E system. 2-4 Implement M&E for prehospital care. 2-5 Feedback results of M&E to prehospital care providers, contents of the training referred to in Output 1, manuals/guidelines and contents of training for community resources referred to in Output 3. 3-1 Coordinate community promotion and education activities on emergency medicine with related departments in the Ministry of Health. 3-2 Review and elaborate necessary guidelines and manuals, etc. for activities on community promotion and education activities based on Activities 1-2. 3-3 Selected the pilot area and organized a team for community promotion and education activities. 3-4 Implement the baseline survey on knowledge, attitude and practice (KAP) of community people about emergency medicine. 3-5 Elaborate the training plan for community resources such as ECOs Families, Health Community Volunteers, etc. 3-6 Implement the training for community resources. 3-7 Implement promotion and education activities for community people. 3-8 Implement the endline survey on knowledge, attitude and practice (KAP) of community people about emergency medicine. 3-9 Share achievements on community promotion and education activities in pilot areas with other areas of Metropolitan Area. 3-10 Apply and implement community promotion and education activities in other areas of Metropolitan Area based on achievements in pilot areas. 4-1 Visualize and document achievements of improvement of prehospital care in Metropolitan Area. 4-2 Share achievements of improvement of prehospital care in Metropolitan Area with other departments of El Salvador.	<b>The Japanese Side</b> Sending Experts: Expert Chief Advisor/M&E, Emergency Medicine, Training Planning, Health Promotion/Community Participation, Project Coordinator/Training Management, etc. Training Course: in Japan, in Third Countries (as necessary) Equipment provision: Equipment for Training	<b>The El Salvador Side</b> Assignment of counterpart personnel Office space in SEM and necessary furniture and office equipment Cost of electricity of office Salary of counterparts Local Cost	Organizations involved in prehospital care such as NPOs make a commitment to collaborate with Emergency Medical System.   <Challenges> Relevant organizations working in prehospital care do not implement activities in a coordinated way.  Countermeasures Involve all relevant organizations from the planning stage.			

\*The framework of M&E includes evaluation indicators, data collection (method and frequency), its accumulation and analysis.









DISPATCH OF JAPANESE EXPERTS

Project Title: Project for Strengthening the Capacities of Medical Emergency Care in the Prehospital Setting in the Republic of El Salvador ( Phase 1)

1. Work in El salvador

Name of staff in charge	Class	Trip	2016												2017												2018						Total number of days	Total months	
			7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6									
Kyoko Goto (Chief Advisor/ Monitoring and Evaluation 1/ Emergency Medicine 2/ Training Management 2)	2	Plan			-----		-----																				58	1.93							
		Actual		8/27	-----		9/29	11/7	11/30																			58	1.93						
Yosuke Umemiya (Chief Advisor/ Monitoring and Evaluation 1/ Emergency Medicine 2/ Training Management 2)	2	Plan													(7/2-9/29)		(10/4-12/24)				-----		-----								285	9.50			
		Actual													7/2	-----		9/22	10/4-	12/24	1/9-21/27-31	2/1-17/24-28	3/1-3/31	4/1-15, 29-30	5/1-5/31	6/1-6/11							295	9.83	
Tasturo Kai (Emergency Medicine 1)	2	Plan			-----														-----		-----								42	1.40					
		Actual		8/26-	9/8													-----								14	0.47								
Hiroshi Yoshino (Deputy Chief Advisor / Training Planning/ Monitoring and Evaluation 2/ Training Management 3)	3	Plan			-----														-----		-----								210	7.00					
		Actual			-----		9/24	-----		12/22																			90	3.00					
Yuko Masuda (Health Promotion/Community Participation/ Project Coordinator/ Training Management 1)	4	Plan			-----		-----														(7/2-9/29)		-----										195	6.50	
		Actual		8/26	-----		10/24	11/7	12/21													7/2	7/31	8/1	8/31	9/1	9/29							195	6.50
Yasuko Kasahara (Health Promotion/Community Participation/ Project Coordinator/ Training Management 1)	4	Plan													-----		-----		-----								234	7.80							
		Actual													10/4-	12/25	1/7-31	2/1-11	3/18-31	4/1-4/30	5/1-5/31	6/1-6/15							208	6.93					
Yoshimi Shirakawa (Health Promotion 2/Community Participation 2/ Project Coordinator 2/ Training Management 4)	4	Plan																									0	0.00							
		Actual																									1/30-31	2/1-28	3/1-3/19						
																								[Based on the modified contract]		1024	34.13								
																								Subtotal in El salvador		909	30.30								



### DISPATCH OF JAPANESE EXPERTS

Project Title: Project for Strengthening the Capacities of Medical Emergency Care in the Prehospital Setting in the Republic of El Salvador ( Phase 2)

1. Work in El Salvador

Name of staff in charge	Class	Trip	2018				2019												2020												2021									Total number of days	Total months
			9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9		
Yosuke Umemiya (Chief Advisor/ Monitoring and Evaluation 1/ Emergency Medicine 2 / Training Management 2)	2	Plan	[Gantt bars]				[Gantt bars]												[Gantt bars]												[Gantt bars]									450	15.00
		Actual	[Gantt bars]				[Gantt bars]												[Gantt bars]												[Gantt bars]									426	14.20
Tatsuuro Kai (Emergency Medicine 1)	2	Plan																																						7	0.23
		Actual																																						0	
(Predecessor) Hiroshi Yoshino (Deputy Chief Advisor/ Training Planning/ Monitoring and Evaluation 2/ Training Management 3)	3	Plan																																							
		Actual																																						0	
(Successor) Kodai Tateno (Deputy Chief Advisor/ Training Planning 4/ Monitoring and Evaluation 3/ Training Management 4)	3	Plan					[Gantt bars]												[Gantt bars]												[Gantt bars]									218	7.27
		Actual					[Gantt bars]												[Gantt bars]												[Gantt bars]									143	4.77
Shuichi Suzuki (Training Planning 2)	3	Plan	[Gantt bars]				[Gantt bars]												[Gantt bars]												[Gantt bars]									110	3.67
		Actual	[Gantt bars]				[Gantt bars]												[Gantt bars]												[Gantt bars]									110	3.67
Yuta Iwamoto (Emergency Medicine 2/ Training Planning 3)	4	Plan					[Gantt bars]												[Gantt bars]												[Gantt bars]									43	1.43
		Actual					[Gantt bars]												[Gantt bars]												[Gantt bars]									43	1.43
Takahiko Minase (Health Promotion/ Community Participation/ Project Coordinator/ Training Management 1)	4	Plan	[Gantt bars]				[Gantt bars]												[Gantt bars]												[Gantt bars]									392	13.07
		Actual	[Gantt bars]				[Gantt bars]												[Gantt bars]												[Gantt bars]									333	11.10
Masashi Teshima (Health Promotion 2/Community Participation 2/Project Coordinator 2/ Training Management 5)	5	Plan					[Gantt bars]												[Gantt bars]												[Gantt bars]									61	2.03
		Actual					[Gantt bars]												[Gantt bars]												[Gantt bars]									61	2.03
																		Subtotal in El Salvador		Plan	1281	42.70																			
																		Actual		1116	37.20																				

||||| : Own load of the company or Period of other work (Honduras etc.)



## Procurement of Devices

Appendix 5

### Equipment for Training

After a preliminary study of the procurement conditions, a request for quotations was sent to four selected trading companies. The contracts for procurement were signed in February 2018, and the delivery and inspection of training equipment were completed in April 2018. Those training materials were handed over from JICA to MoH.

#### 1. Training materials for the community

##### A) Mannequins for Cardio Pulmonary Resuscitation (CPR) practice

48 sets

(Unit Price 86.625USD,  
Total 4,158.00USD)

##### B) First aid kits

48 sets

[Details]

No.	Item	Quantity	Unit Price	Amount
1	Trauma scissor	48	\$5.75	\$276.00
2	Small lamp	48	\$6.25	\$300.00
3	Upper Member splints	96	\$3.00	\$280.00
4	Facial mask with unidirectional valve	48	\$15.00	\$720.00
5	triangular bandages	480	\$2.75	\$1,320.00
6	tourniquet (CAT)	48	\$28.00	\$1,344.00
7	Briefcase	48	\$55.00	\$2,640.00
8	Elastic bandages	144	\$1.00	\$144.00
9	3 "gauze bandages	144	\$1.00	\$144.00
10	Iodized disinfectant soap	48	\$2.75	\$132.00
11	Alcohol	48	\$1.75	\$84.00
12	Band aids	48 box	\$2.25	\$108.00
13	Scotch tape	48 rolls	\$2.75	\$132.00
14	Gloves / 50 pairs	48 box	\$6.00	\$288.00
15	Masks covers mouths	48 box	\$3.00	\$144.00
16	Bajalanguas	48 box	\$2.00	\$96.00
17	Sterile dressing	480	\$0.25	\$120.00
Total				\$8,272.00

#### 2. Training materials for the prehospital care providers

##### First aid kits

50 sets

[Details]

No.	Item	Quantity	Unit Price	Amount
1	Trauma scissor	50	\$5.75	\$287.50
2	Facial mask with unidirectional valve	50	\$15.00	\$750.00
3	triangular bandages	500	\$2.75	\$1,375.00
4	tourniquet (CAT)	50	\$28.00	\$1,400.00
5	Elastic bandages	150	\$1.00	\$150.00
6	Sterile dressing	500	\$0.25	\$125.00
7	Gloves	50 box	\$6.00	\$300.00
8	Masks covers mouths	50 box	\$3.00	\$150.00
Total				\$4,537.50

### Equipment for e-learning material

Procurement was made based on the quotation, delivered in May 2021, and handed over to the Ministry of Health in August 2021.

[Details]

No.	Item	Quantity	Unit Price	Amount
1	Video Camera	2	\$1,763.00	\$3,526.00
2	Camera	2	\$530.09	\$1,060.18
3	Tripod	2	\$234.91	\$469.82
4	Microphone system	2	\$406.72	\$813.44
5	Lighting kit	2	\$499.00	\$998.00
6	Desktop computer (For editing)	2	\$1,071.20	\$2,142.40
7	Laptop (For editing)	1	\$777.88	\$777.88
8	Laptop (For editing)	1	\$653.98	\$653.98
9	Monitor	2	\$311.00	\$622.00
10	Hard disk drive for video storage	2	\$99.50	\$199.00
Total				\$11,262.70

### Office Equipment

The following office equipment was procured and handed over to the Ministry of Health in August 2021.

[Details]

No.	Item	Quantity	Unit Price	Amount
1	Desktop printer	1	\$452.05	\$452.05
2	Multifunction printer	1	\$450.00	\$450.00
3	Virus software	2	\$102.48	\$204.96
4	MS Office	2	\$600.00	\$1,200.00
5	Laptop computer	2	\$1,704.42	\$3,408.84
6	Projector	1	\$459.29	\$459.29
Total				\$6,175.14

## Plan de capacitación (AAPH-B)

別添7 (1)/Appendix 7 (1)/ Apéndice 7 (1)

Grupo/EI	MINSAL	FOSALUD	CBES	PNC	CR	CV	CS	Total	Fecha
B1-1		15	2	5	1			23	9 - 13 de septiembre 2019
B1-2		10	7	5				22	16 - 20 de septiembre 2019
B1-3		14	7	5				26	23 - 27 de septiembre 2019
B1-4		12	1	6				19	30 de septiembre - 4 de octubre 2019
B1-5		13	10					23	7 - 11 de octubre 2019
B1-6		5	7	11				23	14 - 18 de octubre 2019
B1-7		8	7	12				27	21 - 25 de octubre 2019
B1-8		29						29	5 - 16 de noviembre 2019
B1-9			20					20	31 de mayo - 4 de junio 2021
B1-10	5		7	15				27	26 - 30 de abril 2021
B1-11		25						25	16 - 20 de agosto 2021
B1-12						10	12	22	16 - 20 de septiembre 2019
B1-13						12	14	26	20 - 22, 28 - 29 de septiembre 2019
B1-14						11	12	23	11 - 13, 19 - 20 de octubre 2019
B1-15						7	11	18	11 - 13, 19 - 20 de octubre 2019
B1-16						11	14	25	1 - 3, 9 - 10 de noviembre 2019
B1-17						10	12	22	1 - 3, 9 - 10 de noviembre 2019
B1-18					24			24	10, 17, 24, 31 de octubre - 1 de noviembre 2020
B1-19					24			24	29 de noviembre - 1, 7 - 8 de diciembre 2019
B1-20					24			24	7, 14, 21, 28, 29 de noviembre 2020
Total	5	131	68	59	73	61	75	472	

## Plan de adicional capacitación (Adicional AAPH-B)

Grupo/EI	MINSAL	FOSALUD	CBES	PNC	CR	CV	CS	Total	Fecha
B2-1	19							19	16 - 20 de noviembre 2020
B2-2	20							20	16 - 20 de noviembre 2020
B2-3	18							18	16 - 20 de noviembre 2020
B2-4	30							30	23 - 27 de noviembre 2020
B2-5	23							23	23 - 27 de noviembre 2020
B2-6	27							27	23 - 27 de noviembre 2020
B2-7	24							24	30 de noviembre - 4 de diciembre 2020
B2-8	24							24	30 de noviembre - 4 de diciembre 2020
B2-9	24							24	30 de noviembre - 4 de diciembre 2020
B2-10	26							26	7 - 11 de diciembre 2020
B2-11	26							26	7 - 11 de diciembre 2020
B2-12	26							26	7 - 11 de diciembre 2020
B2-13	21							21	14 - 18 de diciembre 2020
B2-14	19							19	14 - 18 de diciembre 2020
B2-15	24							24	14 - 18 de diciembre 2020
B2-16		24						24	22 - 26 de marzo 2021
B2-17		24						24	19 - 23 de abril 2021
B2-18		25						25	11 - 17 de mayo 2021
B2-19							24	24	13, 14, 19 - 21 de marzo 2021
B2-20							24	24	3, 4, 9 - 11 de abril 2021
B2-21							24	24	24, 25, 30 de abril - 2 de mayo 2021
B2-22							26	26	15, 16, 21 - 23 de mayo 2021
B2-23						25		25	13, 14, 19 - 21 de febrero 2021
B2-24						28		28	6, 7, 12 - 14 de marzo 2021
B2-25						29		29	10, 11, 16 - 18 de abril 2021
B2-26						30		30	1, 2, 7 - 9 de mayo 2021
B2-27					24			24	6, 7, 12 - 14 de marzo 2021
B2-28					24			24	10, 11, 16 - 18 de abril 2021
B2-29					24			24	1, 2, 7 - 9 de mayo 2021
B2-30					24			24	29, 30, 4 - 6 de mayo 2021
B2-31						27		27	12, 13, 18 - 20 de junio 2021
B2-32	16	10						26	21 - 25 de junio 2021
B2-33					24			24	19, 20, 26, 27 de junio 2021
B2-34							25	25	26, 27 de junio, 2 - 4 de julio 2021
Total	367	83	0	0	120	139	123	832	

## Plan de capacitación (ToT)

Grupo/EI	MINSAL	FOSALUD	CBES	PNC	CR	CV	CS	Total	Fecha
ToT1	5	6	7	5				23	31 de agosto - 1, 7, 8 de septiembre 2019
ToT2					7	7	7	21	2 - 5 de septiembre 2019
ToT3	7			6				13	2 - 5 de febrero 2021
ToT4		1				12	12	25	30, 31 de enero - 6, 7 de febrero 2021
ToT5		6			17			23	20, 21, 27, 28 de marzo 2021
ToT6	6		8			6	5	25	3 - 6 de mayo 2021
ToT7		4			7	7	7	25	10, 11, 17, 18 de julio 2021
Total	18	17	15	11	31	32	31	155	

**Plan de capacitación (Área piloto 1)**  
**SIBASI: CENTRO**

別添7 (2)/Appendix 7 (2)/ Apéndice 7 (2)

N°	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE CAPACITACIÓN	FECHA	HORA	PAREJA DE FACILITADORES	GRUPO META	N° DE PARTICIPANTES
1	UCSF B MANO DE LEON	MANO DE LEON SECTOR 1	Iglesia Cristo es el Camino	4 de diciembre 2018	08:00 AM - 12:00 MD	LUIS PORTILLO (de zona)	60	15
2	UCSF B MANO DE LEON			12 de diciembre 2018	08:00 AM - 12:00 MD			15
3	UCSF B MANO DE LEON			15 de enero 2019	08:00 AM - 12:00 MD			15
4	UCSF B MANO DE LEON			7 de febrero 2019	08:00 AM - 12:00 MD	AMILCAR MENDEZ		15
5	UCSF B MANO DE LEON	MANO DE LEON SECTOR 2	Tabernaculo	4 de diciembre 2018	08:00 AM - 12:00 MD	MARLON MORENO (de zona)	60	15
6	UCSF B MANO DE LEON			12 de diciembre 2018	08:00 AM - 12:00 MD			15
7	UCSF B MANO DE LEON			15 de enero 2019	08:00 AM - 12:00 MD			15
8	UCSF B MANO DE LEON			7 de febrero 2019	08:00 AM - 12:00 MD	HECTOR HERNANDEZ		15
9	UCSF B MANO DE LEON	15 DE SEPTIEMBRE	Casa de Lider	4 de diciembre 2018	08:00 AM - 12:00 MD	PABLO CORNEJO (de zona)	60	15
10	UCSF B MANO DE LEON			12 de diciembre 2018	08:00 AM - 12:00 MD			15
11	UCSF B MANO DE LEON			15 de enero 2019	08:00 AM - 12:00 MD			15
12	UCSF B MANO DE LEON			7 de febrero 2019	08:00 AM - 12:00 MD	CARLOS BONILLA		15
13	UCSF B MANO DE LEON	CHANMICO	CDI	4 de diciembre 2018	08:00 AM - 12:00 MD	CRISTOBAL REYES (de zona)	60	15
14	UCSF B MANO DE LEON			12 de diciembre 2018	08:00 AM - 12:00 MD			15
15	UCSF B MANO DE LEON			15 de enero 2019	08:00 AM - 12:00 MD			15
16	UCSF B MANO DE LEON			7 de febrero 2019	08:00 AM - 12:00 MD	CRISTIAN REYES		15
17	UCSF B MANO DE LEON	EL ROBLE	Casa de Lider	4 de diciembre 2018	08:00 AM - 12:00 MD	ANDRES HERNANDEZ (de zona)	60	15
18	UCSF B MANO DE LEON			12 de diciembre 2018	08:00 AM - 12:00 MD			15
19	UCSF B MANO DE LEON			15 de enero 2019	08:00 AM - 12:00 MD			15
20	UCSF B MANO DE LEON			7 de febrero 2019	09:00 AM - 12:00 MD	MIRNA VASQUEZ		15
							<b>TOTAL</b>	<b>300</b>

**Plan de capacitación (Área piloto 1)**

別添7 (2)/Appendix 7 (2)/ Apéndice 7 (2)

**SIBASI: NORTE**

Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE CAPACITACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	UCSF NEJAPA	comunidad el pitarrillo	casa comunal NEJAPA	21/11/18	8:00-12:00	Promotor de salud: Visente perez y sonia reyes	Directiva Comunitaria y Adesco	16
2	UCSF NEJAPA	san geronimo los planes	en la sede de el promotor	26/11/18	8:00-12:00	Promotor de salud: Yanira Galan	Directiva Comunitaria y Adesco	16
3	UCSF NEJAPA	cant. El conacaste	En el centro escolar	27/11/18	8:00-12:00	Promotor de salud: Guadalupe Garcia	Directiva Comunitaria y Adesco	14
4	UCSF NEJAPA	Cant hacienda mapilapa	En el centro de alcance	19/11/18	8:00-12:00	Promotor de Salud: Yesenia Rodriguez	Comité de Salud	10
5	UCSF NEJAPA	el cedral	Cnton. Joya Galana Cede de Promotor	28/11/18	8:00-12:00	Promotor de Salud: Sonia Reyes y Visente Perez	Comité de Salud	16
6	UCSF NEJAPA	Bo El Calvario	Cnton. Joya Galana Cede de Promotor	29/11/18	8:00-12:00	Promotor de Salud: Concepcion barrera Claudia Rosales	Comité de Salud	16
7	UCSF NEJAPA	Bo El Calvario	SUM ucsf Nejapa	30/11/18	8:00-12:00	Lic Tobar y Concepcion Barrera	Lideres Comunitarios	15
8	UCSF NEJAPA	El Pitarrillo	casa comunal	04/12/18	8:00-12:00	Vicente Pérez y sonia reyes	Lideres Comunitarios	16
9	UCSF NEJAPA	hacienda mapilapa	Casa comunal	05/12/18	8:00-12:00	Yesenia Rodriguez	Lideres Comunitarios	16
10	UCSF NEJAPA	El Cambio	en el polideportivo	06/12/18	8:00-12:00	Claudia Rosales y Concepcion Barrera	Interceptorial	16
11	UCSF NEJAPA	Línea ferrea	instituto juan pablo II	10/12/18	8:00-12:00	Promotor de Salud: Yanira Galan	Comite de Salud	16
12	UCSF NEJAPA	La Portada	casa comunal	10/12/18	8:00-12:00	Promotor de Salud: zucena presa y Carmen Rivera	Comite de Salud	16
13	UCSF NEJAPA	el cedral	en cooperativa	12/12/18	8:00-12:00	Promotor de Salud: Vicente Perez y Sonia Reyes	Voluntarios	16
14	UCSF NEJAPA	Bo Concepcion	en el polideportivo	13/12/18	8:00-12:00	Promotor de Salud: Concepcion barrera Claudia Rosales	Voluntarios	16
15	UCSF NEJAPA	los naranjos	Caca comunal	13/12/18	8:00-12:00	Promotor de Salud: carmen Rivera y yanira flores	Voluntarios	16
16	UCSF NEJAPA	el conacaste	Cede del promotor	14/12/18	8:00-12:00	Promotor de salud: Guadalupe Garcia	Adesco	8
17	UCSF NEJAPA	Bo San Antonio	Casa de el joven	20/12/18	8:00-12:00	Promotor de Salud: Claudia Rosales y Concepcion Rivera	Adesco	10
18	UCSF NEJAPA	Mapilapa	Casa Comunal	07/01/19	8:00-12:00	Promotor de Salud: Yessenia Rodriguez	Adesco Y Comite de salud	10
19	UCSF NEJAPA	el conacaste	el el centre escolar	09/01/19	8:00-12:00	Guadalupe Garcia	lideres comunitarios	9
20	UCSF NEJAPA	El bonete	casa comunal	09/01/19	8:00-12:00	Promotor de Salud: Carmen Rivera y Yanira Flores	Comite de Salud	16
21	UCSF NEJAPA	Los naranjos	Cede del promotor	16/01/19	8:00-12:00	Promotor de Salud: Yanira Flores y Carmen Rivera	Adesco	16
							<b>Total</b>	<b>300</b>



Plan de capacitación (Área piloto 1)

別添7 (2)/Appendix 7 (2)/ Apéndice 7 (2)

SIBASI: ORIENTE

Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE CAPACITACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	Unicentro	Col. Italia	Casa de Daniel Galvez	21 / 01 / 19	8:00 - 12:00	Cindy Flores Azucena Castillo	Comite de Salud Mujeres Adultas	15
2	Unicentro	Com.San Jose 1	Liceo Juan Calvino	24 / 01 / 19	8:00 - 12:00	Isidro Flores Maritza Aguilar	ADESCO Comite de Salud	15
3	Unicentro	Col. Italia	Casa de Daniel Galvez	25 / 01 / 19	8:00 - 12:00	Cindy Flores Azucena Castillo	Adultos masculinos MEF	15
4	Unicentro	Cton. El Rosario	Casa Comunal	23 / 01 / 19	8:00 - 12:00	Lorena Palacios	Comite de Deportes	10
5	Unicentro	Col. Regalo de Dios	Casa Comunal	29 / 01 / 19	8:00 - 12:00	Cristina Alfaro Edwin Esau Portillo	CDE Voluntarios	15
6	Unicentro	Col. Italia	Casa de Daniel Galvez	27 01 / 19	8:00 - 12:00	Cindy Flores Azucena Castillo	Adultos masculinos MEF	15
7	Unicentro	Cton. El Limon	Finca Chantecuan	22 / 11 19	8:00 - 12:00	Maritza Aguilar Isidro Flores	Voluntarios Lideres Comunitarios	15
8	Unicentro	Com.Argentina	Casa de Isabel Diaz	12/05/2018	8:00 - 12:00	Maritza Aguilar Isidro Flores	Comite de LM	15
9	Unicentro	Col.Sn. Antonio	Cancha de col.sn antonio	12/07/2018	8:00 - 12:00	Esau Portillo Cristina Alfaro	Comite de Salud Voluntarios	16
10	Unicentro	Col. el Retiro	Redondel El Amate	14/ 12 / 18	8:00 - 12:00	Isidro Flores Maritza Aguilar	ADESCO	14
11	Unicentro	Cton. El Rosario	Casa Comunal	16 / 12 /18	8:00 - 12:00	Flor de Maria Henriquez	ADESCO Voluntarios del sector 3	10
12	Unicentro	Col.Regalo de Dios	Casa Comunal	18 / 12 / 18	8:00 - 12:00	Cristina Alfaro Esau Portillo	Comite de Salud Voluntarios	16
13	Unicentro	Col.Italia	Sede de Promotora	18 / 12 / 18	8:00 - 12:00	Cindy Flores Azucena Castillo	Comite de Salud Voluntarios	15
14	Unicentro	Cton. El Rosario S-1	Casa Comunal	12/12/2018	8:00 - 12:00	Lorena Palacios	ADESCO	10
15	Unicentro	Cton. El Limon	Col. San Luis	01/09/2019	8:00 - 12:00	Aracely Gonzales Maritza Aguilar	FNS ADESCO	15
16	Unicentro	Cton. El Limon	Com.Argentina	01/10/2019	8:00 - 12:00	Aracely Gonzales Maritza Aguilar	Voluntarios	15
17	Unicentro	Com. Las Margaritas	Casa Comunal	01/11/2019	8:00 - 12:00	Esau Portillo Cristina Alfaro	Padres de Circulos de Familia Voluntarios	14
18	Unicentro	Cton. El Rosario S-3	Casa Comunal	13 / 01 / 19	8:00 - 12:00	Flor de Maria Henriquez	Plan Padrino	10
19	Unicentro	Cton. El Limon	Finca Chantecuan	15 / 01 / 19	8:00 - 12:00	Evenlym Osorio Maritza Aguilar	voluntarios Lideres de col. la campanera	15
20	Unicentro	Cton. El Rosario S-1	Casa Comunal	16 / 01 / 19	8:00 - 12:00	Lorena Palacios	Comite de Salud Voluntarios	10
21	Unicentro	Canton El Limon	Finca Chantecuan	17 / 01 / 19	8:00 - 12:00	Evelin Osorio Maritza Aguilar	Voluntarios	15
22	Unicentro	Cton.El Rosario S 2	Casa Comunal	20 / 01 / 19	8:00 - 12:00	Flor de Maria Henriquez	Comite de Salud Voluntarios	10
<b>Total</b>								<b>300</b>

## Plan de capacitación (Área piloto 1)

別添7 (2)/Appendix 7 (2)/ Apéndice 7 (2)

## SIBASI: SUR

Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE CAPACITACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	UCSF-B Miraflores	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	2018/11/26	08:00 AM	Sr. Velarde/Srita. Peña	Comité de salud	12
2	UCSF-B Miraflores	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	2019/2/12	08:00 AM	Sr. Velarde/ Srita. Peña	Comité de salud	12
3	UCSF-B Miraflores	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	2019/4/25	08:00 AM	Licda. Cornejo/Srita. Peña	Voluntarios de salud	12
4	UCSF-B Miraflores	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	2019/1/10	08:00 AM	Licda. Flores/ licda. Cornejo	Mujeres en edad fértil	12
5	UCSF-B Miraflores	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	2019/1/17	08:00 AM	Licda. Flores/ Licda. Cornejo	Adolescentes	12
6	UCSF-B Miraflores	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	2019/1/22	08:00 AM	Licda. Flores/ Sr. Velarde	Voluntarios de salud	12
7	UCSF-B Miraflores	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	2019/2/14	08:00 AM	Sr. Velarde/ Srita. Peña	Mujeres en edad fértil	12
8	UCSF-B Miraflores	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	2019/2/19	08:00 AM	Licda. Cornejo/ Sr. Velarde	Poblacion masculina	12
9	UCSF-B Miraflores	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	2019/3/12	08:00 AM	Licda. Flores/ Srita. Peña	Poblacion masculina	12
10	UCSF-B Miraflores	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	2019/3/21	08:00 AM	Licda. Cornejo/ Srita. Peña	Estudiantes de la INCO	16
11	UCSF-B Miraflores	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	2019/4/16	08:00 AM	Srita. Peña/ Licda. Flores	Adolescentes	12
12	UCSF-B Miraflores	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	2019/4/25	08:00 AM	Sr. Velarde/ Licda. Flores	Estudiantes de la INCO	14
13	UCSF-B MIRAFLORES	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	26/11/2018	08:00 AM	Srita. Peña/ Sr. Velarde	Comité de salud	12
14	UCSF-B MIRAFLORES	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	27/11/2018	08:00 AM	Sr. Velarde/ Srita. Peña	Comité de salud	12
15	UCSF-B MIRAFLORES	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	13/12/2018	08:00 AM	Licda. Cornejo/ Srita. Peña	Voluntarios de salud	12
16	UCSF-B MIRAFLORES	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	15/01/2019	08:00 AM	Licda. Flores/ licda. Cornejo	Mujeres en edad fértil	12
17	UCSF-B MIRAFLORES	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	17/01/2018	08:00 AM	Licda. Flores/ Licda. Cornejo	Adolescentes	12
18	UCSF-B MIRAFLORES	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	22/01/2019	08:00 AM	Licda. Flores/ Sr. Velarde	Voluntarios de salud	12
19	UCSF-B MIRAFLORES	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	14/02/2019	08:00 AM	Sr. Velarde/ Srita. Peña	Mujeres en edad fértil	12
20	UCSF-B MIRAFLORES	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	19/02/2019	08:00 AM	Licda. Cornejo/ Sr. Velarde	Poblacion masculina	12
21	UCSF-B MIRAFLORES	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	12/03/2019	08:00 AM	Licda. Flores/ Srita. Peña	Poblacion masculina	12
22	UCSF-B MIRAFLORES	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	21/03/2019	08:00 AM	Licda. Cornejo/ Srita. Peña	Estudiantes de la INCO	16
23	UCSF-B MIRAFLORES	UCSF-B Miraflores	Col. Sta. Carlota I pje. Flores casa 109	16/04/2019	08:00 AM	Srita. Peña/ Licda. Flores	Adolescentes	12
24	UCSF-B MIRAFLORES	Sede El Milagro	Col. Sta. Marta 2 1ª Etapa Comunidad El Milagro.	25/04/2019	08:00 AM	Sr. Velarde/ Licda. Flores	Estudiantes de la INCO	14
							<b>Total</b>	<b>300</b>

**Plan de capacitación (Área piloto 1)**  
**SIBASI: LA LIBERTAD**

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Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE CAPACITACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2018/11/24	8:00-12:00	Dr. Ricardo López Sra María Luz Martínez	Directiva	14
2	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2018/11/24	8:00-12:00	Licda. Jessica De la Cruz Srita. Ester Henríquez	Directiva	14
3	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2018/12/1	8:00-12:00	Licda Deysi Portillo Sra. Amanda Recinos	Padres de familia	14
4	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2018/12/1	8:00-12:00	Karla Romero Licda Maritza Valencia	Padres de familia	14
5	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2018/12/8	8:00-12:00	Dr. Ricardo López Sra María Luz Martínez	Jóvenes	14
6	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2018/12/8	8:00-12:00	Dr. Ricardo Arias Handal Sra. Zoila Ramos	Jóvenes	14
7	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/1/12	8:00-12:00	Dr. Ricardo Arias Handal Sra. Zoila Ramos	Padres de familia	14
8	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/1/12	8:00-12:00	Licda Deysi Portillo Sra. Amanda Recinos	Padres de familia	14
9	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/1/19	8:00-12:00	Licda. Jessica De la Cruz Srita. Ester Henríquez	Jóvenes	14
10	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/1/19	8:00-12:00	Karla Romero Licda Maritza Valencia	Jóvenes	14
11	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/1/26	8:00-12:00	Dr. Ricardo López Sra María Luz Martínez	Padres de familia	14
12	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/1/26	8:00-12:00	Dr. Ricardo Áreas Sra. Zoila Ramos	Padres de familia	14
13	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/2/9	8:00-12:00	Licda Deysi Portillo Sra. Amanda Recinos	Adulto mayor	14
14	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/2/9	8:00-12:00	Sr. Tito Peraza	Adulto mayor	10
15	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/2/16	8:00-12:00	Dr. Ricardo López Sra María Luz Martínez	Padres de familia	14
16	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/2/16	8:00-12:00	Licda Deysi Portillo Sra. Amanda Recinos	Padres de familia	14
17	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/2/23	8:00-12:00	Karla Romero Licda Maritza Valencia	Jóvenes	14
18	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/2/23	8:00-12:00	Licda. Jessica De la Cruz Srita. Ester Henríquez	Jóvenes	14
19	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/3/2	8:00-12:00	Dr. Ricardo Áreas Sra. Zoila Ramos	Adulto mayor	14
20	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/3/2	8:00-12:00	Sr. Tito Peraza	Adulto mayor	10
21	UCSFI Dr. Alberto Aguilar Rivas	Residencial Los Girasoles	Casa Comunal Res. Los Girasoles	2019/3/9	8:00-12:00	Karla Romero Licda Maritza Valencia	Padres de familia	14
22	UCSFI Dr. Alberto Aguilar Rivas	Urbanización Acovit	Casa Comunal Urb. Acovit	2019/3/9	8:00-12:00	Licda. Jessica De la Cruz Srita. Ester Henríquez	Padres de familia	14
							<b>Total</b>	<b>300</b>

## Plan de capacitación (Área piloto 2)

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## SIBASI: CENTRO

Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE LA CAPACTACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	UCSF B BRISAS	Brisas II	casa comunal	5-Nov-19	8:00 - 12:00	Orlando Helena Acevedo	lideres	13
2	UCSF B BRISAS	San Jose Aguacatitan sector 1	casa comunal	5-Nov-19	8:00 - 12:00	Edith Carolina Morales	mujeres	13
3	UCSF B BRISAS	Colonia Rubio	casa comunal	5-Nov-19	8:00 - 12:00	Dolores Elizabeth Lemus	lideres	13
4	UCSF B BARRIOS	Canton el Carmen zona norte sector 1	casa de lider	5-Nov-19	8:00 - 12:00	Gloria Mercedes de Cruz	lideres	13
5	UCSF B BARRIOS	Las lajas 1	casa lider	5-Nov-19	8:00 - 12:00	Soledad Mártir de Rivera	jovenes	13
6	UCSF B BARRIOS	Cecilio del Valle	casa comunal	5-Nov-19	8:00 - 12:00	Miguel Ángel Duran	jovenes	13
7	UCSF B BRISAS	Montecristo	casa de lideresa	7-Nov-19	8:00 - 12:00	Violeta Raquel Rodríguez	mujeres	13
8	UCSF B BRISAS	Brisas I Sector 1	casa comunal	7-Nov-19	8:00 - 12:00	Marta Adilia Rojas	mujeres	13
9	UCSF B BARRIOS	El prado	casa comunal	7-Nov-19	8:00 - 12:00	Mirna del Transito González	lideres	13
10	UCSF B BARRIOS	San Pablo	casa comunal	7-Nov-19	8:00 - 12:00	Karen Abigail Pérez	mujeres	13
11	UCSF E BARRIOS	Itsmania	casa comunal	7-Nov-19	8:00 - 12:00	Erick Edgardo Hernández	mujeres	13
12	UCSF E BARRIOS	La pedrera	casa comunal	7-Nov-19	8:00 - 12:00	Maritza Dolores Vela	lideres	13
13	UCSF B BRISAS	Vilanoba	casa de lideresa	19-Nov-19	8:00 - 12:00	Orlando Helena Acevedo	jovenes	13
14	UCSF B BRISAS	San Jose Aguacatitan sector 2	casa comunal	19-Nov-19	8:00 - 12:00	Edith Carolina Morales	lideres	13
15	UCSF B BRISAS	Pasaje Zucarita y San Rafael	casa de lider	19-Nov-19	8:00 - 12:00	Dolores Elizabeth Lemus	jovenes	13
16	UCSF B BARRIOS	Canton el Carmen zona norte sector 2	Iglesia	19-Nov-19	8:00 - 12:00	Gloria Mercedes de Cruz	mujeres	13
17	UCSF B BARRIOS	Las lajas 2	casa comunal	19-Nov-19	8:00 - 12:00	Soledad Mártir de Rivera	lideres	14
18	UCSF B BARRIOS	Cristo Redentor 1	casa comunal	19-Nov-19	8:00 - 12:00	Miguel Ángel Duran	mujeres	13
19	UCSF B BRISAS	El Carmelo	casa de lider	21-Nov-19	8:00 - 12:00	Violeta Raquel Rodríguez	lideres	13
20	UCSF B BRISAS	Brisas I Sector 2	casa de lider	21-Nov-19	8:00 - 12:00	Marta Adilia Rojas	lideres	13
21	UCSF B BARRIOS	Cristo redentor 2	casa comunal	21-Nov-19	8:00 - 12:00	Mirna del Transito González	jovenes	13
22	UCSF B BARRIOS	Rosa linda	casa comunal	21-Nov-19	8:00 - 12:00	Karen Abigail Pérez	lideres	13
23	UCSF E BARRIOS	Nuñez Arrue	casa comunal	21-Nov-19	8:00 - 12:00	Erick Edgardo Hernández	lideres	13
24	UCSF E BARRIOS	Mascota	casa comunal	21-Nov-19	8:00 - 12:00	Maritza Dolores Vela	lideres	13
							<b>Total</b>	<b>313</b>

## Plan de capacitación (Área piloto 2)

別添7 (3)/Appendix 7 (3)/ Apéndice 7 (3)

## SIBASI: NORTE

Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE LA CAPACITACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	GUAZAPA	CALLE NUEVA	CASERÍO EL CABRAL	5-Nov-19	8:00 - 12:00	PRISCILA MENJIVAR	CENTRO ESCOLAR, MAESTRAS	10
2	GUAZAPA	CALLE NUEVA	CASERÍO CASCO LA HACIENDA	8-Nov-19	8:00 - 12:00	PRISCILA MENJIVAR	GRUPO DE MUJERES	10
3	GUAZAPA	SAN JERONIMO	CENTRO ESCOLAR SAN JERONIMO	12-Nov-19	1:00 - 5:00	EVELYN Y DR. LEÓN	ESTUDIANTES	15
4	GUAZAPA	SAN JERONIMO	CENTRO ESCOLAR SAN JERONIMO	12-Nov-19	1:00 - 5:00	EVELYN	ESTUDIANTES	10
5	GUAZAPA	SANTA BARBARA	CASERIO CENTRAL, CASA DE SRA. ELSA M.	13-Nov-19	1:00 - 5:00	ARNOLDO	COMITÉ DE SALUD	10
6	GUAZAPA	SAN JERONIMO	CAS. CENTRAL SEDE	15-Nov-19	1:00 - 5:00	EVELYN	GRUPOS DE ALUMNOS	10
7	GUAZAPA	ZACAMIL	SEDE DE PROMOTOR	16-Nov-19	8:00 - 12:00	AMILCAR	ADESCO	10
8	GUAZAPA	CALLE NUEVA	ESCUELA LA ESPERANZA	16-Nov-19	1:00 - 5:00	DEYSI	LÍDERES	10
9	GUAZAPA	CALLE NUEVA	ESCUELA LA ESPERANZA	16-Nov-19	8:00 - 12:00	DEYSI	LÍDERES DEL PORVENIR Y	10
10	GUAZAPA	TUTULTEPEQUE	LAS VEGAS	20-Nov-19	8:00 - 12:00	ZAYDA	COMITÉS DE SALUD	10
11	GUAZAPA	TUTULTEPEQUE	LAS VEGAS	21-Nov-19	8:00 - 12:00	ZAYDA	COMITÉS DE SALUD	10
12	GUAZAPA	SANTA BARBARA	NUEVA SANTA BARBARA, CASA COMUNAL	22-Nov-19	8:00 - 12:00	ARNOLDO	ADESCO	10
13	GUAZAPA	ZACAMIL	TABLÓN ESCUELA	23-Nov-19	8:00 - 12:00	AMILCAR	DIRECTIVA	10
14	GUAZAPA	CALLE NUEVA	CASCO HACIENDA	27-Nov-19	8:00 - 12:00	PRISCILA MENJIVAR	COMITÉ DE SALUD	10
15	GUAZAPA	TUTULTEPEQUE	CHIRRINAL	28-Nov-19	8:00 - 12:00	ZAYDA	ADESCO	10
16	GUAZAPA	SANTA BARBARA	NUEVA SANTA BARBARA, CASA COMUNAL	29-Nov-19	1:00 - 5:00	ARNOLDO	GRUPO DE JOVENES	10
17	GUAZAPA	TUTULTEPEQUE	EL PUERTO	29-Nov-19	8:00 - 12:00	ZAYDA	LÍDERES	10
18	GUAZAPA	ZACAMIL	RODEO I	30-Nov-19	8:00 - 12:00	AMILCAR	DIRECTIVA	10
19	GUAZAPA	CALLE NUEVA	FTC ERMITA, SRA ELSA RODRÍ GUEZ	30-Nov-19	8:00 - 12:00	DEYSI	COMITE DE PROTECCIÓN	10
20	GUAZAPA	SAN JERONIMO	CAS. CENTRAL SEDE	3-Dec-19	1:00 - 5:00	EVELYN	GRUPO DE MUJERES	10
21	GUAZAPA	SANTA BARBARA	NUEVA SANTA BARBARA, CASA COMUNAL	5-Dec-19	1:00 - 5:00	ARNOLDO	LÍDERES	10
22	GUAZAPA	CALLE NUEVA	CASCO HACIENDA	6-Dec-19	8:00 - 12:00	PRISCILA MENJIVAR	GRUPO DE JOVENES	10
23	GUAZAPA	CALLE NUEVA	DON BETO MELARA BOLSA	7-Dec-19	8:00 - 12:00	DEYSI	LÍDERES DE COMUNIDAD	10
24	GUAZAPA	CASERIO EL RODEO 2	CASERIO EL RODEO 2	9-Dec-19	8:00 - 12:00	AMILCAR	DIRECTIVA	10
25	GUAZAPA	SAN JERONIMO	IGLESIA EVANGELICA PROFESIA (POR ESCUELTA)	11-Dec-19	1:00 - 5:00	EVELYN	GRUPO DE MUJERES	10
26	GUAZAPA	SAN JERONIMO	IGLESIA PROFESIA	11-Dec-19	1:00 - 5:00	EVELYN	MUJERES IGLESIA	30
27	GUAZAPA	CALLE NUEVA	CALLE NUEVA CENTRAL	14-Dec-19	8:00 - 12:00	DEYSI, DR. LEÓN	LÍDERES DE COMUNIDAD	15
							<b>Total</b>	<b>300</b>

## Plan de capacitación (Área piloto 2)

別添7 (3)/Appendix 7 (3)/ Apéndice 7 (3)

## SIBASI: SUR

Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE LA CAPACITACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	UCSF-BÁSICA LAS CONCHAS	Colonia Militar	Centro Escolar Lindon B Johnson	24-Oct-19	8:00 - 12:00	Sr. Gerson Gamez Sra Verónica Marengo	Estudiantes	15
2	UCSF-I PLANES DE RENDEROS	Canton Amatita , Caserío Los Guzmán	Centro Escolar Amatita	4-Nov-19	8:00 - 12:00	Sra. Gloria Vásquez	Estudiantes	10
3	UCSFB- EL TRANSITO	Colonia Los Andes	centro escolar Cantón Los Andes	5-Nov-19	8:00 - 12:00	Srita. Mayra Coreas	Maestros y Comités de Salud	10
4	UCSF-I PLANES DE RENDEROS	Canton Amatita , Caserío Los Guzmán	Centro Escolar Amatita	5-Nov-19	8:00 - 12:00	Sra. Gloria Vásquez	Maestros y Directiva de Padres	10
5	UCSFB- EL TRANSITO	Colonia Los Andes	centro escolar Cantón Los Andes	6-Nov-19	8:00 - 12:00	Srita Mirella Del Cid	Maestros	10
6	UCSF-BÁSICA LAS CONCHAS	Colonia Las Conchas	UCSF-B Las Conchas	7-Nov-19	13:00 - 16:00	Sr. Gerson Gamez Sra Verónica Marengo	Lideres Comunitarios	15
7	UCSF-BÁSICA SAN CRISTÓBAL	Col. San Patricio	Centro Escolar Católico San Patricio	7-Nov-19	8:00 - 12:00	Sra. Wendy Hernandez Sr. Wilbert Ramirez	Estudiantes	15
8	UCSFB- EL TRANSITO	Colonia Los Andes	centro escolar Cantón Los Andes	7-Nov-19	8:00 - 12:00	Srita. Mayra Coreas	Estudiantes del Comité Escolar	10
9	UCSF-I PLANES DE RENDEROS	Canton El Guayabo	Centro de Alceance El Guayabo	7-Nov-19	8:00 - 12:00	Sr. William Vásquez Sra. Teresa Méndez	Estudiantes	15
10	UCSF-I PLANES DE RENDEROS	Canton Amatita , Caserío Los Guzmán	Comunidad Amatita	11-Nov-19	8:00 - 12:00	Sra. Gloria Vásquez	Comité de Salud y Lideres Comunitarios	10
11	UCSFB- EL TRANSITO	Colonia Los Andes	centro escolar Cantón Los Andes	12-Nov-19	8:00 - 12:00	Srita. Mayra Coreas	Padres de la Directiva del Centro Escolar	10
12	UCSFB- EL TRANSITO	Colonia El Milagro	Complejo Educativo Colonia El Milagro	13-Nov-19	8:00 - 12:00	Srita Mirella Del Cid	Maestros	10
13	UCSF-BÁSICA LAS CONCHAS	Comunidad El Campito	Casa Comunal El Campito	14-Nov-19	8:00 - 12:00	Sr. Gerson Gamez Sra Verónica Marengo	Lideres Comunitarios	15
14	UCSFB- EL TRANSITO	Colonia El Tránsito #3	Colonia El Tránsito 3 calle principal de la UCSF El Tránsito	14-Nov-19	8:00 - 12:00	Srita Mirella Del Cid	Lideres Comunitarios	10
15	UCSF-I PLANES DE RENDEROS	Canton Los Palones	CDI El Buen Pastor	14-Nov-19	8:00 - 12:00	Sr. William Vásquez Sra. Teresa Méndez	Estudiantes	15
16	UCSFB- EL TRANSITO	Colonia El Milagro	Complejo Educativo Colonia El Milagro	15-Nov-19	8:00 - 12:00	José Alfredo Benitez Solorio	Lideres, Comunidad	10
17	UCSFB- EL TRANSITO	Colonia El Milagro	Complejo Educativo Colonia El Milagro	18-Nov-19	8:00 - 12:00	José Alfredo Benitez Solorio	Comité, Estudiantes	10
18	UCSFB- EL TRANSITO	COL. SANCHEZ SOLANO	COL. SANCHEZ SOLANO SAN MARCOS	19-Nov-19	8:00 - 12:00	Sra. Sonia de Lemus	Comité de Salud y Voluntarios	10
19	UCSF-I PLANES DE RENDEROS	Canton Los Palones	CDI uen Pastor	19-Nov-19	8:00 - 12:00	Sr. William Vásquez Sra. Teresa Méndez	Lideres Comunitarios Cantón los Palos y	15
20	UCSFB- EL TRANSITO	Colonia El Milagro	Complejo Educativo Colonia El Milagro	20-Nov-19	8:00 - 12:00	José Alfredo Benitez Solorio	Jovenes, Adulto Lideres	10
21	UCSF-BÁSICA LAS CONCHAS	Colonia Las Conchas	Parroquia La Hermita	21-Nov-19	13:00 - 16:00	Sr. Gerson Gamez Sra Verónica Marengo	Lideres Comunitarios	15
22	UCSF-I PLANES DE RENDEROS	Planes de Renderos	Pupuseria Ivón	22-Nov-19	8:00 - 12:00	Sr. William Vásquez Sra. Teresa Méndez	Comite y Lideres	15
23	UCSF-BÁSICA SAN CRISTÓBAL	Col. San Cristóbal	UCSF-B San Cristóbal	26-Nov-19	13:00 - 16:00	Sra. Wendy Hernandez Sr. Wilbert Ramirez	Comités de Salud zona A y zona B	15
24	UCSFB- EL TRANSITO	Com. El Tránsito # 3	Casa Comunal El Tránsito # 3	26-Nov-19	8:00 - 12:00	Sra. Sonia de Lemus	Comité de Salud y Voluntarios	10
25	UCSF-I PLANES DE RENDEROS	Canton Los Palones	CDI Los Palones	26-Nov-19	8:00 - 12:00	Sra. Carmen García	Estudiantes	10
26	UCSFB- EL TRANSITO	Col. Tránsito #3	UCSF-B El Tránsito	3-Dec-19	8:00 - 12:00	Sra. Sonia de Lemus	Personas nuevas de las comunidades Zona A	10
27	UCSF-I PLANES DE RENDEROS	Canton Los Palones	Canton Los Palones	5-Dec-19	8:00 - 12:00	Sra. Carmen García	Comité de Salud y Lideres Comunitarios	10
28	UCSF-BÁSICA SAN CRISTÓBAL	Col. San Cristóbal	UCSF-B San Cristóbal	12-Dec-19	13:00 - 16:00	Sra. Wendy Hernandez Sr. Wilbert Ramirez	Adultos jóvenes Zona A y B	15
29	UCSF-BÁSICA SAN CRISTÓBAL	Col. San Cristóbal	UCSF-B San Cristóbal	17-Dec-19	13:00 - 16:00	Sra. Wendy Hernandez Sr. Wilbert Ramirez	Lideres Comunitarios Zona A y B	15
30	UCSF-I PLANES DE RENDEROS	Canton Los Palones	Canton Los Palones	17-Dec-19	8:00 - 12:00	Sra. Carmen García	Comite de Salud y ADESCO	10
<b>Total</b>								<b>360</b>

## Plan de capacitación (Área piloto 2)

別添7 (3)/Appendix 7 (3)/ Apéndice 7 (3)

## SIBASI: ORIENTE

Nº	UCSF	COMUNIDAD/COLONIA	DIRECCIÓN DEL LUGAR DE LA CAPACTACIÓN	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	San Martin	Colonia Providencia N. 2	Casa de la cultura San Martin, Colona Providencia n. 3	30-Oct-19	8:00-12:00	Cecilia Lopez		10
2	San Martin	Colonia Providencia N. 2	Casa de la cultura San Martin, Colona Providencia n. 4	4-Nov-19	8:00-12:00	Cecilia Lopez		10
3	San Martin	1º Av. Sur, Barrio San Antoni, Colonia America, Barrio Mercedes	Casa Comunal San Martin	5-Nov-19	8:00-12:00	Sandra Merino		10
4	San Martin	1º Av. Sur, Barrio San Antoni, Colonia America, Barrio Mercedes	Casa Comunal San Martin	6-Nov-19	8:00-12:00	Sandra Merino		10
5	San Martin	1º Av. Sur, Barrio San Antoni, Colonia America, Barrio Mercedes	Casa Comunal San Martin	7-Nov-19	8:00-12:00	Sandra Merino		10
6	El Rosario	El Rosario	Canton el Rosario, caserío la escuela, casa de promotora de salud	7-Nov-19	8:00-12:00	Reina Angelica Perez		10
7	Santa Fe	Radio Vea	Calle principal, iglesia el camino (CDI Radio Vea) el alfarero	7-Nov-19	8:00-12:00	Yesenia Ventura		10
8	El Rosario	Canton Animas	Caserio el Palmero en casa del Sr. Tito Melgar	8-Nov-19	8:00-12:00	Jaqueline Marisol Perez Herrera		10
9	Santa Fe	Radio Vea	Calle principal, iglesia el camino (CDI Radio Vea) el alfarero	8-Nov-19	8:00-12:00	Yesenia Ventura		10
10	El Rosario	Canton San Jose Primero	Caserio Cruz Verde, Canton San Jose Primero, Casa de Manuel Vasquez	9-Nov-19	8:00-12:00	Rosa Maria Cerritos		10
11	Santa Fe	Radio Vea	Calle principal, iglesia el camino (CDI Radio Vea) el alfarero	9-Nov-19	8:00-12:00	Yesenia Ventura		10
12	San Martin	Colonia Santa Maria	Iglesia Catolica, Santa Maria Niña	11-Nov-19	7:30-11:30	Veronica Mejia		10
13	Santa Fe	La Palma	Calle Principal, Iglesia el Camino.( CDI Radio Vea )	11-Nov-19	8:00-12:00	Lorena Alas		10
14	San Martin	Colonia Santa Maria	Iglesia Catolica, Santa Maria Niña	12-Nov-19	7:30-11:30	Veronica Mejia		10
15	El Rosario	Canton San Jose Primero	Caserio Cruz Verde, Canton San Jose Primero, Casa de Manuel Vasquez	12-Nov-19	8:00-12:00	Rosa Maria Cerritos		10
16	Santa Fe	La Palma	Calle Principal, Iglesia el Camino.( CDI Radio Vea )	12-Nov-19	8:00-12:00	Lorena Alas		10
17	San Martin	Colonia Santa Maria	Iglesia Catolica, Santa Maria Niña	13-Nov-19	7:30-11:30	Veronica Mejia		10
18	Santa Fe	La Palma	Calle Principal, Iglesia el Camino.( CDI Radio Vea )	13-Nov-19	8:00-12:00	Lorena Alas		10
19	San Martin	Colonia Santa Maria, zona A	Iglesia Catolica, Santa Maria Niña	14-Nov-19	7:30-11:30	Reina Pineda Flores		10
20	El Rosario	El Rosario	Canton el Rosario, caserío la escuela, casa de promotora de salud	14-Nov-19	8:00-12:00	Reina Angelica Perez		10
21	Santa Fe	El Caracol	Calle Principal, Iglesia el Camino.( CDI Radio Vea )	14-Nov-19	8:00-12:00	Vanessa Mozo		10
22	San Martin	Colonia Santa Maria, zona A	Iglesia Catolica, Santa Maria Niña	15-Nov-19	7:30-11:30	Reina Pineda Flores		10
23	Santa Fe	El Caracol	Calle Principal, Iglesia el Camino.( CDI Radio Vea )	15-Nov-19	8:00-12:00	Vanessa Mozo		10
24	El Rosario	Canton Animas	Caserio el Palmero en casa del Sr. Tito Melgar	16-Nov-19	8:00-12:00	Jaqueline Marisol Perez Herrera		10
25	Santa Fe	El Caracol	Calle Principal, Iglesia el Camino.( CDI Radio Vea )	16-Nov-19	8:00-12:00	Vanessa Mozo		10
26	San Martin	Colonia Santa Maria, zona A	Iglesia Catolica, Santa Maria Niña	18-Nov-19	7:30-11:30	Reina Pineda Flores		10
27	El Rosario	Canton Animas	Caserio el Palmero en casa del Sr. Tito Melgar	20-Nov-19	8:00-12:00	Jaqueline Marisol Perez Herrera		10
28	El Rosario	Canton San Jose Primero	Caserio Cruz Verde, Canton San Jose Primero, Casa de Manuel Vasquez	20-Nov-19	8:00-12:00	Rosa Maria Cerritos		10
29	El Rosario	El Rosario	Canton el Rosario, caserío la escuela, casa de promotora de salud	21-Nov-19	8:00-12:00	Reina Angelica Perez		10
30	Santa Fe	Lotificacion San Andres	Casa Comunal, Lotificacion san Andres, Carretera panamericana 15 ½	24-Nov-19	8:00-12:00	Hugo Montes		10
31	Santa Fe	Lotificacion San Andres	Casa Comunal, Lotificacion san Andres, Carretera panamericana 16 ½	26-Nov-19	8:00-12:00	Hugo Montes		10
32	Santa Fe	Lotificacion San Andres	Casa Comunal, Lotificacion san Andres, Carretera panamericana 17 ½	28-Nov-19	8:00-12:00	Hugo Montes		10
33	San Martin	Colonia Providencia N. 2	Casa de la cultura San Martin, Colona Providencia n. 2	29-Nov-19	8:00-12:00	Cecilia Lopez		10
<b>Total</b>								<b>330</b>

Plan de capacitación (Área piloto 2)

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SIBASI: LA LIBERTAD

N.º	UCSF	COMUNIDAD	LUGAR DE CAPACITACION	FECHA	HORA	FACILITADOR	GRUPO META	Nº DE PARTICIPANTES
1	Nvo. Cuscatlán	Altos de Nvo. Cuscatlán	C.E. Pedro Pablo Castillo	25-Oct-19	8:00-12:00	Santos Berta de Andrade	Jóvenes	20
2	Nvo. Cuscatlán	Altos de Nvo. Cuscatlán	C.E. Pedro Pablo Castillo	25-Oct-19	1:00-5:00	Mirna Arely Hdez.	Jóvenes	20
3	Nvo. Cuscatlán	Florencia	C.E. Florencia	30-Oct-19	8:00-12:00	Dora Meléndez	Comités de Salud y ADESCO	15
4	Zaragoza	Col. Miramar	Iglesia ELIM	7-Nov-19	8:00-12:00	José Orlando Grande	Comités de Salud y ADESCO	20
5	San José Villanueva	Tula #1	Casa Comunal	7-Nov-19	8:00-12:00	Erick Antonio Torres	Comités de Salud y ADESCO	20
6	Nvo. Cuscatlán	Com. Zamora Rivas	Casa Comunal	8-Nov-19	8:00-12:00	Mirna Arely Hdez.	Comités de Salud	10
7	San José Villanueva	Las Dispensas #2	C.E. Las Dispensas	8-Nov-19	8:00-12:00	Margarita Gomez Salazar	Comités de Salud y ADESCO	20
8	Comasagua	El Peñón	Casco La Finca	12-Nov-19	8:00-12:00	Jaquelin Amaya	Comités de Salud y ADESCO	10
9	Zaragoza	Col. Miramar	Iglesia ELIM	12-Nov-19	8:00-12:00	Gladis Serrano de Avelar	Comités de Salud y ADESCO	15
10	Huizucar	B. San Miguel	Kínder Nacional	12-Nov-19	8:00-12:00	Sandra De León	Comités de Salud y ADESCO	10
11	Comasagua	El Faro	Casa Comunal	14-Nov-19	8:00-12:00	Jaquelin Amaya	Comités de Salud y ADESCO	10
12	Nvo. Cuscatlán	Nazareth	Iglesia Católica	14-Nov-19	8:00-12:00	Alba Lizeth De León	Comités de Salud y ADESCO	20
13	Zaragoza	Col. Miramar	Iglesia ELIM	14-Nov-19	8:00-12:00	Gladis Serrano de Avelar	Comités de Salud y ADESCO	15
14	Huizucar	B. San Miguel	Kínder Nacional	14-Nov-19	8:00-12:00	Gerber Rafael Giron	Comités de Salud y ADESCO	15
15	Comasagua	Zona Urbana	CAIPI Col. Venezuela	15-Nov-19	8:00-12:00	Mauricio Umaña	Comités de Salud y ADESCO	15
16	San José Villanueva	San Juan Buenavista #1	Casa Comunal	15-Nov-19	8:00-12:00	Margarita Gomez Salazar	Comités de Salud y ADESCO	10
17	Nvo. Cuscatlán	El Pajarito #1	Casa Comunal	16-Nov-19	8:00-12:00	Alba Lizeth De León	Comités de Salud y ADESCO	15
18	Comasagua	El Matazano	La Galera Cas. 3 de Mayo	19-Nov-19	8:00-12:00	Mártir Arturo	Comités de Salud y ADESCO	15
19	Huizucar	El Almendro	C.E. El Almendro	19-Nov-19	8:00-12:00	Gerber Rafael Giron	Jóvenes	10
20	Huizucar	El Almendro	C.E. El Almendro	21-Nov-19	8:00-12:00	Gerber Rafael Giron	Jóvenes	15
							<b>Total</b>	<b>300</b>